



ENGLISH

Maternal Mortality Reduction Program Assistant Training

FACILITATOR MANUAL

Partners In Health (PIH) is an independent, non-profit organization founded over twenty years ago in Haiti with a mission to provide the very best medical care in places that had none, to accompany patients through their care and treatment, and to address the root causes of their illness. Today, PIH works in fourteen countries with a comprehensive approach to breaking the cycle of poverty and disease – through direct health care delivery as well as community-based interventions in agriculture and nutrition, housing, clean water, and income generation.

PIH's work begins with caring for and treating patients, but it extends far beyond to the transformation of communities, health systems, and global health policy. PIH has built and sustained this integrated approach in the midst of tragedies like the devastating earthquake in Haiti, in countries still scarred from war, like Rwanda, Guatemala, and Burundi, and even in inner-city Boston. Through collaboration with leading medical and academic institutions like Harvard Medical School and the Brigham & Women's Hospital, PIH works to disseminate this model to others. Through advocacy efforts aimed at global health funders and policymakers, PIH seeks to raise the standard for what is possible in the delivery of health care in the poorest corners of the world.

PIH works in Haiti, Russia, Peru, Rwanda, Lesotho, Malawi, Kazakhstan, and the United States. PIH supports partner projects in Mexico, Guatemala, Burundi, Mali, Nepal, and Liberia. For more information about PIH, please visit www.pih.org.

Many PIH staff members and external partners contributed to the development of this training unit. We cannot individually thank all of them, but we are indebted to them for their commitment, passion, and hard work.

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This manual is dedicated to the thousands of community health workers whose tireless efforts make our mission a reality, and who are the backbone of our programs to save lives and improve livelihoods in poor communities. Every day, they visit community members to offer services, education, and support, and they teach all of us that pragmatic solidarity is the most potent remedy for pandemic disease, poverty, and despair.





TABLE OF CONTENTS

ix *Introduction*

xli *Abbreviations List*

xlili *Vocabulary List*

UNIT 1

Introduction and MMRPA Roles and Responsibilities

- 1 Overview, Objectives, Time Required, Unit Overview, Key Points
- 5 **Session 1:** Introductions and Unit Objectives
- 7 **Session 2:** Ground Rules and Anonymous Question Box
- 10 **Session 3:** Pre-Test
- 18 **Session 4:** Importance of MMRPAs
- 22 **Session 5:** Selection Criteria and Protocols for MMRPAs
- 28 **Session 6:** MMRPA Roles and Responsibilities
- 33 **Session 7:** Introduction to Partners In Health

UNIT 2

Pregnancy, Prenatal Care, and Postnatal Care

- 41 Overview, Objectives, Time Required, Unit Overview, Key Points
- 45 **Session 1:** Reproductive Processes
- 52 **Session 2:** Prenatal Care (ANC)
- 61 **Session 3:** Major and Minor Ailments of Pregnancy

- 84 **Session 4:** Anemia
- 87 **Session 5:** Labor and Delivery
- 95 **Session 6:** Postnatal Care (PNC)

UNIT 3
HIV/AIDS and STIs

- 99 Overview, Objectives, Time Required, Unit Overview, Key Points
- 104 **Session 1:** What are HIV and AIDS?
- 109 **Session 2:** Stages and Symptoms of HIV/AIDS
- 117 **Session 3:** Transmission of HIV/AIDS
- 143 **Session 4:** HIV Testing and Prevention
- 147 **Session 5:** Male and Female Condoms
- 156 **Session 6:** HIV/AIDS Education
- 162 **Session 7:** HIV/AIDS Treatment
- 180 **Session 8:** Review of ARVs
- 183 **Session 9:** Side Effects of ARVs
- 210 **Session 10:** Sexually Transmitted Infections (STIs)

UNIT 4
Preventing Mother-to-Child Transmission of HIV (PMTCT)

- 225 Overview, Objectives, Time Required, Unit Overview, Key Points
- 229 **Session 1:** PMTCT and MMRPA Responsibilities
- 238 **Session 2:** Infant Formula
- 245 **Session 3:** PMTCT Education

UNIT 5

Tuberculosis (TB)

- 251 Overview, Objectives, Time Required, Unit Overview, Key Points
- 255 **Session 1:** TB Transmission, Diagnosis, and Groups at Risk
- 260 **Session 2:** Symptoms of TB
- 270 **Session 3:** Preventing TB Transmission
- 275 **Session 4:** TB Treatment
- 287 **Session 5:** Side Effects of TB Medications
- 306 **Session 6:** TB Education

UNIT 6

Family Health

- 315 Overview, Objectives, Time Required, Unit Overview, Key Points
- 319 **Session 1:** Family Planning Benefits and Obstacles
- 326 **Session 2:** Birth Control Methods
- 339 **Session 3:** Immunizations
- 343 **Session 4:** Nutrition and Malnutrition
- 353 **Session 5:** Diarrhea and Vomiting
- 357 **Session 6:** Personal and Household Hygiene

UNIT 7

Reporting and Evaluation

- 363 Overview, Objectives, Time Required, Unit Overview, Key Points
- 367 **Session 1:** Administrative and Outreach Responsibilities of MMRPAs

371	Session 2: MMRPA Reporting Responsibilities
373	Session 3: MMRPA Oath
378	Session 4: Post-Test
386	Session 5: Evaluation and Anonymous Question Box
389	<i>Evaluation Form</i>
393	<i>Review Questions for Units 2 through 7</i>
416	<i>Notes</i>
417	<i>Pre-Test</i>
420	<i>Post-Test</i>

Introduction

Health care is a human right. But health cannot be achieved and maintained by treatment of disease alone. In order to achieve good health and well-being, people must have access to high-quality medical care, but they must also secure other basic human rights: good nutrition, education, clean water, decent housing, and economic opportunities.

Partners In Health (PIH) has a human rights-based approach to health care. And in PIH sites around the world, our community health workers play a crucial role in helping all community members to achieve good health and well-being, and to access basic human rights.

PIH Lesotho (Bo-mphato Litsebeletsong tsa Bophelo, or BLB) has created its Maternal Mortality Reduction Program (MMRP) specifically to help women to stay healthy during pregnancy and deliver safely, both for their own health and safety and that of their babies. Through this program, Maternal Mortality Reduction Program Assistants (MMRPAs) visit pregnant women regularly and accompany pregnant women to make sure that they attend the correct number of prenatal visits, deliver at a health facility, complete postnatal visits, and have their babies immunized. MMRPAs provide directly-observed therapy (DOT) for pregnant women with HIV or TB who must take daily medications. MMRPAs also educate pregnant women and their families about family planning, immunizations, treatment of diarrhea, and personal and household hygiene. Through this program, BLB strives to improve women's, newborns', and families' health, and to reduce serious problems and deaths during pregnancy and delivery.

MMRPAs are chosen by their communities. They are respectful and empathetic, and maintain confidentiality. They understand what it means to stand in solidarity with those who are suffering. They play an important role in improving community health and contributing to the development of their nation.

Like all PIH community health workers, MMRPAs receive regular training from PIH trainers to learn and reinforce the knowledge and skills they need to successfully carry out their work. This Facilitator Manual and its accompanying Participant Handbook, flipchart, and slide presentation comprise 1 training unit in a series used to train PIH community health workers. The series includes:

- Family Planning
- Reproductive Health
- Nutrition and Malnutrition
- Vaccinations
- Diarrheal Disease
- Malaria

- Hygiene and Sanitation
- Respiratory Illness
- Gender Violence
- Mental Health
- Preventing Mother-to-Child Transmission of HIV (PMTCT)
- Chronic Illness
- Cancer
- HIV, Tuberculosis, and Sexually Transmitted Infections

TRAINING MATERIALS

Each training unit has a Facilitator Manual, Participant Handbook, slide presentation, and flipchart. In order to deliver the training effectively, facilitators must use these materials together.

- **Facilitator Manual** – Contains all the information needed to carry out the training, including preparation and material lists, session steps, pre- and post-tests, and all topic content. Facilitators must read the Facilitator Manual before the first day of the training, and also use the Facilitator Manual during all training sessions.
- **Participant Handbook** – Contains all information that participants need to know about the topic and also any case studies, scenarios, or role plays needed for the training. Facilitators must give participants the Participant Handbook at the beginning of the training. After the training, participants must take the handbook home and use it to review and reinforce what they have learned.
- **Slide Presentation** – At sites where electricity and AV equipment are available, facilitators can use the slide presentation. It contains all the images needed for the training. In sessions that use the slides/flipchart, the session steps contain the images (thumbnail size), with the text needed to explain the image below it.
- **Flipchart** – At sites without electricity or AV equipment, facilitators should use the flipchart. It contains the same images as the slide presentation, with the text on the back of the flipchart pages needed to explain each image on the front.

FACILITATOR MANUAL

The Facilitator Manual contains all the information needed to carry out this training, including the following information for each unit:



Overview – A brief description of the unit’s purpose and content.



Objectives – A list of the skills and knowledge that participants will gain during the unit.



Unit Overview – A table containing a content summary, teaching methods, time required, and materials needed for each session in the unit.



Key Points – The central ideas of the unit; facilitators can summarize key points at the end of the training.

Training Sessions – A series of activities with step-by-step instructions that explain how to carry out the activities.

Pre-Test and Post-Test – The pre- and post-tests with answers are inserted into the Facilitator Manual for the facilitator’s reference.



MMRPA Checklists – Lists of MMRPA roles and responsibilities related to specific topics. Facilitators must review the checklists with participants throughout the training.



Notes – Blank pages where the facilitator can write notes as needed.

TRAINING SESSIONS

In order to deliver effective training, facilitators must read all sessions, complete all preparation, gather all materials needed, and become familiar with session steps **before the first day of the training**. If facilitators do not do this ahead of time, they will not be prepared.

Each session contains:



Method – The teaching method(s) used during the session, for example, brainstorming, small group activity, or presentation.



Time Required – The suggested time needed to complete the session. Within the session steps, suggested times are also given

for various parts of the session, for example, 15 minutes for small group work, 10 minutes for a discussion, etc. Times are approximate, but facilitators should try to stay more or less within the suggested times. If this is not possible, facilitators must adjust the training accordingly.



Preparation – A list of what the facilitator must do *ahead of time* in order to prepare for the session.



Materials – A list of materials needed to complete the session. Facilitators must review the materials list and gather all materials *before* the first day of the training.



Steps – Detailed steps that guide the facilitator through each session. Steps include content to deliver, questions and sample answers for discussion, thumbnail versions of slides/flipchart pictures used, case studies, role plays, picture stories, and any other information needed to complete the session.



Tips – Suggestions for the facilitator about how to adapt or change sessions if appropriate, handle cultural considerations, or encourage participation.



Check information – This icon marks information that may change (treatment protocols, forms, etc.). Facilitators must check any information marked with this icon and make sure it is up to date.

The MMRPA training starts with these sessions:

- **Introductions and Unit Objectives** – Participants introduce themselves and review the unit objectives.
- **Ground Rules and Anonymous Question Box** – Participants brainstorm and establish ground rules, and learn about the Anonymous Question Box: a box where they can put any questions or concerns they have about training content if they feel uncomfortable asking in these questions in front of the group.
- **Pre-Test** – Participants take a simple written test to determine what they already know about training content.

The MMRPA training ends with these sessions:

- **Post-Test** – Participants take the post-test to determine what they have learned during the training. The facilitator corrects the post-test and participants compare their pre- and post-tests.

- **Evaluation and Anonymous Question Box** – Participants evaluate the training, and the facilitator addresses any questions collected in the Anonymous Question Box.

EVALUATION

This training contains a pre-test and post-test designed to measure what participants learn during the training. The Facilitator Manual contains pre- and post-tests with answers. The Participant Handbook contains pre- and post-tests at the back of the handbook (without answers), which participants tear out and complete during the training. To accommodate participants' varying literacy skills, facilitators should read test questions aloud 1 at a time, and pause after reading each question to give participants time to circle the answer. Facilitators should compare participants' pre- and post-test results to see how much they have learned and identify particular content that may need further review during future training sessions.

If more than a few participants do poorly on the post-test, this may indicate that facilitators should improve their training techniques and strive to do a better job of facilitating learning.

The training also contains an evaluation activity designed to capture participants' feedback on the training, including what worked well, what did not, and suggestions to improve future training. Facilitators can ask the evaluation questions orally and record participant responses, or ask participants to tear out and complete the evaluation form at the back of their handbooks. Facilitators may also photocopy the evaluation form in the Facilitator Manual. Facilitators must collect and review participants' evaluations and feedback, so that they may be used to improve future trainings.

FACILITATOR PREPARATION

Facilitators must become thoroughly familiar with the training unit before the first day of the training. They must read all sessions, complete all preparation, gather all necessary materials, and become familiar with session steps and unit content.

If 2 or more facilitators will deliver the training together, they should meet before the first day of the training to determine the agenda and decide who will facilitate which sessions. They should also meet at the end of each training day to discuss what worked well, what did not, and how to proceed for the next day.

This training does not require elaborate preparation or materials. For many sessions, facilitators will only need the Facilitator Manual, Participant Handbook, slide or flipchart presentation, flipchart paper, markers, and tape. However, *some sessions require special materials that facilitators must gather ahead of time*, for example, ARV and TB medication samples, supplies for mixing Oral Rehydration Solution, and samples of birth control methods.

PARTICIPANT LITERACY SKILLS

PIH community health workers are required to be able to read and write in order to carry out their responsibilities. But literacy levels among community health workers vary. This training is designed to accommodate varying literacy levels, so that even those with limited literacy skills can learn effectively. For example, the Participant Handbook is printed in large text, uses simple language, contains many pictures, and uses simple checklists to convey key information. Training sessions use pictures, discussions, and short case studies read aloud, rather than relying on extensive written work.

Session steps often contain specific instructions for the facilitator on how to accommodate varying literacy levels. For example, facilitators are instructed to read information aloud, ask participants to work in pairs or small groups for writing tasks so that they can help each other, make sure that pairs or small groups have at least one fairly literate participant each, and explain slide or flipchart pictures aloud slowly and clearly.

In addition to following these instructions, facilitators must actively take note of participants' literacy needs during the training and plan accordingly. For example, if facilitators notice that certain participants are struggling with reading or writing, they should offer help and make sure that other participants help also.

ADAPTING THE TRAINING

Training sessions are designed for groups of 20–30 participants, but will also work well for smaller groups of 12–20 participants. If facilitators must work with larger groups of participants, they should adapt activities accordingly. For example, for certain small group activities, facilitators may need to create small groups of 10 participants each rather than 5 participants each. For role plays, facilitators may need to limit performance time.

Sessions sometimes contain tips for how to adapt the sessions, for example, suggestions about how to shorten the activity if time is limited or participants are very tired. In addition to reading these tips, facilitators should use their own judgment and adapt activities accordingly. For example, in certain contexts, facilitators may need to adapt discussion questions, role plays, or case studies in order to take local cultural practices or beliefs into account.

Facilitators must keep track of participants' energy and interest levels constantly, and adapt or change plans if participants' energy or concentration is waning. If, by the afternoon, participants are having trouble concentrating, facilitators should add more energizers, give an extra break, or do a short review game to revive participants' energy.

DISCUSSION

The manual provides specific questions and sample answers for all discussions. Sample answers appear in italics. Facilitators should try to elicit these answers during the discussion, rather than simply providing answers themselves. Facilitators may have to rephrase a question a few times or give an example in order to elicit answers from participants. But facilitators should only provide answers after participants have had ample opportunity to respond, and should only give answers that participants do not name themselves.

REVIEW

Facilitators should schedule a half hour for review at the beginning of Days 2 through 7. Review may be conducted as a game with teams of participants competing to answer questions, or as a general question-and-answer session. Review questions for each unit are located at the back of the Facilitator Manual.

ADULT LEARNING PRINCIPLES

This training is based on important adult learning principles, including:

- **Respect** – Adult students must feel respected and feel like equals.
- **Affirmation** – Adult students need to receive praise, even for small attempts.
- **Experience** – Adult students learn best by drawing on their own knowledge and experience.
- **Relevance** – Learning must meet the real-life needs of adults for their work, families, etc.
- **Dialogue** – Teaching and learning must go both ways, so that the students enter into a dialogue with the teacher.
- **Engagement** – Adult students must engage with the material through dialogue, discussion, and learning from peers.
- **Immediacy** – Adult students must be able to apply their new knowledge immediately.
- **20-40-80 Rule** – Adult students typically remember 20 percent of what they hear, 40 percent of what they hear and see, and 80 percent of what they hear, see, and do.
- **Thinking, feeling, and acting** – Learning is more effective when it involves thinking, feeling (emotions), and also acting (doing).

- **Safety and comfort** – Adult students need to feel safe and comfortable in order to participate and learn. They need to know that their ideas and contributions will not be ridiculed or belittled.

METHODOLOGY

To put these principles of adult learning into practice, the training uses a variety of *participatory methodologies* including large and small group discussions, role plays, case studies, and stories. These activities are designed to elicit and build on participants' experiences and knowledge, promote discussion and reflection on key issues, provide hands-on practice of content learned, and help participants learn from each other.

Some sessions include short facilitator presentations. But in contrast to many training manuals, this manual does not use facilitator presentation as the primary teaching method. Rather, activities use participatory methodologies that promote higher retention of content and create an open, engaging, and supporting learning environment. *Remember, adult students typically remember 20 percent of what they hear, 40 percent of what they hear and see, and 80 percent of what they hear, see, and do.* Effective training involves participants in hearing, seeing, and doing. If participants only hear facilitator lectures all day, they will not learn or retain information effectively.

Participatory methodologies include:

- Small group activity
- Large group activity
- Small group discussion
- Large group discussion
- Brainstorm
- Role play
- Case study
- Reflection journey
- Demonstration
- Facilitator presentation
- Picture story
- Peer Teaching

LARGE GROUP DISCUSSION

A large group discussion is a dialogue between the facilitator and the whole group of participants, with participants responding to questions the facilitator has prepared ahead of time. During discussions, new questions may also surface. To start the discussion, the facilitator must give clear instructions. During the discussion, the facilitator must manage the discussion by keeping participants focused, eliciting participants' responses, and limiting participants who like to talk a lot.

To facilitate a large group discussion, what should you do?

- Set a time limit and keep track of time.
- Explain that participants who want to speak should raise their hands.
- Keep the discussion on target.
- Keep the discussion moving and flowing.
- Encourage everyone to participate.
- Look around the room and make sure you call on everyone who raises her/his hand.
- Limit participants who like to talk a lot.
- Manage the flow of the discussion.
- If participants do not respond to a question, try asking the question a different way.
- Ask questions to encourage more responses to a question, for example: "What else?" "What other ideas do you have?"
- Wrap up the discussion; repeat and summarize main points.

What are the benefits of using large group discussions?

- Everyone has the chance to participate.
- Everyone hears everyone else's ideas.
- Hearing many ideas can stimulate further discussion.
- Participants who do not feel comfortable speaking in a large group can participate by listening.

What are the challenges of using large group discussions?

- More talkative or assertive participants tend to dominate large group discussions.
- Shy or less-experienced participants may not feel comfortable speaking in a large group.
- Large group discussions can get off track if there are many competing ideas.

SMALL GROUP DISCUSSION

A small group discussion is a dialogue among a small group of participants (usually 3–6 participants per group), with participants responding to questions the facilitator has prepared ahead of time. During discussions, new questions may also surface. To start the discussion, the facilitator must give clear instructions before dividing participants into small groups. As small groups are discussing, the facilitator must circulate among the groups to make sure that they are keeping the discussion on target and eliciting all group members' participation.

To facilitate a small group discussion, what should you do?

- Before you divide participants into small groups, give clear instructions about what participants are expected to discuss. Writing and posting instructions on chart paper is a good way to do this.
- Instruct small groups to make sure that all group members participate.
- Ask small groups to choose a facilitator and timekeeper for their groups.
- Keep track of time and give small groups half-time, 5-minute, and 1-minute warnings.
- As small groups are working, move from group to group to make sure participants have understood the task and are making progress.

What are the benefits of using small group discussions?

- Many people feel more comfortable speaking and participating in a small group than in a large group, so small groups tend to elicit more ideas and participation from everyone.
- For sensitive topics, participants may share ideas in a small group that they would be reluctant to share in a large group.

What are the challenges of using small group discussions?

- Effective small group discussion depends on group members facilitating and participating, and some small groups may do this better than others.
- Small group discussions may get off track if group members do not manage the discussion well.

REFLECTION JOURNEY

A reflection journey is guided thinking and reflection about personal experiences. Facilitators use reflection journeys to allow participants to think about experiences from the past or present – events, situations, people, or feelings – that are connected to the training topic. Reflection journeys work best when participants feel comfortable and safe and trust each other and the facilitator.

To facilitate a reflection journey, what should you do?

- Ask participants to relax and close their eyes.
- Use a short series of statements, questions, or a brief story to guide the reflection journey.
- Read each statement or question slowly and clearly, and pause for several seconds between each so that participants have time to think and reflect.
- Depending on the topic, a reflection journey can raise strong emotional reactions. The facilitator must be aware of this and respond sensitively.
- After a reflection journey, participants might want to write their thoughts or share their thoughts with a partner or the large group.

What are the benefits of using reflection journeys?

- Participants learn best if they can connect new information to their own experiences.
- Reflection journeys allow participants to think about their own experiences in an organized way.
- Reflection journeys can be used to introduce a topic, identify issues or challenges, or generate new ideas.

What are the challenges of using reflection journeys?

- Reflection journeys can raise strong emotions. It is important to be aware of this and respond sensitively.
- Participants who like to talk a lot may find it challenging to be quiet for several minutes.

FACILITATOR PRESENTATION

The facilitator presents information by speaking to the whole group, sometimes using visuals such as slides, posters, pictures, or a flipchart. Facilitator presentations are a traditional teaching and training method. Most people who went to school are very familiar with facilitator presentations because most teachers in primary, secondary, and university-level classes teach in this way. Presentations work well for introducing new information, but they should be short and accompanied by visuals and discussion.

To do a facilitator presentation, what should you do?

- Prepare and organize your presentation ahead of time so that it is clear and easy to follow.
- Check any equipment (slide projector, flipchart) ahead of time to make sure it is working properly.
- Keep the presentation short, between 5 and 15 minutes if possible.
- Use simple, clear language that participants will understand.
- Use questions during the presentation to engage participants in the material you are presenting.
- Use open body language and a friendly, clear tone of voice.
- Watch participants during the presentation; if they look confused or bored, ask questions or move along more quickly.
- Move around the room as you present (if possible).
- Face participants when you are explaining a visual (do not face the visual).
- To wrap up your presentation, summarize and repeat the main points.

What are the benefits of using facilitator presentations?

- Presentations work well for introducing new information quickly and succinctly.
- Sometimes participants need to have new information presented before they can use or practice it.
- Most participants who went to school are familiar and comfortable with presentations.

What are the challenges of using facilitator presentations?

- Presentations are not as active or engaging as small groups, role plays, or other, more participatory activities.

- Sometimes participants stop paying attention.
- If the facilitator is not well-organized, participants will not learn the information effectively.

BRAINSTORMING

Brainstorming is a method in which the facilitator asks a question or poses a problem and asks participants to give as many ideas as they can in response. Facilitators can use brainstorming with large or small groups. Brainstorming is a good way to quickly generate lots of new ideas. The purpose of brainstorming is not to get only one correct answer to the question or problem, but to generate as many ideas as possible.

To facilitate brainstorming, what should you do?

- Explain that the purpose of brainstorming is not to arrive at one correct answer, but to generate as many ideas as possible.
- During brainstorming, take one idea per participant, one at a time.
- Accept all ideas and do not judge or criticize any ideas.
- Encourage participants to let their ideas flow.
- Keep the pace lively.
- Encourage all participants to give ideas. Do not rely on a few participants to give all the ideas.
- One person should facilitate the brainstorming and another person should record the ideas.
- After the brainstorming, the facilitator and participants can use the list of ideas to address a problem, prioritize ideas, put ideas into categories, etc.
- For example, if participants have brainstormed possible solutions to a particular problem, the next steps may be to review each possible solution, choose the top 3 solutions (as a group), discuss them further, and perhaps finally choose the most appropriate solution.

What are the benefits of brainstorming?

- Participants quickly generate lots of ideas.
- Brainstorming can be engaging and energizing.
- Because there are no correct or incorrect answers, participants usually feel comfortable giving ideas.

What are the challenges of brainstorming?

- Some participants may offer ideas that are not appropriate.
- More talkative participants may dominate.

ROLE PLAY

A role play is a brief, informal performance where participants act roles in order to show a particular situation and feel what it is like to be in those roles and situation. Role playing is informal – participants do not need to memorize “lines” or perform perfectly. The point is to illustrate a problem, situation, or idea with acting. Role plays give participants the opportunity to act a real-life situation and practice handling it. Participants can use role plays to illustrate ideas and information for patients and community members. Role plays also help participants learn and practice communication and counseling skills, empathetic behavior, and proper ways to approach community members. Role plays can be improvised and informal, or more formal, and can be done in small or large groups.

To facilitate a role play, what should you do?

- Plan enough time for participants to prepare and perform role plays.
- Explain clearly what the role play is, how participants will prepare, and what the role play should show.
- If participants are not familiar with role plays, model the role play to show how it is done.
- Set a time limit for role play performances and manage time well.
- Remind participants that role plays are not perfect performances, but rather an opportunity to practice handling situations that participants encounter in reality. It is okay to make mistakes during a role play.
- After a role play performance, lead a discussion about the ideas shown in the role play. Focus the discussion on the important issues raised by the role play, not participants’ acting skills.

What are the benefits of using role plays?

- Role plays engage participants and give them the opportunity to think, feel, and act.
- Role plays give participants a chance to practice skills in a safe setting and receive feedback.
- You can use 2 short role plays to show 1) the wrong way to handle a situation; and 2) the right way to handle a situation.
- Role plays can raise many issues and lead to useful discussions.

What are the challenges of using role plays?

- Role plays take a lot of time.
- Some participants may be uncomfortable performing in front of the group.
- Participants may not be familiar with doing role plays.

LARGE GROUP ACTIVITY

The facilitator leads the whole group in an activity together. Examples of large group activities include voting, sorting pictures, learning songs, etc. Large group activities often work best for groups of 10–25 participants, but with good planning and organization, facilitators can successfully lead large group activities with much larger groups.

To facilitate a large group activity, what should you do?

- Set a time limit and keep track of time.
- If participants need to move around the room during the activity, make sure that chairs and tables are moved away.
- Explain the activity clearly.
- Keep the activity moving along.
- Encourage everyone to participate.
- Highlight key points throughout the activity if appropriate.
- Wrap up the activity by repeating and summarizing its main points.

What are the benefits of using large group activities?

- Large group activities involve everyone and can be energizing.
- Large group activities require less intense participation than small group activities, and can be alternated with small group activities so that participants do not grow too tired.

What are the challenges of large group activities?

- Some participants may not participate as actively as they would in a smaller group.
- Large group activities require lots of energy from the facilitator.
- Large group activities can be challenging to manage if the group is very large.

SMALL GROUP ACTIVITY

The facilitator divides participants into small groups to do an activity. Examples of small group activities include small group discussions, case studies, planning role plays, solving problems, and looking at picture stories. Small groups allow each person to participate more than they would in a large group activity. Small group activities also help participants get to know each other and experience working with different people.

To facilitate a small group activity, what should you do?

- Explain the small group activity clearly.
- Tell small groups how they will share their small group work with the large group. For example, will they write information on chart paper to share with the group, report information orally, or perform a role play?
- Divide participants into small groups. Small groups of 4–6 participants work best, but some activities may require groups of 3, or larger groups of 10–12.
- Divide participants into small groups according to the task to be completed. For example, for gender-sensitive topics such as reproductive health, you might group men with men and women with women.
- If the topic does not require any particular kind of grouping, you can divide participants by asking them to count off, “1, 2, 3, 4, etc.” Then group 1s together, 2s together, etc.
- Group participants so that they are not always working with people they know well. Counting off is a good way to do this.
- If the small group activity requires reading or writing, make sure that at least one participant in each group has sufficient literacy skills.
- Tell groups how much time they will have to work. Then help groups manage time by giving periodic time warnings, for example, a half-time warning, 5-minute warning, and a 1-minute warning. If you see that time is almost up and groups are not yet finished, you can allow groups more time to work if your schedule permits.
- While small groups are working, circulate around the room, observe the work to make sure that groups understand the task and are making progress, help, and answer questions as needed.
- Manage time during small group reports or presentations. For example, give each small group 5 minutes to present and a few minutes to respond to questions or comments.

What are the benefits of using small groups?

- Small groups allow everyone to participate more than in a large group.
- Many people feel more comfortable speaking in small groups.
- Small groups often enable more in-depth learning and discussion because everyone is engaged.

What are the challenges of using small groups?

- Small group work takes more time than some other methods.
- Some small groups find it hard to work together or stay on task. If you observe a small group having difficulty, help them re-focus, give examples, explain the task again, etc.

CASE STUDY

A case study is a brief story or scenario that presents a realistic situation for participants to discuss and analyze. Case studies give participants the opportunity to use newly acquired knowledge to discuss, analyze, and solve problems related to the training topic. For example, a case study might describe a sick person's symptoms, and then ask participants to identify the symptoms and discuss what they would do for the sick person. Depending on the size of the group, case studies can be discussed and analyzed in pairs, small groups, or a large group. The goal of using case studies is to help participants generate possible solutions to issues that may arise in the course of their work.

To facilitate a case study, what should you do?

- Read the case study aloud (or ask a volunteer to read aloud) so that even participants with limited literacy skills will understand the case study.
- Explain clearly what participants should do with the case study (discuss the case study questions, or solve a problem represented in the case study, etc.).
- If you write your own case studies, make them simple. Write a short, realistic situation that is similar to situations that participants face. Give essential information. Do not include too many unnecessary details. Provide questions to guide participants in analyzing the case study.

What are the benefits of using case studies?

- Case studies give participants the opportunity to use information that they have learned in a realistic way.
- Case studies give participants the opportunity to practice handling problems that they might encounter during their work.

What are the challenges of using case studies?

- Case studies require problem-solving, which can be challenging and require more time than traditional presentations or simple discussions.
- Participants with limited literacy skills may be intimidated by case studies.

DEMONSTRATION

The facilitator or an experienced participant shows and tells participants how to do something step by step, and then asks participants to practice the steps themselves. Examples of demonstrations might include how to use male and female condoms, how to mix infant formula, or how to mix Oral Rehydration Solution.

To do a demonstration, what should you do?

- Before the training, gather all the materials and equipment that you will use during the demonstration.
- Make sure that all the participants will be able to see the demonstration. Ask them to stand and move forward or gather around you, if needed.
- Explain each step slowly and clearly as you demonstrate it.
- Demonstrate 2 or 3 times if needed.
- After the demonstration, ask a volunteer to repeat the demonstration in front of the whole group. The facilitator and other participants can provide positive feedback and correct the volunteer if needed.
- Then divide participants into small groups or pairs and ask them to practice what you and the volunteer have just demonstrated.
- As participants are practicing, circulate around the room and help or answer questions as needed.

What are the benefits of using demonstrations?

- Demonstrations are the best way to teach hands-on skills.
- Demonstrations give participants the opportunity to practice a skill before they have to use it in real life.

What are the challenges of using demonstrations?

- In large groups, it may be challenging to do a demonstration that everyone will be able to see and hear well. If needed, divide large groups into 2 or 3 smaller groups and demonstrate to each of the smaller groups separately.

- In large groups, it may be challenging to gather enough materials and equipment for all pairs or small groups to practice at the same time. If this is the case, ask pairs or small groups to take turns until everyone has practiced.

PICTURE STORY

A picture story is a short series of pictures that depict a story or situation. Picture stories usually do not contain words. Picture stories can be used to assess participants' knowledge or to identify issues or challenges related to a given topic.

To use a picture story, what should you do?

- Give clear instructions so that participants understand what they are supposed to do and how they should do it.
- Make sure that participants understand the sequencing of the pictures and how to “read” the story (for example, how to distinguish between a thought bubble and a speech bubble).
- After participants have “read” the story, lead a discussion by asking a set of guiding questions.

What are the benefits of using picture stories?

- Picture stories engage participants visually.
- Even participants with very limited literacy skills can “read” picture stories.

What are the challenges of using picture stories?

- If pictures are not clear, the picture story may not effectively convey content.

PEER TEACHING

The facilitator asks participants to learn content in small groups and then present it to their fellow participants (instead of the facilitator presenting the content). Participants may use slide or flipchart images during their presentations, or they may prepare information on chart paper.

What are the benefits of using peer teaching?

- Peer teaching helps participants to learn and remember information more effectively because they have to master it in order to teach it to others.
- Peer teachers often communicate information effectively to their fellow participants because they share the same background and experience.

What are the challenges of using peer teaching?

- Peer teaching takes more time than facilitator presentation because participants need time to prepare.
- If the content is not clear and simple, participants may have trouble understanding it well enough in order to teach it.
- Some participants may be uncomfortable presenting in front of the group.

ICEBREAKER

An icebreaker is a short activity used to help participants relax and get to know each other or get used to working together. Icebreakers are usually used at the beginning of trainings. They often use training themes or content. Examples of icebreakers are: asking participants to introduce the person next to them, describe what they like best about their work, or name expectations they have for the training.

To facilitate an icebreaker, what should you do?

- Explain the icebreaker instructions clearly.
- Give an example of what you would like participants to do during the icebreaker.
- Keep the pace moving.
- Keep the icebreaker short, no more than 15–20 minutes.
- Do not ask participants to share very personal information during icebreakers.

What are the benefits of using icebreakers?

- Icebreakers help to “break the ice” at the beginning of a training session. They help participants to relax, share something about themselves, and learn something about other participants.
- In groups where participants do not know each other well, icebreakers can help participants feel more comfortable with each other.

What are the challenges of using icebreakers?

- Shy participants may not feel comfortable introducing themselves in front of a large group.
- If the group is very large, icebreakers can take too much time. If your group is very large, consider dividing participants into small groups to do an icebreaker. Then small groups can each share 1 or 2 items with the large group if there is time.

ENERGIZER

An energizer is a short, fun, activity that involves physical movement. Energizers are used to raise participants' energy levels when they are tired or need a break after a long activity. Energizers do not have to be related to training content. Energizers can help to build rapport among participants because the activities are fun and involve interaction. Examples of energizers are dancing, singing, clapping, imitating a leader's movements, stretching, and physical games.

Facilitators should plan for at least 4 or 5 energizers per day of training. This manual does not include examples of energizers, but facilitators can find many good examples in *100 Ways to Energise Groups: Games to Use in Workshops, Meetings and the Community*, by the International HIV/AIDS Alliance, www.aidsalliance.org, published by Progression, www.progressiondesign.co.uk. Energizers can be very simple, for example, asking a participant to lead the group in a song or dance.

To facilitate an energizer, what should you do?

- Explain the energizer instructions clearly.
- Keep the pace moving quickly.
- Use humor and encourage laughter.
- Stop when enough energy has been generated, 5–10 minutes maximum.
- Use energizers frequently, at least every hour or so.
- Choose energizers that will not make participants uncomfortable or embarrassed. For example, do not choose energizers that involve touching other people if participants will be uncomfortable with this.
- Choose energizers that everyone will be able to do, for example, no complicated or difficult movements.
- Make sure that participants have enough space to do the energizer. Move chairs and tables away if needed.

What are the benefits of using energizers?

- Energizers raise participants' energy level.
- Energizers help participants refocus and feel ready to learn more.
- Energizers make training fun.

What are the challenges of using energizers?

- If your group is very large, you may not have enough room to do certain types of energizers. Plan energizers that can be done in the space that you have.

GAMES

Training activities occasionally include games, usually to help participants review content they have already learned. The game usually requires dividing participants into teams, asking teams questions, and keeping score. If no game is provided in the Facilitator Manual, facilitators can prepare their own review games by creating lists of questions based on unit content.

Facilitation and Communication Checklist

- Uphold the principles of adult learning.
- Be respectful.
- Treat everyone equally.
- Listen and observe.
- Maintain good eye contact.
- Use open and friendly body language.
- Be flexible and adjust training activities and approaches as needed.
- Be patient, open, and approachable.
- Encourage participation from all participants.
- Give participants time to respond to questions.
- When participants ask questions, take them seriously and respond promptly.
- Give participants constructive, positive feedback.
- Be aware of participants' interest, energy, and level of understanding.
- Be honest. If you do not know the answer to a question, say so. Then tell the participant where she/he can get the information, or find the information after the training and give it to the participant later.
- Be aware of participants' literacy levels and adjust activities accordingly.
- Thank participants for their participation and effort.

Training Preparation and Logistics Checklist

Before the training

- Identify when training will take place.
- Identify where training will take place, and reserve and prepare the space.
- Identify participants, inform them, and arrange for transportation, food, and lodging as needed.
- Read all training materials thoroughly so that you are very familiar with training content and sessions.
- If you have questions about the training content, get them answered.
- Complete all preparation for training sessions (making photocopies, contacting guest speakers, gathering supplies for demonstrations, etc.).
- Gather all supplies needed for the training (flipchart paper, tape, markers, supplies needed for demonstrations, AV equipment, etc.).
- If you are working with another facilitator, decide ahead of time who will handle which parts of the training, and divide up the work accordingly.

At the start of the training

- Make sure that all training materials are ready and that chairs and tables are arranged.
- Welcome participants as they arrive for the training.
- Welcome the whole group formally when everyone has arrived.
- Review locations of bathrooms, water, the Anonymous Question Box, and other logistics.
- Ask participants to introduce themselves.
- Use an icebreaker to put participants at ease.
- Brainstorm and establish ground rules for the training.
- Review the training objectives and agenda.
- Ask participants to name their hopes and expectations for the training.
- Assign specific participants to help you with timekeeping, energizers, flipcharts, etc.
- Give participants the Pre-Test, collect the tests, and correct them during a break.

Training Preparation and Logistics Checklist

Throughout the training

- Uphold the principles of adult learning.
- Keep track of time and pace activities accordingly.
- Provide drinks and food.
- If the room is becoming hot or uncomfortable, arrange for fans, open windows, etc.
- Write neatly and large enough so that everyone can see.
- Position visuals so that everyone can see them.
- Explain instructions clearly and repeat instructions as needed.
- Use energizers and breaks to raise participants' energy levels.
- Summarize the main points at the end of each session.
- Acknowledge and thank participants for their ideas and contributions.

At the end of the training

- Thank participants for their participation and effort.
- End with a final energizer and applause.
- Give participants the Post-Test. Then give participants their corrected Pre-Tests and ask them to compare results. Collect and save all Pre- and Post-Tests.
- Leave at least 15–20 minutes at the end for participants to evaluate the training.
- Make sure that participants have all the training materials to take home.

After the training

- Make note of what worked well during the training, what did not work well, and what should be revised for future trainings.
- Make note of challenges or problems that arose during the training that need to be addressed. For example, if during a training on malaria, participants raise the issue of home-based treatment supplies not being available, tell the appropriate staff members at the health center so that supplies can be obtained.
- Review and record Pre- and Post-Test results and use them to inform future trainings as needed.

MMRPA TRAINING SCHEDULE

This schedule outlines the suggested order for training sessions. The schedule is designed for 6 full days of training (8:00 or 8:30 to 4:00) and 1 half day of training (8:00 or 8:30 to 1:00). The schedule does not include tea breaks or lunch; you should plan for half-hour tea breaks (10:30 to 11:00) and 1 hour lunches (1:00 to 2:00).

The schedule includes a half hour of review at the beginning of each day for Days 2 through 7. Review may be conducted as a game with teams of participants competing to answer questions, or as a general question-and-answer session. Review questions for each unit are located at the back of the Facilitator Manual.

Day 1

5 hours of training sessions

Unit and Session	Content	Time	Method
Unit 1: Introduction to MMRPA Roles and Responsibilities			
Session 1	Introduction and unit objectives	15 minutes	Facilitator presentation Icebreaker
Session 2	Ground rules and Anonymous Question Box	15 minutes	Brainstorm Facilitator presentation
Session 3	Pre-Test	30 minutes	Written assessment
Session 4	Importance of MMRPAs	45 minutes	Facilitator presentation Small group discussion
Session 5	Selection criteria and protocols for MMRPAs	30 minutes	Reflection journey Large group discussion
Session 6	MMRPA roles and responsibilities	1 hour	Brainstorm Large group discussion
Session 7	Introduction to Partners In Health	30 minutes	Facilitator presentation

Unit and Session	Content	Time	Method
Unit 2: Pregnancy, prenatal care, and postnatal care			
Session 1	Reproductive processes	1 hour 15 minutes	Peer teaching

Day 2

4 hours 30 minutes of training sessions and 30 minutes of review

Unit and Session	Content	Time	Method
Review	Review of Day 1 content	30 minutes	Question and answer game
Unit 2: Pregnancy, prenatal care, and postnatal care (continued)			
Session 2	Prenatal care (ANC)	1 hour	Large group discussion Picture story
Session 3	Major and minor ailments of pregnancy	45 minutes	Large group activity
Session 4	Anemia	15 minutes	Facilitator presentation
Session 5	Labor and delivery	1 hour 45 minutes	Large group discussion Role play
Session 6	Postnatal care (PNC)	30 minutes	Large group discussion

Day 3

4 hours 30 minutes of training sessions and 30 minutes review

Unit and Session	Content	Time	Method
Review	Review of Day 2 content	30 minutes	Question and answer game
Unit 3: HIV/AIDS and STIs			
Session 1	What are HIV and AIDS?	15 minutes	Facilitator presentation
Session 2	Stages and symptoms of HIV/AIDS	45 minutes	Peer teaching
Session 3	Transmission of HIV/AIDS	30 minutes	Large group activity Facilitator presentation
Session 4	HIV testing and prevention	20 minutes	Large group discussion
Session 5	Male and female condoms	40 minutes	Demonstration Peer teaching
Session 6	HIV/AIDS Education	45 minutes	Brainstorm Role play
Session 7	HIV/AIDS Treatment	1 hour	Small group activity Facilitator presentation
Session 8	Review of ARVs	15 minutes	Pair activity

Day 4

4 hours 45 minutes of training sessions and 30 minutes of review

Unit and Session	Content	Time	Method
Review	Review of Day 3 content	30 minutes	Question and answer game
Unit 3: HIV/AIDS and STIs (continued)			
Session 9	Side effects of ARVs	1 hour 15 minutes	Large group activity Picture story
Session 10	Sexually-transmitted infections (STIs)	45 minutes	Large group discussion Picture story
Unit 4: Preventing mother-to-child transmission of HIV (PMTCT)			
Session 1	PMTCT and MMRPA responsibilities	45 minutes	Facilitator presentation Large group discussion
Session 2	Infant formula	45 minutes	Demonstration Pair practice
Session 3	PMTCT education	1 hour 15 minutes	Role play

Day 5

4 hours of training sessions and 30 minutes review

Unit and Session	Content	Time	Method
Review	Review of Day 4 content	30 minutes	Question and answer game
Unit 5: Tuberculosis (TB)			
Session 1	TB transmission, diagnosis, and groups at risk	30 minutes	Facilitator presentation
Session 2	Symptoms of TB	15 minutes	Large group activity
Session 3	Preventing TB transmission	30 minutes	Picture story
Session 4	TB treatment	1 hour	Small group activity Facilitator presentation
Session 5	Side effects of TB medications	45 minutes	Large group activity
Session 6	TB education	1 hour	Case studies

Day 6

4 hours of training sessions and 30 minutes of review

Unit and Session	Content	Time	Method
Review	Review of Day 5 content	30 minutes	Question and answer game
Unit 6: Family health			
Session 1	Family planning benefits and obstacles	45 minutes	Brainstorm Large group discussion
Session 2	Birth control methods	30 minutes	Facilitator presentation Large group discussion
Session 3	Immunizations	15 minutes	Facilitator presentation
Session 4	Nutrition and malnutrition	1 hour	Peer teaching
Session 5	Diarrhea and vomiting	45 minutes	Large group discussion
Session 6	Personal and household hygiene	45 minutes	Game

Day 7

4 hours of training sessions and 30 minutes review

Unit and Session	Content	Time	Method
Review	Review of Day 6 content	30 minutes	Question and answer game
Unit 7: Reporting and evaluation			
Session 1	Administrative and outreach responsibilities of MMRPAs	30 minutes	Large group discussion
Session 2	MMRPA reporting responsibilities	1 hour 15 minutes	Case study
Session 3	MMRPA oath	1 hour 15 minutes	Small group activity Large group discussion
Session 4	Post-Test	30 minutes	Written assessment
Session 5	Evaluation and Anonymous Question Box	30 minutes	Large group discussion Written evaluation

Abbreviation List

- 3TC:** Lamivudine
- ABC:** Abacavir
- AIDS:** Acquired immune deficiency syndrome
- ANC:** Prenatal Care
- ART:** Antiretroviral therapy
- ARV:** Antiretroviral medicine
- AZT:** Zidovudine
- CD4:** Cluster of differentiation 4
- d4T:** Stavudine
- ddI:** Didanosine
- DOT:** Directly Observed Therapy
- E:** Ethambutol
- EDD:** Estimated date of delivery
- EFV:** Efavirenz
- HIV:** Human immunodeficiency virus
- IDV:** Indinavir
- INH:** Isoniazid
- Lop/r:** Lopinavir/Ritonavir
- LS30:** Combination pill of Stavudine and Lamivudine
- MMRP:** Maternal Mortality Reduction Program
- MMRPA:** Maternal Mortality Reduction Program Assistant
- NVP:** Nevirapine
- PIH:** Partners In Health

PMTCT: Prevention of mother-to-child transmission (of HIV)

RH: Combination pill of Rifampicin and Isoniazid

RHE: Combination pill of Rifampicin, Isoniazid, and Ethambutol

RHZ: Combination pill of Rifampicin, Isoniazid, and Pyrazinamide

RHZE: Combination pill of Rifampicin, Isoniazid, Pyrazinamide, and Ethambutol

S: Streptomycin

STI: Sexually-transmitted infection

T30: Triomune

TB: Tuberculosis

TDF: Tenofovir

VCT: Voluntary counseling and testing

Vocabulary List

Abstinence

To keep from doing something that you want to do. In this manual, to keep from engaging in sexual activity.

Acquired immune deficiency syndrome (AIDS)

A group of symptoms and infections resulting from damage caused by HIV.

Adherence

To stick carefully to a plan; to take medicine regularly and faithfully, according to a doctor's directions.

Advocate

To speak out for a desired goal and strive to achieve it.

Anemia

An illness in which the blood is weak and cannot do its job; often caused by lack of iron in the diet, loss of blood, or a blood disorder.

Antiretroviral medicines (ARVs)

Medicines that are used to fight HIV/AIDS.

Birth Control

A medicine, device, or practice that prevents pregnancy.

CD4

The part of the immune system that HIV attacks. The number of CD4s in the body shows how strong or weak the immune system is.

Chronic disease

A disease that can be controlled but not cured.

Clinical

Related to the science and practice of medicine.

Compassion

Feeling for the suffering of others.

Confidentiality

To be entrusted with someone's private information; understanding that certain information and actions will be kept private.

Contagious

Easily passed from person to person.

Directly Observed Therapy (DOT)

When a clinician or health worker watches a patient take medicine to make sure that she or he takes it.

Discrimination

An unfair way of treating a person or group because they are different in some way.

Drug Resistance

If a person misses doses of medication, the disease will become stronger and better able to fight the medication.

Egg

A female reproductive cell.

Empathy

The ability to identify with and understand someone else’s feelings or challenges.

Exclusive breastfeeding

Feeding a child only breast milk.

Family Planning

When a family plans the number of children they want and when they want to have them.

Fertilization

When sperm from a man’s penis connects with an egg in a woman’s womb. After fertilization, a woman is pregnant.

Genitals

Reproductive organs, especially external sex organs.

Germ

A microscopic organism or virus that can cause disease.

Human immunodeficiency virus (HIV)

A type of a virus that destroys the immune system’s defender cells. “Human” means the disease attacks people, “immunodeficiency” means it attacks the immune system, and “virus” refers to the germ that causes the disease.

Human rights

Abilities and freedoms that are considered by most societies to belong automatically to everyone.

Immune system

The body’s defense system, which recognizes and fights germs and disease.

Mixed feeding

Feeding a child a combination of breast milk and other types of food.

Multidrug

More than 1 drug; multidrug-resistance means that a disease can fight off several kinds of medicine.

Opportunistic infections

Diseases that occur when someone's immune system is weakened; they are common in patients whose immune systems are weakened by HIV.

Penis

External male sex organ.

Psychological

Relating to the mind and how it works.

Resistance

When a disease becomes able to fight medicine.

Semen

Thick, white fluid containing sperm that a male ejaculates.

Sexually-transmitted infection (STI)

A disease that is passed from person to person through sexual activity.

Side effect

A bad reaction to a drug or other form of medical treatment.

Solidarity

Working and struggling together because of shared interests, responsibilities, and goals.

Sperm

A male reproductive cell.

Sputum

A thick substance coughed up from the lungs and usually spit out.

Stigma

Shame or disgrace associated with something that the community believes is socially unacceptable. It is the result of negative attitudes; it is the result of what people think.

Transmit

To pass along; transmission is how an infected person gives a disease to someone else.

Tuberculosis (TB)

An infectious disease that affects the lungs and later other parts of the body.

Uterus

The place in a woman's body where the baby grows during pregnancy.

Vaccine

A preparation that stimulates the immune system against a particular disease to help prevent a person from getting ill.

Vagina

Tubular structure that leads from the uterus to the outside of a female.

Vaginal secretions

Fluids that come from a woman's vagina; they help make sex smoother and protect the vagina from injury and infection.

Virus

A type of germ that causes disease.

Vulnerable

Not well protected; open to physical or emotional harm.

UNIT 1

Introduction and MMRPA Roles and Responsibilities



OVERVIEW

It is very important for women to stay healthy during pregnancy and deliver safely, both for their own health and safety and that of their babies. Doing this maintains healthy communities and builds a healthy next generation.

To stay healthy during pregnancy and deliver safely, all pregnant women should attend the correct number of prenatal visits, deliver at a health facility, complete postnatal visits, and have their babies immunized. Pregnant women with HIV must also take antiretroviral medicine (ARVs), get their babies tested for HIV at 6 weeks after the birth, and give their babies NVP drops.

In Lesotho, where clinicians and human resources have been scarce, many women give birth at home, often with the help of traditional birth attendants. In the past, traditional birth attendants were trained by clinicians to do this. But despite the help of traditional birth attendants, many women in our communities have serious problems during labor, and sometimes they or their babies die.

Also, in Lesotho there is an HIV/AIDS epidemic, and up to 23.7 percent of the population has HIV. When women with HIV give birth at home, they often pass HIV to their babies, and the traditional birth attendants also risk becoming infected with HIV.

To address these serious problems, Partners In Health Lesotho (PIHL) is starting a new program, the **Maternal Mortality Reduction Program** (MMRP). Through this program, health workers formerly known as traditional birth attendants will become **Maternal Mortality Reduction Program Assistants** (MMRPAs).

MMRPAs' main responsibility is to **accompany all pregnant women** to the health facility for each and every clinical service, from booking the first prenatal visit through

delivery and the 6-weeks postnatal visit. MMRPAs will accompany all pregnant women, regardless of their HIV status. During this training, participants will learn how to carry out these responsibilities.

Through the MMRP, PIHL will reduce serious health problems, disease, and deaths during pregnancy and birth. In other words, PIHL will reduce maternal morbidity (disease or health problems) and mortality (deaths).

MMRPAs' work is vital to improving women's, newborns', and families' health. MMRPAs can save lives by educating and accompanying pregnant women.



OBJECTIVES




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

- a.** Explain the importance of MMRPAs to the health of pregnant women, their families, and communities.
- b.** Describe the qualifications and characteristics required of MMRPAs.
- c.** Name the roles and responsibilities of MMRPAs.
- d.** Explain the mission and vision of Partners In Health (PIH), and how PIH helps the poor gain access to the basic human rights of health care, housing, food, water, education, and economic opportunities.



TIME REQUIRED: 3 hours 45 minutes

 **UNIT OVERVIEW**

Session	Content	 Methods	 Time	 Materials
1	Participants meet the facilitator and other participants and review unit objectives.	Icebreaker Facilitator presentation	15 <i>minutes</i>	<ul style="list-style-type: none"> • Facilitator Manual and Participant Handbooks • Chart paper, markers, tape
2	Participants discuss and decide upon ground rules and learn about the Anonymous Question Box.	Brainstorm Facilitator presentation	15 <i>minutes</i>	<ul style="list-style-type: none"> • Anonymous Question Box • Chart paper, markers, tape
3	Participants assess their prior knowledge.	Assessment	30 <i>minutes</i>	<ul style="list-style-type: none"> • Pencils or pens • Participant Handbooks
4	Participants learn about the importance of MMRPAs' work.	Facilitator presentation Small group discussion	45 <i>minutes</i>	<ul style="list-style-type: none"> • Chart paper • Markers • Tape
5	Participants identify the qualities and characteristics required of MMRPAs.	Reflection journey Large group discussion	30 <i>minutes</i>	<ul style="list-style-type: none"> • Story in Participant Handbook • Slide or flipchart presentation • AV equipment (if using slides) • Chart paper, markers, tape
6	Participants review the roles and responsibilities of MMRPAs.	Brainstorm Large group discussion	1 <i>hour</i>	<ul style="list-style-type: none"> • Responsibilities checklist in Participant Handbook • Chart paper, markers, tape
7	Participants learn about their role in the mission and vision of PIH.	Facilitator presentation	30 <i>minutes</i>	<ul style="list-style-type: none"> • Slide or flipchart presentation • AV equipment if using slides



Key Points

- To stay healthy during pregnancy and deliver safely, all pregnant women should attend the correct number of prenatal visits, deliver at a health facility, complete postnatal visits, and have their babies immunized. Pregnant women with HIV must also take antiretroviral medicine (ARVs) if needed, get their babies tested for HIV after the birth, and give their babies NVP drops.
- Through the work of **Maternal Mortality Reduction Program Assistants** (MMRPAs), the **Maternal Mortality Reduction Program** (MMRP) will help pregnant women to access prenatal care, health facility delivery, and postnatal care.
- MMRPAs must **accompany all pregnant women** to the health facility for each and every clinical service, from booking the first prenatal visit through delivery the 6-weeks postnatal visits. They will accompany all pregnant women regardless of their HIV status.
- Through the MMRP, PIHL will reduce serious health problems, disease, and deaths during pregnancy and birth.
- MMRPAs' work is vital to improving women's, newborns', and families' health. MMRPAs can save lives by educating and accompanying pregnant women.
- MMRPAs must meet the following selection criteria: MMRPAs must be loved and trusted by the community, be selected by the chief and villagers during a public gathering, be less than 60 years of age, able to read and write, dedicated and very committed to their work, honest and truthful, clean, a non-drinker and non-smoker, and a role model in the village.
- MMRPAs must keep patient information in confidence at all times.
- MMRPAs help to carry out the mission and vision of PIHL to help the poor gain access to the basic human rights of health care, housing, food, water, education, and economic opportunities.

SESSION 1

Introductions and Unit Objectives



Methods: Facilitator presentation and Icebreaker



Time: 15 minutes



Objective

Participants will be able to:

- Conduct introductions and identify unit objectives.



Preparation

- Review the unit objectives.
- Write the unit objectives on a sheet of chart paper and post it on the wall.



Materials

- Facilitator Manual
- Participant Handbooks
- Chart paper
- Markers
- Tape



STEPS



15 minutes

1. Greet participants and introduce yourself.
2. Explain that in this training, participants will learn the roles and responsibilities of Maternal Mortality Reduction Program Assistants (MMRPAs, previously called Traditional Birth Attendants). They will learn all the information needed to carry out their work.
3. Ask participants to introduce themselves **briefly**, one at a time, by saying:
 - Their name and how long they have been working as a MMRPA (traditional birth attendant), or if they are new to the job.

- One hope or expectation that they have for this training.
 - For example: *My name is Maletsatsi and I am from Nohana. I hope to learn how accompany pregnant women and educate them about the importance of hospital delivery.*
- 4.** End the introductions by telling participants that many of their expectations will be met during this training. Expectations not met today will be addressed in some other way, either with individual follow-up or in future trainings.
 - 5.** Ask a volunteer to read the objectives on the chart paper aloud. Tell participants that this training will cover these objectives.
 - 6.** Ask participants what questions they have so far and answer them accordingly.

SESSION 2

Ground Rules and Anonymous Question Box



Methods: Brainstorm and Facilitator presentation



Time: 15 minutes



Objectives

Participants will be able to:

- Establish ground rules that create a respectful and trusting environment.
- Describe the importance of confidentiality, both of families' information and information shared during the training.



Preparation

- Get the Anonymous Question Box ready and place in a convenient location in the room.



Materials

- Anonymous Question Box
- Chart paper
- Markers
- Tape



STEPS



15 minutes

1. Tell participants that for the training to be effective, the group will agree on some ground rules. Ground rules are rules that will help the training run smoothly, maximize learning, encourage participation, and make participants feel welcome and respected.
2. Ask participants to brainstorm a brief list of ground rules. As people name rules, write them in large letters on a sheet of chart paper.
3. Make sure each participant offers only one idea, and that everyone who wants to speak gets a chance.

4. After the brainstorm, add the following rules if they are not already on the list:

- Punctuality
- Confidentiality
- Participation in discussions and activities
- Respect for different opinions

5. Hang the sheet of ground rules on the wall for the rest of the training.

6. Explain the concept and importance of confidentiality. Tell participants:

As you know, confidentiality is an important requirement of the MMRPA's job. You must keep everything that community members tell you and everything you know about their medical conditions **confidential**. You should only share such information with the person's doctors and nurses. **You should not share this information even with the person's spouse, siblings, or children, or with your own spouses, siblings, or children.**

Some of you may need to share information about your assigned households during the training or ask questions about specific cases. You must share or ask in a way that maintains confidentiality. For example, do not use the person's name, say where she/he lives, or give any other information that would reveal the person's identity. Everyone in this room must do this. Also, you must not talk about confidential information outside of this training.

7. Ask participants:

- What could happen if you told confidential medical information about one of your households to someone else?

The person might be stigmatized or discriminated against, the person would not trust you anymore, the person would not want to share important health-related information with you anymore, etc.

- How would you feel if someone shared confidential information about you with other people?

You would feel betrayed, you would not trust that person, you would not feel safe telling them anything else, etc.

8. Tell participants:

Confidentiality is one of the most important parts of being a MMRPA.

9. Explain that to help keep confidentiality during this training session, participants can use the Anonymous Question Box. Hold up the box. Explain that at any point during the day, participants are welcome to write down any questions they may have but do not want to ask aloud in front of the group, and put them in the Anonymous Question Box. The questions can be about particular cases or any other issue. At the end of the day, you will review and answer questions from the box, either with the group or privately as needed.



TIP: Check the Anonymous Question Box during breaks and lunch, and review any questions you find so that you will be ready to handle the questions at the end of the training.

SESSION 3

Pre-Test



Method: Assessment



Time: 30 minutes



Objective

Participants will be able to:

- Assess prior knowledge of the training topic.



Preparation

- Review the pre-test questions.



Materials

- Pencils or pens for all participants
- Photocopies of the Pre-Test on page 417 of the Facilitator Manual



TIP: Explain the pre-test carefully in case some participants are not familiar with taking tests.



STEPS



30 minutes

1. Explain that participants will now take a test. The purpose of this test is not to judge participants, but rather to understand what participants already know, and to make sure this training addresses their needs. The test will also help to assess the effectiveness of this training and improve it for future trainings.
2. Give each participant a photocopy of the test.
3. Before the test, ask participants to complete the information on the top of each page of the test and give it to you. If a participant does not know the month that she or he became an MMRPA, tell her to write the year and then estimate the month as best she can.

4. Explain that you will read aloud some questions about the training topic. Participants will write brief answers in the spaces provided.
5. Tell participants that if they do not know the answer to a question, they should leave it unanswered.
6. Read the test questions aloud slowly and clearly.
7. Ask participants to start work.
8. As participants are working, circulate and help as needed. Read questions aloud again as needed.
9. Collect the tests as participants finish.
10. Explain that at the end of this training, participants will take this test again to see how much they have learned. You will review the correct answers then.



TIP: *Correct the pre-tests during a break, since you will need to give them back to the participants after they take the post-test.*

PRE-TEST ANSWER KEY

Date: _____ Your name: _____

Health center: _____ Trainer: _____

When did you become an MMRPA? ____/____
Month/Year

Please write a brief answer for each question. If you do not know the answer, leave the space blank:

1. When should a pregnant woman attend her 1st prenatal visit, and how many more prenatal visits should she have after the 1st visit (the minimum number)?
 - **1st visit: as soon as she finds out she is pregnant**
 - **Number of visits after 1st visit: 4**
2. Name 2 benefits to pregnant women of attending prenatal visits at the health facility.
 - **Learn expected due date (EDD)**
 - **Physical exam**
 - **Help with problems**
 - **Counseling and support**
 - **Vaccinations and other treatment if needed**
 - **Voluntary Counseling and Testing or VCT)**
 - **Help with PMTCT**
3. Name 2 minor ailments that a woman may experience during her pregnancy.
 - **Nausea**
 - **Heartburn**
 - **Constipation**
 - **Muscle cramps**

- **Body pains, stomachache, backache**
 - **Cravings**
 - **Chloasma (darkening of facial skin)**
 - **Hemorrhoids**
4. Name 2 major (serious) ailments that a woman may experience during her pregnancy.
- **Dizziness**
 - **Persistent headache**
 - **The baby is not moving.**
 - **Epigastric pain (upper abdominal pain)**
 - **Bleeding**
 - **Water breaks early (before the EDD)**
 - **Edema (swelling) of the feet and legs**
 - **Swelling and lower abdominal pains**
5. When should a pregnant woman go to the shelter?
- **2 weeks before her EDD**
6. Name 2 benefits to the woman and baby of delivering at the health facility.
- **The health facility is clean and warm.**
 - **The equipment is always sterile and this helps to prevent infection.**
 - **Clinicians can handle complications and transfer to the hospital if needed.**
 - **Deliveries are done by qualified, skilled clinicians.**
 - **If the woman has HIV, clinicians will prevent HIV transmission to the baby.**
 - **Medications to help fight infection, lessen pain, or stop the bleeding.**
 - **Starter Packs and food packages**
 - **Counseling about breastfeeding and caring for newborn babies**

- **Medications for the baby (eye drops, vaccines, Vitamin K)**
 - **If the mother has HIV, the baby will receive NVP drops**
 - **Help if the baby is not breathing well**
7. Name 1 way that a person can get HIV.
- **Contact with another person's blood (transfusions, wounds)**
 - **Contact with another person's bodily fluids through sex**
 - **From mother to child during child bearing**
8. When and for how long must a person with HIV take ARV medication?
- **Every day and night for the rest of her or his life**
9. Name 1 possible serious side effect of taking ARV medication.
- **Difficulty breathing**
 - **Swollen eyes**
 - **Blisters or sores**
 - **Vomiting**
 - **Rash**
 - **Abdominal pain**
 - **Yellow eyes (jaundice)**
 - **Fever**
10. Name 1 way that a woman with HIV can prevent passing HIV to her baby before or after delivery.
- **Get screened for sexually-transmitted infections (STIs).**
 - **Practice safe sex by using condoms every time.**
 - **Go to the health facility for all prenatal (ANC) visits.**
 - **Take ARVs every day if her CD4 count is below 350.**

11. Name 1 way that a person can avoid getting HIV/AIDs or other STIs, or to prevent passing them to another person.
- **Abstinence**
 - **Sex with only 1 person who does not have HIV**
 - **Condoms during sex every time**
 - **Not using needles or razor blades that someone else has used**
 - **Not touching someone else's blood**
12. Name 2 symptoms of TB.
- **Cough**
 - **Fever**
 - **Weight loss**
 - **Chest pain**
 - **Loss of appetite**
 - **Fatigue**
 - **Night sweats**
13. When and for how long must a person with TB take TB medication in order to be cured?
- **Every morning for 6 to 9 months**
14. Name 1 possible serious side effect of taking TB medication.
- **Difficulty breathing**
 - **Difficulty hearing**
 - **Swollen eyes**
 - **Swollen tongue**
 - **Blisters or sores**
 - **Vomiting**
 - **Rash**
 - **Abdominal pain**
 - **Yellow eyes (jaundice)**

15. Name 1 modern birth control method.
- **Pills**
 - **Injections**
 - **Implants**
 - **IUD**
 - **Condoms**
 - **Sterilization**
16. Name 2 symptoms of malnutrition in children.
- **Serious weight loss**
 - **Stunted growth**
 - **Wasting of muscles; child is extremely thin**
 - **Severe hunger**
 - **Pale, reddish, or white hair that becomes brittle and falls off**
 - **Swelling of feet, face, eyelids, and hands; if a finger is pressed in the swelling, it leaves a deep pit.**
 - **Skin becomes lighter, with blackish spots and patches**
 - **Loss of appetite**
 - **Dehydration due to continuing diarrhea**
 - **Below normal on road to health chart curve**
17. If a woman under her care experiences a major ailment during pregnancy or a serious side effect from ARV or TB medications, what should the MMRPA do?
- **Accompany the woman to the health facility immediately.**
18. Name 2 main responsibilities of MMRPAs for pregnant women under their care:
- **Accompany pregnant women to the health facility for all prenatal visits.**
 - **Accompany pregnant women to the health facility for all postnatal visits.**

- **Accompany any pregnant woman experiencing a major ailment or a serious side effect of ARV or TB medications to the health facility immediately.**
- **Accompany all pregnant women to their monthly follow-ups.**
- **Accompany pregnant women to the shelters 2 weeks before their estimated delivery dates (EDDs), or directly to the health facility if labor starts early.**
- **Accompany all women who have delivered at home to the health facility within 48 hours (2 days) of delivery.**
- **Provide Directly Observed Therapy (DOT) to all pregnant women who are on TB medication, ART, or ARV prophylaxis.**
- **Accompany babies born to mothers with HIV in the infant formula program up until the baby has finished the program.**
- **Accompany babies to the Under-5s Clinic until they are fully immunized.**
- **Educate pregnant women about family planning, nutrition, treatment of diarrhea, and good personal and household hygiene practices.**
- **Provide home-based care for any woman who is ill and needs help.**

SESSION 4

Importance of MMRPAs



Methods: Facilitator presentation and Small group discussion



Time: 45 minutes



Objective

Participants will be able to:

- a. Explain the importance of MMRPAs to the health of pregnant women, families, and communities.



Preparation

- Write the following small group tasks on a sheet of chart paper:
 - Think of women you know who did not get prenatal care at a health facility and delivered at home, and who suffered from serious problems during pregnancy or labor, died during labor, or lost their babies.
 - As you share, maintain confidentiality by not using names.
 - Choose 1 example to share with the whole group.
 - Choose 1 group member to present your example to the whole group.
 - You will have 15 minutes to work.



Materials

- Chart paper sheet with small group tasks written on it
- Chart paper
- Markers
- Tape



STEPS



5 minutes

1. Tell participants:

It is very important for women to stay healthy during pregnancy and deliver safely, both for their own health and safety and that of their babies. Doing this maintains healthy communities and builds a healthy next generation.

To stay healthy during pregnancy and deliver safely, all pregnant women should attend the correct number of prenatal visits, deliver at a health facility, complete postnatal visits, and have their babies immunized. Pregnant women with HIV must also take antiretroviral medicine (ARVs) if needed, get their babies tested for HIV 6 weeks after birth, and give their babies NVP drops.

In Lesotho, where clinicians and human resources have been scarce, many women give birth at home, often with the help of traditional birth attendants. In the past, traditional birth attendants were trained by clinicians to do this. But despite the help of traditional birth attendants, many women in our communities have serious problems during labor, and sometimes they or their babies die.

Also, in Lesotho there is an HIV/AIDS epidemic and up to 23.7 percent of the population has HIV. When women with HIV give birth at home, they often pass HIV to their babies, and the traditional birth attendants also risk becoming infected with HIV.

2. Tell participants:

To address these serious problems, we are starting a new program, the **Maternal Mortality Reduction Program** (MMRP). Through this program, health workers formerly known as traditional birth attendants will become **Maternal Mortality Reduction Program Assistants** (MMRPAs).

Your main responsibility as MMRPAs is to **accompany all pregnant women** to the health facility for each and every clinical service, from booking the first prenatal visit through delivery and the 6-week postnatal visit. You will accompany all pregnant women regardless of their HIV status. During this training you will learn how to carry out these responsibilities.

Through the MMRP, we will reduce serious health problems, disease, and deaths during pregnancy and birth. In other words, we will reduce maternal morbidity (disease or health problems) and mortality (deaths).

Your work as MMRPAs is vital to improving women's, newborns' and families' health. As MMRPAs, you can save lives by educating and accompanying pregnant women daily.



5 minutes

3. Divide participants into small groups of 5 to 6 participants each.
4. Post the chart paper sheet you prepared and explain the small group task:
 - Think of women you know who did not get prenatal care at a health facility and delivered at home, and who suffered from serious problems during pregnancy or labor, died during labor, or lost their babies.
 - Share examples within your small group.
 - As group members share, maintain strict confidentiality by not using the women's names, villages, etc.
 - Remember, you must share examples respectfully. This is not an opportunity to gossip, but an opportunity to learn from each other.
 - Choose 1 example to share with the whole group.
 - Choose 1 group representative to present your example to the whole group.
 - You will have 15 minutes to work.



15 minutes

5. Give small groups 15 minutes to work. As small groups are working, circulate and help as needed.



10 minutes

6. Ask small groups to stop work. Ask the small group representatives to come and stand at the front of the room.
7. Ask the group representatives to share their examples one at a time, **briefly** (1–2 minutes per example).
8. After all group representatives have shared, thank them and ask them to be seated.



10 minutes

9. Ask the following questions and encourage a brief discussion. It is not necessary for participants to name detailed MMRPA responsibilities at this point. The idea is for them to name general things they must do.

- As MMRPAs, how could you help pregnant women so that they and their babies do not suffer as the women and babies we have just heard about?

Visit pregnant women regularly.

Make sure that pregnant women know the signs of serious problems during pregnancy, and accompany them to health facilities when they have these problems.

Educate pregnant woman about the importance of delivering at health facilities.

Make sure that women plan to give birth at health facilities.

Accompany women to health facilities for delivery.

Participants may name other ideas.

- Your work as MMRPAs will improve women's and babies' health, and it will also improve the health of whole families and communities. How do you think your work will improve the health of whole families and communities?

If women stay healthy during pregnancy they are better able to care for their families.

If women stay healthy during pregnancy their growing babies will stay healthier.

If fewer women die during childbirth, fewer children will be left motherless.

If more women with HIV receive prenatal care and give birth at health facilities, there will be fewer babies born with HIV.

Participants may name other ideas.

10. Thank participants for sharing their experiences. Tell them that during this training, they will learn everything they need to know in order to accompany pregnant women effectively.

SESSION 5 Selection Criteria and Protocols for MMRPAs



Methods: Reflection journey and large group discussion



Time: 30 minutes



Objective

Participants will be able to:

b. Describe the qualifications and characteristics required of MMRPAs.



Preparation

- Review the reflection journey questions in step 2 below.
- Write these MMRPA selection criteria and protocols on a sheet of chart paper:
 - Must not be over 60 years of age
 - Should be able to read and write
 - Should be dedicated and very committed to her work
 - Should be honest and truthful at all times
 - Should be clean at all times
 - Should be a non-drinker and non-smoker
 - Should be a role model in the village
 - Should keep patient information in confidence at all times
 - Should be loved and trusted by the community



Materials

- MMRPA selection criteria and protocols written on chart paper
- MMRPA selection criteria and protocols on page 6 of Participant Handbook
- Chart paper
- Markers
- Tape



TIP: *This activity asks participants to think about a time when they were very sick. This may raise strong emotions for some participants. Be aware of this and treat participants' emotions respectfully, especially when you are alone. As MMRPAs, you will support pregnant women who may be sick, afraid, or sometimes alone. You must ease their fears, make them feel comfortable, and reassure them that you are there to help them.*



STEPS



5 minutes

1. Tell participants:

As MMRPAs, you will visit pregnant women regularly, educate them about important health topics, and accompany them through prenatal care, delivery, and postnatal care. Women must be able to trust you with private information about their health and their needs. As an MMRPA, you must also be non-judgmental and respectful so that women and their families trust you and feel comfortable with you. You must be a role model in the village.

In order to understand this well, let's take a moment to reflect on our own experiences.

2. Lead participants on a Reflection Journey. To do this, ask participants to close their eyes and think about a time when they were very sick and needed help. Slowly ask the following questions, pausing for several seconds between each question to give participants time to reflect:

- Think about a time when you were very sick.
- Were you alone when you were sick?
- If you were alone, how did it feel to be alone and sick?
- If you were not alone, who was with you?
- What kind of help did you need?
- Did someone help you? If so, how did it feel to be helped? If not, how did it feel to not be helped?
- Did you feel vulnerable? Why?



10 minutes

3. Ask participants to open their eyes. Ask for a few volunteers to share their reflection journeys.



5 minutes

4. Tell participants:

It can be frightening to be sick, especially when you are alone. As MMRPAs, you will support pregnant women who may be sick, afraid, or sometimes alone. You must ease their fears, make them feel comfortable, and reassure them that you are there to help them.

As MMRPAs, you will give pregnant women information, accompany them to the health facility, and in some cases give medicine or other services. These women must be able to respect and trust you.

Your work is vital – you are helping to improve maternal and child health in Lesotho.

5. Ask participants:

- Think about the important work that you will do with pregnant women and their families. What attributes or qualities do you think you must have in order to do this work, and have people trust and feel comfortable with you? How must you behave at all times?

Take some volunteer responses.



10 minutes

6. Post the list of MMRPA selection criteria and protocols that you prepared. Ask a volunteer to read the list aloud.

7. Then, for each item on the list, ask why it is important for MMRPAs to have this quality or characteristic, or to behave in this way. Accept volunteer responses. Consult the information below as you go and add it to the discussion if needed. (You do not need to write answers on the chart paper.)

- The MMRPA will be selected by the chief and villagers during a public gathering and must meet the village health worker selection criteria.

MMRPAs must be trusted and respected by villagers. Villagers and the chief will choose someone they respect and trust.

- Must be less than 60 years of age.

MMRPAs must be able to travel long distances to accompany women to health facilities and younger women are better able to do this.

- Should be able to read and write.

MMRPAs must be able to read and understand training materials, explain written health information to women and their families, and read and complete forms related to their work.

- Should be very dedicated and committed to her work.

The work of MMRPAs can be challenging and difficult. MMRPAs must be dedicated and committed to improve their communities' welfare so that they can effectively meet and overcome challenges.

- Should be honest and truthful at all times.

Pregnant women, their families, villagers, and clinicians must be able to rely on and trust MMRPAs. MMRPAs must be truthful in order to earn villagers' trust and do their jobs effectively.

- Should be clean at all times.

MMRPAs are responsible for teaching good hygiene and must set a good example by demonstrating good personal hygiene themselves.

- Should be a non-drinker and non-smoker.

MMRPAs are responsible for helping pregnant women to maintain good health by not smoking or drinking, and they must set a good example by not smoking or drinking themselves.

- Should be a role model in the village.

MMRPAs are responsible for teaching good practices to pregnant women and their families, and they must set a good example by following good practices themselves.

- Should keep patient information in confidence at all times.

MMRPAs must be able to keep important family health information confidential in order to respect families' privacy and earn their trust.

- Should be loved and trusted by the community.

8. Ask participants to find the MMRPA Selection Criteria and Protocols on page 6 of their handbooks. Ask participants to study the list at home so that they learn it well.

9. Summarize by telling participants:

All of these qualities and characteristics are important, and you have been chosen as MMRPAs because you have these characteristics. You must work hard to earn and keep the respect and trust of families, villagers, chiefs, and clinicians by doing your job well at all times.

MMRPA Selection Criteria and Protocols

The MMRPA will be selected by the chief and villagers during a public gathering and must meet the village health worker selection criteria:

- Must not be over 60 years of age
- Should be able to read and write
- Should be dedicated and very committed to her work
- Should be honest and truthful at all times
- Should be clean at all times
- Should be a non-drinker and non-smoker
- Should be a role model in the village
- Should be trusted to keep patient information in confidence at all times
- Should be loved and trusted by the community.

SESSION 6

MMRPA Roles and Responsibilities



Methods: Brainstorm and Large group discussion



Time: 1 hour



Objective

Participants will be able to:

- c. Name the roles and responsibilities of MMRPAs.



Preparation

- Write these 2 questions at the top of 2 sheets of chart paper, 1 question per sheet:
 - What are some of an MMRPA’s main responsibilities and tasks?
 - What should an MMRPA NOT do?



Materials

- MMRPA Roles and Responsibilities and “MMRPAs Should NOT” checklists on pages 7–8 of Participant Handbook
- Chart paper
- Markers
- Tape



STEPS



15 minutes

1. Tell participants:

We have just discussed how MMRPAs can save lives. We have also discussed the selection criteria that MMRPAs must meet. Now we will look specifically at MMRPA roles and responsibilities.

2. Post and ask the first question you prepared. Take some volunteer responses and write them on the chart paper sheet:

- What are some of an MMRPA’s main responsibilities and tasks?

3. If someone names a role or responsibility that is not appropriate, explain why it is not appropriate and do not write it onto the sheet. (For example, MMRPAs should not help to deliver pregnant women at home.)



TIP: *If most participants are new to the job, they may only be able to name broad responsibilities, for example, visit pregnant women, check for malnutrition, refer pregnant women to the health facility for care, etc. They may not be able to name detailed tasks. That is okay. The idea behind this brainstorm is not to generate a long, detailed list of tasks, but to elicit what participants already know and can predict about their responsibilities. Then later in this session they will compare their ideas to actual responsibilities. This will help participants engage with and learn the content.*



10 minutes

4. Ask participants to find the Major MMRPA Roles and Responsibilities checklist on pages 7–8 of their handbooks.
5. Ask a volunteer to read the checklist aloud. Explain that these are the major responsibilities of MMRPAs.

Major MMRPA Roles and Responsibilities

- Hold public gatherings at different villages for raising awareness of the Maternal Mortality Reduction Program.
- Identify all pregnant women in the villages and encourage them to attend ANC (prenatal visits).
- Accompany all pregnant women to the health facility for early booking of the initial prenatal visit and subsequent visits.
- Recognize major ailments of pregnancy and accompany any pregnant woman experiencing a major ailment to the health facility immediately.
- Accompany pregnant women to the health facility for extra visits when needed.
- Accompany all pregnant women to their monthly follow-ups.
- Accompany pregnant women to the shelters 2 weeks before their estimated delivery dates (EDDs), or directly to the health facility if labor starts before the woman is at a shelter.

- Accompany all women who have delivered accidentally at home to the health facility within 48 hours (2 days) of delivery.
 - Ensure that pregnant women who are on TB medication, antiretroviral therapy (ART), or ARV prophylaxis are receiving Directly Observed Therapy (DOT) daily.
 - Ask about and identify mild and severe side effects of ARVs or TB medication in women taking ARVs or TB medication, and accompany women suffering from severe side effects to the health facility immediately. Remind women to report to you any side effects they experience while taking these medications.
 - Accompany mothers and their new babies to the 6-week (6/52) postnatal visit.
 - Accompany babies born to mothers with HIV in the formula program up until the baby has finished the program.
 - Accompany babies to the Under-5s Clinic until they are declared fully immunized.
 - Educate all women under your care about family planning, nutrition, treatment of diarrhea, and good personal and household hygiene practices.
 - Provide home-based care for any woman under your care who is ill and needs help, including bathing, cooking, feeding, and cleaning, especially if the woman does not have family to take care of her.
 - Take part in all reproductive health surveys that are conducted in your villages.
- 6.** Ask everyone to look at the brainstormed chart paper list of responsibilities (from step 2), and ask a 2nd volunteer to find and read aloud any items related to the Major Roles and Responsibilities checklist.



10 minutes

- 7.** Repeat this process for the MMRPA Administrative and Outreach Responsibilities checklist on page 8 of the Participant Handbook, asking a 3rd volunteer to read the list aloud, and then asking a 4th volunteer to find any related items on the chart paper sheet and read them aloud.

MMRPA Administrative and Outreach Responsibilities

- Attend all formal trainings.
- Attend almost all monthly informal trainings every year.
- Attend all monthly meetings and emergency meetings.
- Give health education sessions to the community every month.
- Inform you supervisor about any health-related issues that are occurring in the village.
- Participate in all outreach campaigns and outreach activities.
- Remember that the incentives that MMRPAs receive are performance based.
- Ensure timely reporting to MMRPA supervisors when a patient dies (within 48 hours of the death).
- Report on time to MMRPA supervisors when you will be away so that your caseload can be shifted to another MMRPA for that time period.
- Complete and submit all required forms accurately and on time.

8. Ask participants what questions they have about MMRPA roles and responsibilities and answer or ask experienced participants to answer.



15 minutes

9. Post and ask the 2nd question you prepared. Take volunteer responses and write them on the chart paper:
 - What should an MMRPA NOT do?
10. If someone names something that is not appropriate, explain why it is not appropriate and do not write it onto the sheet.



10 minutes

11. Ask participants to find the MMRPA Should NOT checklist on page 8 of their handbooks.
12. Repeat the process from steps 4 through 6, asking volunteers to read items from the checklist and then locating related information on the sheet of chart paper.

MMRPAs Should NOT

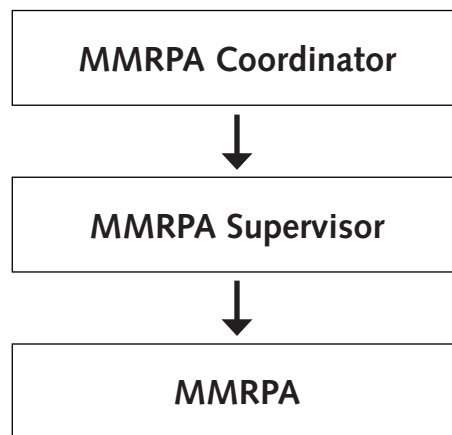
- Talk about or share a family’s personal information with anyone except a doctor or nurse.
- Ask for or accept money, gifts, or favors from families.
- Hide information about a family’s health problems.
- Give incorrect information in reports or forms.
- Drink alcohol.
- Deliver pregnant women in the community.

13. Ask participants what questions they have about the MMRPA Should NOT checklist and answer or ask experienced participants to answer.

14. Ask participants to find the MMRP Organizational Structure Diagram on page 10 of their handbooks. Tell participants:

This diagram shows how MMRPAs work under and report to MMRPA Supervisors. MMRPA Supervisors work under and report to the MMRPA Coordinator. Later in this training you will learn more about reporting requirements and forms.

ORGANIZATIONAL STRUCTURE FOR MMRPA PROGRAM



15. Summarize by telling participants:

The checklists serve as a general reminder of MMRPA responsibilities. During the rest of this training, you will learn everything you need to know in order to carry out these responsibilities. You will receive training materials to use during training and to take home and study. You will also get support from your supervisors, and you will continue to learn from trainers and colleagues during monthly meetings and trainings. All of these things will help you to learn your job.

SESSION 7 Introduction to Partners In Health



Method: Facilitator presentation



Time: 30 minutes



Objective

Participants will be able to:

- d. Explain the mission and vision of Partners In Health (PIH), and how PIH helps the poor gain access to the basic human rights of health care, housing, food, water, education, and economic opportunities.



Materials

- Flipchart or slide presentation
- AV equipment if using slides



STEPS



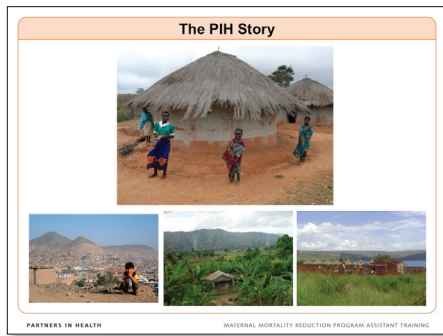
30 minutes

1. Introduction to PIH



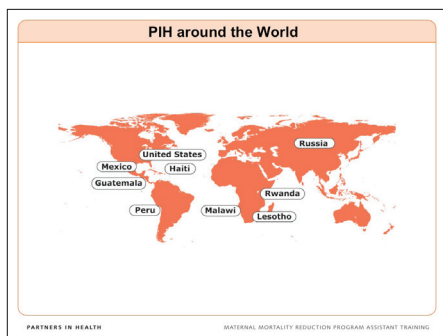
Say: Your work as MMRPAs helps to further the mission and vision of Partners in Health (PIH). I will give a short presentation about the mission and vision of PIH, how PIH started, and where we work now. Feel free to ask questions at any time.

2. The PIH Story



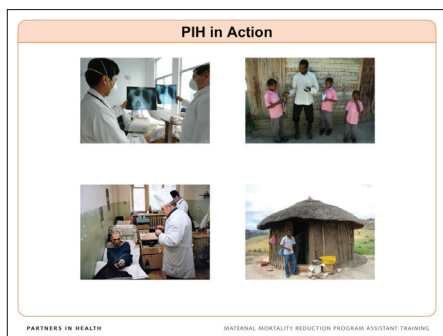
Say: More than twenty years ago, PIH began delivering health care in central Haiti. We wanted to provide health care to people who did not have access to it – poor people. Our founding principles were to provide health care to those most in need, accompany them throughout their illness, and never abandon the communities where we work. Over the years, PIH grew, so that now PIH employs thousands of clinicians, social workers, hospital administrators, and community health workers around the world. Today, PIH works in over a dozen different countries.

3. PIH around the World



Say: PIH currently has programs in Haiti, Peru, Russia, Rwanda, Lesotho, Malawi, Kazakhstan, and the United States, and supports projects in Mexico, Guatemala, Burundi, Mali, Nepal, and Liberia. PIH's main offices are in Boston, in the United States. That office supports all of PIH's programs.

4. PIH in Action



Say: These photos will give you an idea of the type of work that we do.

- The photo in the upper left-hand corner is of our project in Peru, which focuses on improving treatment and control of tuberculosis (TB).
- The photo below that is our project in Russia, which was started to help people in prison who have multidrug-resistant tuberculosis (MDR TB) and alcoholism. (MDR TB is TB that can fight off several kinds of medicine that normally work well against the disease.)
- The upper right-hand photo is of an accompagnateur in Haiti delivering medication to a patient, and the photo below that is of a Haitian PIH doctor in Lesotho conducting home visits.
- Boston’s project, which is not shown, addresses the health needs of Boston’s poorest neighborhoods.
- Each of PIH’s sites has many people working there: doctors, nurses, pharmacists, lab technicians, social workers, drivers, administrative staff, accompagnateurs, and community health workers. As an MMRPA, you are part of this committed group of people.

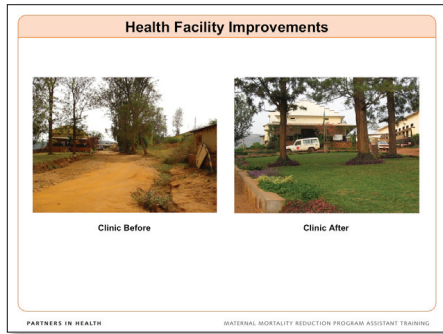
5. Access to Comprehensive Health Care



Say: The central focus of PIH is providing access to comprehensive health care. Our work includes prevention and care of HIV/AIDS as part of everyday health care, detection and prevention of tuberculosis, detection and treatment of sexually-transmitted infections (STIs), and women’s health.

Health care is a human right – everyone deserves it. No one should be denied health care because they cannot afford it. When individuals are healthy, their communities are healthy: healthy adults can work and provide for their families; healthy children can go to school and learn; healthy families can build homes and grow food. Access to health care helps the entire community.

6. Health Facility Improvements



Say: These are before-and-after photos of a clinic in Rwanda. We believe that our patients deserve the best health care possible in the best facilities possible. At PIH, we do whatever it takes to make someone well. If a member of your family was sick, wouldn't you do everything necessary to make him or her well? We believe that those who are the poorest deserve high-quality health care. We aim to provide them with the same quality of health care that we would want for our family members or for ourselves. In partnership with governments and other organizations, we provide free, high-quality health care, and we frequently help rebuild or refurbish hospitals and clinics.

7. Access to Education



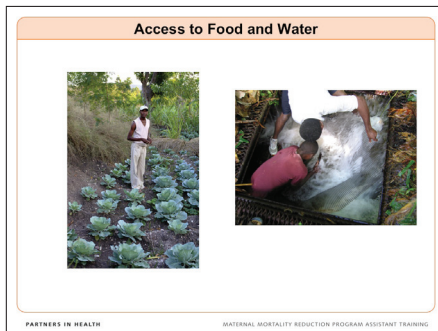
Say: Another part of PIH's mission is providing access to education. Education is also a human right. Education is an important tool for strengthening communities and achieving social justice. PIH helps provide school fees for families that cannot afford to send their children to school. PIH also conducts training programs for patients, doctors, nurses, accompagnateurs, government health workers, and employees from other organizations. This MMRPA training course is an example of the training that PIH conducts.

8. Access to Housing



Say: This is a photo of a housing improvement project in Haiti. PIH also addresses the social and economic needs of our patients who are most in need. The expression “social and economic needs” refers to shelter, food, water, and jobs. Shelter from the cold and rain is a fundamental human right. Without proper shelter, people can become very sick, so we try to provide housing for our patients whenever possible.

9. Access to Food and Water



Say: Other basic social and economic needs are food and water. People cannot become healthy or stay healthy without food, so PIH offers food packages and nutritional support to patients starting treatment for HIV or TB. We also work with members of the community to start agricultural projects and teach farming methods, because access to food and water are also human rights.

10. Economic Opportunities



Say: Many of our patients are sick and hungry because they have no jobs and thus no way to earn money. PIH tries to teach skills to patients so that they can generate income from jobs such as construction, selling produce, and sewing. We also try to employ patients as drivers, assistants, or MMRPAs whenever we can.

11. Community Partnerships



Say: PIH believes that it is essential to partner with the community. We hire and train local staff. We work with governments to reinforce national health services so that more people receive services. We collaborate with other health workers, such as traditional birth attendants and government health workers, because together we can have a stronger impact. These partnerships ensure that PIH is well integrated into the community and addresses its greatest needs.

12. Tell participants:

All of these things, including health care, education, food, water, and work, are basic human rights. PIH works to provide access to all of these rights for those most in need. This is how PIH works for social justice for the poorest people. We can and do help many people, but we place an emphasis on helping those who are the poorest.

If people do not have good health, food, water, education, or opportunities, then we must work for social justice so that all people have these things. The work of PIH – **your work** – is to help to create a more just world.

13. MMRPAs



Say: MMRPAs are vital to the mission of Partners In Health. By visiting and accompanying pregnant women, MMRPAs help keep women, babies, and whole communities healthy. They act as a link between communities and health facilities. By doing this work, MMRPAs stand in solidarity with the poor and sick.

14. Ask participants:

- What do you think it means to be in solidarity with the poor?

Walking with the poor and accompanying them; listening to them; supporting them; helping them gain access to health care, food, water, etc.; to be advocates for the poor – to notice what the poor need and speak up about it.

15. Ask what questions participants have about the mission and vision of Partners In Health and their role in it, and answer accordingly or ask experienced participants to answer.

UNIT 2

Pregnancy, Prenatal Care, and Postnatal Care



OVERVIEW

Among the main responsibilities of MMRPAs are to accompany pregnant women through all aspects of prenatal care (ANC), accompany them to the health facility for delivery, and accompany them through postnatal care. MMRPAs must also look for major ailments of pregnancy, and accompany women to the health facility immediately if they are suffering from any of these ailments.

ALL pregnant women must go to the health facility for prenatal care to help themselves and their growing babies stay healthy, even if they do not have HIV or other illnesses. During prenatal visits, the nurse or doctor will check the pregnant woman and her growing baby to make sure they are healthy.

In this unit, participants will learn the specific responsibilities related to the accompaniment of pregnant women through prenatal care, delivery, and postnatal care. They will also review pregnancy and birth processes, and the major and minor ailments of pregnancy, so that they can educate women under their care.

**OBJECTIVES**




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

- a. Describe the basic processes of pregnancy and birth, and educate pregnant women about these things.
- b. Explain to and educate pregnant women about why prenatal care (ANC) and Voluntary Counseling and Testing (VCT) are important, and what happens during prenatal visits.
- c. Describe when pregnant women should have prenatal visits, and describe the MMRPA's role in accompanying pregnant women through all aspects of prenatal care.
- d. Identify major and minor ailments related to pregnancy.
- e. Educate pregnant women about major and minor ailments so that they can recognize them and seek the MMRPA's help if they experience major ailments.
- f. Accompany pregnant women with major ailments to the health facility immediately. For minor ailments, give appropriate advice.
- g. Define anemia and identify its symptoms.
- h. Educate pregnant women so that they recognize symptoms of anemia and can seek the MMRPA's help if they experience symptoms.
- i. Refer pregnant women with anemia to the health facility.
- j. Identify the signs that mean a pregnant woman is starting labor.
- k. Describe the benefits to the mother and baby of delivering at a health facility, and educate pregnant women about these benefits.
- l. Accompany pregnant women to the shelter 2 weeks before their estimated date of delivery (EDD), or directly to the health facility if labor has started.
- m. Describe the benefits to the mother and baby of attending the 7-day and 6-week postnatal visits (7 days and 6 weeks after delivery).
- n. Accompany mothers and their new babies to the 7-day and 6-week (6/52) postnatal visits (7 days and 6 weeks after delivery.)



TIME REQUIRED: 5 hours 30 minutes


UNIT OVERVIEW

Session	Content	 Methods	 Time	 Materials
1	Participants review the basic processes of pregnancy and birth.	Peer teaching	1 hour 15 minutes	<ul style="list-style-type: none"> • Slide or flipchart presentation • AV equipment if using slides • Pictures and text in Participant Handbook
2	Participants learn about prenatal care and Voluntary Counseling and Testing, their importance, and the MMRPA's role.	Large group discussion Picture story	1 hour	<ul style="list-style-type: none"> • Slide or flipchart presentation • AV equipment if using slides • Picture story in Participant Handbook
3	Participants review the major and minor ailments of pregnancy.	Large group activity	45 minutes	<ul style="list-style-type: none"> • Slide or flipchart presentation • AV equipment if using slides • Photocopies of Ailments pictures • Ailments signs
4	Participants learn about the signs and symptoms of anemia.	Facilitator presentation	15 minutes	<ul style="list-style-type: none"> • Slide or flipchart presentation • AV equipment if using slides
5	Participants review the signs that labor is starting, and discuss their responsibility to accompany women to the shelter and health facility for delivery.	Large group discussion Role play	1 hour 45 minutes	<ul style="list-style-type: none"> • Role play in Participant Handbook
6	Participants learn about postnatal care, its importance, and the MMRPA's role.	Large group discussion	30 minutes	<ul style="list-style-type: none"> • Postnatal care information in Participant Handbook



Key Points

- All pregnant women should attend prenatal visits, get tested for HIV (Voluntary Counseling and Testing, or VCT), go to the shelters 2 weeks before their estimated delivery date (EDD), deliver at the health facility, attend postnatal visits, and have their babies immunized.
- MMRPAs must accompany women through all aspects of prenatal care: travel to the shelter or health facility and postnatal care.
- Major ailments related to pregnancy include: dizziness, persistent headaches, absence of fetal movement, epigastric pain (pain in the upper abdomen), bleeding, premature rupture of membranes, edema of feet and legs, swelling and pain in the lower abdomen, and symptoms of anemia.
- If a pregnant woman experiences any of these major ailments, she must go to the health facility immediately, accompanied by the MMRPA.
- Minor ailments of pregnancy include: nausea, heartburn, constipation, muscle cramps, body pains such as stomachache or backache, cravings, chloasma, and hemorrhoids. MMRPAs must give appropriate advice to women experiencing minor ailments.
- The signs that labor is starting are: water breaks, contractions start, and bloody mucus (bloody show) comes from the vagina. MMRPAs must accompany women who start labor to the health facility immediately if the women are not already in shelters.
- The benefits to the mother and baby of delivering at a health facility include: a clean, warm, and sterile environment; skilled clinicians who know how to deal with problems; easy transfer to the hospital in emergencies; prevention of HIV transmission from mother to baby; medications; and Starter Packs.
- All pregnant women should go to the shelter 2 weeks before their estimated date of delivery, or directly to the health facility if labor has started, accompanied by the MMRPA.
- All new mothers should attend the 7-day and 6-week postnatal visits (7 days and 6 weeks after delivery) and have their babies immunized according to the national schedule.

SESSION 1

Reproductive Processes



Method: Peer teaching



Time: 1 hour 15 minutes



Objectives

Participants will be able to:

- a. Describe the basic processes of pregnancy and birth, and educate pregnant women about these things.



Preparation

- Review the slide/flipchart pictures and explanations.



Materials

- Flipchart or slide presentation
- AV equipment if using slides
- Pictures and text on pages 24–31 of Participant Handbook



TIP: *This activity introduces and reviews important information about pregnancy and birth through peer teaching – where participants take the role of presenters and teachers. Peer teaching helps participants learn the information more thoroughly because they have to master it in order to teach it to others. Be sure to schedule enough time for this activity.*



STEPS



5 minutes

1. Ask participants the following questions and take some volunteer responses quickly:
 - How does a woman get pregnant?
 - How does a woman know when she is pregnant?
 - How does a woman know when she is ready to deliver?
 - How should a pregnant woman take care of herself?

2. Tell participants:

Even though pregnancy and birth are natural parts of life, many people do not know the processes that lead to a woman becoming pregnant and giving birth.

We will review the basic processes of pregnancy and birth now, so that you will be able to educate pregnant woman about these processes. You will work in small groups to review the information, and then you will present the information to your colleagues. This will help you learn the information well because you must learn it well in order to present it.

3. Divide participants into 4 small groups. Make sure that each group has at least a few fairly literate participants.

4. Explain the small group task:

- Read the information assigned to your group aloud and study the pictures. (I will give assignments shortly.)
- Make sure that everyone in the group understands the information.
- Choose 2 people to present the information. Presenters will be able to use the slides/flipchart pictures during their presentation.
- Presenters should become familiar with the information and practice presenting so that they can present it without looking at their handbooks.
- You will have 15 minutes to prepare.
- You will have 5 minutes to present.

5. Ask participants to find the pregnancy and birth information on pages 26–31 of their handbooks. Assign the information to small groups as follows:

Group 1: Egg, Sperm, and Fertilization

Group 2: Pregnancy

Group 3: Signs and Length of Pregnancy

Group 4: Labor and Delivery



15 minutes

6. Give groups 15 minutes to work. As groups are working, circulate and help as needed.



10 minutes

7. Ask groups to stop work. Ask the Group 1 presenters to come forward and present their information using the slides or flipchart. Help the presenters with the slides or flipchart if needed. If the presentation goes longer than 5 minutes or so, ask the presenters to wrap up. Add or correct information as needed.
8. Ask participants what questions or comments they have about the information, and answer or ask experienced participants to answer. Try to limit questions and comments to 5 minutes or so.



35 minutes

9. Repeat this process for Groups 2, 3, and 4.



10 minutes

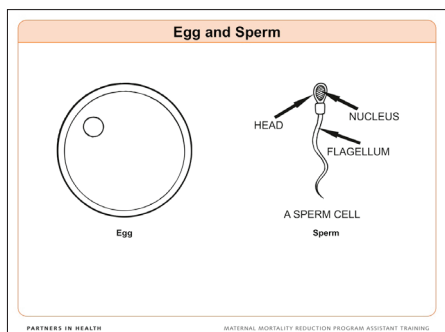
10. Ask what remaining questions participants have about fertilization, pregnancy, labor, and delivery and answer as needed or have experienced participants answer.
11. Summarize by telling participants:

Some of you knew this information before this training. For some of you, this information may be new. It is important for all of you to become familiar and comfortable with pregnancy and birth processes so that you can educate and help women to have healthy pregnancies and healthy babies.
12. Ask what remaining questions participants have about the information, and answer or ask experienced participants to answer.



Peer Teaching: Group 1

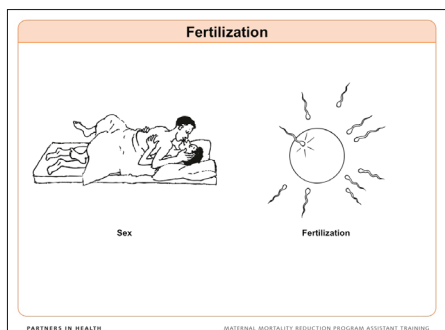
pages 24–25 of Participant Handbook



Egg and Sperm

A woman has many **eggs** in her **ovaries**. Every month, an egg is released from the ovary and travels down the **fallopian tube**. It takes around 12 hours for the egg to reach the middle of the fallopian tube.

A man's semen has millions of **sperm**. Sperm look like tadpoles when viewed under a microscope. They are produced in the testes. When a male reaches orgasm during sexual intercourse, he ejaculates 150–500 million sperm as semen through the penis.



Fertilization

When a man and a woman have sex and the man ejaculates, **sperm** from the man's penis goes into the **womb** (uterus) and travels up the fallopian tube to the egg. This is where the egg and sperm meet.

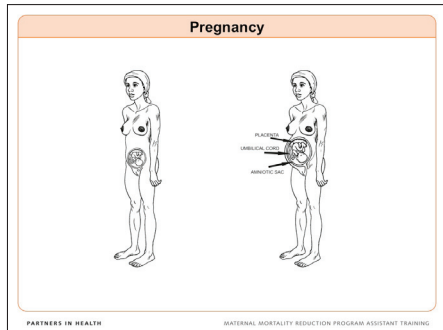
If the sperm from the man's penis connects with the egg, the egg is **fertilized**. The fertilized egg then travels down the fallopian tube into the womb, attaches to the wall of the womb, and begins to grow.

If the egg is not fertilized, the egg is expelled from the woman's body through the **vagina** along with blood and some excess tissue from the womb (uterus). This is called **menstruation**, or a woman's **period**.



Peer Teaching: Group 2

pages 26 of Participant Handbook

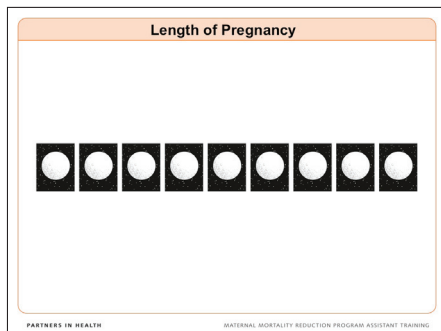


Pregnancy

Once a woman has a fertilized egg in her womb, she is pregnant. Sometimes the fertilized egg divides into two or more eggs, or more than one egg is fertilized. In these cases, a woman will carry twin or triplets.

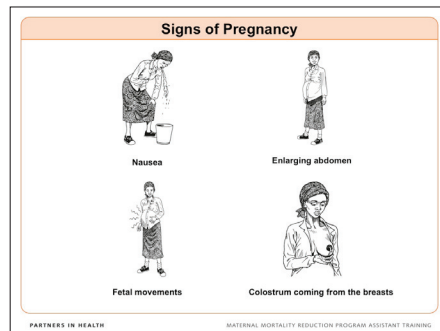
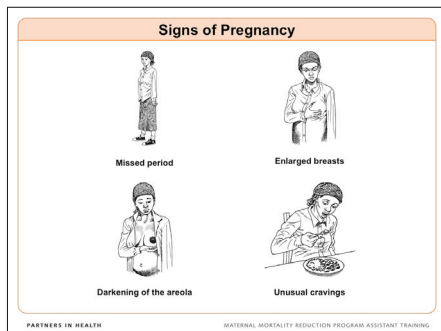
The fertilized egg grows into a baby, and the baby grows bigger every month. By the last few months of her pregnancy, a woman's womb has grown very large to hold the growing baby. The baby grows inside of the **amniotic sac**, which is a thin bag full of clear fluid that protects the baby from infection and cushions the baby as the woman moves.

The **placenta** is a package of blood vessels (tubes) that grows inside the womb next to the baby. Some of the mother's blood runs through the placenta into the **umbilical cord**. The umbilical cord is attached to the growing baby, and the baby receives blood and nutrients from the mother's body through the umbilical cord.



Length of Pregnancy

Pregnancy usually takes **38–40 weeks**, or **9 months**, from the woman's last menstruation to childbirth. It is important for a woman to keep the track of the time she has been pregnant so that she knows when to go to her prenatal checkups and when to start preparing for labor and birth.



Signs of Pregnancy

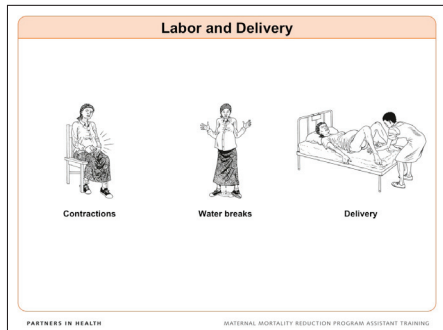
When a woman is pregnant, she experiences certain signs and symptoms:

- **Missed period** – A sperm from the man's penis has connected with an egg, and the egg has attached to the wall of the womb and started to grow into a baby. The egg does not get flushed out, and the woman does not have a period.
- **Enlarged breasts** – A woman's breasts grow larger and are sometimes sore.
- **Darkening of the areola** – A woman's nipples and the skin around them become darker.
- **Unusual cravings** – A woman may crave strange or unusual foods.
- **Nausea** – A woman feels sick to her stomach and may vomit.
- **Enlarging abdomen** – A woman's abdomen (stomach) grows bigger as the baby grows.
- **Positive HCG** – If the urine test at the health facility is positive, this means a woman is pregnant.
- **Fetal movements** – The growing baby (also called a fetus) moves in the womb.
- **Palpation of the baby** – The nurse will touch the woman's abdomen to feel the baby body and the way it lies in the uterus.
- **Colostrum coming from the breasts** – A thick, yellow-white substance (called colostrum) may leak from the woman's breasts.



Peer Teaching: Group 4

pages 31 of Participant Handbook



Labor and Delivery

When a woman is ready to give birth, she goes into **labor**. When labor starts, the womb muscle tightens to help push the baby out. These are called **contractions** or **labor pains**.

Before or after the contractions start, the woman's **water breaks**. This is when the **amniotic sac** that surrounds the baby breaks, and the clear fluid comes out of the woman's vagina.

Sometimes when labor starts, some **bloody, thick mucus**, called **bloody show**, will come out of the woman's vagina. This mucus has served as a "plug" to keep germs from entering the womb (uterus). When labor starts, this plug comes out.

The womb has a very strong muscle and the contractions are very strong. With every contraction, the baby is pushed down a little bit more. As contractions continue, they become more regular, more frequent, and stronger.

During labor, the baby moves from the womb into the **birth canal**. When the baby has moved down into the birth canal, the woman pushes during every contraction to help push the baby out. The birth canal stretches to allow the baby to come out, and the baby is born.

SESSION 2

Prenatal Care (ANC)



Methods: Large group discussion and Picture story



Time: 1 hour



Objectives

Participants will be able to:

- b. Explain to and educate pregnant women about why prenatal care and Voluntary Counseling and Testing are important and what happens during prenatal visits.
- c. Describe when pregnant women should have prenatal visits, and describe the MMRPAs' role in accompanying pregnant women through all aspects of prenatal care.



Preparation

- Review the picture story and information below.
- Review the discussion questions.



Materials

- Flipchart or slides
- AV equipment (if using slides)
- Prenatal Visits picture story on page 33 of Participant Handbook



STEPS



10 minutes

1. Tell participants:

As you know, some of your main responsibilities as MMRPAs are to accompany pregnant women through all aspects of prenatal care, accompany them to the health facility for delivery, and accompany them through postnatal care.

Remember that ALL pregnant women must go to the health facility for prenatal care to help themselves and their growing babies stay healthy, even if they do not have HIV or other

illnesses. During prenatal visits, the nurse or doctor will check the pregnant woman and her growing baby to make sure they are healthy.

Some of you have had prenatal care at health facilities yourselves, or you may know women who have had it. So many of you may already know what happens during a prenatal visit. We will review this information now so that everyone understands.

2. Ask participants:

- When should a woman have her first prenatal visit, called her “booking visit?”

As soon as she knows she is pregnant, or at least within the first 14 weeks of pregnancy.

- How many more prenatal visits should a pregnant woman have after the booking visit?

At least 4 more visits

- What is your role in accompanying pregnant women through prenatal care (ANC)?

Go with the women to the booking visit, subsequent visit, and extra visits.

Bring the women to the health facility for more visits if there are problems.

- In general, what happens during prenatal visits?

Take a few volunteer responses. Responses may include: the clinician tests for HIV, examines the mother, gives vaccinations, checks the position of the baby, counsels the woman, etc.



10 minutes

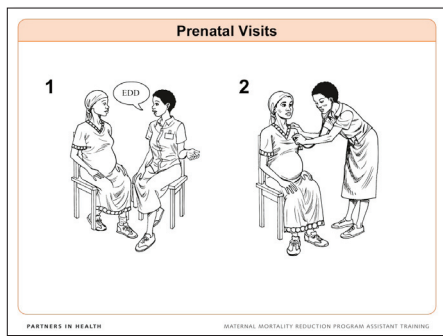
- 3.** Divide participants into pairs. Tell everyone that they will now review the details of what happens during prenatal visits by studying a picture story.
- 4.** Ask pairs to find the Prenatal Visit picture story on page 33 of their handbooks. Ask pair partners to talk about what is happening in the pictures for 5 minutes or so. As pairs are working, circulate and help as needed.



10 minutes

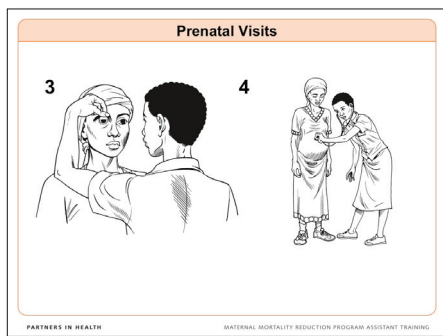
5. Call everyone’s attention. Show the slide/flipchart picture story. Ask a volunteer pair to come forward and explain the first picture. Consult the information below and add or correct as needed.
6. Repeat this process for each picture, asking the volunteer to explain, and then clarifying if needed. Do not spend more than a few minutes on each picture.

7. Prenatal Visits



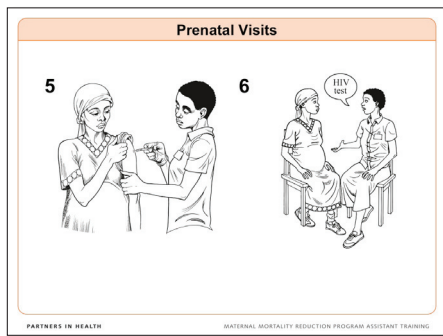
1. The nurse determines the woman’s expected due date so that the woman will know when to enter the shelter.
2. The nurse checks the woman’s blood pressure, heartbeat, and lungs.

8. Prenatal visits



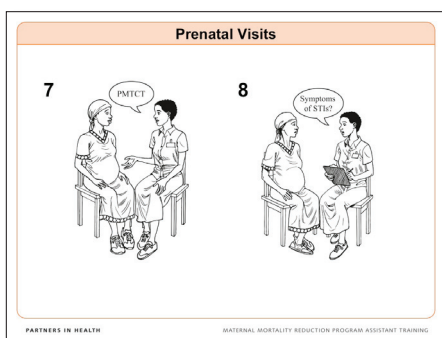
3. The nurse checks for anemia.
4. The nurse checks the growing baby’s position, growth, and heartbeat.

9. Prenatal visits



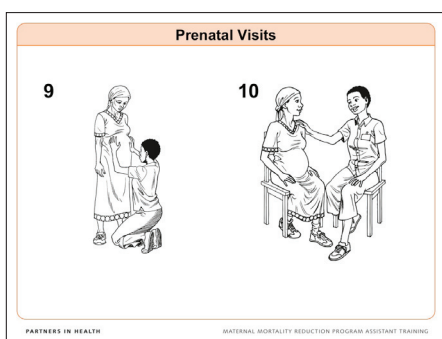
5. The nurse gives the woman a tetanus (TT) vaccination.
6. The nurse offers HIV counseling and testing.

10. Prenatal visits



7. The nurse provides PMTCT education to pregnant women with HIV.
8. The nurse screens for sexually-transmitted infections (STIs). The nurse offers guidance and support throughout the woman's pregnancy.

11. Prenatal visits



9. The nurse looks for possible complications so they can be addressed immediately.
10. The nurse checks the pregnant woman's pelvis to determine whether she will be able to deliver vaginally, or whether she might need a caesarian section. The nurse offers psychological support and health education to prepare the pregnant woman for labor.



15 minutes

12. Tell participants:

Sometimes pregnant women do not want to go for prenatal visits. One of your main roles as MMRPAs is to encourage women to go to the health facility for prenatal visits and to accompany them.

13. Ask participants the following questions, take volunteer responses, and encourage a brief discussion:

- Why do some pregnant women not want to go to the health facility for prenatal visits?

In rural Lesotho, women live in remote villages and health facilities are very far away.

Women do not have transportation.

They think visits will be expensive.

They are afraid.

They have traditional beliefs and are accustomed to delivering at home.

Their partners, mothers-in-law, etc., do not want them to go.

Participants may name other ideas.

- Why is prenatal care so important?

The clinician does physical exams to look for problems, including checking the position of the baby.

If there are problems, the clinician will help.

Clinicians give counseling, support, and nutrition advice.

Women receive vaccinations and other treatment if needed.

Women with HIV receive help through the PMTCT program and learn how to prevent passing HIV to their babies.

Women learn their expected due dates so that they know when to start planning to come to the shelter.

- What can happen if pregnant women do not receive proper prenatal care?

A pregnant woman may have a serious problem, for example, the baby is in the wrong position, or the woman has high blood pressure, HIV, or anemia. But if a clinician does not examine or test her, she may not know about the problem until it is too late and she becomes very ill, loses the baby, or dies.

- How can you encourage pregnant women to go the health facility for prenatal visits?

Accompany women to all prenatal visits.

Tell women what to expect and what happens at prenatal visits so that they will not be afraid.

Explain that clinicians will help women learn how to stay healthy during pregnancy, and get help for them if they have HIV or other problems.

Explain the dangers of not receiving prenatal care: a pregnant woman may have a problem (baby in the wrong position, high blood pressure, HIV) but not know until it is too late, etc.

- As soon as you find out that a woman in your village is pregnant, you must accompany her to the health facility for her booking visit. How will you know if a woman is pregnant?

Teach women the signs of pregnancy and look actively for them yourself.

Ask women during your monthly household visits if they think they might be pregnant.

Organize community meetings to educate women about prenatal visits.



15 minutes

14. Tell participants:

At a pregnant woman's booking visit, she will receive free HIV testing and counseling if she wishes. This is called "Voluntary Counseling and Testing" or VCT.

15. Ask participants the following questions, take answers from volunteers, and encourage a brief discussion:

- How is the HIV test and counseling done?

An HIV test is a fast and simple blood test. The results are available within a few minutes. A counselor will provide counseling before the test to explain the process, and after the test to give the results and provide support.

- Why might pregnant women not want to get tested for HIV?

They are afraid of HIV.

They are afraid that if they have HIV, people will discriminate against them.

They don't want their partners to know about the test.

They are afraid their partners will hurt them or leave them if they have HIV, etc.

- Why is it very important for pregnant women to be tested for HIV?

HIV can be treated, but a woman needs to know if she has it in order to be treated.

If a pregnant woman has HIV, she must learn how to prevent passing HIV to her growing baby (PMTCT).

If the test is negative (she does not have HIV), the counselor can help her learn how to avoid getting HIV in the future.

Pregnant women with HIV will get help from the health facility through the PMTCT program.

- What can you say to encourage pregnant women to get tested for HIV?

Pregnant women with HIV can avoid passing HIV to their growing babies, give birth to healthy babies, and lead healthy and productive lives. But to do this, they must be tested so they can receive medication and help from the health facility.

*HIV testing is **confidential**. The health facility will not tell anyone about the results.*

If a woman is afraid of abandonment or violence from her partner if her partner suspects that she has been tested or that she has HIV, she can ask her MMRPA and the social worker for help and support.

Participants may name other ideas.

- How can you confirm that a pregnant woman has gotten tested and counseled for HIV?

Ask to see her Bukana (health booklet). The clinician will write in the Bukana after HIV testing. You will not be able to interpret the coding, but you must make sure that the pregnant woman has been tested by checking the Bukana.

16. Summarize by telling participants:

Prenatal care and VCT are 2 very important things that pregnant women must do to keep themselves and their growing babies healthy. As MMRPAs, you must educate pregnant women about these things. You can use the pictures and information in your handbooks and your own experiences to educate pregnant women and ease their fears. You must accompany them to the health facility for ALL prenatal visits.

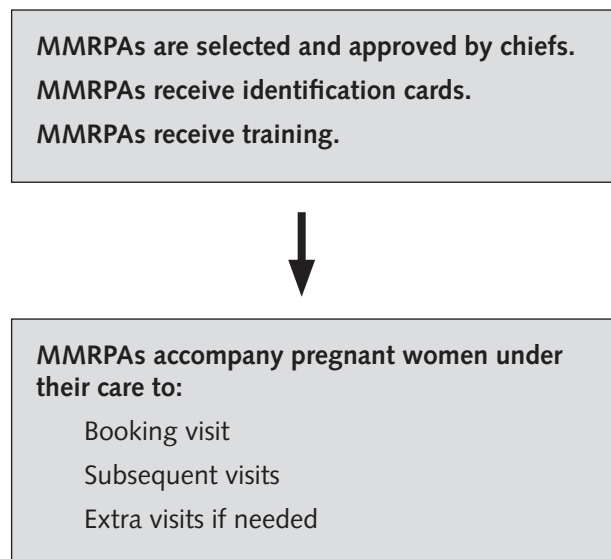
To confirm that pregnant women in your assigned households have had VCT, ask to see their VCT cards.

17. Ask participants to find the Major MMRPA Roles and Responsibilities checklist again on pages 7–8 of their handbooks. Ask a volunteer to read the following 4 checklist items aloud. Remind participants that these 4 items are among their major responsibilities as MMRPAs:

- Identify all pregnant women in the villages and encourage them to attend ANC.
- Accompany all pregnant women to the health facility for early booking of the initial prenatal visit and subsequent visits.

- Accompany pregnant women to the health facility for extra visits when needed.
- Accompany all pregnant women to their monthly follow-ups.

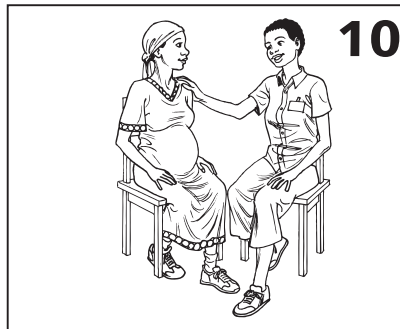
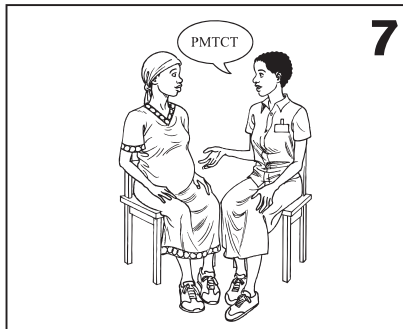
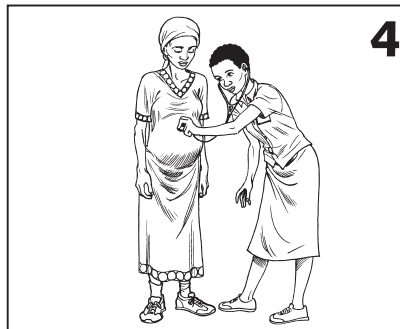
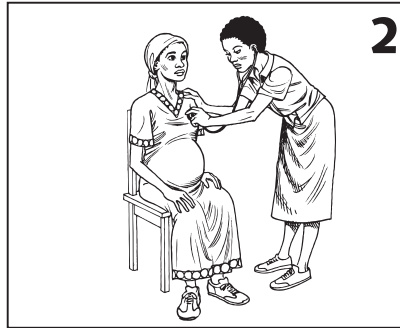
18. Ask participants to find the MMRPA Accompaniment Workflow Diagram on page 9 of their handbooks. Explain that this diagram shows the steps MMRPAs must follow as they accompany women through pregnancy and delivery. Ask a volunteer to read aloud the information in the first 2 boxes of the diagram:



19. Tell participants that in the sessions that follow, they will learn about the other responsibilities in the Workflow Diagram.

Prenatal Visits

(page 33–34 in Participant Handbook)



SESSION 3

Major and Minor Ailments of Pregnancy



Method: Large group activity



Time: 45 minutes



Objectives

Participants will be able to:

- d. Identify major and minor ailments related to pregnancy.
- e. Educate pregnant women about major and minor ailments so that they can recognize them and seek the MMRPA's help if they experience major ailments.
- f. Accompany pregnant women with major ailments to the health facility immediately. For minor ailments, give appropriate advice.



Preparation

- Photocopy the pictures of Major and Minor Ailments of Pregnancy on pages 68–83 of this Facilitator Manual, (1 copy of each picture).
- Make two large signs on flipchart paper: “Minor Ailments of Pregnancy” and “Major Ailments of Pregnancy.” Post one each on opposite sides of the room.



Materials

- Flipchart or slide presentation
- AV equipment if using slides
- Photocopies of Major and Minor Ailments pictures
- Major and Minor Ailments pictures and information on pages 35–40 of Participant Handbook



STEPS



15 minutes

1. Ask participants:

- During pregnancy, women sometimes suffer from various ailments. In your experience, what are some of the ailments that

women can suffer from during pregnancy? Take some volunteer responses. The idea is not to have participants name all ailments, but to name the ones they know about.

Nausea

Heartburn

Constipation

Backache

Tiredness

Headaches

Bleeding

Swelling (edema) in feet, legs, and hands

Participants may name other ailments

2. Tell participants:

From your experience, you are familiar with some of the ailments that women may suffer from during pregnancy. Some of these ailments are minor (not serious). Some of these ailments are major and very serious. Now we will review these ailments, so that you will be able to recognize them and know what to do when a pregnant woman is suffering from them. You must also teach pregnant women to recognize the major ailments and know that they are very serious.

3. Divide participants into pairs (different pairs from the previous activity). Give each pair one of the pictures of major and minor ailments. If you have more pairs than pictures, ask some participants to form groups of 3.

4. Explain the task:

- Look at the picture you have been given. With your pair partner (or small group), discuss and decide whether the picture depicts a major or a minor ailment during pregnancy.
- If you think you think your picture depicts a major ailment, go and stand near the “Major Ailments of Pregnancy” sign. If you think your picture depicts a minor ailment, go and stand near the “Minor Ailments of Pregnancy” sign.

5. Give pairs (small groups) a few minutes to discuss, decide, and move to the signs.

6. When everyone is standing near one sign or the other, ask them to hold up their pictures so that everyone can see them.
7. Ask participants to see if everyone is in the right place. If someone thinks that a picture is not in the right place, ask that person to explain. Then have the group decide where the picture should be, and ask the pair to move if needed.
8. After participants have decided that everyone is in the right place, check the lists of major and minor ailments below. If any pairs are in the wrong place, ask them to move.

Minor Ailments of Pregnancy

Minor Ailment	Action by MMRPA
Nausea	Advise the woman to eat dry and non-fatty foods (if she is nauseous more than 2 to 3 times per day, she should consult a clinician).
Heartburn	Encourage the woman to drink milk.
Constipation	Encourage the woman to drink plenty of fluids and eat foods rich in roughage.
Muscle cramps	Advise the woman to do mild exercise.
Body pains, stomachache, backache	Encourage mild exercise.
Cravings	Reassure the woman that cravings will pass.
Chloasma (darkening of facial skin)	Reassure the woman that this will not be permanent.
Hemorrhoids	Advise the woman to drink plenty of fluids. If it persists, she should seek medical attention.

Major Ailments of Pregnancy

Major Ailments	Action by MMRPA
Dizziness	For all these ailments, accompany the pregnant woman to the health facility for medical attention as soon as possible.
Persistent headache	
The baby is not moving	
Epigastric pain (upper abdominal pain)	
Bleeding	
Water breaks early (before the EDD)	
Edema (swelling) of the feet and legs	
Swelling and lower abdominal pains	



15 minutes

9. With participants still standing near the signs, tell participants:

Discuss with your pair partner (or small group): If a pregnant woman under your care is suffering from this ailment, what should you do?

10. Give participants a few minutes to discuss and decide what they would do.
11. Starting with the **minor ailments**, ask the first pair (or small group) to hold up their picture, say the ailment aloud, and say what they would do if a pregnant woman under their care was suffering from this ailment. Ask other participants for any other ideas. Then check the list and add or correct information as needed. If someone names an effective local remedy for the ailment, accept this as an answer also.
12. Repeat this process for all of the minor ailments (participants should remain standing under the signs).



15 minutes

13. Ask pairs (small groups) with **major ailments** pictures to hold up their pictures again. Ask each pair (small group) to read their ailment aloud.

14. Ask participants:

- What should you do if a pregnant woman under your care is suffering from one of these major ailments?

Take a few volunteer responses.

If someone answers “accompany the pregnant woman to a health facility as soon as possible,” confirm that this is the correct answer.

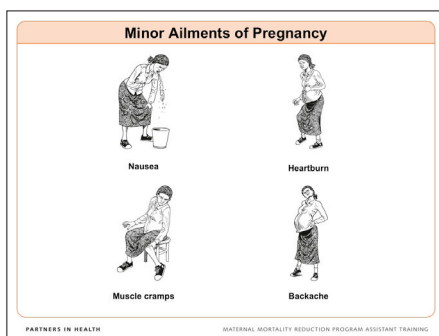
15. Tell participants:

These ailments indicate that there might be a serious problem with the pregnancy. If any of the pregnant women under your care is suffering from one of these major ailments, you must accompany her to the health facility as soon as possible.

16. Thank everyone for participating in this activity, and ask them to be seated.

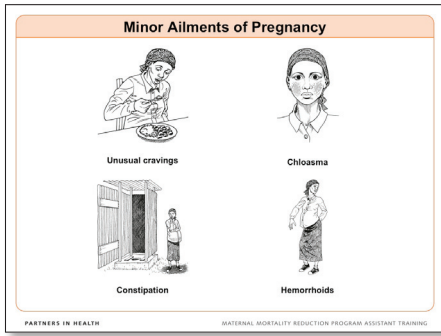
17. Post the slide/flipchart pictures of major and minor ailments and review each briefly.

18. Minor Ailments of Pregnancy



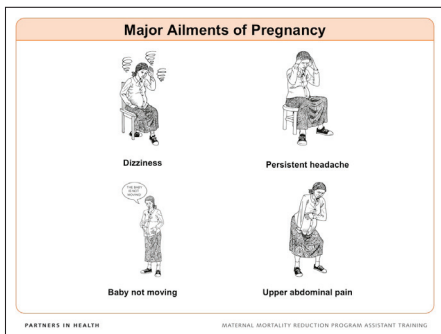
- **Nausea:** Advise the woman to eat dry and non-fatty foods. For serious nausea, she should go directly to the health facility.
- **Heartburn:** Encourage the woman to drink milk.
- **Muscle cramps:** Advise the woman to do mild exercise.
- **Body pains, stomachache, backache:** Advise the woman to do mild exercise.

19. Minor Ailments of Pregnancy



- **Cravings:** Reassure the woman that cravings will pass.
- **Chloasma (darkening of facial skin):** Reassure the woman that this will not be permanent.
- **Constipation:** Encourage the woman to drink plenty of fluids and eat foods rich in roughage.
- **Hemorrhoids:** Advise the woman to drink plenty of fluids. If it persists, she should seek medical attention.

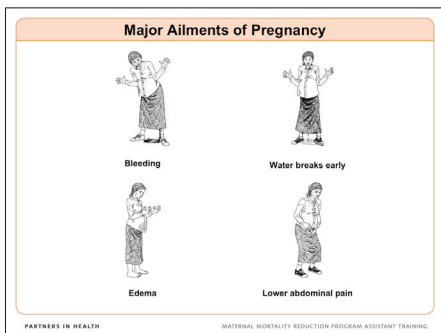
20. Major Ailments of Pregnancy



For all of these ailments, accompany the woman to the health facility as soon as possible.

- Dizziness
- Persistent headache
- The baby is not moving
- Epigastric pain (upper abdominal pain)

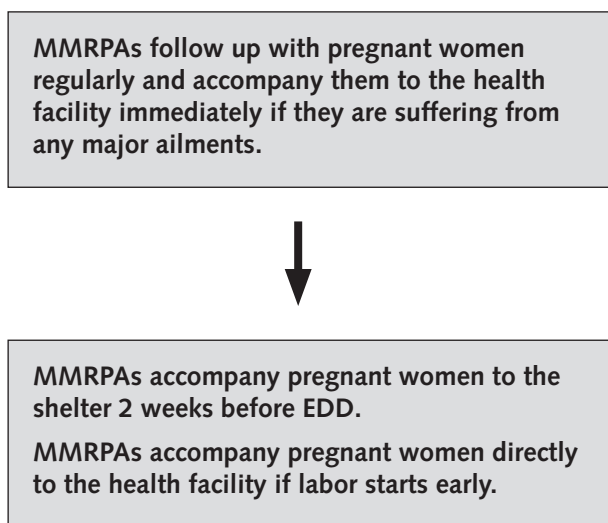
21. Major Ailments of Pregnancy



For all of these ailments, accompany the woman to the health facility as soon as possible.

- Bleeding
- Water breaks early (more than 2 weeks before EDD)
- Edema (swelling) of feet and legs
- Swelling and pain in lower abdomen (below the umbilicus)

- 22.** Ask participants to find the information about major and minor ailments on pages 35–40 of their handbooks. Remind participants that they must study this information at home so that they learn it well. They must also use this information to educate all pregnant women in their care so that the women will recognize major ailments.
- 23.** Ask participants to find the Major MMRPA Roles and Responsibilities checklist again on page 7–8 of their handbooks. Ask a volunteer to read the following checklist item aloud. Remind participants that this item is among their major responsibilities as MMRPAs:
- Recognize major ailments of pregnancy and accompany any pregnant woman experiencing a major ailment to the health facility immediately. Teach pregnant women to recognize the major ailments of pregnancy so they know when to go for help.
- 24.** Ask participants to find the MMRPA Accompaniment Workflow Diagram on page 9 of their handbooks. Ask a volunteer to read aloud the information in the 3rd box of the diagram:



- 25.** Tell participants:
- You must educate all the pregnant women under your care so that they recognize the major and minor ailments of pregnancy. Tell them that if they start to experience one of the major ailments, they must find you immediately, and you will accompany them to the health facility.
- 26.** Ask participants what remaining questions they have about the major and minor ailments of pregnancy and answer accordingly.



Nausea



Heartburn



Muscle cramps



Body pains, stomachache, backache



Cravings



Chloasma (darkening of facial skin)



Constipation



Hemorrhoids



Dizziness



Persistent headache



The baby is not moving



Epigastric pain (upper abdominal pain)



Bleeding



Water breaks early (more than 2 weeks before EDD)



Edema (swelling) of feet and legs



Swelling and pain in lower abdomen

SESSION 4

Anemia



Method: Facilitator presentation



Time: 15 minutes



Objectives

Participants will be able to:

- g. Define anemia and identify its symptoms.
- h. Educate pregnant women so that they recognize symptoms of anemia and can seek the MMRPA's help if they experience symptoms.
- i. Refer pregnant women with anemia to the health facility.



Preparation

- Review the slide/flipchart information.



Materials

- Flipchart or slide presentation
- AV equipment if using slides
- Anemia information on pages 41–44 of Participant Handbook



STEPS

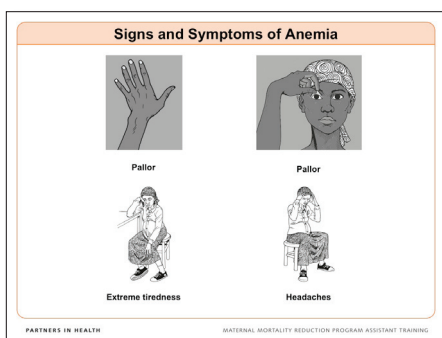


15 minutes

1. Tell participants:

We have just reviewed the major ailments of pregnancy. There is another ailment or illness that often affects pregnant women. It is called anemia. Anemia is the condition of having less than the normal number of red blood cells (RBC) (also called hemoglobin). This means that the blood cannot carry nutrients and oxygen around the body the way that it should.

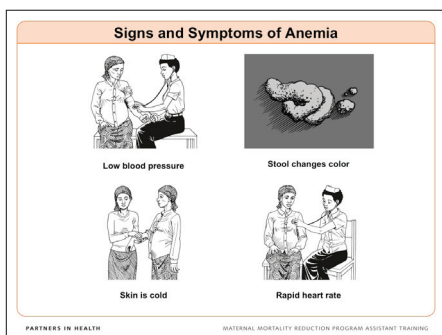
2. Signs and Symptoms of Anemia



Say: The main symptoms of anemia are:

- Pallor – in particular, pale insides of eyelids and fingernails
- Dizziness
- Extreme weakness, tiredness, or lethargy (having no energy to do anything)
- Headaches

3. Signs and Symptoms of Anemia



- Low blood pressure
- Stool changes color
- Skin is cold
- Rapid heart rate – the heart beats faster than normal

4. Ask participants:

- How many of you have experienced one or more of these symptoms during pregnancy? Raise your hands.
- How many of you have been diagnosed with anemia when you were pregnant, or at any other time? Raise your hands.

5. Ask for a volunteer who has been diagnosed with anemia to stand and describe her symptoms and the treatment she received.

6. Tell participants:

One of your responsibilities as MMRPAs is to teach pregnant women about the signs and symptoms of anemia. You must teach them so that they can recognize the signs and symptoms and report them to you. You must also teach pregnant women that anemia is a very serious condition that needs medical attention.

If a pregnant woman under your care has signs and symptoms of anemia, you must refer her to the health facility.

At the health facility:

- She will receive iron supplements to take daily.
 - She will also receive advice on eating more foods high in calories (fatty energy foods), and foods that contain lots of iron, for example, spinach, liver, and wild vegetables such as leshoabe, tenane, and papasane.
- 7.** Ask participants to find the information about anemia on pages 41–44 of their handbooks. Remind participants that they must study this information at home. They can also use the pictures and text to educate pregnant women under their care.
 - 8.** Ask participants to find the Major MMRPA Roles and Responsibilities checklist again on page 7–8 of their handbooks. Ask a volunteer to read the following checklist item aloud. Remind participants that anemia is serious and that they must refer women with signs and symptoms of anemia to the health facility:
 - Recognize major ailments of pregnancy and accompany any pregnant woman experiencing a major ailment to the health facility immediately. Teach pregnant women to recognize the major ailments of pregnancy, so they know when to go for help.
 - 9.** Ask participants what questions they have about anemia, and answer accordingly or ask experienced participants to answer.

SESSION 5

Labor and Delivery



Methods: Large group discussion and Role play



Time: 1 hour 45 minutes



Objectives

Participants will be able to:

- j. Identify the signs that mean a pregnant woman is starting labor.
- k. Describe the benefits to the mother and baby of delivering at a health facility, and educate pregnant women about these benefits.
- l. Accompany pregnant women to the shelter 2 weeks before their estimated date of delivery, or directly to the health facility if labor has started.



Preparation

- Review the discussion questions.
- Review the role plays.



Materials

- Information about benefits of shelters and health facility delivery on pages 47–48 of Participant Handbook
- Role play on page 51 of Participant Handbook



STEPS



20 minutes

1. Tell participants:

One of your major responsibilities as MMRPAs is to accompany pregnant women to the shelter 2 weeks before their estimated delivery date, or accompany them directly to the health facility immediately if labor starts while they are still at home.

In order to do this, you must:

- Keep track of each pregnant woman's estimated date of delivery so that you know when to accompany her to the shelter.

- Educate pregnant women about the signs of labor, so that if labor starts before they are in the shelter, they will know and can come and tell you.
- Educate pregnant women about the importance of delivering at a health facility, and the benefits to the mother and baby.
- Educate pregnant women about how to prepare for going to the shelter and for labor.

2. Ask participants:

- How many of you have delivered in a health facility? Raise your hands.
- How many of you have stayed in a shelter before delivering? Raise your hands.

3. Tell participants:

As you can see, some of you have experience staying at the shelter and delivering in the health facility. But even if you do not, your experiences of delivering at home may help you to think of how you can talk to women about the importance of delivering at the health facility. We will discuss this now. Everyone has experiences of one kind or another, so everyone can participate in the discussion.

4. Ask participants the following questions, take volunteer responses, and encourage a discussion. Add information to the discussion as needed:

- How will a pregnant woman know her estimated due date?
At her first prenatal visit, the clinician will determine the woman's EDD and tell her.
- How will you know and keep track of the EDD of a pregnant woman under your care?
You must ask the woman her EDD as soon as she has had her first prenatal visit, and remember it.
- What are the signs of labor? (We reviewed these earlier in the training.)
Contractions start. *As labor progresses, contractions become more regular, more frequent, and stronger.*
Water breaks. *Clear fluid comes out of the vagina.*
Bloody show. *A plug of thick, bloody mucus comes out of the vagina.*

- How should you educate women about these signs?

Ask women if they know the signs. If they do not, explain and tell women that as their pregnancy advances to the 6th and 7th month, they must watch for these signs. If a woman is starting labor, she must come and tell you so that you can accompany her to the health facility immediately.

- How can you educate women about the importance of delivering at the health facility? In particular, what are the **benefits to the mother?**

Home deliveries pose many risks for the mother, baby, and traditional birth attendant. If the woman has HIV, the baby and attendant may become infected. If the woman has complications, both she and the baby might die.

The health facility is clean and warm, which is especially important in the winter months.

The equipment is always sterile, and this helps to prevent infection.

If complications arise, clinicians can handle them immediately. If the birth is complicated, it is easy to transfer the woman to the hospital.

Deliveries are done by qualified, skilled clinicians.

If the woman has HIV, skilled clinicians will prevent HIV transmission and infection, so that HIV is not passed to the baby, and the attending clinicians and assistants are not infected.

Clinicians can give the woman medications to help fight infection, lessen pain, or stop the bleeding.

The mother receives Starter Packs for her newborn baby and food packages for herself. The Starter Pack contains: baby blanket, baby wrapper, 2 vests, 1 woolen hat, 1 baby jumper, 4 towel napkins, 50-gram bar of soap, safety pin, Vaseline, and a washing basin for the baby. The food package for the mother contains: 50 kilograms of maize meal, 6 kilogram of pulses, 6 kilograms of corn soya blend (CSB), and 2.5 liters of cooking oil.

Women receive counseling about breastfeeding and caring for their newborn babies, both during ANC visit and immediately after delivery.

- What are the **benefits to the baby?**

If the mother has HIV, skilled clinicians will prevent HIV from passing to the baby.

The baby receives the necessary medications (eye drops, vaccines, Vitamin K, etc.).

The baby is born in a clean, sterile, and warm environment.

If the mother has HIV, the baby will receive NVP drops.

If the baby is not breathing well, clinicians will use equipment to help the baby begin breathing again.

- Why do you think some pregnant women do not want to deliver at the health facility?

They live in remote areas and the health facility is very far away.

They are afraid.

They think it will be expensive.

They have delivered at home in the past and the deliveries went well.

They want to deliver with a traditional birth attendant.

They are worried about leaving their children and husband behind.

Participant may name other ideas.

- How can you encourage women to deliver at the hospital?

Explain the benefits to the mother and baby of delivering at the health facility.

Ease women's fears by telling them that delivering at the hospital is much safer for the woman and baby than delivering at home.

Explain the benefits of the shelter – it is comfortable, safe, and warm, and women will be well taken care of.

Help women plan what to bring, including cotton wool for the mother after delivery and clothes for the baby, and decide who will watch their children, etc., while they are away at the shelter.

Reassure women that you will accompany them to the shelter or health facility.

Participants may name other ideas.

- For those of you who have stayed in shelters before delivery, what are the benefits of staying in a shelter?

Women are well cared for at the shelter, and they do not have to walk long distances once they go into labor.

The shelters are clean and warm.

If labor starts at night, women are already under care and do not have to walk long distances at night.

Participants may name other benefits.

- If you find out that a woman has delivered at home, what should you do? Why?

Accompany the mother and baby to the health facility within 48 hours (2 days) of delivery. The clinician will examine the mother for tears and give the baby BCG and Polio 0 vaccines. If the mother has HIV, the baby will be given NVP drops.



10 minutes

5. Ask participants to find the information about the benefits of shelters and health facilities delivery on pages 47–48 of their handbooks. Ask a few volunteers to read the lists aloud. Remind participants that they must study this information at home so that they learn it well.
6. Ask participants to find the Major MMRPA Roles and Responsibilities Checklist again on pages 7–8 of their handbooks. Ask a volunteer to read the following checklist items aloud. Remind participants that these items are among their major responsibilities as MMRPAs:
 - Accompany pregnant women the shelters 2 weeks before their estimated delivery dates (EDDs), or directly to the health facility if labor starts before the woman is at a shelter.
 - Accompany all women who have delivered accidentally at home to the health facility within 3 days of delivery.

- 7.** Ask participants to find the MMRPA Accompaniment Workflow Diagram on page 9 of their manuals. Ask a volunteer to read aloud the information in the 4th box of the diagram:

MMRPAs accompany pregnant women to the shelter 2 weeks before EDD.
MMRPAs accompany pregnant women directly to the health facility if labor starts early.



5 minutes

- 8.** Tell participants:

So far today, we have reviewed prenatal care, ailments of pregnancy, the signs of labor, and the benefits of health facility delivery to the mother and baby. Now you will practice using this information by performing role plays.

- 9.** Divide participants into small groups of 4–6 participants each. Explain the role play tasks:

- Read the role play scenario assigned to your group aloud so that all group members hear it. (I will give assignments shortly).
- With all group members, discuss what the MMRPA should say and what the pregnant woman should say (her questions and concerns). You can consult the lists in your handbooks if you need to, but be sure to use your own ideas and experience.
- Choose 1 group member to play the MMRPA and 1 group member to play the woman.
- The 2 actors should practice the role play and prepare to perform it for the large group. Other group members should watch and give advice.
- You will have 20 minutes to prepare and practice.
- You will have about 5 minutes to perform.



20 minutes

- 10.** Ask small groups to start work. As groups are working, circulate and help as needed.



10 minutes

- 11.** Ask small groups to stop work. Ask the first small group to come forward and perform their role play. Try to limit the performance to 5 minutes or so.
- 12.** When the role play is finished, ask for applause, and then ask the performers to be seated.
- 13.** Ask participants the following questions and encourage a brief discussion of the role play. Encourage participants to give constructive, positive feedback and helpful suggestions (not negative or overly critical feedback):
 - What did the MMRPA say and do well?
 - How did the woman respond? What questions or concerns did she have?
 - What (if anything) could the MMRPA say or do better next time?
- 14.** As participants are discussing the role play performance, add to the discussion as needed.



40 minutes

- 15.** Repeat this process for as many small groups as you have time. If all small groups do not have the chance to perform, explain that they can perform later in the training as time allows.

- 16.** Tell participants:

In these role plays, you have practiced talking to women about the benefits of the MMR Program. Talking to women and convincing them that they participate in this program and plan to deliver at the health facility is an important part of your job.



Role Play

page 51 in Participant Handbook

Tholana, a woman in the village, approaches the MMRPA and tells her that she thinks she is pregnant. She has 3 children already, and she delivered all of them at home with the help of a traditional birth attendant.

Tholana heard about the Maternal Mortality Reduction Program at a public gathering in the village. She does not understand why she should deliver at the health facility, and she is suspicious. But a friend urged her to go to the MMRPA, so she has come reluctantly.

SESSION 6

Postnatal Care (PNC)



Method: Large group discussion



Time: 30 minutes



Objectives

Participants will be able to:

- m. Describe the benefits to the mother and baby of attending the 7-day and 6-week postnatal visits (7 days and 6 weeks after delivery).
- n. Accompany mothers and their new babies to the 7-day and 6-week (6/52) postnatal visits (7 days and 6 weeks after delivery).



Preparation

- Review the discussion questions.



Materials

- Postnatal care information on pages 49–50 of Participant Handbook



STEPS



5 minutes

1. Tell participants:

As you know, another of your main responsibilities as MMRPAs is to accompany mothers and their new babies to the 7-day and 6-week (6/52) postnatal visits (7 days and 6 weeks after delivery). These 2 visits are very important.

2. Ask participants:

- How many of you have attended 7-day and 6-week postnatal visits with your babies? Raise your hands.

3. Ask for a volunteer who has attended a 7-day or 6-week postnatal visit to come to the front of the room and describe what happened during the visit, and the care that she and her baby received. Ask other participants who raised their hands to help with the description as needed.

4. Thank the volunteer and ask her to be seated.



10 minutes

5. Ask participants to find the information about postnatal care on pages 49–50 of their handbooks. Ask a volunteer to read the information aloud:

6-week (6/52) Postnatal Visit

Mother

Thorough physical examination to check for infection and make sure the mother is recovering well after delivery

Pap smear

CD4 check if the mother is HIV positive

TT vaccine booster if needed

Family planning services

Baby

Thorough physical examination

Vaccines (Polio1 and Penta)

DNA PCR if HIV-exposed (a blood test where the baby's blood is taken from the heel to check whether the baby is HIV positive or not)

Prescription of CTX after DNA PCR (if the baby has HIV)

Ensure continuation on formula program if HIV-exposed

6. Ask participants what questions they have about the information and answer accordingly, or have experienced participants answer.



10 minutes

7. Ask participants the following questions and encourage a discussion:

- Why are the 7-day and 6-week (6/52) postnatal visits important for the mother?

If the clinician finds infection, bleeding, or other problems, the mother can receive treatment.

If the mother has HIV, she will get tested and receive ARVs or other treatment if needed.

The mother may need a tetanus (TT) booster.

The mother receives family planning counseling.

- Why are the 7-day and 6-week (6/52) postnatal visits important for the baby?

If the mother has HIV, the baby will get the DNA PCR test to find out if the baby has HIV.

Prescription of CTX after the DNA PCR test if the baby has HIV.

The baby will receive the first round of vaccinations (Polio1 and Penta) to protect against dangerous illnesses.

- If women do not want to go the postnatal visit, how can you convince them to go?

Explain what will happen at the postnatal visit, and the benefits to the mother and baby.

Explain that you will accompany the mother and her new baby so that she does not have to go alone.

Participants may name other ideas.



5 minutes

8. Ask participants to find the Major MMRPA Roles and Responsibilities checklist again on pages 7–8 of their handbooks. Ask a volunteer to read the following checklist item aloud. Remind participants that this item is among their major responsibilities as MMRPAs:

- Accompany mothers and their new babies to the 7-day and 6-week (6/52) postnatal visits 7 days and 6 weeks after delivery.

9. Ask participants to find the MMRPA Accompaniment Workflow Diagram on page 9 of their manuals. Ask a volunteer to read aloud the information in the 5th box of the diagram:

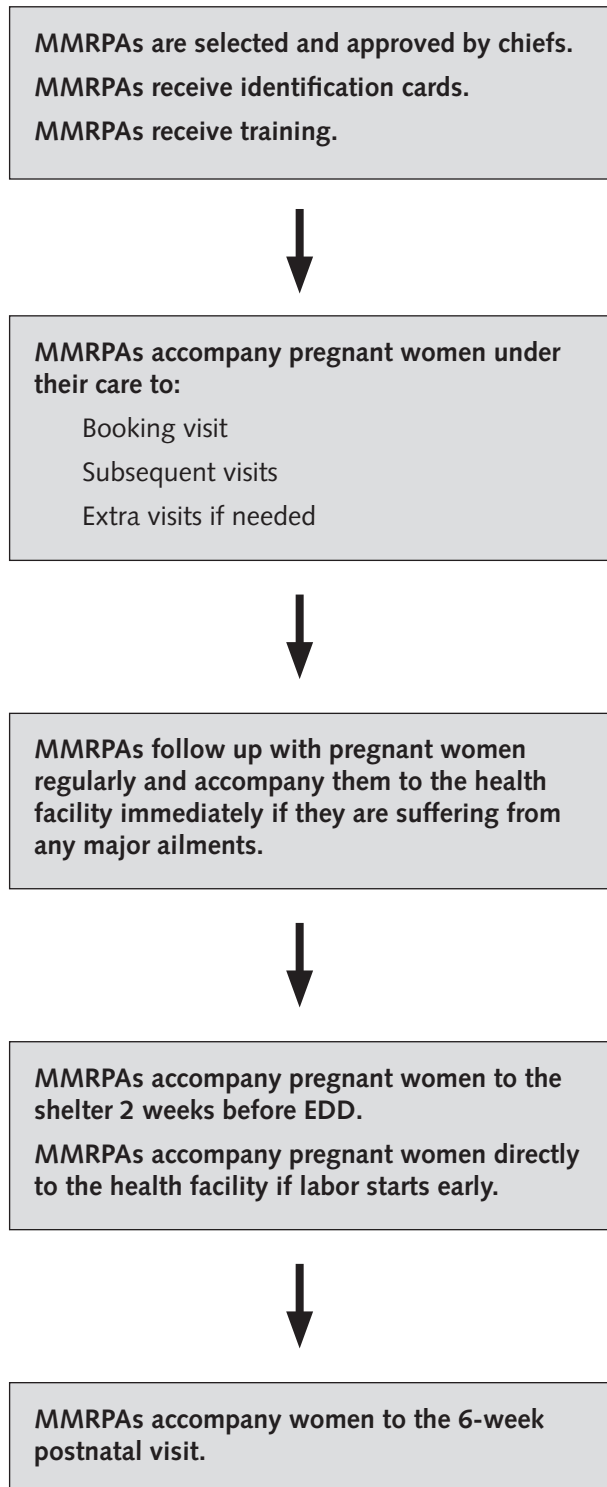
MMRPAs accompany women to the 6-week postnatal visit.

10. Tell participants:

You must educate all of the pregnant women under your care so that they understand the importance of the postnatal visit. You must accompany all women under your care to this visit.

11. Ask participants what remaining questions they have about postnatal care and answer accordingly, or have experienced participants answer.

MMRPA Workflow Diagram



UNIT 3

HIV/AIDS and STIs



OVERVIEW

HIV/AIDS is a serious disease. If it is not treated, it leads to death. HIV/AIDS can spread easily. In Lesotho, an estimated 23.7 percent of the adult population is infected with HIV. This means that many women under the care of MMRPAs may have HIV. It is very important for MMRPAs to learn what HIV/AIDS is, how it is spread, and how it is treated, so that they can educate and treat women under their care.

In this unit, participants will learn about HIV transmission, its stages and symptoms, testing, prevention, treatment, and side effects of treatment. One of MMRPAs' main responsibilities is to provide Directly Observed Therapy (DOT) to women under their care who have HIV and need to take antiretroviral medications (ARVs), so participants will also learn ARV drug names, dosages, time of day of taken, and special indications.

Participants will also learn about sexually-transmitted infections (STIs) in general, including their symptoms and prevention.

**OBJECTIVES**




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




- a. Define HIV and AIDS.
- b. Describe the 4 stages of HIV/AIDS and the major symptoms associated with HIV/AIDS.
- c. Describe how HIV is transmitted (spread) from person to person and how HIV is not transmitted.
- d. Explain what an HIV test is and why it is important to be tested.
- e. Name the main ways to avoid getting HIV and to prevent passing HIV to someone else if you already have it.
- f. Demonstrate how to use male and female condoms, and teach others how to use them.
- g. Educate pregnant women and nursing mothers about the importance of being tested for HIV, how to avoid getting HIV, and how to prevent passing HIV to their babies and others.
- h. Explain that antiretrovirals (ARVs) stop HIV from multiplying in the body.
- i. Explain when ARVs should be taken, for how long, the correct dosage, and how they should be stored.
- j. Provide Directly Observed Therapy (DOT) for women taking tuberculosis (TB) medication or ARVs to ensure adherence.
- k. Ask about and identify mild and severe side effects of ARVs in women taking ARVs, and refer women suffering from severe side effects to the health facility immediately.
- l. Define what an STI is and describe how STIs are transmitted.
- m. Identify symptoms of STIs.
- n. Name the main ways to avoid getting STIs and to prevent passing an STI to someone else if you already have it.
- o. Educate pregnant women and nursing mothers about the importance of being tested for STIs and how to avoid getting STIs.



TIME REQUIRED: 6 hours 30 minutes


UNIT OVERVIEW

Session	Content	 Methods	 Time	 Materials
1	Participants review what HIV is and what causes it.	Facilitator presentation	15 minutes	<ul style="list-style-type: none"> • Slide or flipchart presentation • AV equipment if using slides
2	Participants learn the stages of HIV/AIDS and the symptoms associated with each stage.	Peer teaching	45 minutes	<ul style="list-style-type: none"> • Slide or flipchart presentation • AV equipment if using slides • HIV/AIDS stages information in Participant Handbook
3	Participants review how HIV is transmitted and how it is not transmitted.	Large group activity Facilitator presentation	30 minutes	<ul style="list-style-type: none"> • Photocopies of HIV transmission pictures • HIV transmission signs • Slide or flipchart presentation • AV equipment if using slides
4	Participants discuss the importance of HIV testing, and how people can prevent HIV from spreading.	Large group discussion	20 minutes	<ul style="list-style-type: none"> • HIV testing and prevention information in Participant Handbook
5	Participants learn how to use male and female condoms and how to demonstrate their use to others.	Demonstration Peer teaching	40 minutes	<ul style="list-style-type: none"> • Male and female condoms • Substitute penises • Substitute vaginas • Condom posters • Slide or flipchart presentation • AV equipment if using slides

Session	Content	 Methods	 Time	 Materials
6	Participants practice educating pregnant women about HIV testing and prevention.	Brainstorm Role play	45 <i>minutes</i>	<ul style="list-style-type: none"> • Role plays and HIV Education checklist in Participant Handbook
7	Participants learn about antiretroviral medications (ARVs), including correct dosages and storage.	Small group activity Facilitator presentation	1 hour	<ul style="list-style-type: none"> • 5 or more sets of ARVs and ARV treatment cards • Slide or flipchart presentation • AV equipment if using slides
8	Participants review what they have learned about ARVs.	Pair activity	15 <i>minutes</i>	<ul style="list-style-type: none"> • ARV treatment information in Participant Handbook
9	Participants learn the mild and severe side effects of ARVs.	Large group activity Picture story	1 hour 15 <i>minutes</i>	<ul style="list-style-type: none"> • Photocopies of ARV side effects pictures • ARV side effects signs • Slide or flipchart presentation • AV equipment if using slides
10	Participants review symptoms, transmission, and prevention of STIs.	Large group discussion Picture story	45 <i>minutes</i>	<ul style="list-style-type: none"> • Photocopies of STI symptoms pictures • STIs picture story in Participant Handbook



Key Points

- HIV/AIDS is a serious disease that attacks a person's immune system. If it is not treated, it leads to death.
- HIV cannot be cured, but it can be treated effectively. If people with HIV receive treatment, they can lead long and healthy lives.
- HIV is transmitted from person to person by contact with blood, contact with body fluids during sex, or from mother to child during pregnancy or delivery.
- An HIV test is a fast and simple blood test. The results are confidential.
- To avoid getting HIV and to prevent passing HIV to others, people should avoid having sex (practice abstinence), only have sex with one partner who is not infected, use condoms during sex, get tested for HIV regularly and have partners get tested, and not use razors, needles, or any instruments that might have another person's blood on them.
- Male and female condoms, when used correctly, can help prevent the transmission of HIV and other STIs.
- Antiretroviral drugs (ARVs) are used to treat HIV/AIDS. ARVs stop HIV from multiplying in the body.
- ARVs must be taken every day at the same time, for life. This is called adherence.
- If a woman under an MMRPA's care is taking ARVs, the MMRPA must go to her house every morning and evening and watch her swallow her pills. This is called Directly Observed Therapy (DOT).
- People taking ARVs may experience mild or severe side effects. Severe side effects include: difficulty breathing, swollen eyes, blisters or sores, vomiting, rash, abdominal pain, yellow eyes (jaundice), or fever.
- Women who experience severe side effects from ARVs must go to the health facility immediately, accompanied by the MMRPA.
- A sexually-transmitted infection (STI) is an illness transmitted from person to person during sex. HIV/AIDS is an STI.
- Symptoms of STIs include: vaginal itching, discharge from the penis, pain during sex, pain during urination, sores or lesions on the penis or vagina, and abdominal pain.
- Unlike HIV, some STIs can be cured with treatment.
- To avoid getting STIs and to prevent passing STIs to others, people should use condoms during sex, get tested regularly for STIs, and have partners get tested.

SESSION 1

What are HIV and AIDS?



Method: Facilitator presentation



Time: 15 minutes



Objective

Participants will be able to:

- a. Define HIV and AIDS.



Preparation

- Review the slide/flipchart images and text.



Materials

- Slide or flipchart presentation
- AV equipment if using slides
- HIV/AIDS information on pages 56–61 of Participant Handbook



STEPS



5 minutes

1. Tell participants:

In this unit, you will learn about HIV and AIDS. An estimated 23.7 percent of the population in our country has HIV or AIDS. This means that people in your villages, and some of the women you will accompany in your work, have HIV/AIDS.

HIV/AIDS is a serious disease. If it is not treated, it leads to death. HIV/AIDS can spread easily. So it is very important for you to learn what HIV/AIDS is, how it is spread, and how it is treated, so that you can educate and treat women under your care.

2. Tell participants:

In order to understand what HIV/AIDS is and how it spreads, you must understand in general what causes many illnesses and the ways many illnesses spread.

Many illnesses are caused by **germs**, which are very tiny organisms. Germs are so small that you cannot see them with the naked eye. When germs enter our bodies, they often make us sick. Germs enter through openings in our bodies, for example through the mouth or nose, or through a cut or other open wound.

For example, imagine that someone has the flu. That person sneezes. The sneeze blows their germs into the air. If a person nearby breathes in those germs, that person may get the flu. Some germs are passed through the air in this way. Others are passed through bodily fluids like blood or semen. Still others are passed by touch.

If your body’s defenses are strong, your body can fight off the germs and you will not get sick, or you will only get a little sick. But if your body’s defenses are weak, the germs may make you very sick.

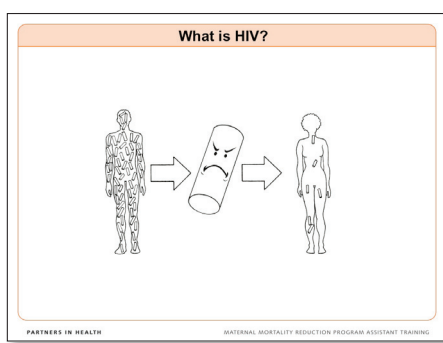
3. Ask participants what questions they have about germs and answer as needed.



10 minutes

4. Show the following slides/flipchart pictures and use the text below to explain.

5. What is HIV?

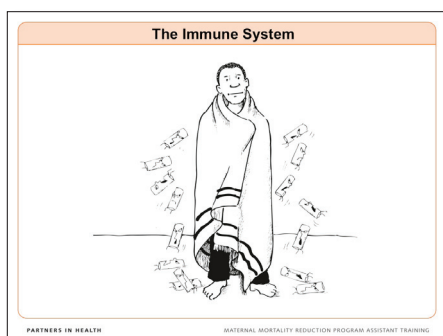


Say: HIV is a type of germ called a virus. When HIV enters the body, it can cause the disease called AIDS. We will learn more about AIDS, but first we will learn about HIV.

HIV cannot be cured. Once HIV gets in the body, it will always be there, and that person will always have HIV. HIV stands for “human immunodeficiency virus.” “Human” means the disease attacks humans, “immunodeficiency” means it attacks the immune system, and “virus” is what causes the disease.

Even though HIV cannot be cured, it can be controlled with treatment.

6. The Immune System

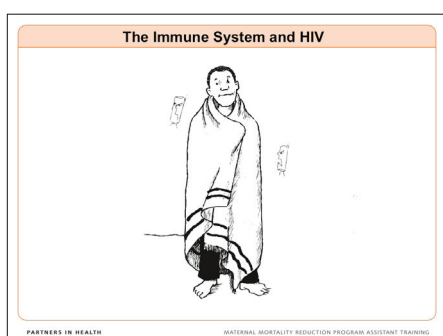


Say: Everyone has an immune system that fights off germs. Think of the immune system as a blanket that protects your body and helps it fight germs. HIV attacks the immune system. That is like moths eating through a blanket. When this happens, the immune system cannot fight off germs as well as before. When a blanket gets holes in it, it cannot keep you warm.

Say: Doctors and nurses can see how strong the immune system is by doing a blood test. The test measures the number of something called CD4. CD4s are the part of the immune system that keeps you strong and helps you fight off germs and disease. HIV attacks and destroys CD4s. When the doctor does the blood test, she can tell how strong or weak your immune system is by counting the number of CD4s in a sample of blood.

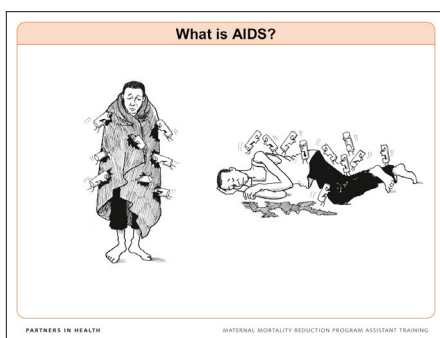
If a person's CD4 count is below 350, it means that her or his immune system is weak and the person will have to start taking medicine to increase the number of CD4s in his or her body. If the number of CD4s is higher than 350, it means that the person's immune system is still strong enough to fight infection. The person will not need to start taking medicine right away, but if his or her CD4 count falls below 350, she or he will have to begin taking medicine. Taking medicine will make the CD4s in the body go up. Once a person is diagnosed with HIV, the doctor or nurse will test his or her CD4 every 6 months.

7. The Immune System and HIV



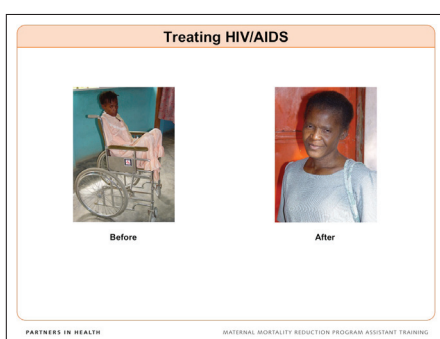
Say: When someone first gets HIV, he usually feels fine. HIV has not yet done much damage to his CD4s, so his immune system still works fairly well. Often, a person with HIV does not know that she or he has it. The person can feel fine for many years and go about regular activities.

8. What is AIDS?



Say: Eventually, HIV starts to multiply and weaken the immune system by killing CD4s. The person becomes tired, weak, and sick, and eventually she or he has the disease called AIDS. AIDS stands for “acquired immune deficiency syndrome.”

9. Treating HIV/AIDS



Say: Look at these two pictures of the same woman. She has HIV in both pictures.

Ask: Why do you think the pictures are so different?

Take a few volunteer responses.

Say: In the 1st picture, she is not getting medicine so her body has no defense against illnesses. As a result, she is very sick. In the 2nd picture, she is taking antiretroviral medicine (ARVs). This medicine reduces the strength of HIV in her body and allows her immune system to get strong again by increasing the number of CD4s in her body. Her stronger immune system keeps her from getting sick. Good nutrition, exercise, plenty of rest, a healthy lifestyle (not smoking or drinking), and ARVs work together to keep her healthy.

If a woman under your care has HIV/AIDS, it is your job to help her stay healthy by encouraging a healthy lifestyle and helping her take medicine that reduces the strength of HIV. When people with HIV follow a healthy lifestyle and take medicine, their immune systems stay strong and they can live for many years.

10. Ask participants:

- What is HIV?

HIV is a type of germ called a virus.

- Once a person has HIV in her/his body, can it be gotten rid of?

No, once HIV is in the body, it never leaves.

- What is AIDS?

AIDS is a serious disease caused by HIV.

- Can HIV/AIDS be treated?

Yes, people with HIV can take medicine to control the disease, and can live healthy lives for many years.

- 11.** Tell participants that in the sessions that follow, they will learn more about HIV/AIDS, its symptoms and treatment, and their responsibilities to women under their care who have HIV.
- 12.** Ask participants to find the HIV/AIDS introduction on pages 56 of their handbooks. Remind participants that they can study this information at home and also use it to educate the women under their care.

SESSION 2

Stages and Symptoms of HIV/AIDS



Method: Peer teaching



Time: 45 minutes



Objective

Participants will be able to:

- b. Describe the 4 stages of HIV/AIDS and the major symptoms associated with HIV/AIDS.



Preparation

- Review the slide/flipchart images and explanations.



Materials

- Flipchart or slide presentation
- AV equipment if using slides
- HIV/AIDS stages information on pages 62–72 of Participant Handbook



STEPS



5 minutes

1. Tell participants:

Now you will learn about the symptoms of HIV/AIDS and how the disease progresses, so that you will be able to recognize symptoms and refer these women for treatment.

Not everyone who has HIV appears sick. This is because there are **4 stages** of HIV/AIDS infection. Over time, one stage leads to the next, and if the person is not treated, she or he will become very sick and eventually die.

2. Divide participants into 4 small groups. Make sure that each group has at least a few fairly literate participants.

3. Explain the small group task:

- Read the information assigned to your group aloud and study the pictures. (I will give assignments shortly.)
- Make sure that everyone in the group understands the information. Discuss the information to make sure everyone understands.
- Choose 2 people to present the information. Presenters will be able to use the slides/flipchart pictures during their presentation.
- Presenters should become familiar with the information and practice presenting so that they can present it without looking at their handbooks.
- You will have 15 minutes to prepare.
- You will have 5 minutes to present.

4. Ask participants to find information about HIV/AIDS stages on pages 62–72 of their handbooks. Assign each small group one of the 4 stages.



15 minutes

5. Give small groups 15 minutes to work. As groups are working, circulate and help as needed.



5 minutes

6. Ask groups to stop work. Ask the Stage 1 presenters to come forward and present their information using the slides or flipchart. Help the presenters with the slides or flipchart if needed. If the presentation goes longer than 5 minutes or so, ask the presenters to wrap up. Add or correct information as needed.



15 minutes

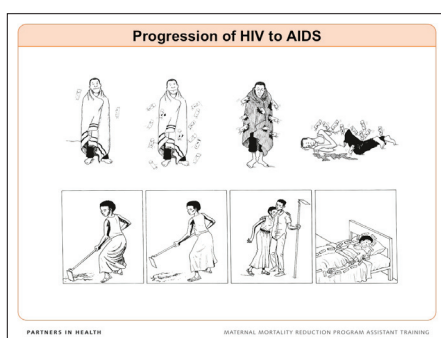
7. Repeat this process for Stages 2, 3, and 4.



5 minutes

8. Thank participants for their presentations. Then review the stages and symptoms of HIV/AIDS using the slides/flipchart:

9. Progression of HIV to AIDS



Say: When someone first gets HIV, there is not a lot of HIV in their body so their immune system still works fairly well, and they usually feel fine. In Stage 1 a person can get flu-like symptoms for a few days, but this goes away quickly. Most people have no symptoms during Stage 1. They do not know that they have HIV and generally feel healthy and are able to go about their regular activities.

Say: In Stage 2, people usually look healthy but have mild symptoms. Because the symptoms are mild, most people during Stage 2 are able to go about their regular activities.

In stage 3, many infections and symptoms develop because the body's immune system has become weak.

Stage 4 is defined as the AIDS stage. HIV has multiplied and the person becomes very weak and sick with many symptoms. It is as if the person does not have an immune system. The HIV has become stronger than the immune system.

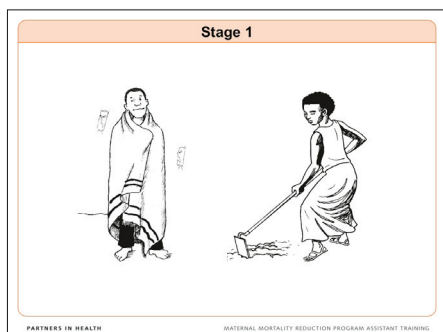
10. Ask what questions participants have about the stages and symptoms of HIV/AIDS and answer as needed.

11. Summarize by telling participants:

As MMRPAs, you must actively look for symptoms of HIV/AIDS among the women under your care. You must also educate the women under your care about the importance of getting tested for HIV and having their partners tested for HIV also. You will learn more about HIV testing later in this training.

Peer Teaching: Stage 1 – Asymptomatic HIV Infection

pages 62–63 of Participant Handbook



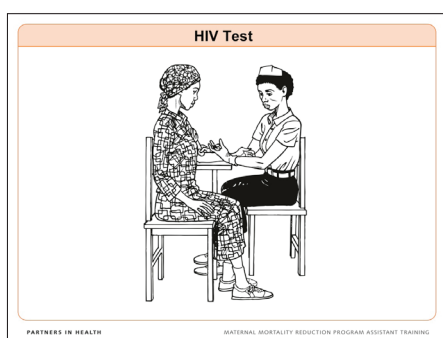
Stage 1

Stage 1 starts when a person is infected with HIV.

At this stage, people often do not know that they have HIV.

Some people get flu-like symptoms 1 to 4 weeks after they are infected with HIV, but these flu-like symptoms are rare – they occur in less than 5 percent of those who are infected. People in Stage 1 are HIV-positive and asymptomatic. Asymptomatic means that a person is HIV-positive but looks and feels healthy. The person will not have any symptoms and might feel fine for many years.

A person must get tested to know for sure if he or she has HIV. When someone goes to get tested, he or she will receive counseling before and after the test. Everyone should be tested for HIV and know his or her status.



HIV Test

HIV tests do not work well for the first few weeks after infection.

This is because the HIV has not yet multiplied in the body. It takes about 4 to 12 weeks after infection for enough HIV to have multiplied to show up on the test. This 4 to 12 week period is called the “window period.” During this time, a person can have HIV but the test might not show it.

After the window period, there is enough HIV to show up on the test. If someone has HIV, the test is “positive” and the person is said to be HIV-positive. A person without HIV is called HIV-negative.



Peer Teaching: Stage 1 – Asymptomatic HIV Infection

Continued



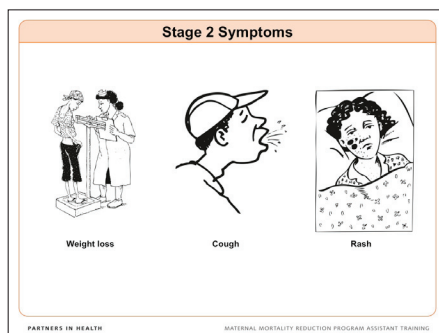
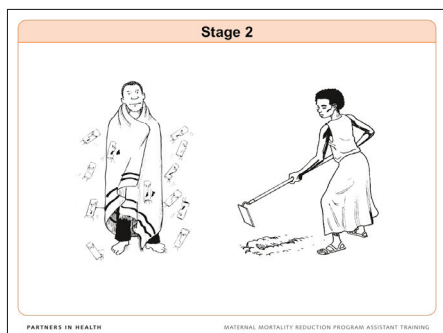
HIV can be spread through sex

Once a person has HIV, he or she will always have HIV and can pass it on to other people.

Many people do not know they have HIV, and as a result, they can spread it to other people through sex or other ways. This is why it is important to be tested.

Peer Teaching: Stage 2 – Early Symptoms of HIV Infection

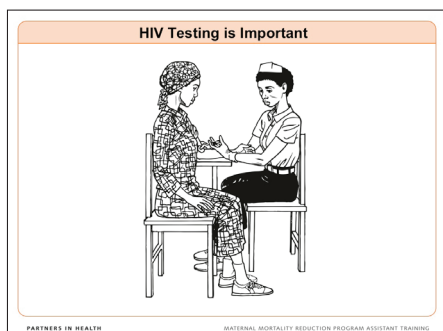
pages 65–67 of Participant Handbook



Stage 2

In Stage 2, people might look healthy and feel fine, but they may have some mild symptoms. Symptoms during Stage 2 include some weight loss, respiratory infections, minor fungal infections of the fingernails, and, occasionally, herpes zoster, which is a type of rash on the body.

Many people generally feel fine during Stage 2 because the symptoms are mild.



HIV Testing is Important

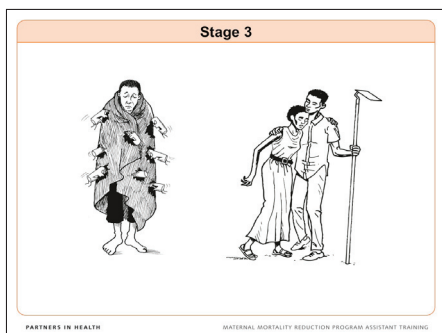
It is important for people to get tested to know for sure if they have HIV or not. If the HIV test is positive, the person will be referred to the health facility. The doctor or nurse will evaluate the person and also do a test to check her or his CD4 count. After this, the doctor will check the person's CD4 count every 6 months. When the person gets sick, or if her or his CD4 count falls below 350, the person will start taking medicine.

It is important to get tested to prevent the spread of HIV/AIDS. When people are tested and know that they have HIV, they can keep from spreading it. If they do not get tested, they make be spreading HIV without even knowing it. When people are tested, they receive counseling before and after the test.



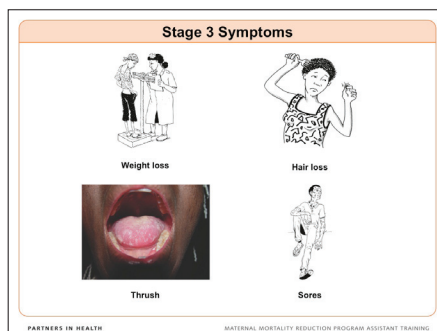
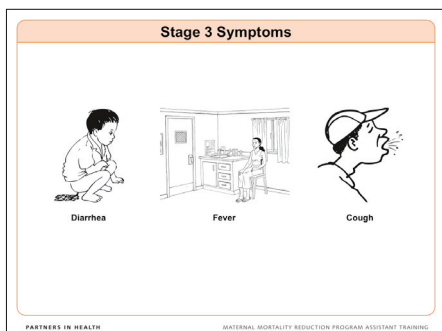
Peer Teaching: Stage 3 – Symptomatic HIV Infection, or AIDS

pages 68–69 of Participant Handbook



Stage 3

During Stage 3, the body’s immune system becomes weak because there is more HIV in the body and the number of CD4s is low. Many infections develop. These are called “opportunistic infections” because the HIV weakens the immune system, giving the opportunity for infections to develop.



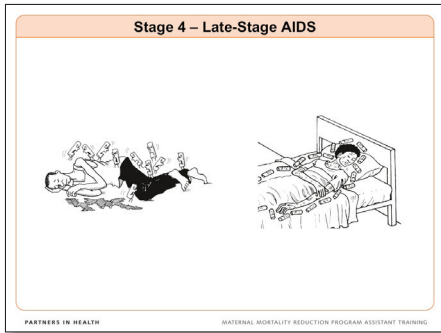
Stage 3 Symptoms

People often get TB, pneumonia, diarrhea, fevers that come and go, and a cough.

People often lose weight. Their hair might start to thin or fall out. Some people might get a white covering in the mouth called thrush, and they often get blisters and sores on their skin, frequently on their genitals. People in Stage 3 will be started on medications to fight HIV.

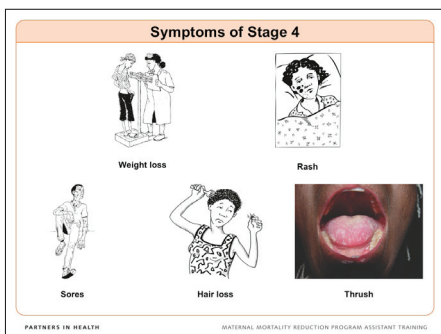
Peer Teaching: Stage 4 – Late-Stage AIDS

pages 70–71 of Participant Handbook



Stage 4

As HIV destroys the body’s immune system, more and more opportunistic infections occur. People get sicker and sicker, weaker and weaker.



Stage 4 Symptoms

Many of the symptoms are the same as in Stage 3, but they might be worse and occur more often. Some people will have seizures.

People often lose weight. People might get a white covering in the mouth called thrush. They might lose their hair. People often get skin rashes. People often get blisters or sores on their skin.

SESSION 3

Transmission of HIV/AIDS



Methods: Large group activity and Facilitator presentation



Time: 30 minutes



Objective

Participants will be able to:

- c. Describe how HIV is transmitted (spread) from person to person and how HIV is not transmitted.



Preparation

- Photocopy the pictures of How HIV Can/Cannot Be Transmitted on pages 123–142 of this Facilitator Manual (1 copy of each picture).
- Make two large signs on chart paper: “HIV **can** be transmitted” and “HIV **cannot** be transmitted.” Post one each on opposite sides of the room.



Materials

- Flipchart or slide presentation
- AV equipment if using slides
- Photocopies of HIV Can/Cannot Be Transmitted pictures.
- HIV Can/Cannot be transmitted pictures and information on pages 73–75 of Participant Handbook



STEPS



15 minutes

1. Ask participants:

- How can HIV be **transmitted** from one person to the next? In other words, if a person has HIV, how can it spread to another person?

2. Take some volunteer responses. The idea is not to have participants name all the correct answers, but for you to hear what they already know and think about the transmission of HIV. Answers may include: sex, blood transfusion, breastfeeding, etc.

If a volunteer answers incorrectly, do not correct the person yet. You will have the chance to correct later.

3. Tell participants:

Now we will review how HIV can be transmitted, and how HIV cannot be transmitted so that you will be able to teach the women under your care.

4. Divide participants into pairs (different pairs from the previous activity). Give each pair one of the HIV can/cannot be transmitted pictures. If you have more pairs than pictures, ask some participants to form groups of 3.

5. Explain the task:

Look at the picture you have been given. With your pair partner (or small group), discuss and decide whether the picture depicts a way that HIV **can** be transmitted, or a way that HIV **cannot** be transmitted.

If you think your picture depicts a way that HIV can be transmitted, go and stand near the “HIV can be transmitted” sign. If you think your picture depicts a way that HIV cannot be transmitted, go and stand near the “HIV cannot be transmitted” sign.

6. Give pairs (small groups) a few minutes to discuss, decide, and move to the signs.

7. When everyone is standing near one sign or the other, ask them to hold up their pictures so that everyone can see them.

8. Ask participants to see if everyone is in the right place. If someone thinks that a picture is not in the right place, ask that person to explain. Then have the group decide where the picture should be, and ask the pair to move if needed.

9. After participants have decided that everyone is in the right place, check the HIV can/cannot lists below. If any pairs are in the wrong place, ask them to move.

Can	Cannot
Open wounds	Shaking hands
Blood transfusion	Hugging
Sex between a man and woman	Coughing
Oral sex between a man and woman	Kissing
Anal sex between a man and woman	Mosquitoes
Oral sex between two men	Animals
Anal sex between two men	Sitting next to someone with HIV
Reusing needles and razor blades	Living with someone who has HIV
HIV-infected mother to baby during pregnancy	Eating or drinking together
HIV-infected mother to baby during delivery	
HIV-infected mother to baby during breastfeeding	

10. Tell participants:

Look for a moment at the ways that HIV can be transmitted.

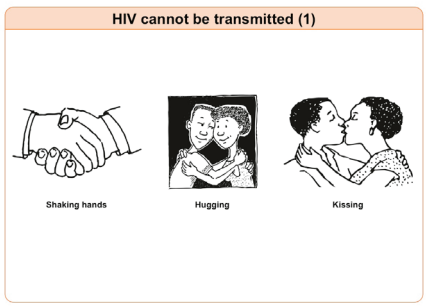
There are 3 main ways:

- Contact with another person's blood (transfusions, wounds)
- Contact with another person's bodily fluids through sex
- From mother to child during child bearing

HIV is in the blood, semen, vaginal fluids, and breast milk, so the virus can pass from one person's body to another through any of these fluids.

11. Ask the participants who are holding the "HIV can be transmitted" pictures to group themselves according to these 3 main ways.**12.** Thank everyone and ask them to be seated.**13.** Review the ways that HIV can and cannot be transmitted by showing the slides/flipchart pictures quickly, one at a time.

14. **HIV cannot be transmitted (1)**

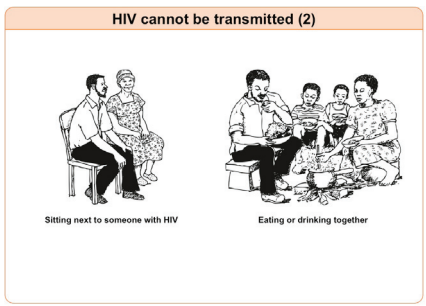


Shaking hands Hugging Kissing

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HIV cannot be transmitted (1)

15. **HIV cannot be transmitted (2)**

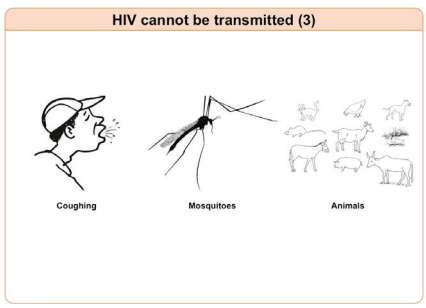


Sitting next to someone with HIV Eating or drinking together

PARTNERS IN HEALTH MATERNAL MORTALITY REDUCTION PROGRAM ASSISTANT TRAINING

HIV cannot be transmitted (2)

16. **HIV cannot be transmitted (3)**

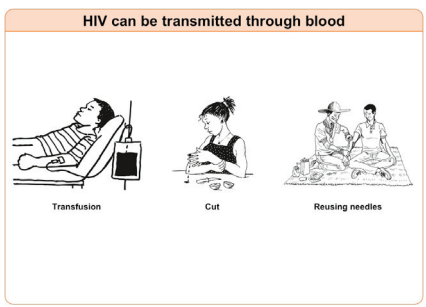


Coughing Mosquitoes Animals

PARTNERS IN HEALTH MATERNAL MORTALITY REDUCTION PROGRAM ASSISTANT TRAINING

HIV cannot be transmitted (3)

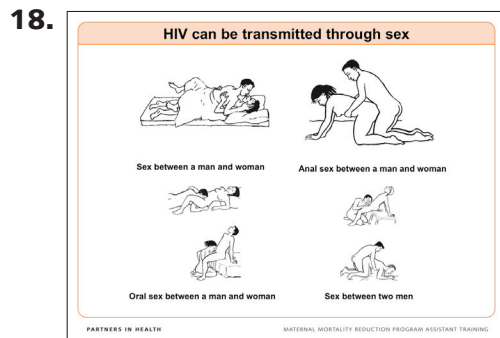
17. **HIV can be transmitted through blood**



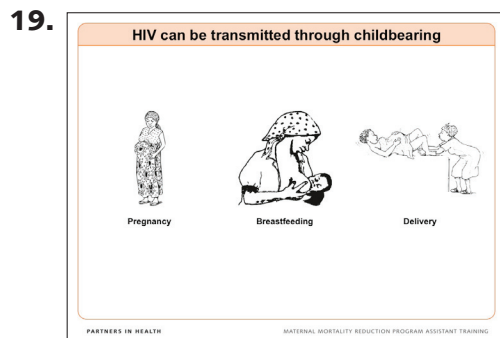
Transfusion Cut Reusing needles

PARTNERS IN HEALTH MATERNAL MORTALITY REDUCTION PROGRAM ASSISTANT TRAINING

HIV can be transmitted through blood



HIV can be transmitted through sex



HIV can be transmitted through childbearing

20. Tell participants:

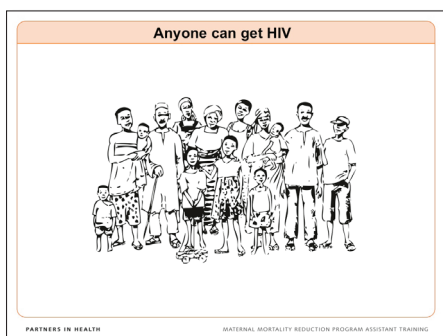
Now let's think for a moment about the kinds of people who can get HIV. I will name a type of person. If you think that type of person can get HIV, raise your hands.

- If you think that single men can get HIV, raise your hands. (Then put them down.)
- If you think that single women can get HIV, raise your hands.
- If you think that men who visit prostitutes can get HIV, raise your hands.
- If you think that married men can get HIV, raise your hands.
- If you think that married women can get HIV, raise your hands.
- If you think that grandfathers and old men can get HIV, raise your hands.
- If you think that grandmothers and old women can get HIV, raise your hands.

- If you think that babies and children can get HIV, raise your hands.
- If you think that doctors and nurses can get HIV, raise your hands.

21. As participants vote, do not correct participants. Simply take note of how they vote. Then show the slide/flipchart picture below.

22. Anyone can get HIV



Say: There are many kinds of people in this picture, young and old people, married and single people, children, and babies. All these kinds of people can get HIV. Anyone can get HIV.

23. Tell participants:

As MMRPAs, you must educate the women under your care about how HIV is transmitted and not transmitted. The more women know about HIV, the better they will be able to avoid getting it if they do not have it yet, or avoid passing it to others if they do have it.

24. Ask participants to find the information about HIV transmission on pages 73–75 of their handbooks. Remind them that they must study this information at home so that they learn it well and can educate the women under their care.

25. Ask participants what remaining questions they have about how HIV is transmitted and not transmitted, and answer accordingly.



Shaking hands



Hugging



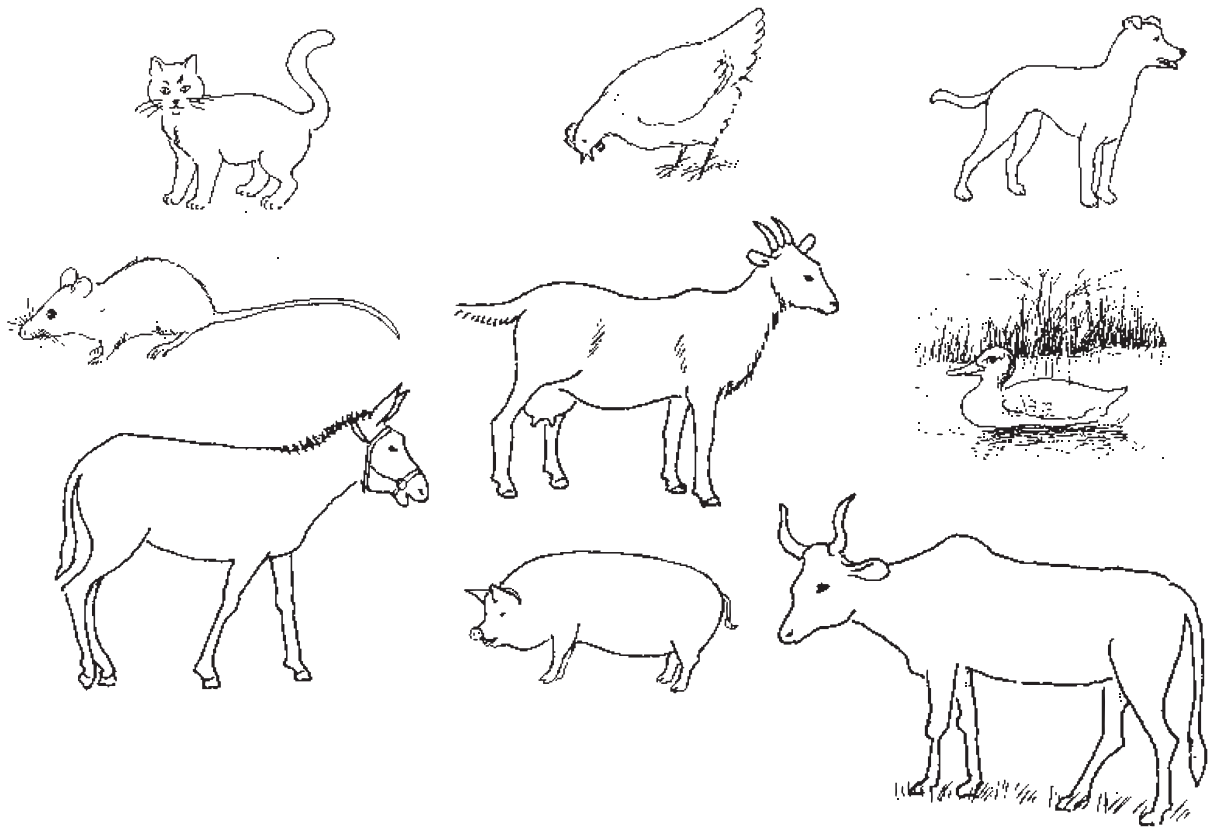
Coughing



Kissing



Mosquitoes



Animals



Sitting next to someone with HIV



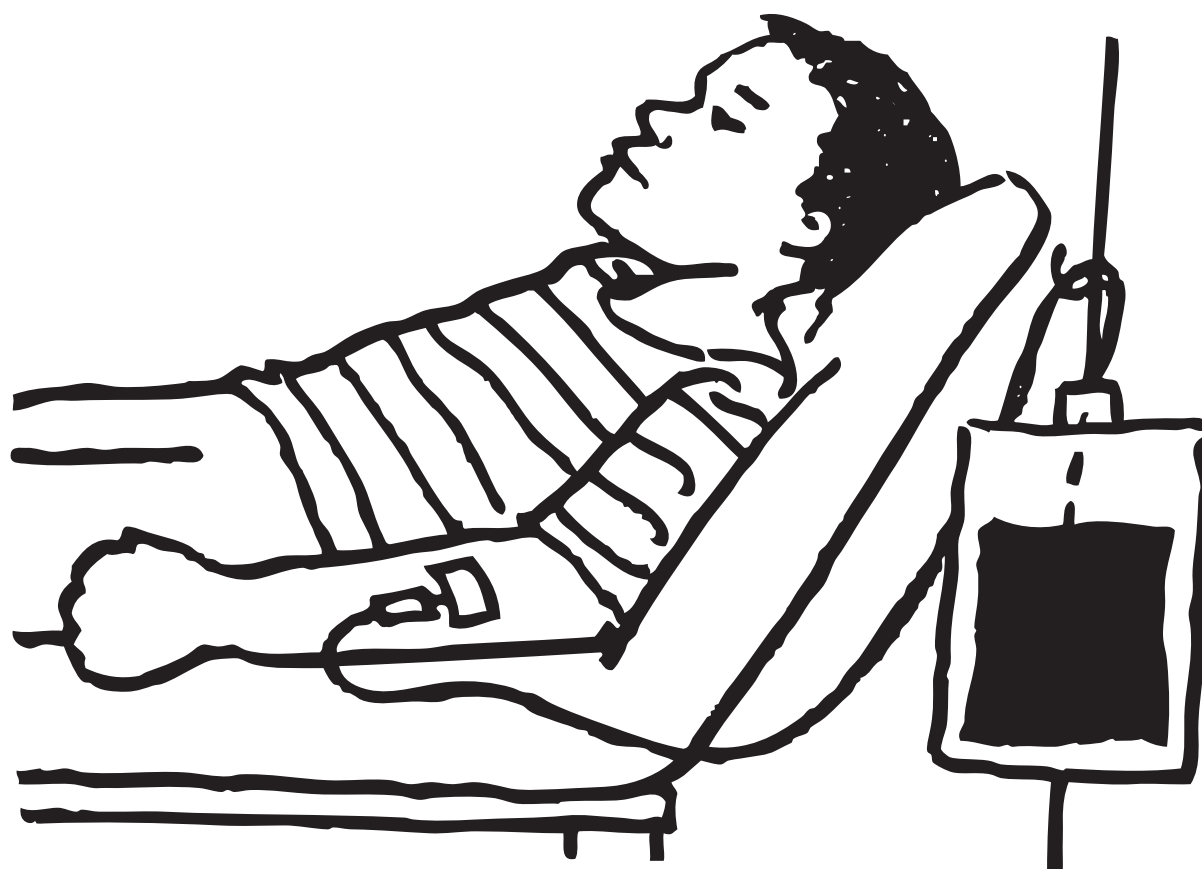
Living with someone who has HIV



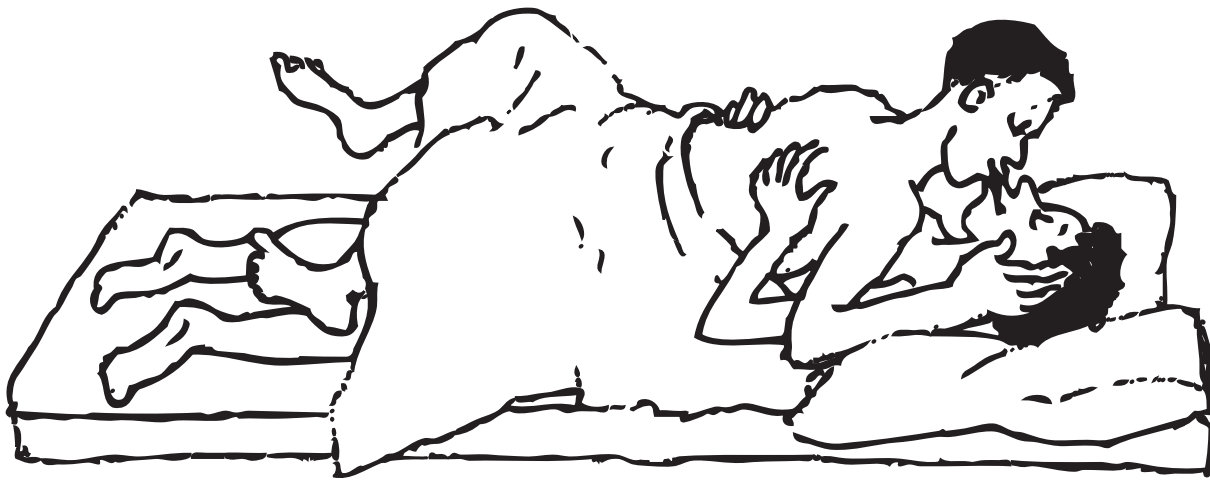
Eating or drinking together



Open wounds



Blood transfusion



Sex between a man and woman



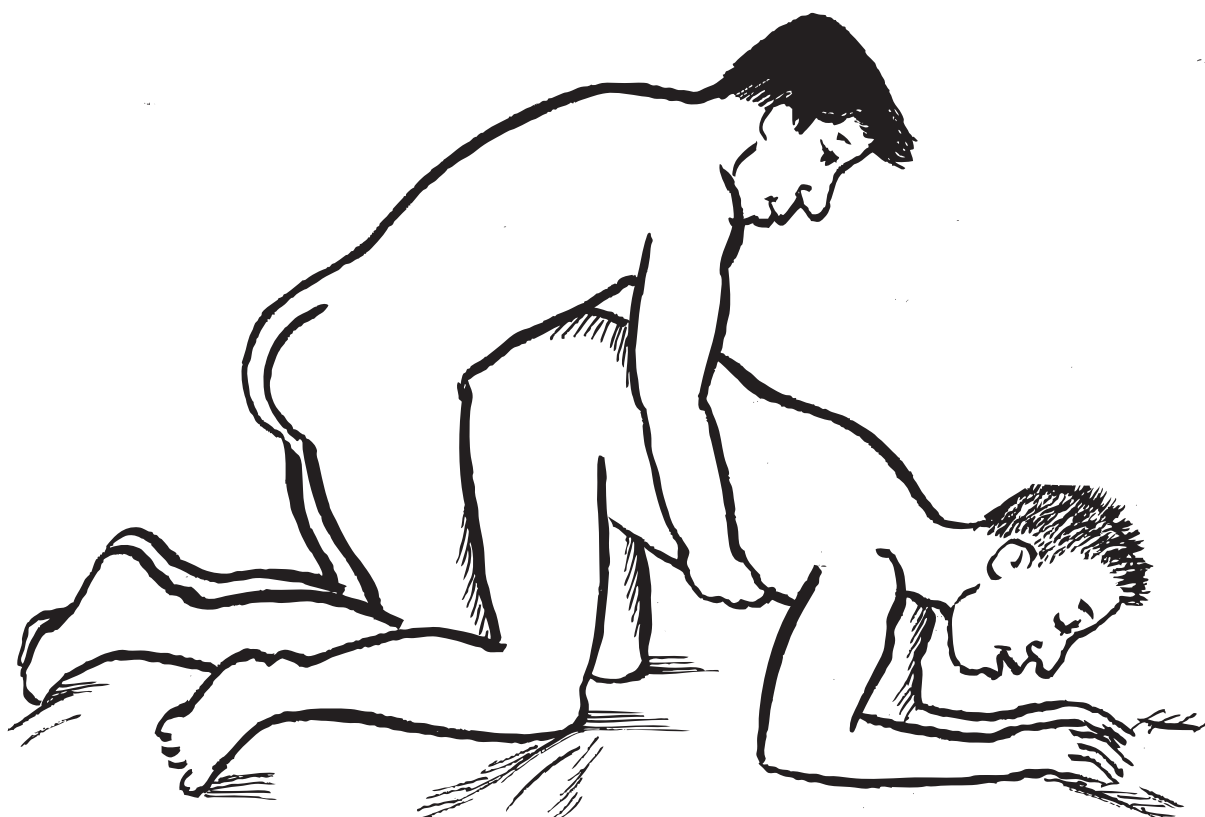
Oral sex between a man and woman



Anal sex between a man and woman



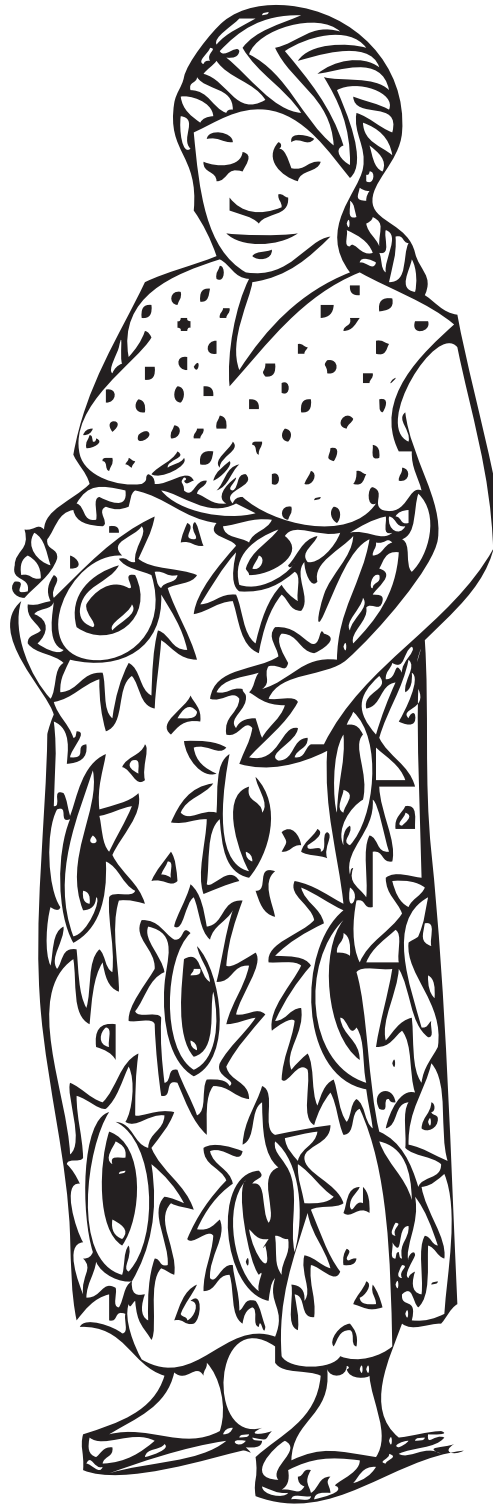
Oral sex between two men



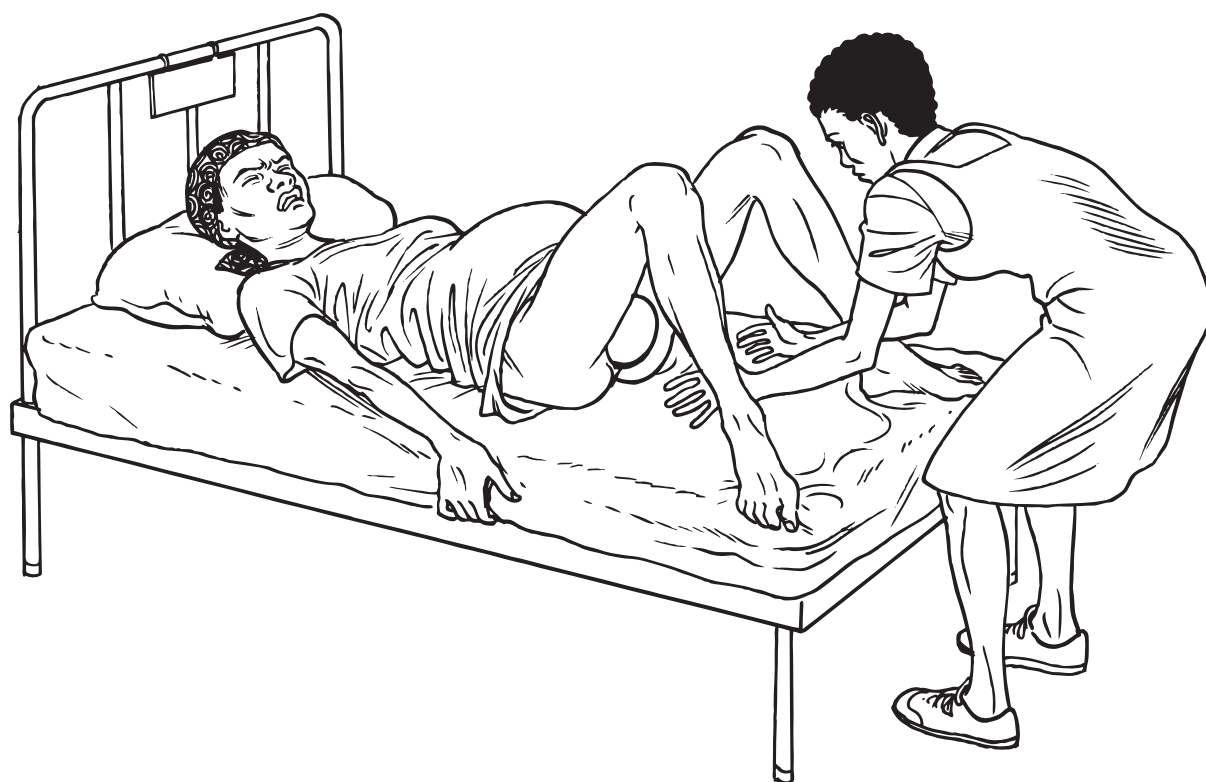
Anal sex between two men



Reusing needles and razor blades



HIV-infected mother to baby during pregnancy



HIV-infected mother to baby during delivery



HIV-infected mother to baby during breastfeeding

SESSION 4

HIV Testing and Prevention



Method: Large group discussion



Time: 20 minutes



Objectives

Participants will be able to:

- d. Explain what an HIV test is and why it is important to be tested.
- e. Name the main ways to avoid getting HIV and to prevent passing it to someone else if you already have it.



Preparation

- Review the discussion questions and sample answers.



Materials

- HIV Testing and Prevention information on pages 77–79 of Participant Handbook



STEPS



10 minutes

1. Tell participants:

We discussed HIV testing earlier in the training. Let's review this information briefly.

2. Ask participants:

- How is an HIV test done?
Take a volunteer response.

3. Confirm or correct the volunteer's answer by telling participants:

Remember that an HIV test is a fast and simple blood test. The results are available the same day.

People cannot be forced to take an HIV test. They must go voluntarily. If they do go and get tested, they will receive

counseling before the test to explain the process and after the test to deliver the results and provide support. This is called Voluntary Counseling and Testing (VCT).

4. Tell participants:

Remember that one of your main responsibilities as MMRPAs is to advise women under your care to get tested for HIV. Remember that at a pregnant woman's first prenatal visit (the booking visit) she will be offered an HIV test and counseling. Before you accompany a pregnant woman to this visit, you must educate her about the importance of being tested.

5. Ask participants the following questions and encourage a brief discussion:

- Why is it very important to be tested for HIV?

HIV can be treated, but in order to receive treatment you need to know that you have it.

If a woman has HIV, she must receive treatment and learn how to take care of herself. If a pregnant woman has HIV, she must also learn how to prevent passing HIV to her growing baby – PMTCT.

If a woman knows that she has HIV, she can learn how to avoid infecting others.

If a woman does not have HIV, she can learn how to avoid getting it in the future.

Pregnant women with HIV will get help from the health facility through the PMTCT program.

- After your first test, you should be tested again 3 months later. Why?

If the HIV infection is new, it will not show up on the first test. HIV will not show up on the test until after the window period.

If a woman's partner has HIV and she does not know, she may become infected from her partner after the first test.

- Even if you explain the importance of testing, some women under your care may not want to get tested for HIV. Why? What are some reasons that women might not want to get tested?

They are afraid of HIV. They think that having HIV means certain death. They do not know that people with HIV can get treatment and live long, healthy lives.

They are afraid that if they have HIV, people will discriminate against them.

They don't want their partners to know about the test.

They are afraid their partners will hurt them or leave them if they have HIV, etc.

- We talked about this before, but we will review: what you can you say to encourage pregnant women to get tested for HIV?

Tell women that their fears are understandable, but that you will help and support them.

Pregnant women with HIV can learn to avoid passing HIV to their growing babies, give birth to healthy babies, and lead healthy and productive lives. But to do this, they must be tested so they can receive medication and help from the health facility.

*HIV testing is **confidential**. The health facility will not tell anyone about the results.*

If a woman is afraid of abandonment or violence from her partner if her partner suspects that she has been tested or that she has HIV, she can ask her MMRPA and the social worker for help and support.

Participants may name other ideas.



10 minutes

6. Tell participants:

In addition to advising the women under your care about VCT and the importance of getting tested for HIV, you must educate them about how to avoid getting HIV if they do not have it yet, or how to avoid passing HIV to others if they already have it.

In the previous activity, we discussed the ways that HIV can be transmitted:

- Sex
- Blood
- Childbearing

7. Ask participants:

- Think about the ways that HIV can be transmitted. How can a person avoid getting HIV, or avoid passing it to others if she/he already has HIV?

Abstinence – do not have sex.

Only have sex with one person, who you know does not have HIV.

Use condoms correctly during sex.

Do not use a needle, razor blade, or any other sharp instrument that anyone else has used.

Do not touch someone else's blood.

- How do you think pregnant women with HIV can avoid passing HIV to their babies during pregnancy and delivery and while caring for their newborns?

By attending all prenatal visits

By taking medicine (ARVs) faithfully if prescribed

By delivering at the health facility

By attending the postnatal visit

By getting HIV tests, vaccinations, and medicine for the new baby

By feeding the baby only infant formula, no breast milk

8. Tell participants:

In the sessions that follow, you will have the chance to practice educating women about testing and prevention.

Later in this training, you will learn more about how pregnant women and nursing mothers with HIV can prevent passing HIV to their babies. This is called “preventing mother-to-child transmission of HIV,” or PMTCT.

- 9. Ask participants to find the HIV Testing and Prevention information on pages 77–79 of their handbooks. Remind participants that they should study this information at home so that they will be able to teach it to the women under their care.**

SESSION 5

Male and Female Condoms



Methods: Demonstration and Peer teaching



Time: 40 minutes



Objective

Participants will be able to:

- f. Demonstrate how to use male and female condoms, and teach others how to use them.



Preparation

- Arrange for an experienced MMRPA, clinician, or another facilitator to help with this session.
- Assemble enough male condoms for every participant.
- Assemble enough female condoms for every participant.
- Assemble enough substitute penises for half the group (possible substitutes: wooden penises, bananas, zucchinis, cucumbers, toilet paper tubes, two fingers).
- Assemble enough substitute vaginas for half the group (possible substitutes: toilet paper tubes, hair elastics, thumb and forefinger held in a circle).



Materials

- Male condoms for every participant
- Female condoms for every participant
- Penis substitutes for half the group
- Vagina substitutes for half the group
- Male and female condom posters
- Slide or flipchart presentation
- AV equipment if using slides



TIP: *If female condoms are not available in your area, conduct the session for male condoms only (do not divide the group in half). Tell participants that female condoms are not currently available, but that the Participant Handbook contains information about both male and female condoms, in case female condoms become available at some point.*

**STEPS**

15 minutes

1. Explain that in this session participants are going to review how to use male and female condoms. Show the condoms and explain what they are.

2. Tell participants:

Both male and female condoms provide a barrier between two people so that sperm, vaginal secretions, and the HIV virus or other STIs, cannot pass between them. This means that women and men can use condoms to prevent pregnancy, avoid getting HIV, and avoid passing it to their partners if they already have HIV themselves.

3. Ask participants:
 - To prevent getting HIV, passing HIV to another person, or to prevent pregnancy, when should people use condoms?
Anytime they have sex.
 - Where can you get condoms?
At the health facility; condoms are FREE.

4. Divide participants into 2 groups by counting them off by 2s. Tell the 1st group to go with you to one area of the room to learn about female condoms, and the 2nd group to go with the other facilitator to another area of the room to learn about male condoms.
 - In your group, display the female poster, demonstrate the steps, and have the group practice inserting and withdrawing female condoms on the substitute vaginas. (There is a copy of this poster following this session.)

5. At the same time, have the other facilitator teach the other group how to use a male condom, displaying the poster and demonstrating the steps. Participants should practice with the substitute penises. (There is a copy of this poster following this session.)



15 minutes

6. Call everyone back together.

7. Divide the entire group into pairs: each pair should include one participant who learned how to use a male condom and one participant who learned how to use a female condom.

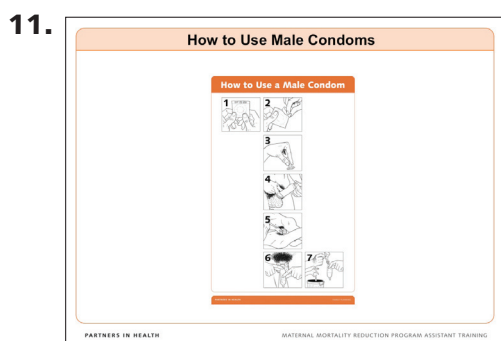
8. Explain that each pair partner will teach the other how to use the condom they just learned about. Female-condom group members will teach their partners how to use female condoms and help them practice. Then male-condom group members will teach their partners how to use male condoms and help them practice. Give pairs about 15 minutes to work.

9. As pairs are working, circulate around the room and help or answer questions as needed. Make sure that the male and female condom posters are displayed where people can see them.



10 minutes

10. After everyone is finished, briefly review the steps on how to use male and female condoms using the slide or flipchart presentation.



How to Use Male Condoms



How to Use Female Condoms

13. Ask participants:

- What do you think will be most difficult about teaching the women under your care about condoms?

Women might be embarrassed. MMRPAs might be embarrassed also.

Women might be afraid to ask their partners to use condoms because their partners might refuse, get angry, accuse them of being unfaithful, etc.

Participants may name other ideas.

- What can you tell women to put them at ease and make teaching condoms easier for them and for you? What can you do to help women speak with their partners about using condoms? Take a variety of responses. Responses may include:

Tell women that condoms are good method of preventing pregnancy and STIs.

Tell women that some contraceptives may cause side effects (birth control pills, injections), but condoms do not cause side effects.

Always keep a supply of condoms with you so that you can distribute condoms to the women under your care.

14. Ask participants to find the information about male and female condoms on pages 80–83 of their handbooks. Remind participants that they can review this information at home and also use it to teach the women under their care about condoms.



Male and Female Condoms

Both male and female condoms provide a barrier between two people so that a woman cannot get pregnant during sex.

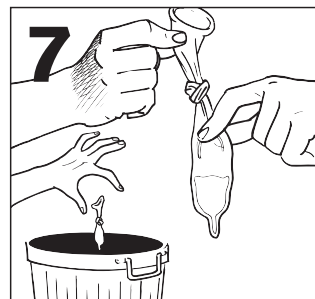
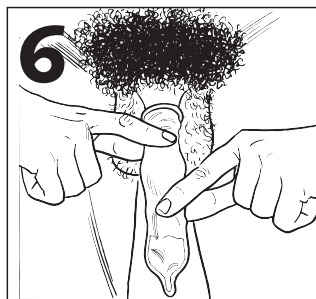
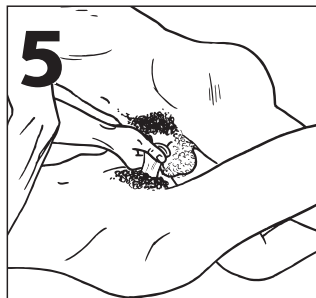
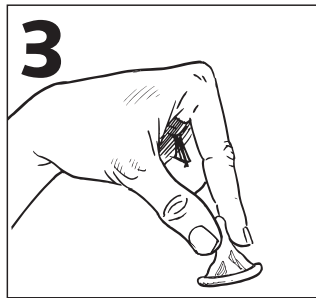
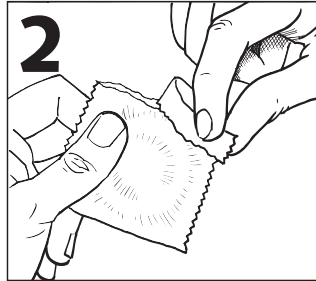
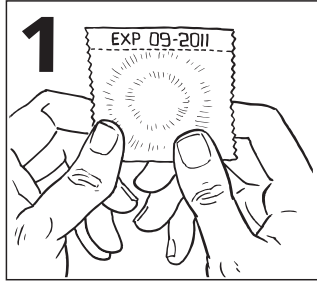
To prevent pregnancy, people should use condoms anytime they have sex. Condoms also prevent transmission of HIV and other sexually-transmitted infections (STIs).

Anyone can get condoms at the health facility. Condoms are free. MMRPAs should carry condoms with them to demonstrate condom use to during household visits, and they should remind everyone that condoms are available at the health facility.

How to Use a Male Condom

- Wash your hands.
- Check the expiration date on the package before using the condom. Do not use a condom that is past the expiration date.
- Open the package. (Do not use teeth or fingernails, because they could put a hole in the condom.)
- Find the tip of the condom and hold it so the ring hangs down like a little hat.
- Hold the top with your forefinger and thumb as you place the condom on the penis, with the ring on the outside. Roll the condom down to the base of the penis. Check to make sure it is on correctly.
- After sex, hold the condom at the base and pull the penis away from your partner. Do not spill any liquid on your partner.
- Slide the condom off without spilling the liquid inside.
- Tie the condom in a knot and dispose of it.

How to Use a Male Condom

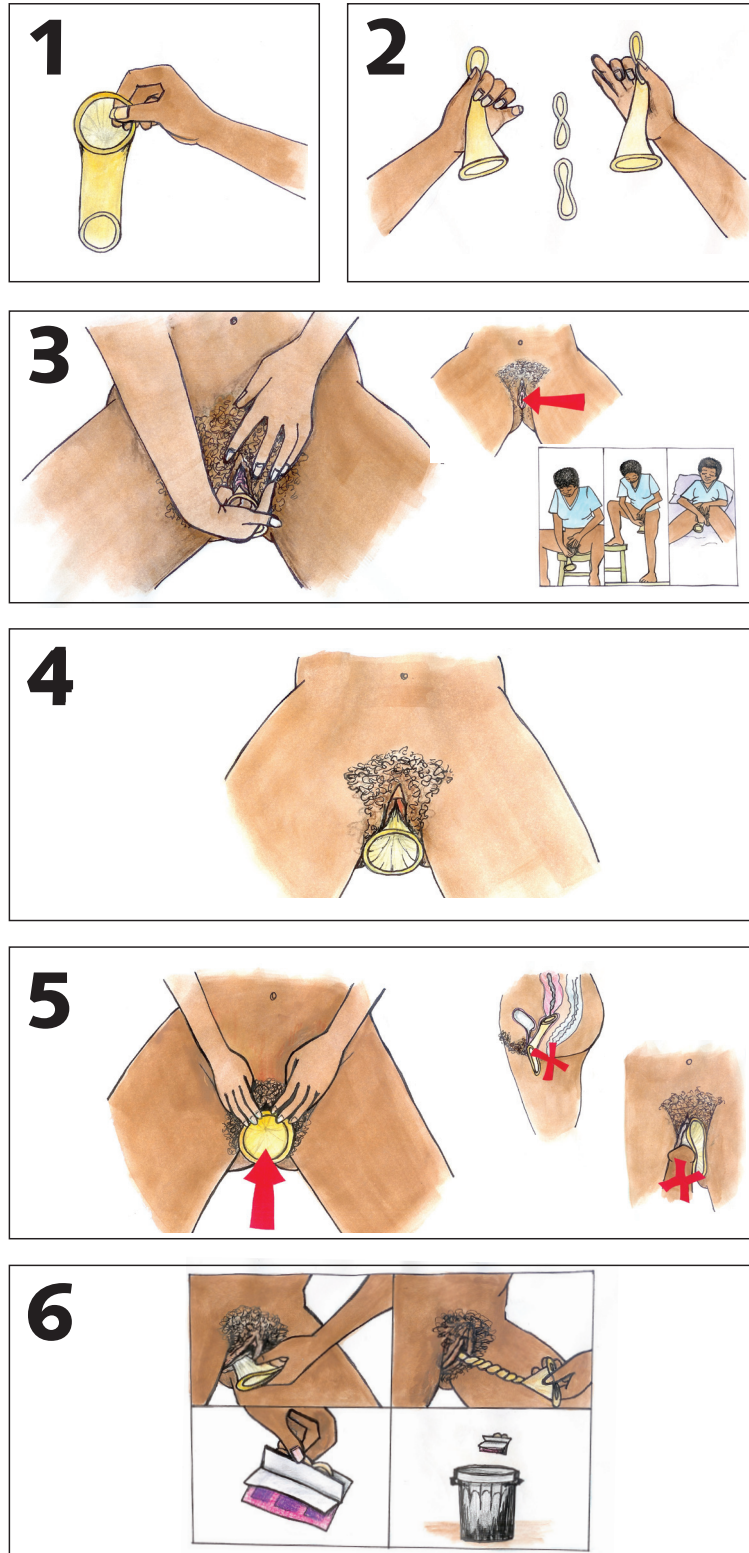




How to Use a Female Condom

- Wash your hands.
- Check the expiration date on the package. Do not use a condom that is past the expiration date.
- At the arrow on the package, tear downward.
- Remove the condom from the package.
- Hold the inner ring between your thumb and forefinger.
- Squeeze the sides of the inner ring together, so that it becomes long and narrow, and grasp it firmly.
- Find a comfortable position for inserting the condom. Try sitting, squatting, or lying down.
- Push the inner ring up into the vagina as far as possible. Insert your index or middle finger into the condom.
- One inch of sheath, including the outer ring, will remain outside the body. When the penis enters the vagina, the slack will decrease.
- The outer ring should remain outside the vagina, protecting the external genitalia.
- Upon entering the vagina, the penis may push the outer ring into the vagina or the penis may enter to the side between the condom and the vaginal wall. **If either of these things happens, STOP!** Remove the penis. Adjust the outer ring until it is again outside the vagina and try once more.
- To take out the condom, grasp the outer ring, twist the condom to seal in the fluid, and gently remove it.
- Place the condom in a tissue or in the empty package, and throw it into the garbage.

How to Use a Female Condom



SESSION 6

HIV/AIDS Education



Methods: Brainstorm and Role play



Time: 45 minutes



Objective

Participants will be able to:

- g. Educate pregnant women and nursing mothers about the importance of being tested for HIV, how to avoid getting HIV, and how to prevent passing HIV to their babies and others.



Preparation

- Review the role play scripts and steps below.
- Choose 6 volunteer participants to perform the HIV Education Role Play: 3 volunteers for Part 1 (narrator, MMRPA, Lerato) and 3 volunteers for Part 2 (narrator, MMRPA, Lerato). Choose volunteers who will be very comfortable reading from the script and performing in front of their colleagues.
- Show the volunteer actors the role play scripts on pages 110–111 of their handbooks. Ask the volunteer actors to practice the role plays during lunch or a break.



Materials

- HIV Education Checklist on page 85 of Participant Handbook
- HIV Education Role Play parts 1 and 2 scripts on pages 110–111 of Participant Handbook



STEPS



15 minutes

1. Tell participants:

One of the most important parts of your job is to educate the women under your care about the importance of getting tested for HIV, how to avoid getting HIV, and how to prevent passing HIV to their babies and others. Later in the training, you will learn more about how pregnant women and nursing mothers with

HIV can prevent passing HIV to their babies. For now, you will practice educating pregnant women about testing and prevention in general.

2. Ask participants the following question, and take several volunteer responses:
 - We have reviewed some very important information about HIV today. What are the most important things we have learned about HIV that you must tell the women under your care?
3. After participants have named everything they can think of, ask them to find the HIV Education checklist on page 85 of their handbooks. Ask a volunteer to read the list aloud. Point out items on the list that participants named during the brainstorm.

HIV Education Checklist

- Anyone can get HIV.
- HIV is transmitted through blood, semen, vaginal secretions, and breast milk.
- HIV cannot be transmitted by shaking hands, hugging, coughing, mosquito bites, contact with animals, sitting next to someone with HIV, living with someone who has HIV, or eating with someone who has HIV.
- HIV cannot be cured. Once it is in the body, it stays there forever.
- HIV can be treated and controlled. HIV does not mean certain death.
- It is very important to get tested for HIV. The HIV test is a fast and simple blood test and results are confidential.
- It is important to get tested because: if the person has HIV, she or he can receive treatment if needed. If a pregnant woman knows she has HIV, she can avoid passing it to her baby. If the person does not have HIV, she or he can learn how to avoid getting HIV in the future.
- People should avoid getting HIV, or avoid passing HIV to others if they already have it, by not having sex at all (abstinence), only having sex with one person who does not have HIV, always using condoms during sex, not using needles, razor blades, etc., that someone else has used, and not touching someone else's blood.
- If a pregnant woman does not have HIV, she must use condoms to prevent getting HIV in the future.
- Help and counseling are available for people who are diagnosed with HIV.

4. Tell participants:

As we have discussed, it can be challenging to speak with women under your care about HIV testing and prevention. Women may be embarrassed or afraid. You may also be embarrassed. But if you are respectful and kind and speak with women in the right way, it will make the communication easier.

Now we will watch a role play about HIV education. Please watch and listen carefully.



15 minutes

5. Ask the 3 volunteers you chose for HIV Education Role Play, Part 1 to come forward and perform the role play.**6. When the volunteers have finished Part 1, ask participants:**

- What should the MMRPA say and do next to explain to Lerato why she should get tested? How do you think Lerato will respond?

Explain that Lerato may not have HIV, but because she is pregnant, it is especially important to get tested. The test is confidential and only she will know the results, etc.

Participants may name other ideas.

Lerato may be afraid to know, afraid that her husband or others will find out, reluctant because she does not think she has HIV, etc.

7. Take as many responses as possible from participants.**8. Then ask the two volunteer actors playing the MMRPA and Lerato to finish the role play using the advice that their colleagues have given. If they have trouble, you can step in and take the role of the MMRPA. But let the two volunteer actors finish the role play if possible.****9. Thank the two actors for finishing part 1 of the role play. Ask for applause, and then ask the actors to be seated.**

15 minutes

10. Ask the 3 volunteers you chose for HIV Education Role Play, Part 2, to come forward and perform the role play.

11. When the volunteers have finished performing, ask participants:

- What should the MMRPA say and do next to explain to Lerato why she should use condoms? What other advice should the MMRPA give Lerato? How do you think Lerato will respond?

Lerato can explain to her husband that using a condom is the best way to protect her and the growing baby; using a condom is safest because her husband has not been tested for HIV or other STIs, etc.

Lerato's husband may be angry at first, but he may come to understand the importance of using condoms.

12. Take as many responses as possible from participants.

13. Then repeat the process followed for Part 1 by asking the volunteer actors to finish the role play.

14. Thank the actors, ask for applause, and ask the actors to be seated.



5 minutes

15. Summarize by telling participants:

One of your main responsibilities to women under your care is to educate them about HIV transmission, testing, and prevention. HIV is a difficult topic to talk about, so you must treat women respectfully and promise to keep the conversation confidential.



HIV Education Role Play, Part 1

Narrator: Lerato's husband has been working in South Africa for the last year. He comes home to visit every once in a while. Lerato got pregnant during his last visit, about one month ago. The MMRPA has heard this news, and comes to visit Lerato.

MMRPA: Greetings, Lerato, how are you today?

Lerato: I am well. I have some news. I think I am pregnant.

MMRPA: Congratulations, now you will have another little one in your family.

Lerato: Thank you. I am happy and I am not worried. My husband has been working in South Africa, so now we have more money for food and other necessities.

MMRPA: I'm very glad that your husband has found work in South Africa. But while he is away, you must take care of yourself. First of all, it's very important for you to go to the health facility for a pregnancy test and prenatal visit.

Lerato: But the health facility is very far away! I don't think I need to go. I never did that for my other pregnancies.

MMRPA: Don't worry. I know that the health facility is very far away, but I will accompany you the whole way.

Lerato: Oh, thank you so much. I appreciate it. What will happen during the visit?

MMRPA: The nurse will check to make sure you are pregnant and that you are healthy. She will also offer you an HIV test. It's very important to do this test. It's very important to know if you have HIV, especially since you are pregnant.

Lerato: HIV test??? What do you mean??? I don't have HIV! I don't need a test.

STOP the role play.



HIV Education Role Play, Part 2

Narrator: The MMRPA accompanied Lerato to the health facility for her booking visit, and Lerato had an HIV test. The test was negative, and Lerato was very relieved. She told the MMRPA that she did not have HIV. During the MMRPA's next visit, Lerato is very happy because she has heard that her husband is coming home for another visit.

MMRPA: Greetings, Lerato, how are you today?

Lerato: I am very well, thank you. I am happy because I have heard that my husband is coming home again for a visit.

MMRPA: That's very good news, I'm glad that you will see your husband. But before he comes, I would like to show you how to use condoms. Then when he visits, you should ask him to use condoms every time you have sex.

Lerato: Condoms??? What do you mean??? Are you saying that my husband has HIV??? I'm sure that he does not. Anyway, I could never ask him to use condoms. He would be very angry. He would probably accuse me of being unfaithful to him.

STOP the role play.

SESSION 7

HIV/AIDS Treatment



Methods: Small group activity and Facilitator presentation



Time: 1 hour



Objectives

Participants will be able to:

- h. Explain that antiretrovirals (ARVs) stop HIV from multiplying in the body.
- i. Explain when ARVs should be taken, for how long, the correct dosage, and how they should be stored.
- j. Provide Directly Observed Therapy (DOT) for women taking TB medication or ARVs to ensure adherence.



Preparation

- Review the ARV slide/flipchart information below.
- Gather 5 complete sets of all the ARVs pills below (in their original bottles or boxes).
- Gather 5 sets of ARV treatment cards or photocopy and cut 5 sets of the cards on pages 173–179 of this Facilitator Manual.
- Place 1 set of ARV pills and 1 set of treatment cards each in 5 different areas of the room, on benches or tables.
- There should be enough areas so that 5 people can be at each one. If your group is large, prepare more sets of ARV pills, treatment cards, and areas if possible.



Materials

- 5 complete sets of all the ARV pills (or more)
- 5 complete sets of ARV treatment cards or photocopied cards (or more)
- 5 or more areas around the room with 1 set of ARV pills and 1 set of treatment cards placed in each area
- Slide or flipchart presentation
- AV equipment if using slides
- ARV information on pages 86–87 of Participant Handbook



STEPS



5 minutes

1. Ask participants the following questions and correct answers as needed:

- In this activity you will learn about HIV/AIDS treatment. But first let's discuss a few questions. First, is there a cure for HIV?

There is no cure for HIV. Once HIV is in the body, it will stay there forever. But HIV can be controlled.

- What is the treatment for HIV?

Antiretroviral drugs, or ARVs

- If a person is taking ARVs, how often does s/he have to take them?

2 times a day, every day

- If a person must take ARVs, when does the treatment end? When can the person stop taking ARVs?

For most people, the treatment never ends. Once a person starts taking ARVs, she or he must take them for the rest of her / his life.

In some cases, pregnant women and newborns take ARVs for short periods of time only, following the recommendations of their doctors.

- When a person is taking ARVs, is it still possible for that person to pass HIV to someone else?

Yes, if the person has HIV/AIDS, she or he can still infect someone else, even if s/he is taking ARVs.



5 minutes

2. Tell participants:

There is no cure for HIV. Once HIV is in the body, it stays there forever.

But people with HIV/AIDS can receive treatment, so that they can lead healthy lives. The treatment is to take antiretroviral drugs, or ARVs.

ARVs stop HIV from multiplying in the body and killing CD4s, which are an important part of the body's defense system. When HIV multiplies, it weakens the immune system. As long as a

person is taking ARVs properly every day and not missing any doses, her/his immune system will stay fairly strong.

When people are diagnosed with HIV, they do not always take ARVs right away. Based on the person's physical condition, the doctor or nurse and the person will decide together when the person should start taking ARVs.

To treat HIV, most people take 3 different ARV medicines each day. Sometimes 2 or 3 ARVs are combined in one pill, so that people do not have to take so many pills.

ARVs must be taken with care. Some medicines have to be taken without food, and some medicines have to be taken with food. ARVs are usually taken in the morning and again at night, and at the same time each day.

All people diagnosed with HIV visit the doctor once every 6 months if the CD4 is above 450 and every 3 months if the CD4 is below 450 but not yet 350. If they are not yet taking ARVs, the doctor or nurse checks them to see if they need to start. If they are taking ARVs, the doctor checks to see if the ARVs are working. Once the person's test result for CD4s falls to or below 350, the doctor or nurse will start the person on ARVs, and the person, will be seen at the health facility monthly.

After people with HIV have started taking ARVs, they must take them at the same time every day for the rest of their lives. This is called **adherence**.

If a person stops taking ARVs or misses some doses, the HIV begins multiplying again and killing the CD4s. If she or he repeatedly starts and stops taking ARVs, the HIV in her or his body will become stronger and better able to fight the ARVs. This is called **drug resistance**, and it is very dangerous. This means that the ARVs will not work as well as they should.

A pregnant woman may be put on ARVs to prevent her unborn baby from becoming infected with HIV. Pregnant women with HIV may need to come to the health facility more than once a month.

When one of the women under your care starts taking ARVs, the doctor or nurse will meet with you and the woman to explain what medications she will take, at what time of day, and in what amounts. This information will also be written on a form.

Now you will learn more about ARV drugs.

*10 minutes*

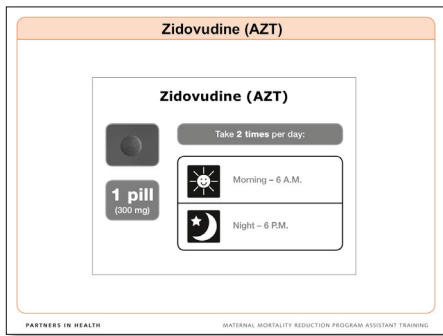
- 3.** Divide participants into 5 small groups (more if your group is large), and tell each small group to go to one of the areas you prepared (the areas with the sets of drugs and treatment cards).
- 4.** Ask small groups to study the drugs and treatment cards to learn the times of day and doses in which each should be taken. Small groups should also match each card with the drug it represents.
- 5.** Give small groups up to 10 minutes to study and match the drugs and cards. As they are working, circulate and help as needed. Make sure that participants understand the “morning” and “evening” symbols on the cards.

*20 minutes*

- 6.** Call for everyone’s attention and explain that small groups will now play a game to review the ARV information that they have been studying. Explain the game:
 - I will say the name of an ARV.
 - When I say the name, quickly hold up the correct treatment card and drug.
 - The first small group to hold up the correct card and drug will win a point.
 - We will do this for all of the ARVs.
- 7.** Say, “Zidovudine or AZT!”
- 8.** Watch to see which small group finds and holds up the Zidovudine card and drug sample first.
- 9.** Walk over to that group to verify that they have identified the correct card and drug. Then walk around to the rest of the groups to make sure they have also identified the correct card and drug.
- 10.** Give the winning small group 1 point (record the point on flipchart paper).
- 11.** Ask the winning group to describe how to take Zidovudine (at what dose, at what times, and any other special conditions).

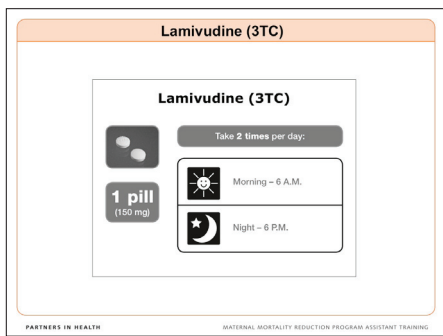
12. Show the slide/flipchart image for Zidovudine, and review the information.
13. Repeat this process for each ARV: call out the drug name, identify the winning group, check to see that all groups have identified the drug and card correctly, ask the winning group describe how to take the drug, and then show the slide/flipchart image and review the information.

14. Zidovudine (AZT)



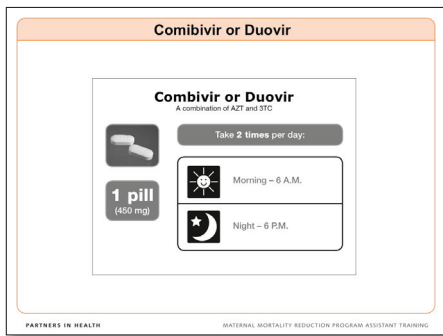
Say: Dosage is 1 pill (300 mg) taken 2 times a day: in the morning at 6 a.m. and in the evening at 6 p.m. Note the color, shape, and size of the pill.

15. Lamivudine (3TC)



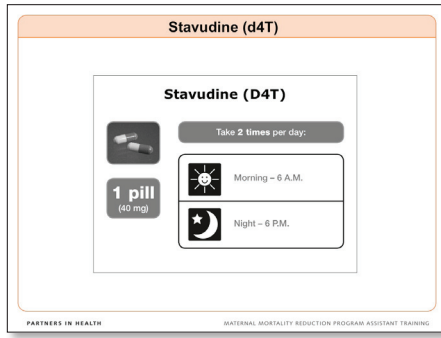
Say: Dosage is 1 pill (150 mg) taken 2 times a day: in the morning at 6 a.m. and in the evening at 6 p.m. Note the color, shape, and size of the pill.

16. Comibivir or Duovir



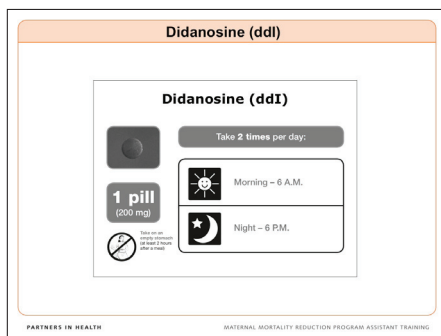
Say: There is a pill that combines Zidovudine (AZT) and Lamivudine (3TC). Dosage is one pill (350/150mg), taken 2 times per day: in the morning at 6 a.m. and at night at 6 p.m. It is usually given in combination with one other drug, Nevirapine. Patients should take this medication with food. Note the color, shape, and size of the pill.

17. Stavudine (d4T)



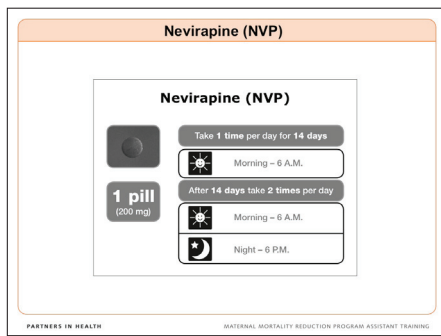
Say: Dosage is 1 pill (40 mg) taken 2 times a day: in the morning at 6 a.m. and in the evening at 6 p.m. Note the color, shape, and size of the pill.

18. Didanosine (ddI)



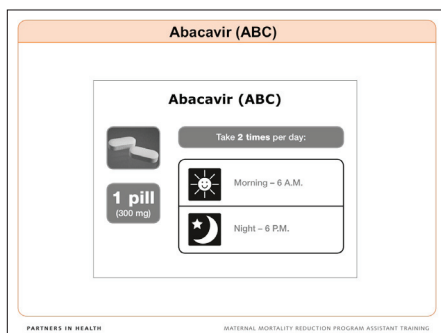
Say: Dosage is 1 pill (200 mg) taken 2 times a day: in the morning at 6 a.m. and in the evening at 6 p.m. Take on an empty stomach. Note the color, shape, and size of the pill.

19. Nevirapine (NVP)



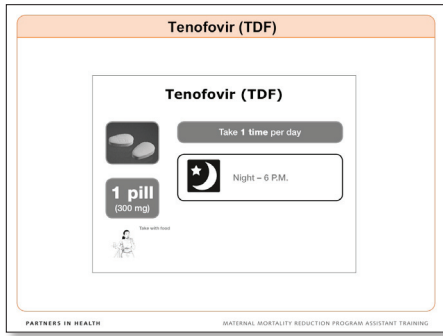
Say: Nevirapine is one pill (200mg), taken once in the morning at 6 a.m. and once at night at 6 p.m. Note the color, shape, and size of the pill.

20. Abacavir (ABC)



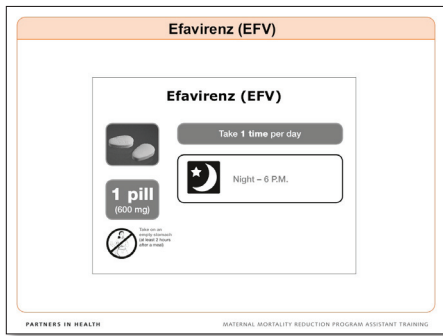
Say: Dosage is 1 pill (300 mg) 2 times per day: in the morning at 6 a.m. and at night at 6 p.m. Patients must take this medicine with food.

21. Tenofovir (TDF)



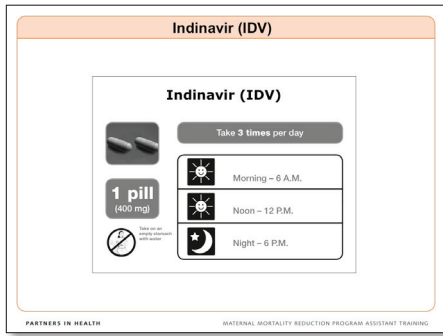
Say: Dosage is 1 pill (300mg), taken 1 time per day: in the morning at 6 a.m. Patients should take this medication with food.

22. Efavirenz (EFV)



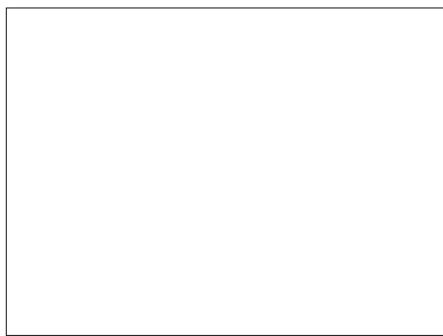
Say: Dosage is 1 pill (600mg), taken 1 time per day: in the evening at 6 p.m. Patients should take this medication on an empty stomach.

23. Indinavir (IDV)



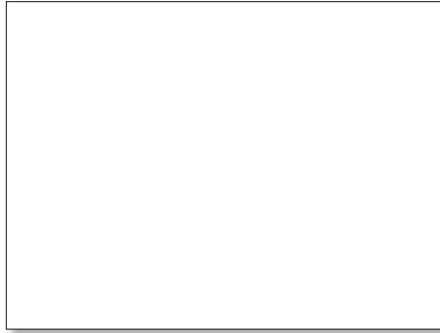
Say: Dosage is 2 pills (400 mg each), taken 3 times per day: in the morning at 6 a.m., at 12 noon, and in the evening at 6 p.m. Patients should take this medication on an empty stomach with plenty of water. Note the color, shape, and size of the pill.

24. T30/Triomune



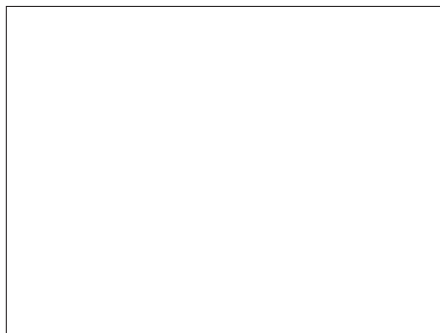
Say: There is a pill that combines stavudine (D4T), Lamivudine (3TC), and Neviripine (NVP). It is called T30 or Triommune. Most of the time, dosage is one pill taken 2 times a day: in the morning at 6 a.m. and in the evening at 6 p.m. Patients should take the medicine with food. Note the color, shape, and size of the pill.

25. Coviro (LS30)



Say: There is a pill that combines Stavudine (D4T) and Lamivudine (3TC). Dosage is 1 pill (d4T 30 mg and 3TC 150 mg), taken 2 times a day: in the morning at 6 a.m. and in the evening at 6 p.m. Note the color, shape, and size of the pill.

26. Bactrim



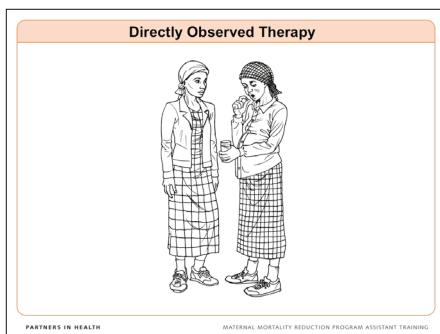
Say: Many people with HIV also have to take another medication called co-trimoxazole (CTX), also known as Bactrim. It is not an ARV. It is an antibiotic that people with HIV take to prevent opportunistic infections.

27. Thank everyone for participating in the game. Tally points and declare the winning group. Then ask everyone to be seated.



10 minutes

28. Directly Observed Therapy



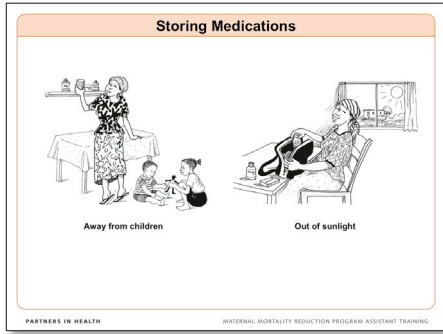
Say: One of your main responsibilities as MMRPAs is to make sure that the women with HIV who are under your care take their ARVs correctly every day.

Say: In order to do this, you must make sure that you know which combinations of ARVs the woman must take. Then you must go to the woman's house every morning at the correct time, and again every evening at the correct time, to watch her swallow her ARVs. This is called Directly Observed Therapy (DOT). DOT means that

you are present and watching when the person takes the medication. By doing DOT, you are ensuring adherence. In other words, you are making absolutely sure that the woman takes her ARVs correctly.

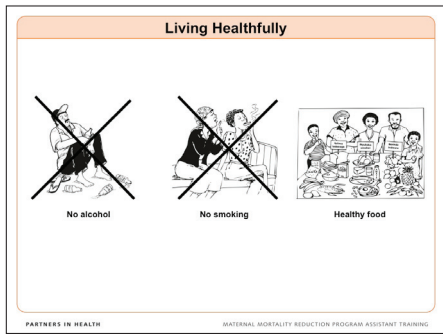
29. Show the following slides/flipchart pictures and use the text below to explain.

30. Storing Medications



Say: ARVs should be stored all together in one place: a dry place that is away from sunlight and heat and also away from children. You must make sure that women under your care store ARVs properly.

31. Living Healthfully



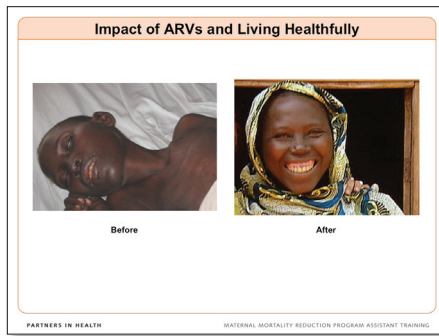
Say: People living with HIV/AIDS can stay healthy when they are on ARVs by not smoking, not drinking alcohol, maintaining a healthy diet, walking, getting lots of rest, and participating in everyday life.

32. Protected Sex Only



Say: Living healthfully also means protecting others from getting HIV. People on ARVs should always have protected sex, (use condoms).

33. Impact of ARVs and Living Healthfully



Say: These are two pictures of the same Rwandan woman, Solange. As you can see, in the first picture she is thin, weak, and sick. In the other picture, she looks much healthier. Solange has HIV in both pictures.

Ask: Why do think she looks so different in the two pictures?

The first picture was taken before she had ever received ARVs.

Say: In the first photo Solange had not started to take ARVs. People with HIV/AIDS who take their ARVs correctly every day (adherence) and live positively can lead long, healthy lives. As MMRPAs, you must make sure that women under your care who are taking ARVs take them correctly every day.



10 minutes

34. Ask participants to find the Major MMRPA Roles and Responsibilities checklist again on pages 7–8 of their handbooks. Ask a volunteer to read the following checklist items aloud. Remind participants that these items are among their major responsibilities as MMRPAs:

- Ensure that pregnant women who are on TB medication, ART, or ARV prophylaxis are receiving Directly Observed Therapy (DOT) daily.
- Accompany all pregnant women to their monthly follow-ups.

MMRPAs accompany pregnant women to the shelter 2 weeks before EDD.

MMRPAs accompany pregnant women directly to the health facility if labor starts early.

35. Ask participants to find the HIV/AIDS Treatment checklist on pages 109 of their handbooks. Ask a volunteer to read the following checklist items aloud. Explain that these are among MMRPAs' responsibilities for women under their care who are taking ARVs:

HIV/AIDS Treatment and STIs Checklist

- Explain when ARVs should be taken, for how long, the correct dosage, and how they should be stored.

- Visit the health facility every month with women under your care who have HIV.
 - Remind women taking ARVs to store medicine in a safe, dry place, away from sunlight and children.
 - Make sure that women have the correct ARVs.
 - Make sure that women take their ARVs correctly every day by going to their houses in the morning and again in the evening to watch them swallow the medications (Directly Observed Therapy/DOT).
 - Record ARVs taken on the appropriate forms.
 - Observe women for signs that they are not practicing healthy behaviors. If they are not, provide counseling and refer them to the health facility.
- 36.** Ask participants to find the ARV information on pages 86–87 of their handbooks. Tell participants that they can use this information to help themselves remember the ARV information and help women take ARVs correctly.

Zidovudine (AZT)



1 pill
(300 mg)

Take 2 times per day:



Morning – 6 A.M.



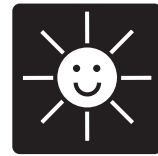
Night – 6 P.M.

Lamivudine (3TC)



1 pill
(150 mg)

Take 2 times per day:



Morning – 6 A.M.



Night – 6 P.M.

Combivir or Duovir

A combination of AZT and 3TC



1 pill
(450 mg)

Take **2 times** per day:



Morning – 6 A.M.



Night – 6 P.M.

Stavudine (D4T)



1 pill
(40 mg)

Take **2 times** per day:



Morning – 6 A.M.



Night – 6 P.M.

Didanosine (ddI)

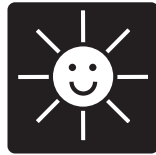


1 pill
(200 mg)



Take on an
empty stomach
(at least 2 hours
after a meal)

Take **2 times** per day:



Morning – 6 A.M.



Night – 6 P.M.

Nevirapine (NVP)



1 pill
(200 mg)

Take **1 time** per day for **14 days**



Morning – 6 A.M.

After **14 days** take **2 times** per day



Morning – 6 A.M.



Night – 6 P.M.

Abacavir (ABC)



1 pill
(300 mg)

Take 2 times per day:



Morning – 6 A.M.



Night – 6 P.M.

Tenofovir (TDF)



1 pill
(300 mg)

Take 1 time per day



Night – 6 P.M.

Take with food




Efavirenz (EFV)



Take 1 time per day

1 pill
(600 mg)

 Night – 6 P.M.






Take on an empty stomach
(at least 2 hours after a meal)

Indinavir (IDV)



Take 3 times per day

1 pill
(400 mg)

	Morning – 6 A.M.
	Noon – 12 P.M.
	Night – 6 P.M.



Take on an empty stomach
with water

T30/Triomune

Coviro (L30)

Combination of Stavudine (d4T), Lamivudine (3TC)

Take **2 times** per day

1 pill
(T30-d4T 30mg,
3TC-150 mg)



Morning — 6 a.m.



Evening — 6 p.m.



SESSION 8

Review of ARVs



Method: Pair activity



Time: 15 minutes



Objectives

Participants will be able to:

- i. Explain when ARVs should be taken, for how long, the correct dosage, and how they should be stored.
- j. Provide Directly Observed Therapy (DOT) for women taking TB medication or ARVs to ensure adherence.



Preparation

- Review the questions and answers about ARVs below.



Materials

- ARV treatment information on pages 86–96 of Participant Handbook



STEPS



15 minutes

1. Divide the group into pairs. Make sure that each pair has at least one literate participant.
2. Ask participants to find the ARV treatment information on pages 86–96 of their handbooks.
3. Explain that participants are going to practice using the ARV information that they have learned by answering questions about ARVs.
4. Read the first question aloud. Ask pairs to look at their handbooks and discuss the answers. Give pairs a minute or so to discuss.
5. Ask one pair to share their answer. Correct as needed.

6. Repeat this process for all of the questions, calling on a different pair each time.
7. Ask participants what questions they have about ARVs, dosages, etc., and answer as needed.

Questions about ARVs

- A woman under your care is on Lamivudine (3TC). How many pills does she need to take in the morning?
One.
- A woman under your care is taking LS30. How many times a day must she take this medicine and how many pills must she take at a time?
One pill twice a day.
- A woman under your care is taking AZT. When should she take it?
Once in the morning, once in the evening.
- One of your patients is on Combivir. He asks you how many pills of Combivir he should take in one day. What do you say?
Two.
- A woman under your care is taking Nevirapine. How many times a day must she take this medicine and how many pills must she take at a time?
One pill twice a day.
- A woman under your care is on Efavirenz. How many times a day must she take this medicine?
Once.
- A woman under your care is taking Efavirenz. When you arrive at her house one morning, she is eating bread as you give her the medicine. Is there a problem with this situation?
Yes, the medicine should be taken on an empty stomach.
- A woman under your care smokes constantly. Why is this a problem and what should you do?
Smoking can make the medicine less effective. The MMRPA should talk to the woman and also ask the nurse to talk to her.

- A woman under your care sometimes smells of alcohol when you arrive. Why is this a problem and what should you do about it?

Alcohol can make the medicine less effective. The MMRPA should talk to the woman and also have the nurse talk to the woman.

SESSION 9

Side Effects of ARVs



Methods: Large group activity and Picture story



Time: 1 hour 15 minutes



Objective

Participants will be able to:

- k. Ask about and identify mild and severe side effects of ARVs in women taking ARVs, and refer women suffering from severe side effects to the health facility immediately.



Preparation

- Photocopy the pictures of Mild and Severe Side Effects of ARVs on pages 98–101 of this Facilitator Manual (1 copy of each picture).
- Make two large signs on chart paper: “Mild Side Effects of ARVs” and “Severe Side Effects of ARVs.” Post one each on opposite sides of the room.



Materials

- Flipchart or slide presentation
- AV equipment if using slides
- Photocopies of Mild and Severe Side Effects of ARVs pictures
- Side effects picture stories on pages 102–103 of Participant Handbook
- Mild and Severe Side Effects of ARVs pictures and information on pages 98–101 of Participant Handbook



STEPS



5 minutes

1. Tell participants:

Sometimes when people take medications, such as ARVs, they have reactions to the medications. For example, they may get a headache, feel nauseous, or get diarrhea. These reactions are called **side effects**.

When women under your care are taking ARVs, they may sometimes experience side effects from the ARVs. Some side effects are mild and not serious. Other side effects are severe and very serious. If a woman under your care experiences a severe side effect, you must be able to recognize it and accompany the woman to the health facility immediately.

Now we will review the **mild** and **severe** side effects of ARVs.

2. Divide participants into pairs and give each pair one side effect picture. If you have pictures left over, split up some of the pairs and give the remaining pictures to individual participants.



20 minutes

3. Ask a pair to come to the front of the room, hold up their side effect picture and say its name aloud. Then ask participants:
 - Do you think this is a **mild** side effect (not serious) or a **severe** side effect (very serious, one for which you would refer to woman to the health facility immediately)?
4. Ask participants to decide together quickly. Once participants have decided either “mild” or “severe,” confirm the correct answer and ask the pair to go stand near the correct sign.
5. Repeat this process for each side effect. Encourage participants to decide quickly for each side effect. Do not spend more than a minute or so on each.

Serious (Go to the health facility immediately)	Mild (Go to the health facility within 2 days)
Difficulty breathing	Muscle pains
Swollen eyes	Diarrhea
Blisters or sores	Nervousness or anxiety
Vomiting	Strange dreams
Rash	Difficulty sleeping
Abdominal pain	Headache
Yellow eyes (jaundice)	Loss of appetite
Fever	Burning or tingling feet
	Weakness or fatigue
	Night sweats



5 minutes

6. Once everyone is standing under one sign or the other, ask participants standing under the “mild” sign to hold up their pictures and say the side effects aloud, one at a time.

7. Tell participants:

Women under your care who are taking ARVs may experience one or more of these mild side effects. While these side effects can be unpleasant, they are not serious.

If a woman is experiencing any of these mild side effects, tell her to go to the health facility within 2 days to get help.



5 minutes

8. Ask participants standing under the “severe” sign to hold up their pictures and say the side effects aloud, one at a time.

9. Tell participants:

Women under your care who are taking ARVs may experience one or more of these severe side effects. These side effects are very serious.

If a woman is experiencing any of these severe side effects, you must accompany her to the health facility immediately.

Every time you visit a woman under your care who is taking ARVs, you must **ask** her if she is experiencing side effects and refer her to the health facility if she is. Do not assume that she will tell you if she is experiencing side effects. You must always ask.

It is not enough to ask, “How are you feeling?” You must take the time to ask, “Are you experiencing any severe side effects – for example, rash, vomiting, difficulty breathing, etc.?”

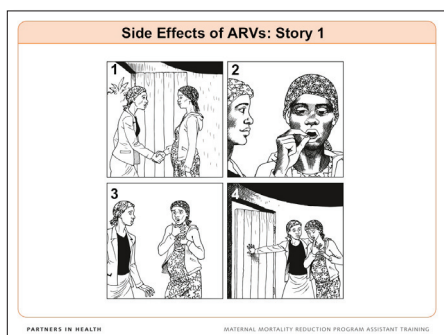
You must also teach women to recognize the serious side effects, so that when they experience a serious side effect, they know to come and find you so that you can accompany them to the health facility immediately.



10 minutes

10. Thank participants and ask them to be seated. Collect the side-effects pictures.
11. Divide participants into pairs again. Ask pairs to find the 1st side-effects picture story on page 102 of their handbooks.
12. Tell participants that this is a picture story (a story told with pictures, not words) about a severe side effect. Explain that participants should “read the story” from left to right, across, and then down.
13. Ask pairs to spend 5 minutes or so discussing what is happening in the picture story. As they are discussing, circulate and help as needed.
14. Call everyone’s attention. Show the slide/flipchart picture of the story. Ask a volunteer to come to the front of the room and explain what is happening in the picture story, one picture at a time. Confirm or correct as needed.

15. Side Effects of ARVs: Story 1



Picture 1: The woman greets the MMRPA.

Picture 2: The woman takes her ARVs as the MMRPA watches.

Picture 3: The woman has difficulty breathing.

Picture 4: The MMRPA tells the woman that they must go together to the health facility immediately.

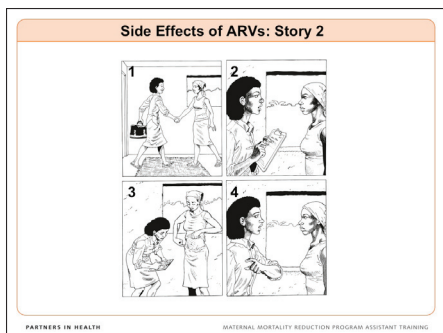
16. Thank the volunteer and ask her to be seated.



10 minutes

17. Repeat this process for the 2nd side effects picture story on page 103 of the Participant Handbook:

Side Effects of ARVs: Story 2



Picture 1: The MMRPA asks the woman if she is experiencing any serious side effects.

Picture 2: The woman shows the MMRPA that she has rash on her stomach.

Picture 3: The MMRPA tells the woman that they must go together to the health facility immediately.

Picture 4: The MMRPA accompanies the woman to the health facility.



5 minutes

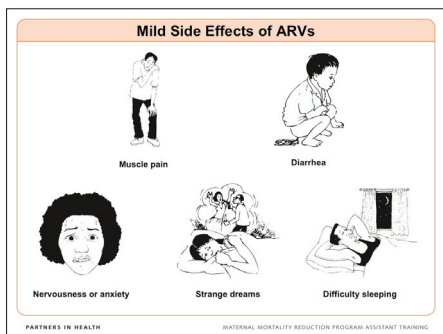
18. Lead a quick review: hold up each side effects picture one at a time, say it aloud, and ask participants to call out whether it is mild or serious. Correct as needed.



15 minutes

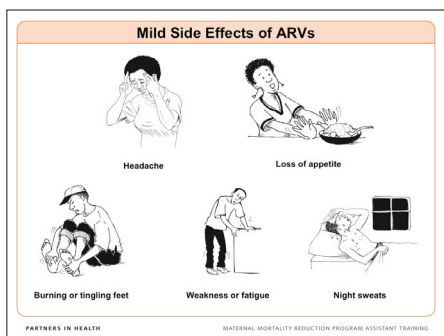
19. As a final review, show the slide/flipchart pictures of mild and serious side effects of ARVs.

20. Mild Side Effects of ARVs



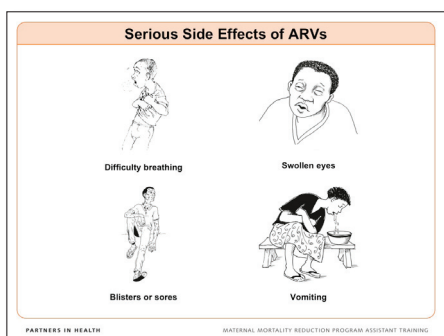
- Muscle pains
- Diarrhea
- Nervousness or anxiety
- Strange dreams
- Difficulty sleeping

21. Mild Side Effects of ARVs



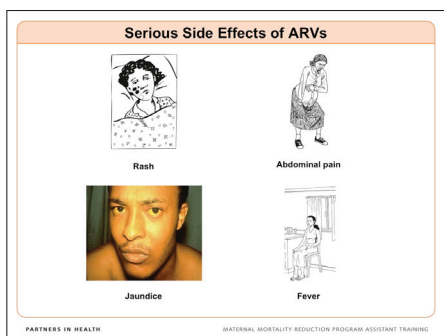
- Headache
- Loss of appetite
- Burning or tingling feet
- Weakness or fatigue
- Night sweats

22. Serious Side Effects of ARVs



- Difficulty breathing
- Swollen eyes
- Blisters or sores
- Vomiting

23. Serious Side Effects of ARVs



- Rash
- Abdominal pain
- Yellow eyes (jaundice)
- Fever

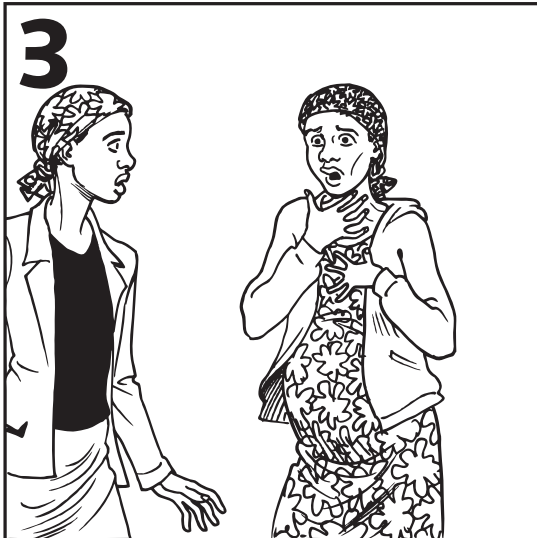
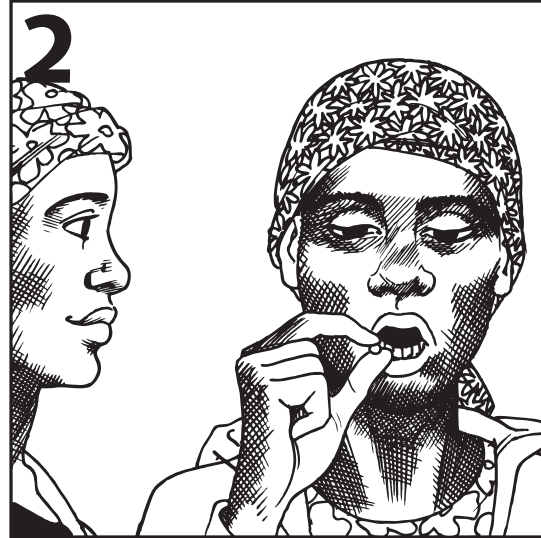
24. Ask participants to find the pictures and information about mild and severe side effects of ARVs on pages 98–101 of their handbooks. Tell participants that they must study this information at home so that they learn it well. They can also use the pictures to educate women under their care who are taking ARVs.

25. Ask everyone to find the HIV/AIDS Treatment and STIs checklist again on page 109 of their handbooks. Ask a volunteer to read the following item aloud. Remind participants that this is one of their responsibilities for women under their care who are taking ARVs:

- Ask about and identify mild and severe side effects of ARVs or TB medication in women taking ARVs or TB medication, and accompany women suffering from severe side effects to the health facility immediately. Remind women to report to you any side effects they experience while taking these medications.

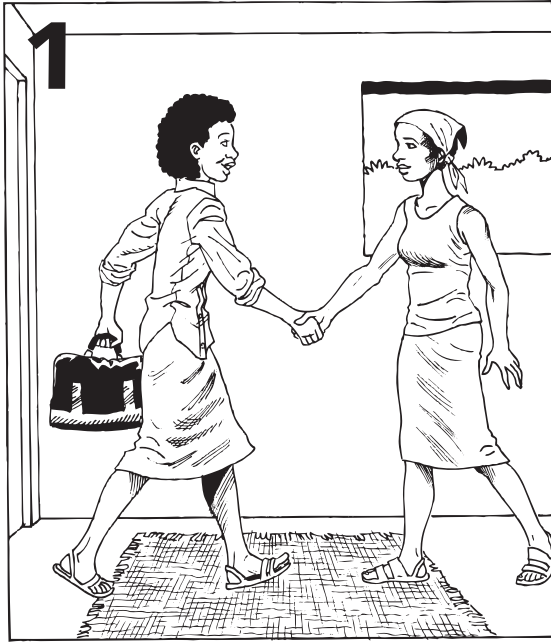
ARV Side Effects Picture Story 1

(on pages 102 of Participant Handbook)



ARV Side Effects Picture Story 2

(on pages 103 of Participant Handbook)





Muscle pains



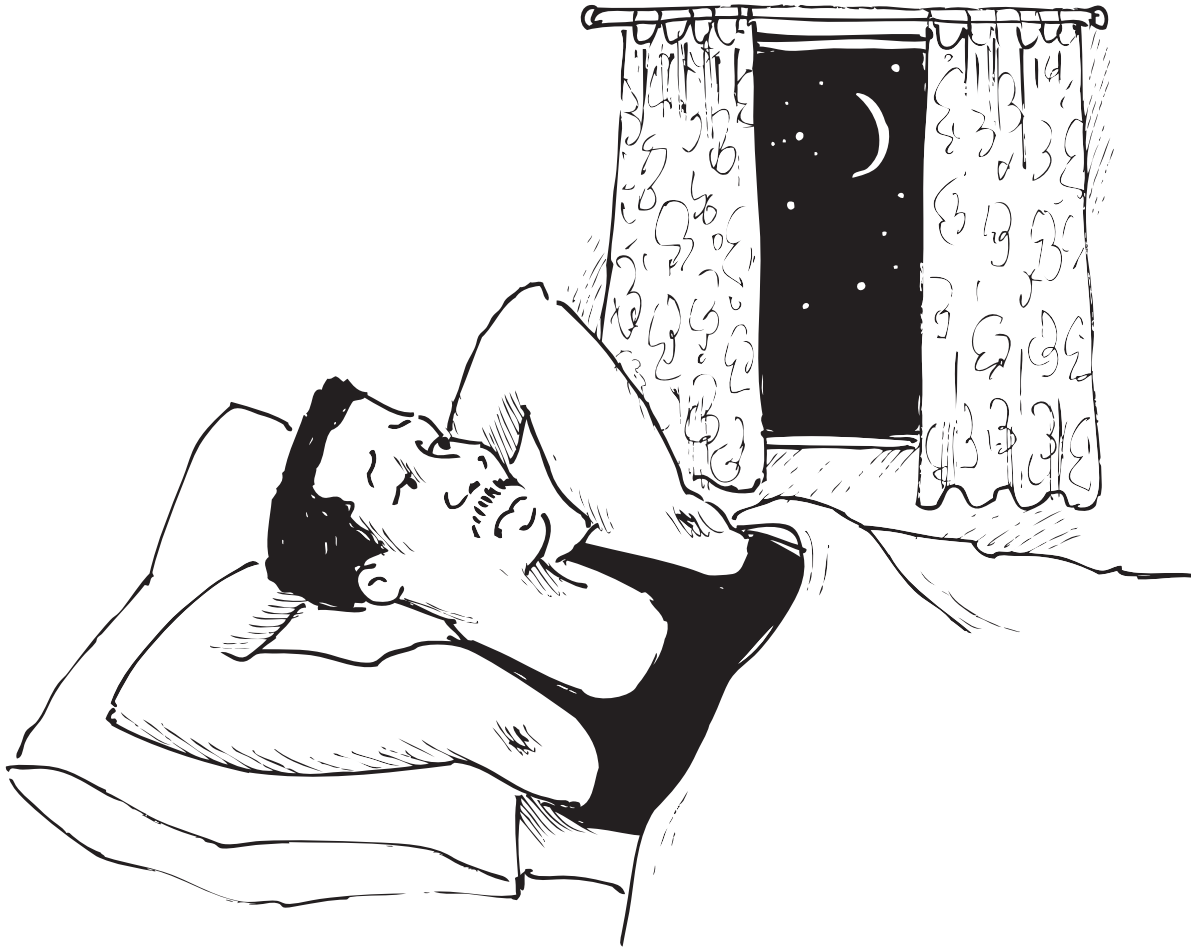
Diarrhea



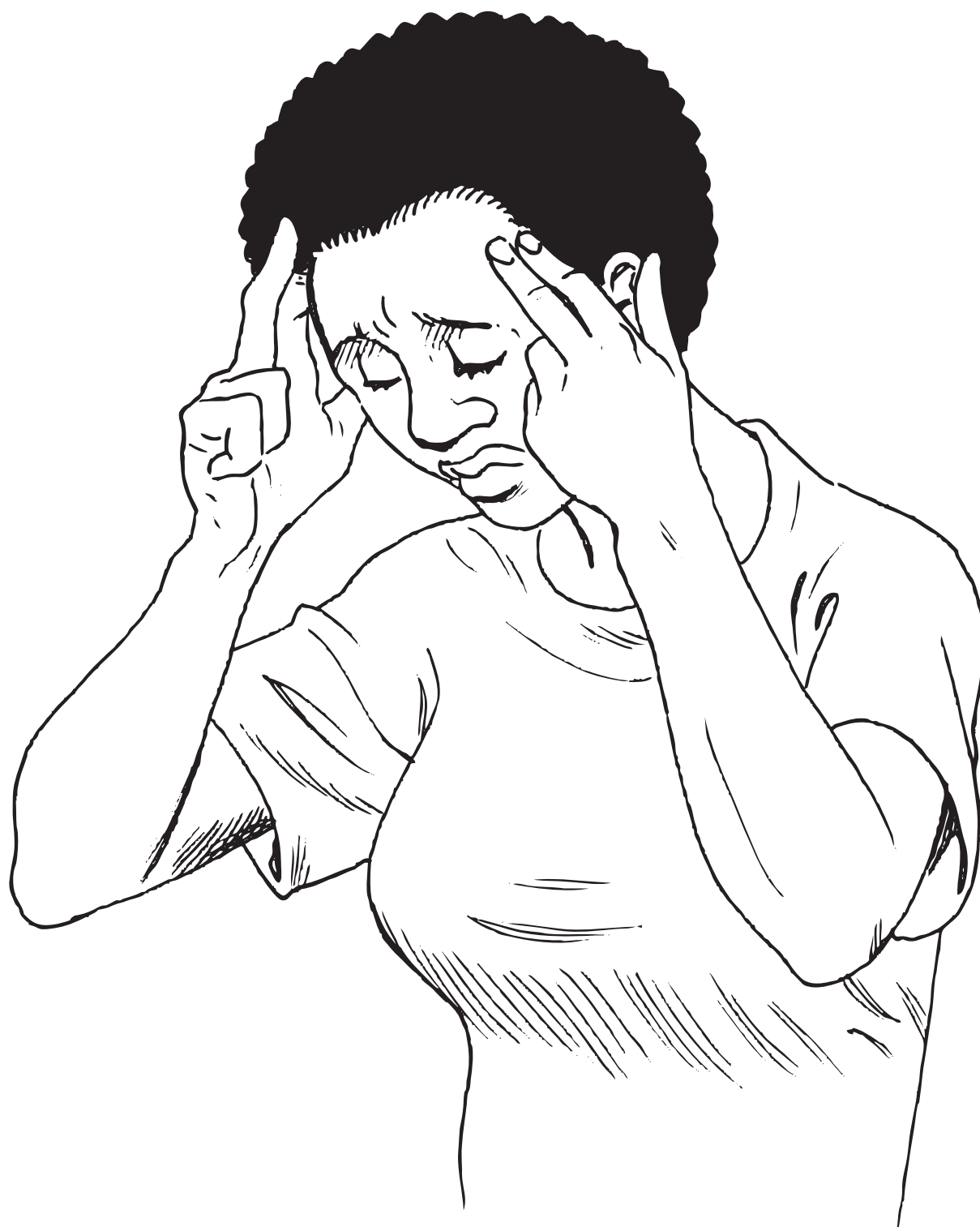
Nervousness or anxiety



Strange dreams



Difficulty sleeping



Headache



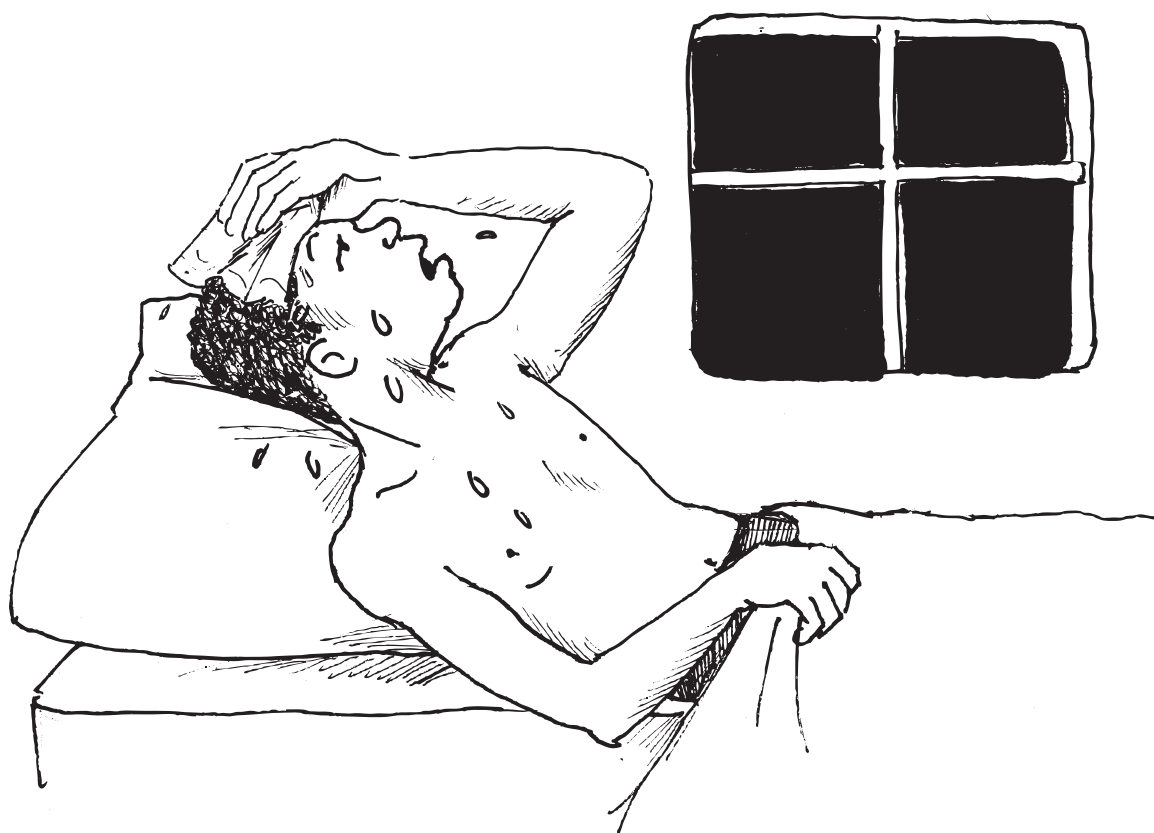
Loss of appetite



Burning or tingling feet



Weakness or fatigue



Night sweats



Difficulty breathing



Swollen eyes



Blisters or sores



Vomiting



Rash



Abdominal pain



Yellow eyes (jaundice)



Fever

SESSION 10

Sexually-transmitted infections (STIs)



Methods: Large group discussion and Picture story



Time: 45 minutes



Objectives

Participants will be able to:

- l.** Define what an STI is and describe how STIs are transmitted.
- m.** Identify symptoms of STIs.
- n.** Name the main ways to avoid getting STIs and to prevent passing an STI to someone else if you already have it.
- o.** Educate pregnant women and nursing mothers about the importance of being tested for STIs and how to avoid getting STIs.



Preparation

- Photocopy the pictures of STI Symptoms on pages 218–223 of this Facilitator Manual (1 copy of each picture).



Materials

- Photocopies of STI Symptoms pictures
- Signs and Symptoms of STIs picture story on page 107 of Participant Handbook
- Chart paper
- Markers
- Tape



STEPS



15 minutes

1. Tell participants:

Remember that HIV is a sexually-transmitted infection (STI). You have learned about HIV transmission, symptoms, treatment, and prevention. Now you will learn about other STIs.

2. Ask participants:

- What is a sexually-transmitted infection (STI)?
An STI is an illness that is passed from person to person during sex.
- What do you think causes STIs?
STIs are caused by germs that grow in warm, moist places in the body, such as the mouth, throat, vagina, and penis.
- How are STIs transmitted (passed from one person to the next)?
When two people have sex and one person already has an STI, the STI is passed to the other person during sex.
Some STIs are passed from the mother to the baby during delivery.

3. Tell participants:

If a person has an STI, that person is more vulnerable to becoming infected with HIV. In fact, that person is 5 times more likely to get HIV than a person who does not have an STI.

Also, if a person has HIV, that person is more vulnerable to becoming infected with another STI.

So it is very important for people with HIV to avoid becoming infected with other STIs. It is also very important for people with other STIs to get treatment for STIs and to avoid becoming infected with HIV.

It is very important for pregnant women to be tested and treated for STIs because some STIs can be passed from the mother to the baby during delivery. For example, if a baby is born with an eye infection called conjunctivitis (the baby's eyes will be red, swollen, or leaking thick yellow-white fluid), this is often a sign that the mother has an STI. If STIs are not treated, they can also lead to infertility.

4. Ask participants:

- What are some symptoms of STIs for both men and women?
Take a few volunteer responses.

5. Tell participants:

The main symptoms of STIs are:

- Vaginal itching
- Discharge from the penis
- Pain during sex

- Pain during urination
 - Sores or lesions on the penis or vagina
 - Abdominal pain
- 6.** Give the 6 STI symptoms pictures to 6 participants. Ask the 6 participants to come to the front of the room and hold up their pictures, and say the symptoms aloud, one at a time.
- 7.** With the 6 participants standing at the front of the room, ask participants:
- Imagine that a woman under your care has some of these symptoms, or her partner does. Do you think she would tell you about the symptoms? Why or Why not?
Women might be very embarrassed to talk about these symptoms, and they might not tell the MMRPA.
 - If a woman has an STI, it is very important for her to get treatment. When you talk with women under your care, how could you find out if they or their partners have symptoms of STIs?
If a woman complains of not feeling well, listen carefully. She may mention these symptoms indirectly; for example, she may say she has pain or problems with her uterus.
Find a way to speak with the woman privately.
Remind the woman that you will keep everything she tells you confidential.
Remind that woman that asking her about sexual matters is part of your job.
Ask the woman directly, but politely, if she is suffering from vaginal itching, abdominal pain, vaginal discharge, etc., or if she has noticed any symptoms in her partner.
Participants may name other ideas.



5 minutes

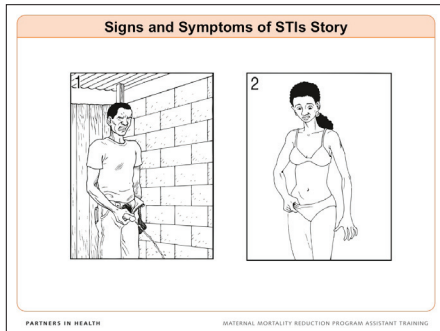
- 8.** Divide participants into pairs. Ask pairs to find the Signs and Symptoms of STIs picture story on pages 107 of their handbooks. Ask pairs to discuss what is happening in the picture story with each other.
- 9.** Give pairs about 5 minutes to discuss the picture story. As they are discussing, circulate and help as needed.



10 minutes

- 10.** Show the slide/flipchart picture of the Signs and Symptoms of STIs picture story. Ask a volunteer to come to the front of the room and describe what is happening in the picture story. Add or correct information as needed.

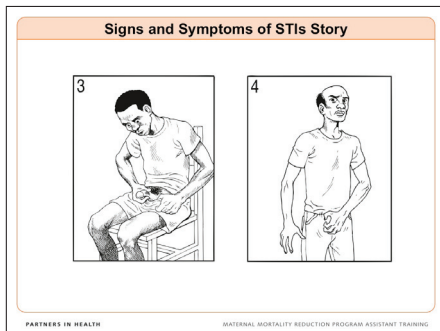
11. Signs and Symptoms of STIs Picture Story



Picture 1: Man experiences pain during urination.

Picture 2: Woman notices vaginal discharge.

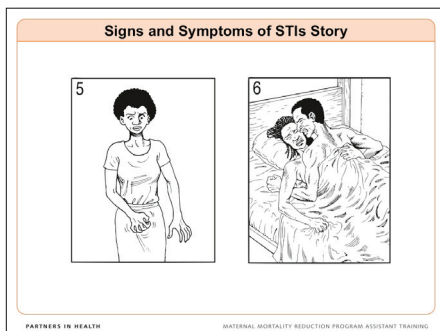
12. Signs and Symptoms of STIs Picture Story



Picture 3: Man notices sores on penis.

Picture 4: Man experiences itching on genitals.

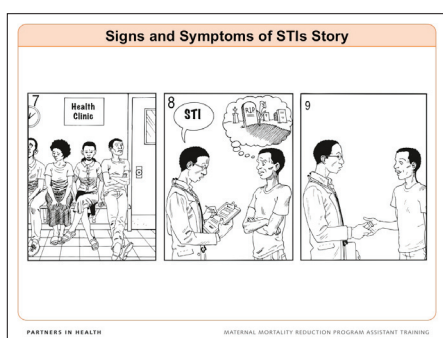
13. Signs and Symptoms of STIs Picture Story



Picture 5: Woman experiences vaginal itching.

Picture 6: Woman and man experience pain during sex.

14. Signs and Symptoms of STIs Picture Story



Picture 7: All go to the health facility.

Picture 8: Doctor tells man he has an STI; man thinks he is going to die.

Picture 9: Doctor gives man treatment and explains; man is relieved and happy.



15 minutes

15. Ask participants the following questions and encourage a discussion.

Add information as needed:

- In this story, men and women with symptoms of STIs ended up going to the health facility for treatment. It is very important for people with STIs to get treatment. Treatment is one way to prevent some STIs from spreading, since many STIs can be cured. In addition to treatment, what are the best ways to avoid getting an STI or avoid passing an STI to another person?

Do not have sex (abstinence).

Always use condoms during sex.

Get tested regularly for STIs if sexually active.

- It is very important for both a woman and her partner to get tested if either has symptoms of STIs. Why might it be difficult for a woman to ask her partner about symptoms and testing?

She might be embarrassed or afraid.

She might be afraid that her partner will become angry or violent.

Participants may name other ideas.

- How can you help the women under your care to urge their partners to use condoms and get tested for STIs?

Explain the dangers of STIs and HIV to the woman, her baby, and her partner.

Explain that many STIs are treatable.

Participants may name other ideas.

- As MMRPAs, what are your responsibilities regarding STIs?

Educate women about STI transmission and symptoms.

Ask women if they are experiencing symptoms of STIs, and refer them to the health facility if they have symptoms.

Encourage women to get tested for STIs regularly, and to ask their partners to get tested.

Encourage women to use condoms, and teach them how to use them.

Remind women that they must also be tested for HIV regularly during pregnancy.

Ask women if they have sexual relations with more than one person, or if their partners do. If so, all partners must be tested and treated.

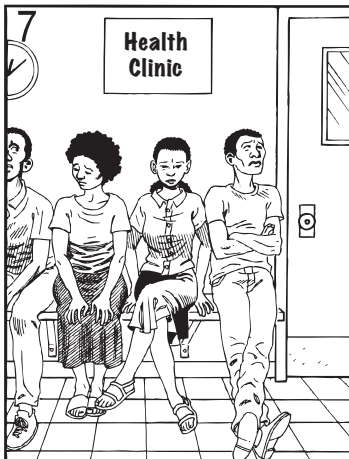
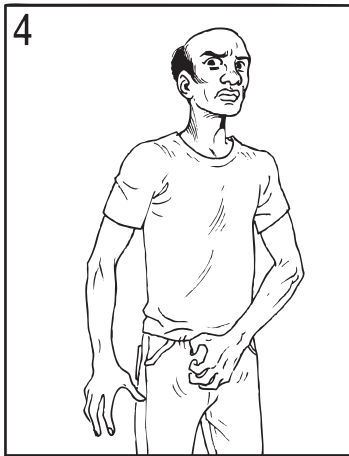
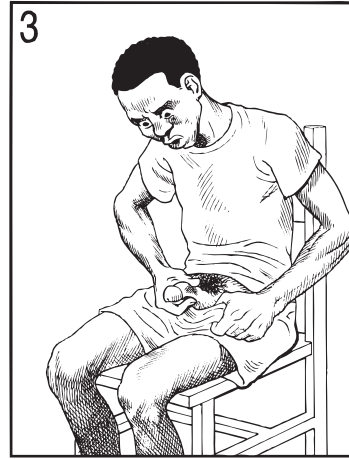
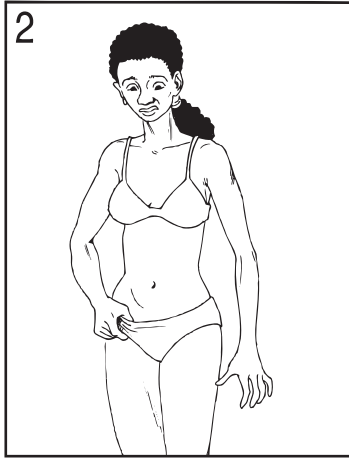
- 16.** Ask participants to find the HIV/AIDS Treatment and STIs checklist on page 109 of their handbooks. Ask a volunteer to read the checklist aloud:

- Educate women about STI transmission and symptoms.
- Ask women if they are experiencing symptoms of STIs, and refer them to the health facility if they have symptoms.
- Encourage women to get tested for STIs regularly, and to ask their partners to get tested.
- Encourage women to use condoms, and teach them how to use them.
- Remind women that they must also be tested for HIV regularly during pregnancy.

- 17.** Ask participants to find the Signs and Symptoms of STIs on pages 105 of their handbooks. Remind participants that they should study this information at home. They can also use it to educate the women under their care.

STIs Picture Story

(on pages 107 of Participant Handbook)



HIV/AIDS Treatment and STIs Checklist

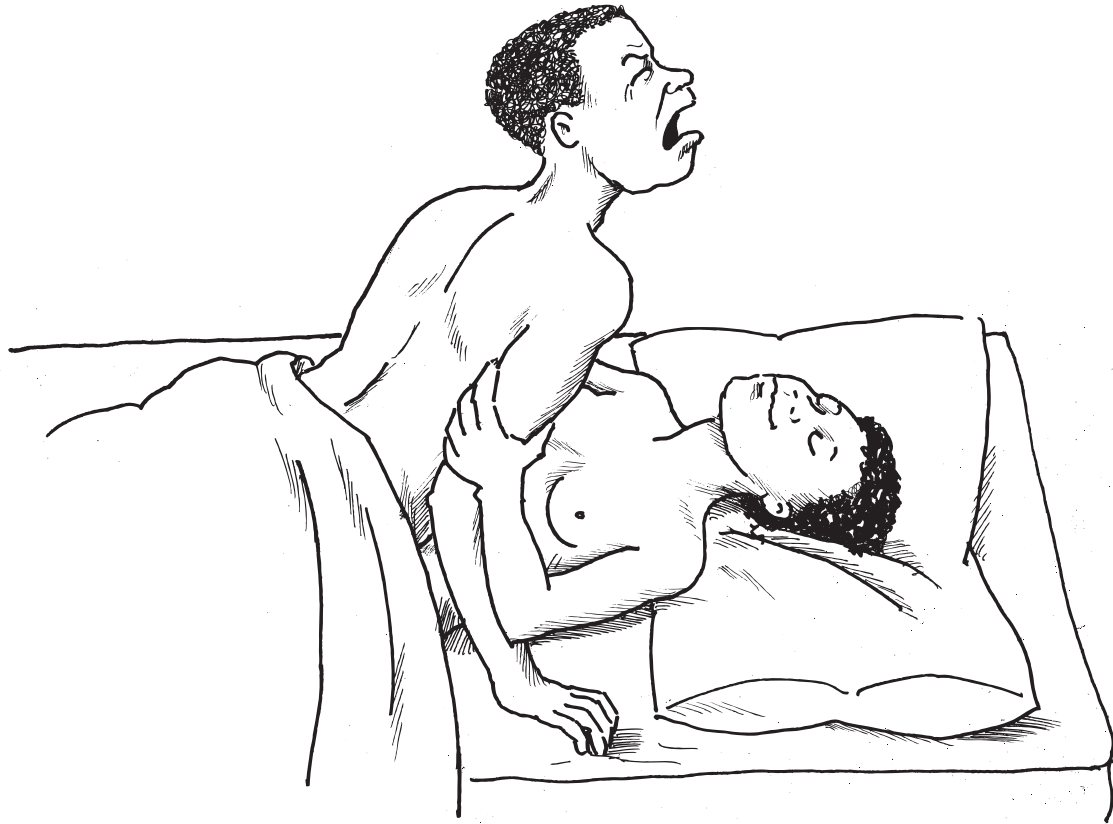
- Explain when ARVs should be taken, for how long, the correct dosage, and how they should be stored.
- Visit the health facility every month with women under your care who have HIV.
- Remind women taking ARVs to store medicine in a safe, dry place, away from sunlight and children.
- Make sure that women have the correct ARVs.
- Make sure that women take their ARVs correctly every day by going to their houses in the morning and again in the evening to watch them swallow the medications (Directly Observed Therapy, or DOT).
- Record ARVs taken on the appropriate form.
- Observe women for signs that they are not practicing healthy behaviors. Counsel them if they are; note and refer them to the health facility.
- Educate women about STI transmission and symptoms.
- Ask women if they are experiencing symptoms of STIs, and refer them to the health facility if they have symptoms.
- Encourage women to get tested for STIs regularly, and to ask their partners to get tested.
- Encourage women to use condoms, and teach them how to use them.
- Remind women that they must also be tested for HIV regularly during pregnancy.
- Remind women to report to you any side effects they experience while taking ARVs.
- Ask about and identify mild and severe side effects of ARVs in women taking ARVs, and accompany women suffering from severe side effects to the health facility immediately.
- It is good for at least one family member to know about the woman's HIV status, or the whole family if possible, so that they can support her.



Vaginal itching



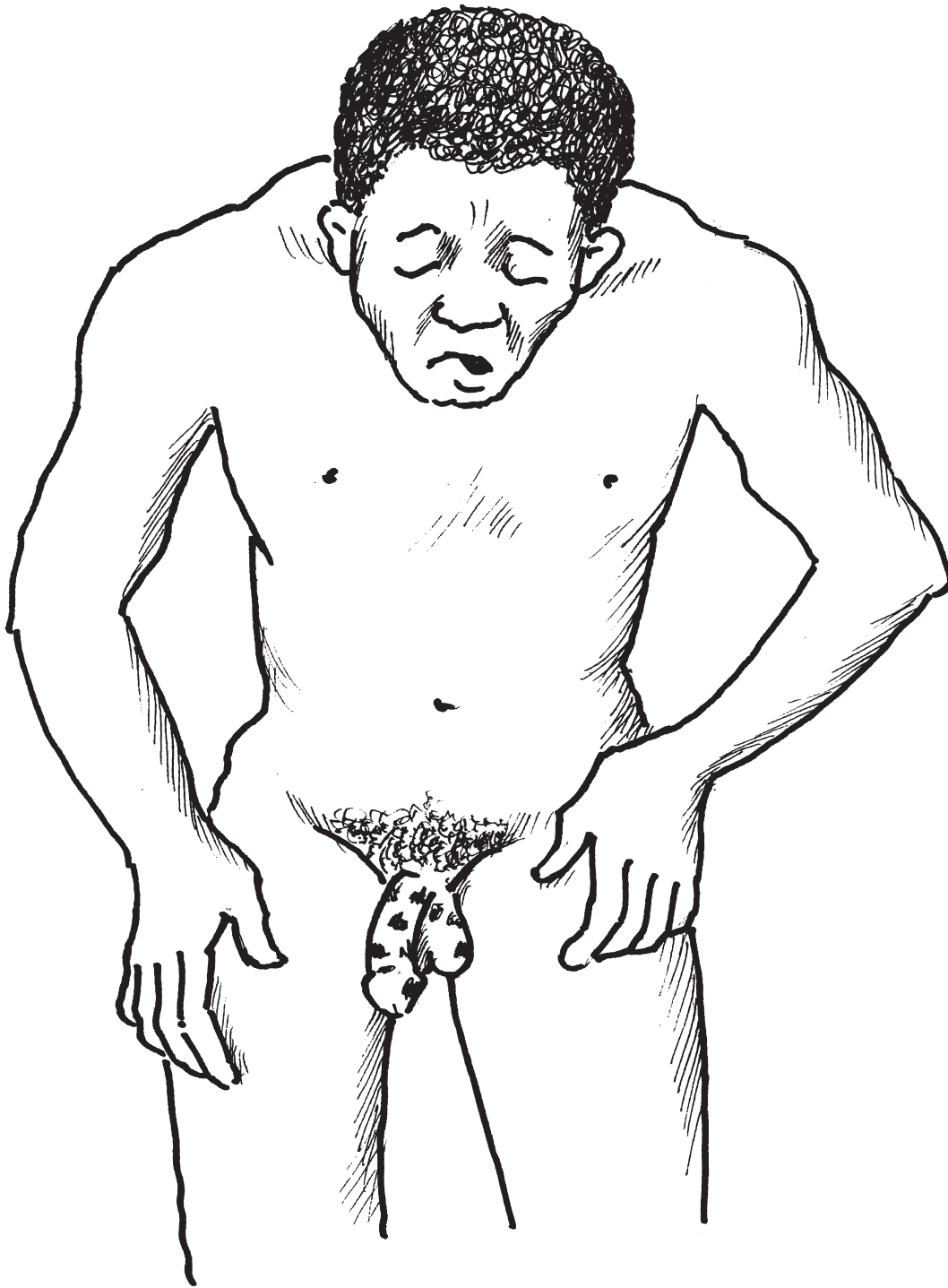
Discharge from penis



Pain during sex



Pain during urination



Sores or lesions on the penis or vagina



Abdominal pain

UNIT 4

Preventing Mother-to-Child Transmission of HIV (PMTCT)



OVERVIEW

Women with HIV can stay healthy during pregnancy and give birth to healthy babies. They can prevent passing HIV to their babies. But to do so, they must take certain precautions. This is called “preventing mother-to-child transmission” – PMTCT.

To prevent passing HIV to their babies during pregnancy and delivery, pregnant women must attend all prenatal visits, take ARVs faithfully if prescribed, and deliver at the health facility. After delivery, they must feed their babies infant formula exclusively, or breastfeed exclusively if they cannot formula feed. They must also take the baby to the health facility regularly for immunizations, HIV tests, and the infant formula program.

During this unit, participants will learn how to help pregnant women and nursing mothers with HIV so that they and their babies stay healthy and they do not pass HIV to their babies.



OBJECTIVES




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

- a.** Describe how women with HIV can transmit HIV to their babies and how they can prevent transmission (PMTCT).
- b.** Accompany pregnant women with HIV to all prenatal visits and follow-up visits, to the shelters and health facilities for delivery, and to the 6-week (6/52) postnatal visit.
- c.** Observe pregnant women with HIV take their ARVs every morning and evening (Directly Observed Therapy) to ensure adherence as well as give the baby the prescribed medication.
- d.** Educate all pregnant women with HIV about what they must do to prevent passing HIV to their babies, including attending all prenatal and follow-up visits, going to the shelter 2 weeks before EDD, delivering at the hospital, attending all postnatal visits, taking ARVs, and giving NVP drops and cotrimoxazole to the baby.
- e.** Demonstrate how to prepare infant formula.
- f.** Teach mothers with HIV how to prepare infant formula and feed their babies correctly.



TIME REQUIRED: 2 hours 45 minutes

 **UNIT OVERVIEW**

Session	Content	 Methods	 Time	 Materials
1	Participants learn how pregnant women can prevent passing HIV to their babies during pregnancy and delivery.	Facilitator presentation Large group discussion	45 <i>minutes</i>	<ul style="list-style-type: none"> • Slide or flipchart presentation • AV equipment if using slides
2	Participants practice preparing infant formula.	Demonstration Pair practice	45 <i>minutes</i>	<ul style="list-style-type: none"> • Baby bottles • Infant formula • Boiling water • Measuring spoons • Slide or flipchart presentation • AV equipment if using slides
3	Participants practice educating pregnant women about PMTCT.	Role play	1 hour 15 <i>minutes</i>	<ul style="list-style-type: none"> • Role plays in Participant Handbook



Key Points

- Women with HIV can pass HIV to their babies during pregnancy, delivery, and breastfeeding.
- Women with HIV can stay healthy during pregnancy, give birth to healthy babies, and prevent passing HIV to their babies. To do this they must follow certain practices carefully. This is called “preventing mother-to-child transmission of HIV,” or PMTCT.
- To prevent passing HIV to her baby, a woman must attend all prenatal visits, take ARVs faithfully if prescribed, deliver at the health facility, attend postnatal visits, get her baby immunized and tested for HIV, give the baby medications if prescribed, and feed her baby only infant formula if appropriate, or only breast milk if appropriate.
- Infant formula must be made correctly with clean water and clean utensils.

SESSION 1

PMTCT and MMRPA Responsibilities



Methods: Facilitator presentation and Large group discussion



Time: 45 minutes



Objectives

Participants will be able to:

- a. Describe how women with HIV can transmit HIV to their babies and how they can prevent transmission (PMTCT).
- b. Accompany pregnant women with HIV to all prenatal visits and follow-up visits, to the shelters and health facilities for delivery, and to the 6-week (6/52) postnatal visit.
- c. Observe pregnant women with HIV take their ARVs every morning and evening (Directly Observed Therapy) to ensure adherence, and give the baby the prescribed medication.
- d. Educate all pregnant women with HIV about what they must do to prevent passing HIV to their babies, including attending all prenatal and follow-up visits, going to the shelter 2 weeks before EDD, delivering at the hospital, attending all postnatal visits, taking ARVs, and giving NVP drops and cotrimoxazole to the baby.



Preparation

- Review the slides/flipchart pictures and text.
- Review the discussion questions.



Materials

- Slides/flipchart presentation
- AV equipment if using slides
- PMTCT information on pages 116–120 of Participant Handbook



STEPS



20 minutes

1. Tell participants:

During this unit, you will learn how to help pregnant women and nursing mothers with HIV so that they and their babies stay healthy and they do not pass HIV to their babies. This is called “preventing mother-to-child transmission,” or PMTCT.

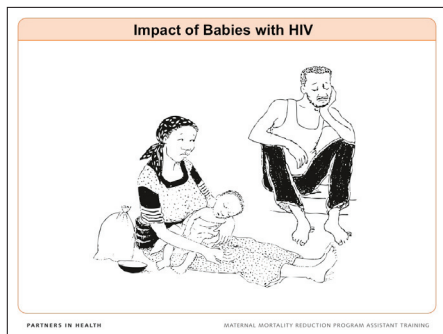
Women with HIV can stay healthy during pregnancy and give birth to healthy babies. They can prevent passing HIV to their babies. But to do so, they must take certain precautions.

As MMRPAs, you are responsible for helping pregnant woman and nursing mothers with HIV learn how to prevent passing HIV to their babies, so we will also review your specific responsibilities.

First, I will give a short presentation about PMTCT, and we will discuss the information together.

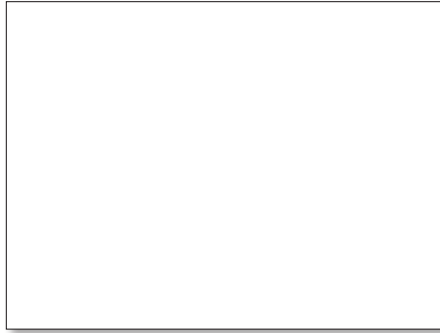
2. Show the slides/flipchart pictures one at a time. Use the text and questions next to each slide to present. Spend a few minutes on each slide.

3. Impact of Babies with HIV



Say: Having a baby with HIV can be difficult for a family. When the baby is sick, the parents or caretakers must tend to the baby, and this may take away time from work or taking care of other children. This can drive a family further into poverty.

4. How Babies Can Get HIV



Say: A woman can pass HIV to her baby:

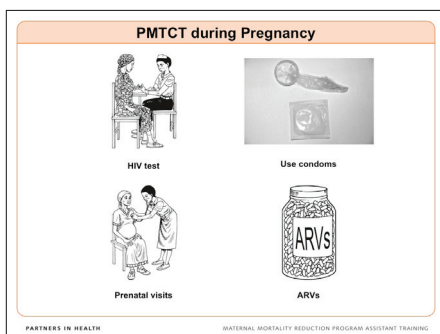
- **During pregnancy by sharing blood** – HIV can pass from the mother to the growing baby inside the womb, through the placenta and umbilical cord.
- **During delivery** – During delivery, the baby is exposed to large amounts of the mother’s blood and other bodily fluids that contain HIV.
- **During breastfeeding** – Breast milk can contain high levels of HIV that can pass to the baby.

5. Preventing Mother-to-Child Transmission of HIV (PMTCT)



Say: If a woman with HIV follows certain practices carefully during pregnancy, labor, and delivery, and while taking care of her new baby, she can prevent passing HIV to her baby and keep herself and her baby healthy. This is called PMTCT – “preventing mother-to-child transmission.”

6. PMTCT during Pregnancy

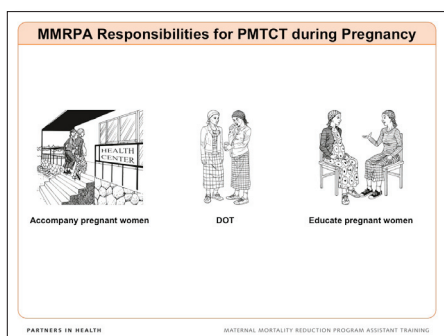


Say: To prevent passing HIV to her baby during pregnancy, a woman should:

- Get tested for HIV if she has not been tested already, and get her partner tested, as soon as she suspects that she is pregnant. The clinician will offer an HIV test and counseling (VCT) during the booking visit. If her partner has HIV, they should practice safe sex with condoms and he should be tested again in 3 months.

- Get screened for sexually-transmitted infections (STIs).
- Practice safe sex by using condoms every time.
- Go to the health facility for all prenatal visits.
- Take ARVs every day if her CD4 count is below 350.
- Every baby whose mother has HIV is born with antibodies to the virus in her or his blood. These antibodies disappear over time (18 months). ARVs stop the multiplication of the virus and prevent the spread of HIV to the baby.

7. MMRPA Responsibilities for PMTCT during Pregnancy



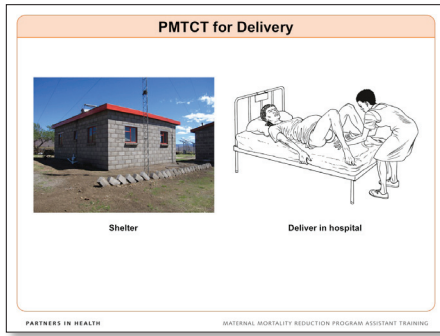
Ask: As MMRPAs, how should you support pregnant women with HIV so that they can prevent mother-to-child transmission during pregnancy?

Accompany pregnant women during ALL visits to the health facility, including prenatal visits, visits for VCT, monthly follow-up visits, etc.

For pregnant women with HIV who must take ARVs, do Daily Observed Therapy – observe the woman take her ARVs in the morning and evening.

Educate pregnant women with HIV about how they can prevent passing HIV to their babies (PMTCT), the importance of adherence, and how to prevent STIs.

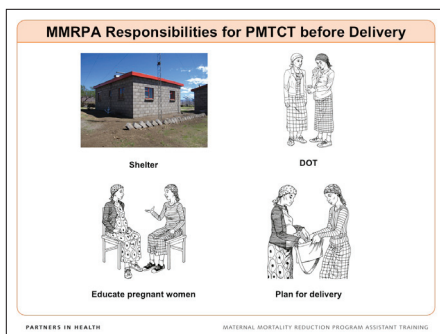
8. PMTCT for Delivery



Say: To prevent passing HIV to her baby during labor and delivery, pregnant women with HIV should go to the shelter 2 weeks before their estimated due date and deliver at the health facility. Remember that ALL pregnant women, not just those who have HIV, should go to shelters and deliver at the health facility.

When a woman delivers at the hospital, clinicians will prevent HIV from passing to the baby and to those assisting in the delivery.

9. MMRPA Responsibilities for PMTCT before Delivery



Ask: As MMRPAs, how should you support pregnant women with HIV so that they can prevent mother-to-child transmission during delivery?

Accompany pregnant women to the shelters 2 weeks before their estimated due date.

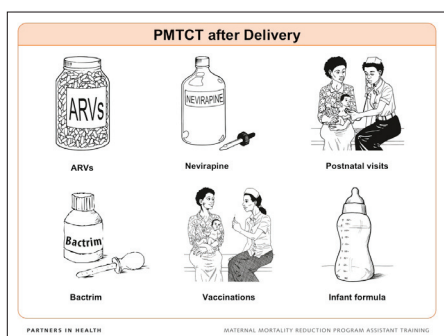
If a pregnant woman with HIV goes into labor before she is in the shelter, accompany her directly to the health facility for delivery.

For pregnant women with HIV who must take ARVs, do Directly Observed Therapy.

Educate ALL pregnant women, including those with HIV, about the importance of delivering at the health facility.

Help ALL pregnant women, including those with HIV, to plan and prepare for going to the shelters and delivering at the health facility.

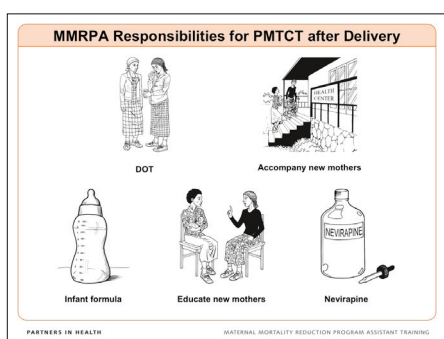
10. PMTCT after Delivery



Say: To prevent passing HIV to her newborn baby, a mother should:

- Continue to take ARVs daily if her CD4 count is below 350.
- Give NVP drops to her baby daily.
- Go to the 6-week (6/52) postnatal visit, where she will be checked and her baby will be tested for HIV.
- Give the baby Bactrim (antibiotics) starting 6 weeks after birth.
- Get the baby vaccinated according to the national schedule.
- Continue to take the baby to the health facility once a month for checkups, until the baby is 18 months old.
- Get the baby tested for HIV a 2nd time at 18 months.
- If she chooses to feed her baby infant formula, pick up infant formula monthly at the health facility and feed her baby only infant formula.

11. MMRPA Responsibilities for PMTCT after Delivery



Ask: As MMRPAs, how should you support mothers with HIV so that they can prevent mother-to-child transmission after delivery?

Continue providing DOT for mothers taking ARVs.

Accompany mothers to the 6-week (6/52) postnatal visit.

Ensure that the baby takes NVP drops daily.

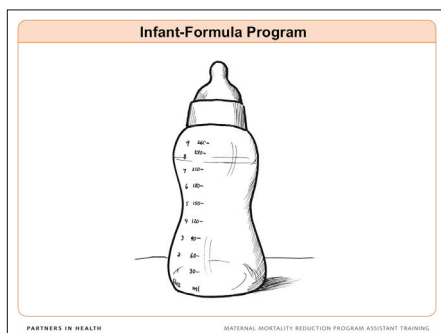
Educate mothers about infant formula, the importance of adherence, and the importance of postnatal visits, immunizations, and HIV tests for the baby.

Accompany the mother and baby through the infant-formula program.



15 minutes

12. Infant Formula Program



Say: This program is available at all PIHL-supported clinics for HIV-exposed babies.

The mother and her family members must decide how the baby will be fed after birth. If the mother chooses to breast feed her baby, she must be supported at all levels and educated about **exclusive breastfeeding**.

If the mother chooses to feed her baby infant formula, the MMRPA must accompany the mother to enroll in the program, and accompany the mother for all monthly checkups to make sure that she picks up the infant formula each time, until the baby is weaned from the program at 1 year of age.

13. Ask participants the following questions and encourage a discussion:

- When a pregnant woman is diagnosed with HIV, she may be anxious and afraid. How can you support her?
- Why might some women be reluctant or afraid to ask their partners to get tested?
- How can you encourage women to ask their partners to get tested?
- Why might some women with HIV not want to feed their babies infant formula?
- How can you encourage them to feed their babies infant formula?



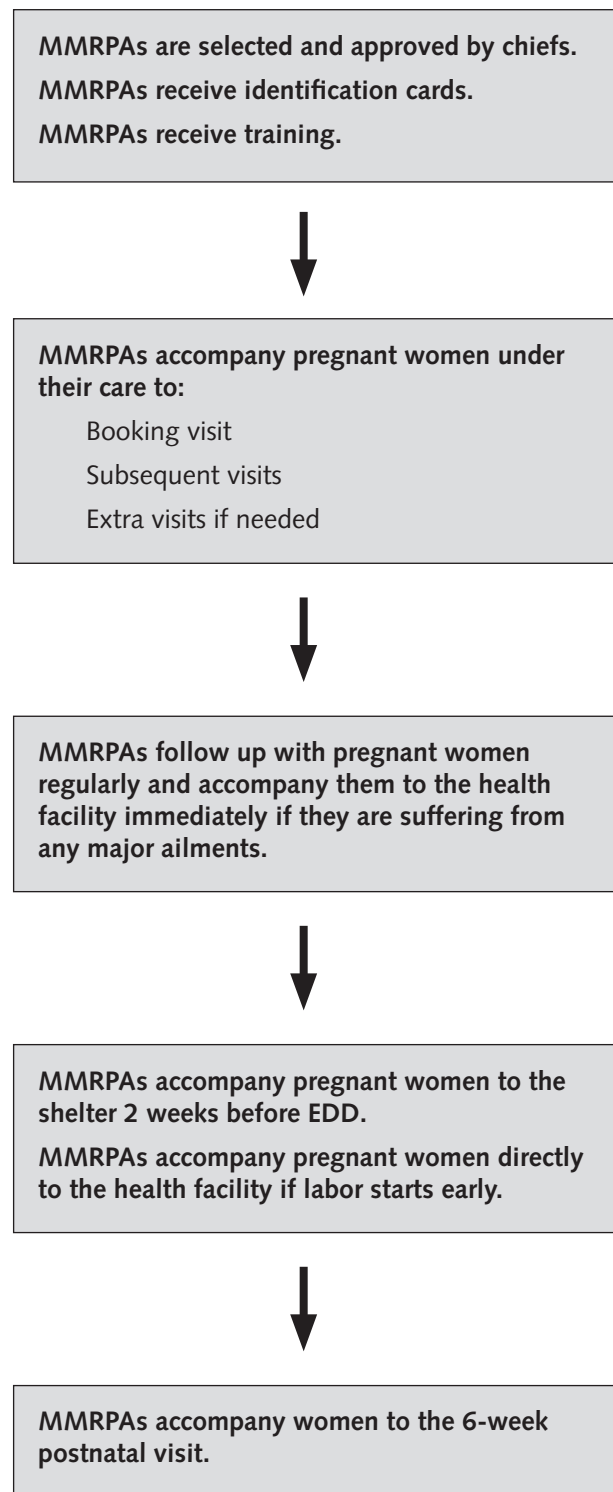
10 minutes

- 14.** Ask participants to find the PMTCT checklist on page 131 of their handbooks. Ask a volunteer to read the checklist items aloud. Remind participants that these items are among their responsibilities as MMRPAs:

PMTCT Checklist

- Accompany pregnant women with HIV to all prenatal visits and follow-up visits, to the shelters and health facilities for delivery, and to the 6-week (6/52) postnatal visit.
 - Observe pregnant women with HIV take their ARVs every morning and evening (Directly Observed Therapy) to ensure adherence, and make sure that the baby receives NVP drops.
 - Educate all pregnant women with HIV about what they must do to prevent passing HIV their babies, including attending all prenatal, follow up, and postnatal visits, taking ARVs, and giving NVP drops to the baby.
 - Teach mothers with HIV how to prepare infant formula and feed their babies correctly if they choose not to breastfeed.
 - Accompany mothers and babies through the infant formula program until babies finish the program at 1 year of age, by going with the mothers and babies for all monthly checkups and ensuring that the mother picks up and uses infant formula correctly.
 - Accompany babies through the vaccination schedule until they are fully immunized.
 - Accompany infants for growth monitoring.
- 15.** Ask participants to find the MMRPA Accompaniment Workflow Diagram on page 9 of their manuals. Ask a volunteer to read the diagram items aloud. Remind participants that they must follow this workflow diagram for ALL pregnant women, including those with HIV.

MMRPA Workflow Diagram



16. Tell participants:

You must educate all of the pregnant women under your care so that they understand the importance of getting tested for HIV and getting their partners tested also. If pregnant women under your care have HIV, you must support them every day with DOT and every month for monthly follow-up visits, and accompany them to all prenatal visits and postnatal visits, and to the infant-formula program if needed.

SESSION 2

Infant Formula



Methods: Demonstration and Pair practice



Time: 45 minutes



Objectives

Participants will be able to:

- e. Demonstrate how to prepare infant formula.
- f. Teach mothers with HIV how to prepare infant formula and feed their babies correctly.



Preparation

- Arrange to have boiling water available and already boiling in time for the demonstration.
- Gather the supplies listed under Materials – enough for pair practice if possible.
- Review the steps for preparing infant formula.



Materials

- Baby bottles
- Infant formula
- Boiling water
- Measuring spoons
- Slide or flipchart presentation
- AV equipment (if using slides)



TIP: *If there are experienced participants in your group, invite one of them to give the formula presentation and demonstration.*



TIP: *If you do not have enough materials for pairs, divide participants into small groups instead.*



STEPS



5 minutes

1. Tell participants:

Remember that one of the ways a woman with HIV can pass HIV to her baby is by breastfeeding. The breast milk of an HIV-positive woman contains HIV. A woman with HIV must make an informed choice about how she will feed her baby. During her pregnancy, the MMRPA and nurses at the health facility will educate the woman about infant formula. She will discuss it with her family, and then confirm at the health facility whether or not she will use infant formula when the baby is born. The nurse will record the decision in the woman's record. If the woman chooses to use infant formula, the mother and baby will be enrolled in the infant formula program after delivery.

If a woman with HIV chooses to feed her baby infant formula, you will teach her how to do it before she delivers, and make sure that she has enough infant formula supplies. This way, she will be prepared once her baby is born. The infant formula program at the health facility will provide supplies.

If a woman with HIV feeds her baby infant formula, she must feed the baby only infant formula, not infant formula sometimes and breast milk other times. Mixing infant formula feeding with breastfeeding is called "mixed feeding" and it is very dangerous for the baby. The baby is more likely to get HIV from mixed feeding than from breastfeeding alone.

If a woman chooses to breastfeed, she must be supported by both the MMRPA and health facility, and she must feed her baby only breast milk (no "mixed feeding").

2. Ask participants:

- What are the benefits of infant formula feeding?

The baby cannot get HIV from the mother if she feeds the baby infant formula.

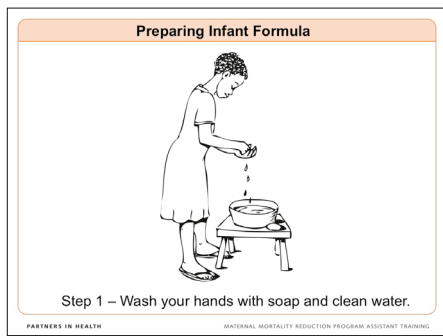
Infant formula has many nutrients and vitamins that babies need.



15 minutes

3. Ask participants if anyone among them knows how to prepare infant formula. If so, ask for a volunteer to come forward and demonstrate how to prepare infant formula using the sample supplies and the slide or flipchart presentation. The volunteer should show each slide/flipchart picture, read the information aloud and then demonstrate the step shown on the picture.
4. If there are no experienced participants in the group, do the demonstration yourself using the slide/flipchart presentation and supplies.

5. Infant Formula: Step 1



Say: Wash your hands with soap and clean water.

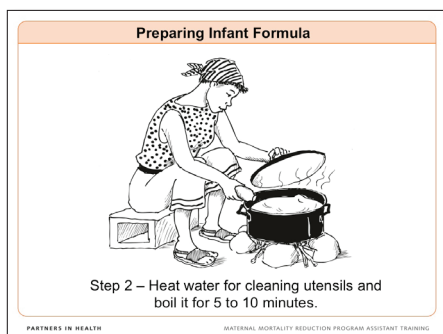
Ask: Where can the women that you will be teaching get clean water for hand washing?

Take volunteer responses.

Ask: If a woman does not live near a source of clean water, what should she do?

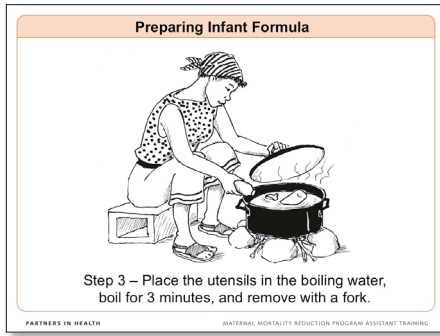
Boil water for 5 to 10 minutes.

6. Infant Formula: Step 2



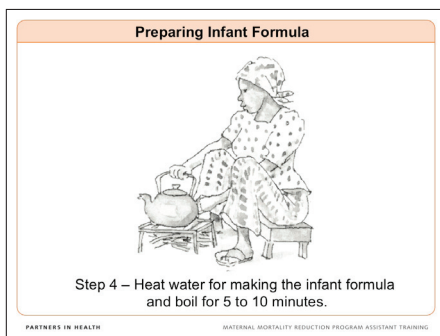
Say: Utensils must be cleaned in boiling water. Heat water for utensil cleaning to a rolling boil for 5 to 10 minutes.

7. Infant Formula: Step 3



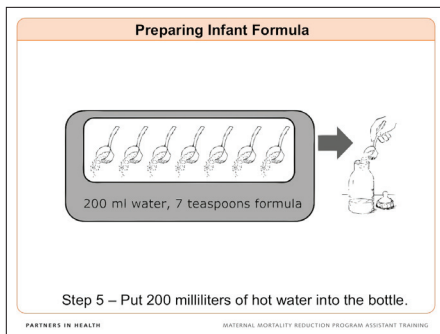
Say: Place the feeding bottle, nipple, and nipple ring into the boiling water. Remove them with a fork after 3 minutes.

8. Infant Formula: Step 4



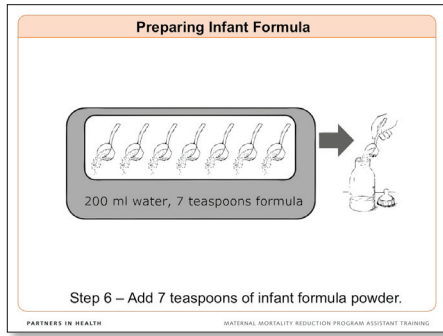
Say: Heat water used for infant formula to a rolling boil for 5 to 10 minutes. Water must be boiled to remove any germs. If you do not use clean water and clean materials, the baby can become very sick with diarrhea and die. The health facility will give mothers all the materials they need to make infant formula correctly.

9. Infant Formula: Step 5



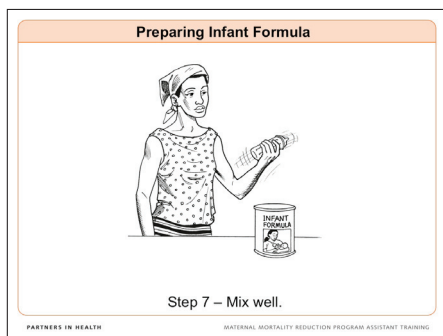
Say: Put 200 milliliters of hot water into the feeding bottle.

10. Infant Formula: Step 6



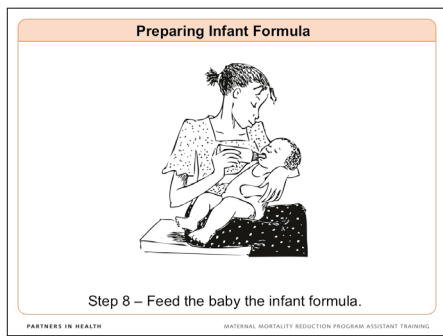
Say: Add 7 teaspoons of infant formula powder.

11. Infant Formula: Step 7



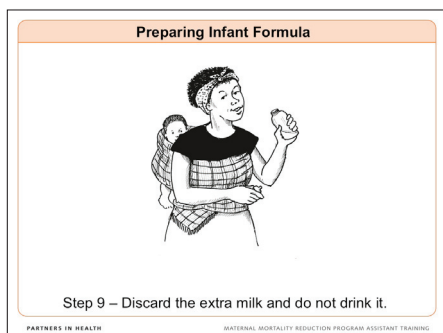
Say: Mix well.

12. Infant Formula: Step 8



Say: Feed the baby the infant formula. Directions for how much and when to feed the baby are on the infant formula tin in Sesotho. Mothers will also receive instructions from staff in the infant formula program.

13. Infant Formula: Step 9



Say: Discard the extra milk and do not drink it. Other household members should not use the formula. The mother should prepare enough for the baby only.



15 minutes

14. Divide participants into pairs, pairing experienced participants with inexperienced participants, if possible. Ask one participant in each pair to pretend to know nothing about how to prepare infant formula. The other participant must give her instructions and make sure she prepares the infant formula correctly. If possible, the inexperienced participants should be the ones to give instructions.
15. If there is time, ask pair partners to switch roles after the first round of practice, so that those who gave instructions now receive them.



10 minutes

16. Call everyone back together.
17. Ask participants the following questions. Take volunteer responses and encourage a brief discussion:
 - What was your experience teaching your pair partners how to prepare infant formula?
Responses will vary.
 - What do you think will be most challenging about teaching women with HIV to prepare infant formula and feed only infant formula to their babies?
Responses will vary.
 - How can you handle these challenges?
Responses will vary.
 - What can you say to women who do not want to feed infant formula to their babies, even though they must?
Infant formula feeding will help prevent passing HIV to the baby; it will keep the baby healthier, etc.
 - If a woman fears that her mother-in-law, friends, or neighbors will disapprove of infant formula, what can she do?
She can explain that the baby will be healthier and stronger this way, and that she is doing this to prevent passing HIV to her baby. If a woman does not want to reveal that she has HIV, she can say that this is the advice of doctors and nurses, etc.

- What are the most important things you must teach women about preparing infant formula?

Make sure that utensils and water are clean by boiling them.

Measure correctly and mix well.

Discard or drink unused formula. Do not save it because it will spoil.

Feed the baby ONLY infant formula, not infant formula sometimes and breast milk other times. Mixed feeding is dangerous for the baby.

SESSION 3

PMTCT Education



Method: Role play



Time: 1 hour 15 minutes



Objective

Participants will be able to:

- s. Educate all pregnant women with HIV about what they must do to prevent passing HIV to their babies, including attending all prenatal and follow-up visits, going to the shelter 2 weeks before EDD, delivering at the hospital, attending all postnatal visits, taking ARVs, and giving NVP drops and cotrimoxazole to the baby.



Preparation

- Review the role plays below.



Materials

- PMTCT Role Plays on pages 132–134 of Participant Handbook



STEPS



5 minutes

1. Tell participants:

Now that you have reviewed PMTCT and your roles and responsibilities, you will practice educating pregnant women about PMTCT. To do this, you will practice role plays in small groups and then perform in front of your colleagues.

2. Divide participants into small groups of 3 participants each (different groups from previous sessions). Make sure there is at least one fairly literate participant in each group. Explain the small group task:

- Read the role play script assigned to your group aloud so that all group members hear it. (I will give assignments shortly).

- Discuss with your group what the MMRPA should say and do next and how the woman will respond. You can consult the checklists in your handbooks if you need to.
- Choose 1 group member to read the narrator part, 1 group member to play the MMRPA, and 1 group member to play the woman.
- Practice the role play and prepare to perform it for the large group. To do this, you should read the lines provided and then improvise and perform what the MMRPA and woman will say and do next.
- Try to limit your role play performance to 5 minutes.
- You will have 15 minutes to practice.



15 minutes

3. Assign each small group one of the 3 PMTCT role plays.
4. Give small groups 15 minutes to work. As groups are working, circulate and help as needed. Observe the role plays and choose 3 small groups to perform (one each for PMTCT Role Plays 1, 2, and 3).



5 minutes

5. Ask the small group you chose for PMTCT Role Play 1 to come forward and perform their role play.
6. When the role play is finished, ask for applause and then ask the performers to be seated.



5 minutes

7. Ask participants the following questions and encourage a brief discussion of the role play. Encourage participants to give constructive, positive feedback and helpful suggestions (not negative or overly critical feedback):
 - What did the MMRPA say and do well?
 - How did the woman respond? What questions or concerns did she have?
 - What (if anything) could the MMRPA say or do better next time?
8. As participants are discussing the role-play performance, check the sample answers below and make sure they are included in the discussion.



25 minutes

9. Repeat this process for PMTCT Role Plays 2 and 3.



15 minutes

10. Ask the following questions and encourage a discussion. Encourage participants to help each other think of how they can address challenges:

- Based on these role plays and on your own experiences, what do you think works best when you are helping pregnant women and new mothers with HIV learn about PMTCT?
- What challenges do you face when you are teaching women about PMTCT?
- How can you address these challenges?
- Whom can you ask for help?



PMTCT Role Play 1

Narrator: An MMRPA arrives to visit Lipolelo, a young mother with HIV who has just found out that she is pregnant. Lipolelo looks sad and worried.

MMRPA: Greetings, Lipolelo, how are you today?

Lipolelo: I am well. But I have some news. I just found out that I am pregnant; in fact, I have been pregnant for 2 months.

MMRPA: Congratulations, I am very happy for you.

Lipolelo: Thank you. But I am afraid. When I had my first baby, I did not have HIV. But now I do. I'm afraid that my baby will be born with HIV. What will I do with a sick baby? I'm afraid that he will be doomed to die.

MMRPA: Don't worry, Lipolelo. You don't need to be afraid. You can keep from passing HIV to your baby.

Lipolelo: Is that true? What do you mean?

What should the MMRPA say and do next? How will Lipolelo respond? Finish the role play.

- What should the MMRPA say and do next?

Tell Lipolelo that she can prevent passing HIV to her baby, and her baby can be born healthy, if she attends all prenatal visits, takes ARVs if she needs to, delivers at the hospital, gives her baby NVP drops, attend monthly visits, etc. If she does these things, she can keep herself healthy too, and have a safe delivery.

Reassure Lipolelo that the MMRPA will accompany her through all of these things, including accompanying her to the health facility for all visits, to the shelter before labor, and for any other needs.

Educate Lipolelo about the major ailments of pregnancy, side effects of ARVs, etc., and ask her to report any symptoms immediately.

- How will Lipolelo respond?

She is sad and afraid that her baby will die. She needs reassurance and kindness. She may have questions about ARVs, prenatal visits, delivering at the hospital, infant formula feeding, etc.



PMTCT Role Play 2

Narrator: The MMRPA comes to visit Khauhelo, who is due to give birth in about 1 month. Khauhelo has just had a visit from her mother-in-law, and she is worried and sad.

MMRPA: Greetings, Khauhelo, how are you today?

Khauhelo: I am worried and sad. My mother-in-law has been scolding me. She saw the infant formula supplies in my house, and now she knows that I plan to feed my baby infant formula. She is telling me not to do it. She says it is lazy and that all good mothers should breastfeed.

MMRPA: I'm sorry, Khauhelo. But don't worry. I will help you figure out what you can say to your mother-in-law.

Khauhelo: To be honest, I don't want to feed my baby infant formula either. If I do, everyone will gossip. They will know that I have HIV.

What should the MMRPA say and do next? How will Khauhelo respond? Finish the role play.

- What should the MMRPA say and do next?

Reassure Khauhelo that the MMRPA will help her. Give Khauhelo advice about what she can say to her mother-in-law, for example, that infant formula will keep the baby healthy so she / he will not get HIV.

Tell Khauhelo that she must feed her baby infant formula because this is what is safe for the baby.

Give Khauhelo advice about how to respond to gossiping neighbors by explaining that she is doing what is best for her baby, etc.

- How will Khauhelo respond?

She may be doubtful, and she may need reassurance; she needs advice about how to talk to her mother-in-law, etc.



PMTCT Role Play 3

Narrator: The MMRPA goes to check on Tselane because she is due to give birth in 3 weeks. Tselane has HIV. The MMRPA arrives at the house and discovers that Tselane went into labor late last night and gave birth at home, 3 weeks earlier than the doctor had predicted. She is sitting in bed breastfeeding her baby.

MMRPA: Greetings, Tselane! What a surprise!! Your baby came early.

Tselane: Yes, I am very happy. I was not able to get to the hospital to deliver, but the birth was easy.

MMRPA: How are you feeling? How is the baby?

Tselane: The baby seems fine. But I am very tired. I don't think I can go to the health facility with the baby until I feel better.

What should the MMRPA say and do next? How will Tselane respond? Finish the role play.

- What should the MMRPA say and do next?

Tell Tselane that she must take her baby to the health facility today if possible, or during the next 2 days, so she can get NVP drops for the baby and start giving it to him; at the health facility, they will also give the baby vaccinations and check to make sure he is healthy; accompany Tselane to the health facility; remind her that she must take the baby for an HIV test at 6 weeks, and every month for immunizations, etc.

- How will Tselane respond?

Tselane may resist going to the health facility because she is very tired and just gave birth; she may ask why she needs to go, and she may have questions about the HIV test and immunizations for her baby, etc.

UNIT 5

Tuberculosis



OVERVIEW

Tuberculosis (TB) is a serious disease. If it is not treated, it leads to death. People with HIV/AIDS are more likely to become infected with TB because their immune systems are weak. Some women under the care of MMRPAs may have HIV, TB, or both. It is very important for MMRPAs to learn what TB is, how it is spread, and how it is treated, so that they can treat and educate women under their care.

In this unit, participants will learn about TB transmission, symptoms, testing, prevention, treatment, and side effects of treatment. One of the MMRPAs' main responsibilities is to provide Directly Observed Therapy to women under their care who have TB so participants will also learn TB drug names, dosages, time of day of taken, and special indications.

**OBJECTIVES**




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

- a. Describe what tuberculosis (TB) is, how TB is transmitted (spread) from person to person, and the types of people who are most at risk of getting TB.
- b. Describe the difference between active TB and inactive TB.
- c. Explain the tests used to diagnose TB and why it is important to be tested.
- d. Explain the interaction between HIV/AIDS and TB.
- e. Identify symptoms of TB.
- f. Name the main ways to avoid getting TB and preventing the spread of TB.
- g. Explain when TB medications should be taken, for how long, the correct dosage, and how they should be stored.
- h. Describe the importance of adherence to TB medications and the danger of multidrug-resistant tuberculosis (MDR TB) as a consequence of non-adherence.
- i. Explain the complicating factors that arise when a person has both HIV and TB.
- j. Provide Directly Observed Therapy for women taking TB medications to ensure adherence, and provide support and counseling for HIV-positive people with TB.
- k. Ask about and identify mild and severe side effects of TB in women taking them, and accompany women suffering from severe side effects to the health facility immediately.
- l. Educate pregnant women and nursing mothers about the importance of being tested for TB, how to avoid getting TB, the importance of adherence when taking TB medications, and the side effects of TB medications.



TIME REQUIRED: 4 hours

 **UNIT OVERVIEW**

Session	Content	 Methods	 Time	 Materials
1	Participants learn about TB transmission, symptoms, tests, and active versus inactive TB.	Facilitator presentation	30 minutes	<ul style="list-style-type: none"> • Slide or flipchart presentation • AV equipment if using slides
2	Participants learn to identify symptoms of TB.	Large group activity	15 minutes	<ul style="list-style-type: none"> • Photocopies of TB symptoms pictures • Slide or flipchart presentation • AV equipment if using slides
3	Participants learn the main ways to avoid getting TB and prevent TB from spreading.	Picture story	30 minutes	<ul style="list-style-type: none"> • Picture story in Participant Handbook • Slide or flipchart presentation • AV equipment if using slides
4	Participants learn about TB medications, including correct dosages and storage.	Small group activity Facilitator presentation	1 hour	<ul style="list-style-type: none"> • Samples of TB medications and TB treatment cards • Slide or flipchart presentation • AV equipment if using slides
5	Participants learn the mild and severe side effects of TB medications.	Large group activity	45 minutes	<ul style="list-style-type: none"> • Photocopies of TB meds side effects pictures • TB meds side effects signs • Slide or flipchart presentation • AV equipment if using slides
6	Participants practice educating women under their care about TB transmission, prevention, and treatment.	Case studies	1 hour	<ul style="list-style-type: none"> • TB case studies in Participant Handbook



Key Points

- Tuberculosis (TB) is a serious disease that often starts in the lungs and then spreads. If it is not treated, it leads to death.
- TB can be cured with medication.
- TB is transmitted from person to person when a person with TB coughs and another person breathes in the droplets from the cough.
- There are 2 common TB tests: a sputum test and an X-ray test.
- To avoid getting TB and to prevent passing TB to others, people should cover their mouths and noses when they cough, open doors and windows to let in fresh air and sunlight, get tested for TB and have family members tested, and take TB medications faithfully if prescribed.
- TB medications must be taken every day at the same time for 6 to 9 months. This is called adherence.
- If a woman under an MMRPA's care is taking TB medications, the MMRPA must go to her house every morning and evening and watch her swallow her pills. This is called Directly Observed Therapy.
- People taking TB medications may experience mild or severe side effects. Severe side effects include: difficulty breathing, difficulty hearing, trouble swallowing, swollen eyes, swollen tongue, blisters or sores, vomiting, rash, abdominal pain, or yellow eyes (jaundice).
- Women who experience severe side effects from TB medications must go to the health facility immediately, accompanied by the MMRPA.

SESSION 1

TB Transmission, Diagnosis, and Groups at Risk



Method: Facilitator presentation



Time: 30 minutes



Objectives

Participants will be able to:

- a. Describe what tuberculosis (TB) is, how TB is transmitted (spread) from person to person, and the types of people who are most at risk of getting TB.
- b. Describe the difference between active TB and inactive TB.
- c. Explain the tests used to diagnose TB and why it is important to be tested.
- d. Explain the interaction between HIV/AIDS and TB.



Preparation

- Review the slide/flipchart images and text.



Materials

- Slide/flipchart presentation
- AV equipment if using slides



STEPS



5 minutes

1. Ask participants the following questions, and take a few volunteer responses quickly. Do not correct responses; you will have the chance to give correct information later.
 - What is tuberculosis (TB)?
 - How does TB spread from person to person?
 - What are some of the symptoms of TB?
 - How can TB be prevented?
 - How is TB treated?



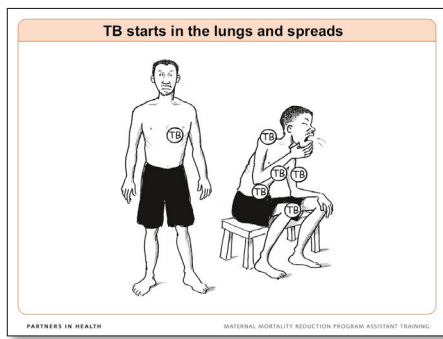
25 minutes

2. Tell participants:

From your answers, we can see that you know something about TB already. In this unit, you will learn more about TB, including what it is, how it is spread, symptoms, and treatment. To start, I will give a brief presentation about what TB is, how it is spread and diagnosed, and who is most at risk for getting TB.

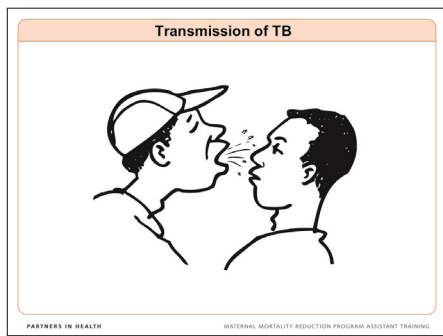
3. Show the slide/flipchart images one at a time and use the text below each to explain.

4. TB often starts in the lungs and spreads



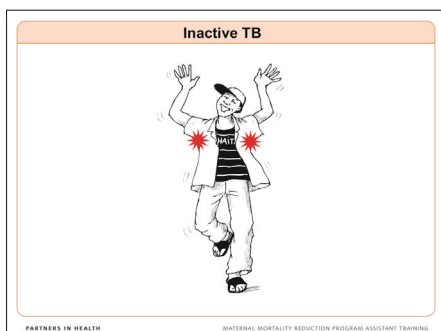
Say: TB is a dangerous disease that usually infects the lungs. TB can infect other parts of the body too, such as the bones and joints, stomach, throat, heart, and brain. TB is very serious and can kill people if left untreated.

5. Transmission of TB



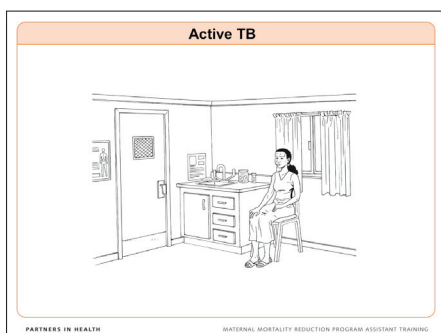
Say: TB is transmitted by droplets of water in the air. When a person sick with TB coughs, she or he can transmit these droplets of water into the air. If someone else breathes in the droplets, this person can also get TB. TB is more likely to be transmitted to other people in closed, dark areas where the air is still and does not change with the breeze or wind. TB cannot be transmitted by touching someone, by having sex, or by eating food. TB cannot be transmitted through blood, urine, feces, water, or insect bites.

6. Inactive TB



Say: there are two types of TB: inactive and active. Inactive TB is in the lungs, but it is not growing. A person with inactive TB feels healthy, and she or he cannot give anyone else TB, even through coughing. However, a person with inactive TB can get sick later if the TB “wakes up” in the lungs and starts to grow.

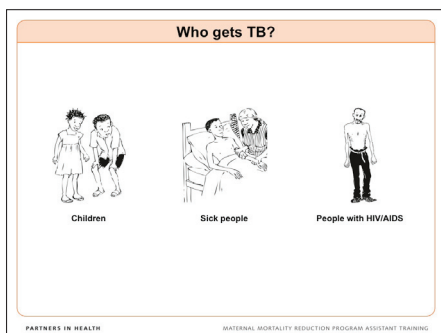
7. Active TB



Say: When the TB in a person’s lungs starts to grow or “wakes up,” it becomes active. Then the person starts looking and feeling sick.

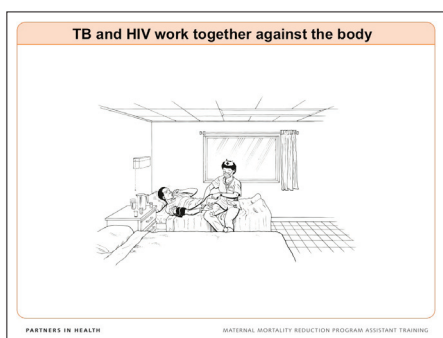
Ask: Why do you think inactive TB would start to grow? Under what conditions do you think inactive TB becomes active?

8. Who gets TB?



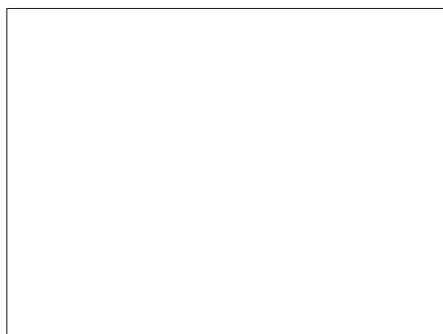
Say: People with weak immune systems can get TB very easily. This includes very young children, people with HIV/AIDS, and people who do not eat enough nutritious food. Most of the time, active TB does not develop in people who are well nourished and who do not have other illnesses. This is why TB often affects poor people – because poor people are often sick or hungry. Inactive TB also becomes active more quickly in children, who cannot fight off illnesses as well as adults can. Other people at risk for TB are students who live in dormitories and prisoners – people who live in close quarters that allow the TB germs to spread easily from person to person.

9. TB and HIV work together against the body



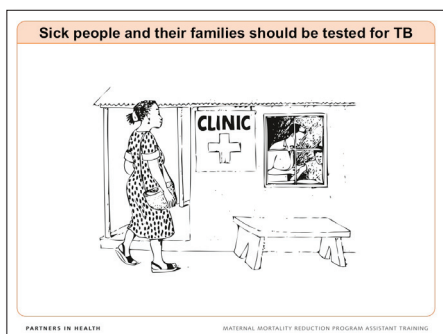
Say: HIV is one example of an illness that makes a person weak by attacking the immune system, so inactive TB turns into active TB faster in people living with HIV/AIDS. HIV makes patients about 100 times more likely to develop active TB. TB makes HIV worse, and HIV makes TB worse. Worldwide, TB is the leading cause of death for people with HIV/AIDS.

10. Active TB is cured with medicine



Say: HIV is a chronic, incurable disease – people can never get rid of HIV once they have it. However, TB is not an incurable disease – it can be treated. With medicine, the body can get rid of TB. If a person has active TB, he should take medicine that kills TB.

11. Sick people and their families should be tested for TB

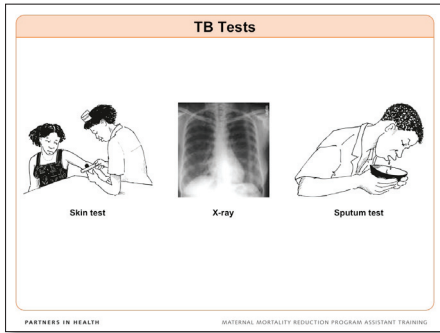


Say: Because TB can spread very easily among people who are living close together, if one person in a home or family has TB, everyone in the home or family should go to the health facility to get tested for TB. Even if someone thinks she might have TB, everyone in his or her home or family should go to the health facility to get tested. As MMRPAs, you should bring or send these people to the health facility to get tested for TB.

Say: When you visit women under your care who have TB, you should meet **outside the house**, if weather permits. If it is not possible to meet outside, you must **wear a mask** to prevent breathing in TB

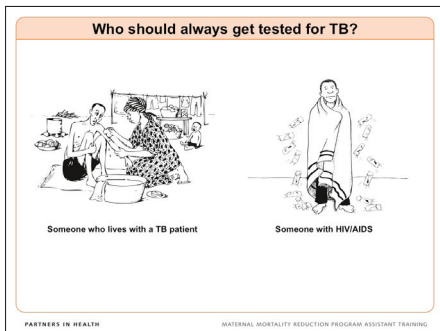
germs. This will keep you safe. You must also encourage the family to open the windows and doors immediately every morning when they wake up, if weather permits.

12. TB Tests



Say: There are a few ways to get tested for TB. The most common way to test TB is a sputum test. Sputum is a thick substance coughed up from the lungs and usually spit out. The germs that cause TB can be found in the sputum of people who have TB. A 2nd type of TB test is a chest X-ray, where a doctor takes a picture of the person’s chest to look for TB in the lungs.

13. Who should always get tested for TB?



Say: There are 3 types of people who should always get tested for TB: 1) someone who has TB symptoms, 2) someone who lives with or spends a lot of time with someone who has TB or TB symptoms, and 3) someone who has HIV/AIDS. If a woman under your care has HIV/AIDS and continues to feel sick even after taking ARVs, she should visit the health facility to get tested for TB.

14. Ask participants what questions they have about TB so far, and answer accordingly.

SESSION 2

Symptoms of TB



Method: Large group activity



Time: 15 minutes



Objective

Participants will be able to:

- e. Identify symptoms of TB.



Preparation

- Photocopy the pictures of TB Symptoms on pages 249–255 of this Facilitator Manual (1 copy of each picture).



Materials

- Flipchart or slide presentation
- AV equipment if using slides
- Photocopies of TB Symptoms pictures
- TB Symptoms pictures and information on pages 145–146 of Participant Handbook



STEPS



10 minutes

1. Tell participants that, in this activity, they will review the symptoms of TB. To do this, they will watch some of their colleagues act out the symptoms in front of the group.
2. Ask for 8 volunteers to come forward to the front of the room. Give each volunteer one of the TB symptoms pictures. Give the volunteers a few moments to decide how they will act out the symptoms. Tell them that they must act using only gestures, no words. They must not show their pictures to the group.

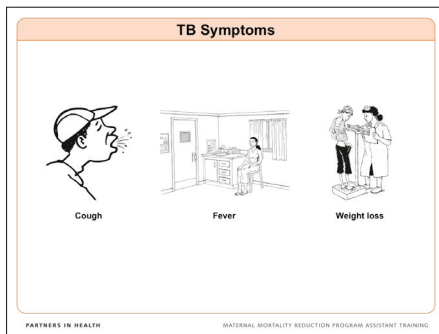
3. Ask for the first volunteer to act out her/his symptom. Invite participants to guess the symptom. When participants have guessed correctly, ask the volunteer to show her/his symptom picture and say the name of the symptom aloud.
4. Repeat this process for all 8 symptoms.
5. Thank the volunteers and ask them to be seated.



5 minutes

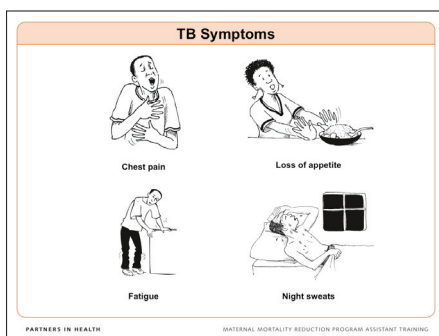
6. Show the TB symptoms slides/flipchart pictures, and review the information briefly.

7. TB Symptoms



- Cough
- Fever
- Night sweats
- Weight loss

8. TB Symptoms



- Chest pain
- Loss of appetite
- Fatigue
- Night sweats

9. Ask everyone to find the TB symptoms pictures on pages 145–146 of their handbooks. Tell participants:

You must ask about and look for these symptoms in the women under your care, especially women with HIV.

People with HIV/AIDS might have different types of TB

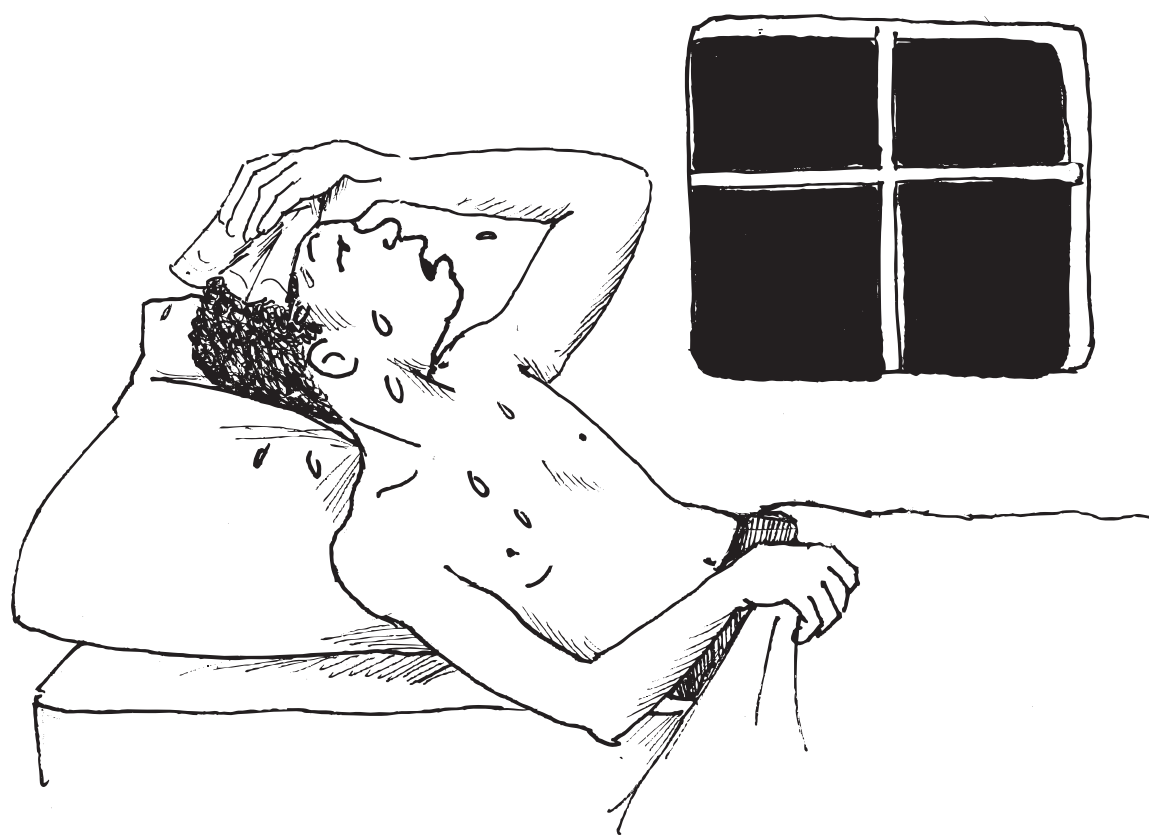
symptoms. For example, they might have no cough or no difficulty breathing at all. Some common TB symptoms for people living with HIV/AIDS are weight loss, diarrhea, or a swollen stomach. If a woman under your care has experienced severe weight loss, she should be tested for both HIV and TB.



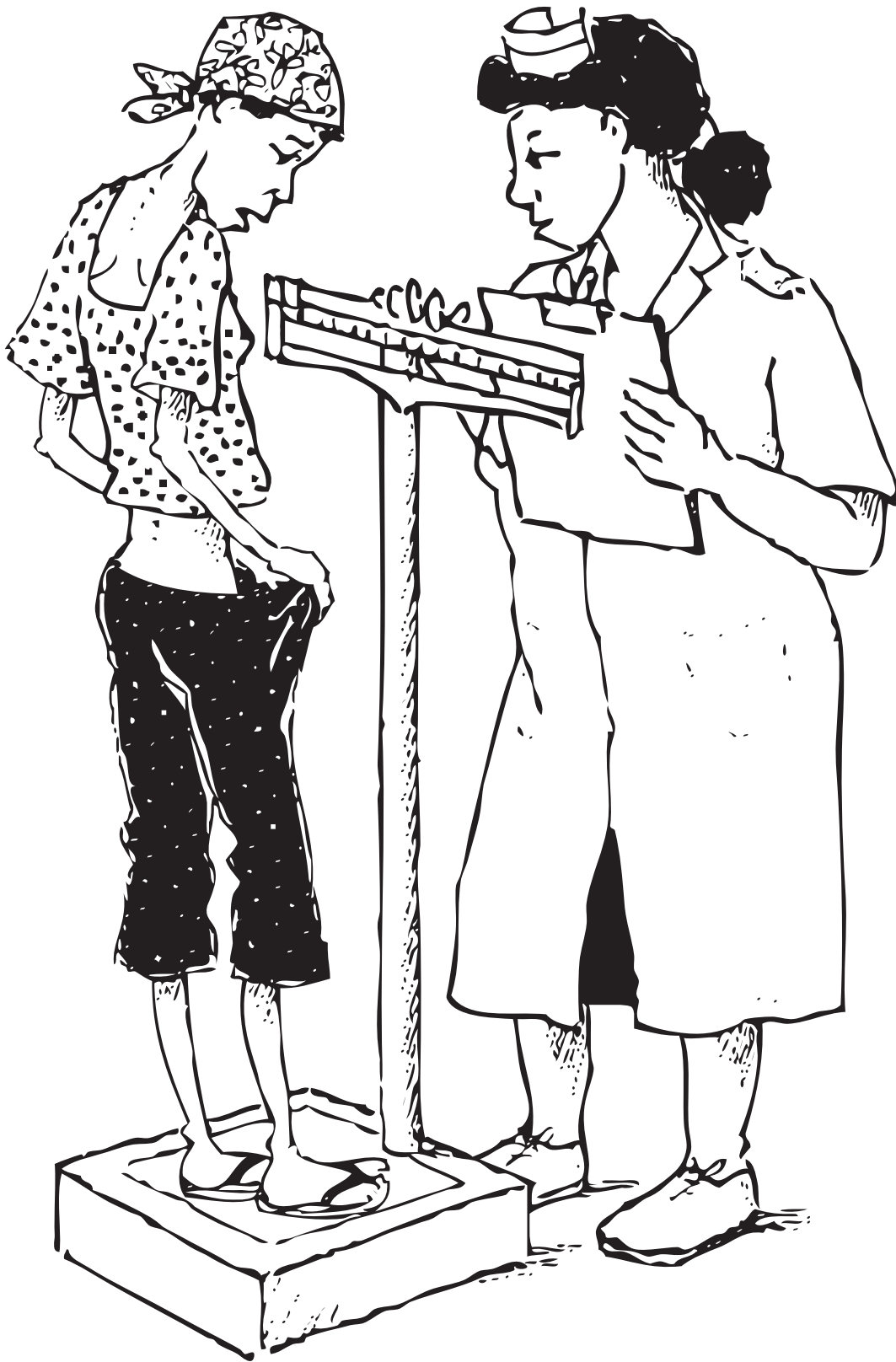
Coughing



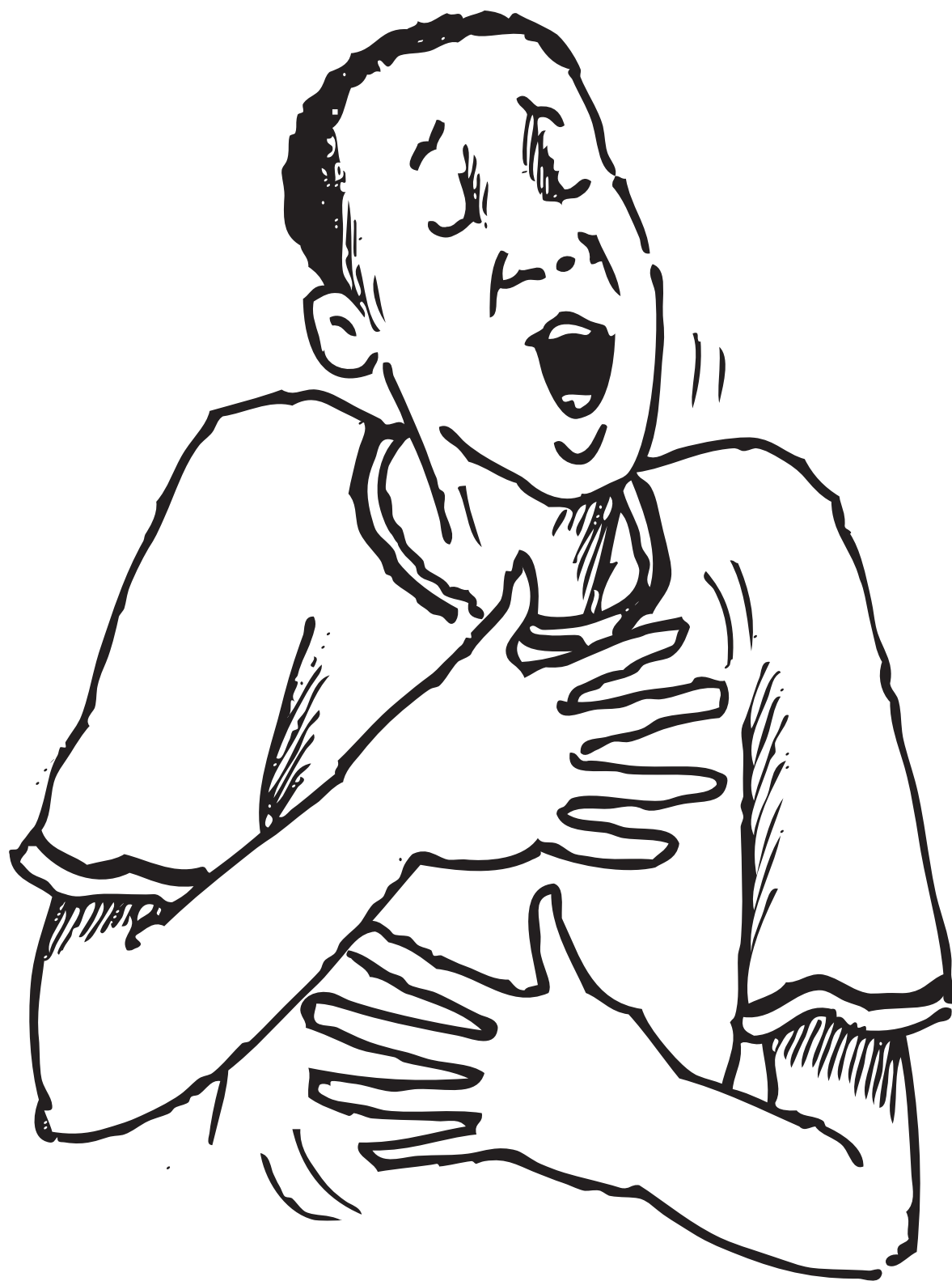
Fever



Night sweats



Weight loss



Chest pain



Appetite loss



Weakness

SESSION 3

Preventing TB Transmission



Method: Picture story



Time: 30 minutes



Objective

Participants will be able to:

- f. Name the main ways to avoid getting TB and preventing the spread of TB.



Preparation

- Review the TB picture story.



Materials

- Flipchart or slide presentation
- AV equipment if using slides
- TB picture story on pages 148 of Participant Handbook



STEPS



5 minutes

1. Ask participants:

- How is TB transmitted (spread) from person to person?

TB is transmitted by droplets of water in the air. When a person sick with TB coughs, she or he can transmit these droplets of water into the air. If someone else breathes in the droplets, she or he can also get TB.

- Given how TB is transmitted, what do you think people should do to prevent the spread of TB?

Cover your mouth and nose when coughing, etc.

2. Divide participants into pairs. Tell pairs that now they will review how people can prevent TB from spreading.

3. Ask pairs to find the TB picture story on page 148 of their handbooks, and to discuss with their pair partners what is happening in the story.



5 minutes

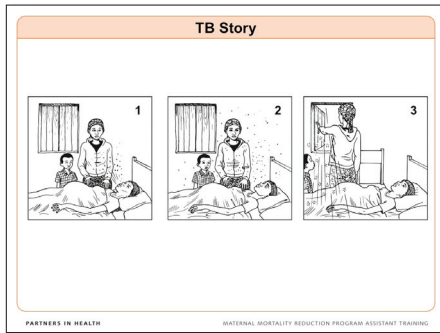
4. Give pairs 5 minutes to discuss the story. As pairs are working, circulate and help as needed.



10 minutes

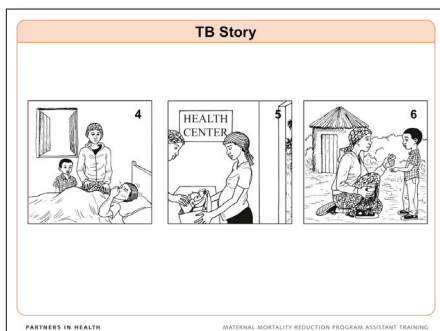
5. Show the slide/flipchart picture story. Ask a volunteer to come to the front of the room and explain the story one picture at a time. Help and correct as needed.

6. TB Story



1. There is a sick pregnant woman lying in bed, coughing and sweating. Her child and the MMRPA are also in the room. Little droplets of moisture fly out of the pregnant woman's mouth.
2. These droplets float in the air around the MMRPA and child as the pregnant woman lies in bed.
3. The MMRPA opens a window across from the pregnant woman's bed and sunlight pours in. The sunlight kills the droplets.

7. TB Story



4. The pregnant woman covers her mouth when she coughs. No droplets can be seen floating in the air.
5. The MMRPA goes to the health facility and picks up a food package.
6. The MMRPA visits the family and hands the child a pill from a pill bottle. The MMRPA stays outside of the house.



5 minutes

8. Ask the following questions as a quick review of the story information:

- What happened when the MMRPA opened the window?

Fresh air came into the house and blew away the TB droplets in the air. Sunlight came into the house and killed the TB droplets (germs) in the air.

- What happened when the pregnant woman covered her mouth while she coughed?

She stopped the TB droplets from entering the air; since the droplets were not floating in the air, no one else could breathe them in and catch TB.

- How did the MMRPA help?

The MMRPA took the child to the clinic to be examined for signs of TB and brought medicine that prevents TB to the man's child. Children are a group that is especially at risk, so they should take preventive medicine.

- What are 4 ways to prevent the spread of TB?

Exposing TB germs to sunlight and fresh air, covering your mouth and nose when coughing, taking preventive medicine, and eating nutritious food.



5 minutes

9. Tell participants:

TB is killed by sunlight. If a house has a lot of open windows that let in fresh air and sunlight, the TB droplets in the air will not be able to survive.

If a woman under your care has TB, ask to meet her outside in the fresh air and sunlight. If a woman under your care has MDR TB, wear an N95 mask when you visit her. This will prevent you from getting TB.

Another way to prevent TB that is not in the picture story is immunization. All babies should be immunized so that they do not get TB.

Because TB is spread by droplets of water in the air, people who are sick should cover their mouths and noses when they cough to prevent the droplets from entering the air and infecting other people.

Eating lots of nutritious food can also prevent TB by making people healthy and strong – strong enough to help make sure that they will be able to fight off active TB.

Only children under the age of 5 are given prophylaxis. Adults with HIV are given isoniazid prophylaxis. If a person is tested and finds out that she or he has inactive TB, she or he cannot give TB to anybody else. However, if the inactive TB becomes active, she or he can then give TB to someone else, so she or he should take medicine to make sure that her or his inactive TB stays inactive. This is especially true for children who live with people who have TB, since their immune systems are weaker and they cannot fight off TB as well as adults.

10. Ask participants:

- As MMRPAs, what should you do to prevent the spread of TB?

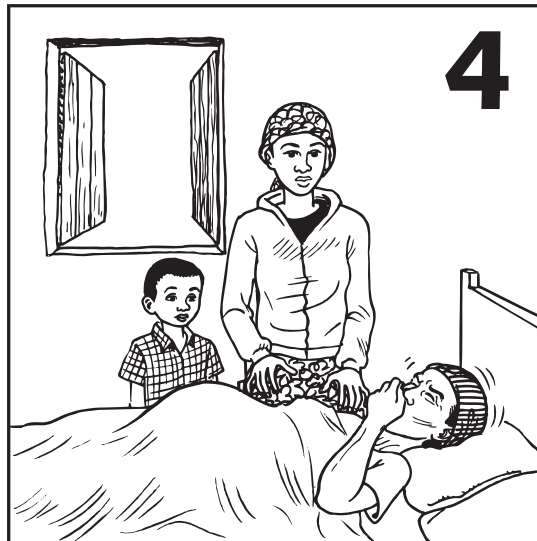
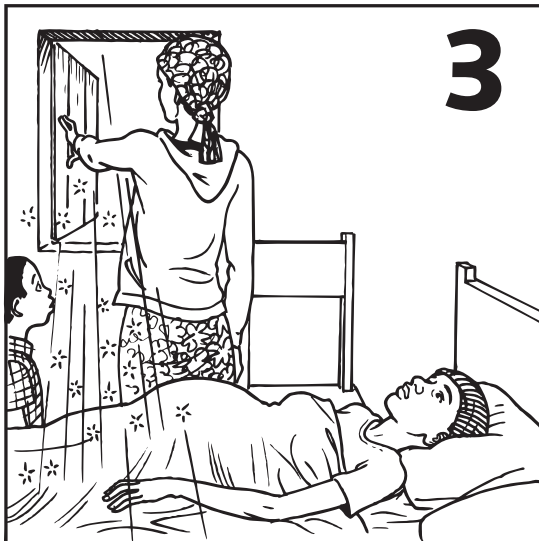
Educate the women under your care and their families about covering mouths and noses when coughing, opening windows to let in fresh air and sunlight, having family members tested, and having children or others take preventative medicine.

11. Summarize by telling participants:

Remember that you must educate the women under your care about how to avoid getting and spreading TB. You must also avoid getting TB yourself by meeting women outside the house.

 **TB Picture Story**

(pages 148 of Participant Handbook)



SESSION 4

TB Treatment



Methods: Small group activity and Facilitator presentation



Time: 1 hour



Objectives

Participants will be able to:

- g. Explain when TB medications should be taken, for how long, the correct dosage, and how they should be stored.
- h. Describe the importance of adherence to TB medications and the danger of multidrug-resistant tuberculosis (MDR TB) as a consequence of non-adherence.
- i. Explain the complicating factors that arise when a person has both HIV and TB.
- j. Provide Directly Observed Therapy for women taking TB medications to ensure adherence, and provide support and counseling for HIV-positive people with TB.



Preparation

- Review the TB medication slide/flipchart information below.
- Gather samples of all the TB pills below (in their original bottles or boxes). Gather enough so that you have samples for 5 small groups of participants.
- Photocopy the TB treatment cards on pages 283–286 of this Facilitator Manual. Make enough copies for 5 small groups of participants.
- Place 1 set of TB pills and 1 set of treatment cards each in 5 different areas of the room on benches or tables.
- There should be enough areas so that 5 people can be at each one. If your group is large, prepare more sets of TB pills, treatment cards, and areas if possible.



Materials

- Complete samples of all the TB pills
- Complete sets of TB treatment cards or photocopied cards
- 5 or more areas around the room with 1 set of TB pills and 1 set of treatment cards placed in each area
- TB information on pages 150–157 of Participant Handbook

**STEPS***10 minutes***1. Tell participants:**

TB medications, like antiretroviral drugs (ARVs), must be taken with care. Some people have to take several medicines a day. In this activity, you will learn about TB treatment regimens: what medications people must take and how much, how often, and when.

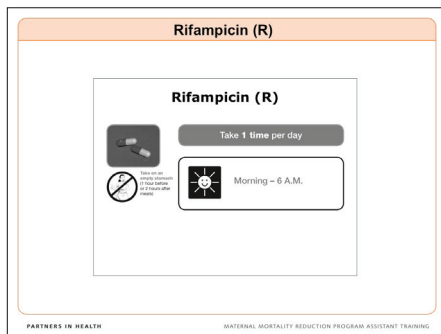
2. Divide participants into 5 small groups (more groups if needed), and send each small group to one of the areas you prepared (the areas with the sets of drugs and treatment cards).**3. Ask the small groups to study the drugs and treatment cards to learn the times of day and doses in which each should be taken. Small groups should also match each card with the drug it represents.****4. Give the small groups up to 10 minutes to study and match the drugs and cards. As they are working, circulate and help as needed.***20 minutes***5. Call everyone's attention and explain that the small groups will now play a game to review the TB medication information that they have been studying. Explain the game:**

- I will say the name of a TB medication.
- When I say the name, quickly hold up the correct treatment card and drug.
- The first small group to hold up the correct card and drug will win a point.
- We will do this for all of the TB medications.

6. Say, "Rifampicin!"**7. Watch to see which small group finds and holds up the Rifampicin card and drug sample first.**

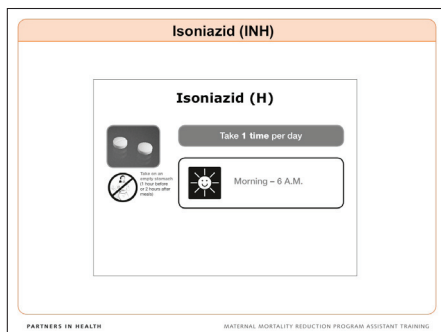
8. Walk over to that group and verify that they have identified the correct card and drug. Then walk around to the rest of the groups to make sure they have also identified the correct card and drug.
9. Give the winning small group 1 point (record the point on chart paper).
10. Ask the winning group to describe how to take Rifampicin (dose, times, any special conditions).
11. Show the slide/flipchart image for Rifampicin and review the information.
12. Repeat this process for each TB medication: call out the drug name, identify the winning group, check to see that all groups have identified the drug and card correctly, ask the winning group to describe how to take the drug, show the slide/flipchart image, review the information, and ask participants to note the color, size, and shape of each pill.

13. Rifampicin (R)



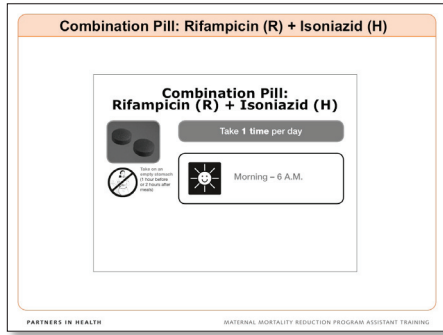
Say: 1 pill per day in the morning after meals. Correct dosage is determined by a doctor and depends on the patient’s weight.

14. Isoniazid (INH)



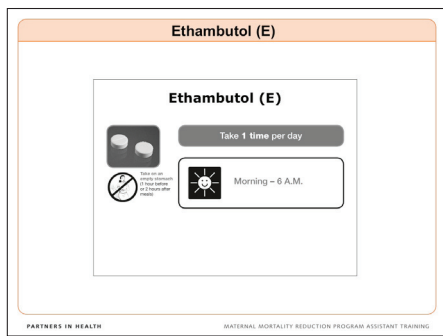
Say: The abbreviation for Isoniazid is (INH). There is only one medication in this pill. Isoniazid is used to treat both children and adults. Isoniazid is taken once a day, in the morning in the morning after meals. The correct dose is prescribed by the doctor.

15. Combination Pill: Rifampicin (R) + Isoniazid (H)



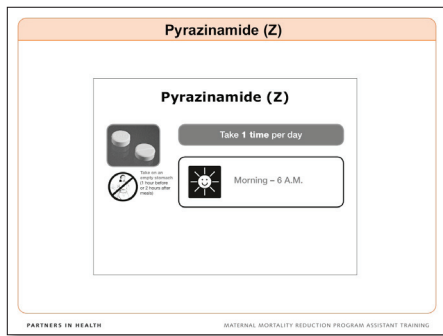
Say: RH is combination pill that contains two different medicines: rifampicin (R) and isoniazid (H). It is given to both children and adults in different dosages. RH is taken once a day, in the morning after meals. The dosage is prescribed by the doctor.

16. Ethambutol (E)



Say: The abbreviation for Ethambutol is E. There is only one medication in this pill. It is given to children. E is taken once per day, in the morning after meals. The dosage is prescribed by the doctor.

17. Pyrazinamide (Z)



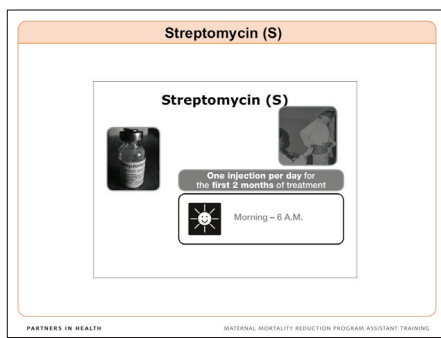
Say: The abbreviation for Pyrazinamide is Z. It is taken 1 time per day, in the morning after meals. The correct dosage is prescribed by a doctor.

18. RHZE



Say: RHZE is one type of combination pill that contains 4 different medicines: rifampicin, isoniazid, pyrazinamide, and ethambutol. R stands for rifampicin, H stands for isoniazid, Z stands for pyrazinamide, and E stands for ethambutol. It is given to adults. RHZE is taken once per day in the morning after meals. The dosage is prescribed by the doctor.

19. Streptomycin (S)



Say: The abbreviation for streptomycin is S. Only in special cases will people need injections of streptomycin to treat TB. The doctor or nurse will give the injections.

20. Thank everyone for participating in the game. Tally points and declare the winning group. Then ask everyone to be seated.



15 minutes

21. Tell participants:

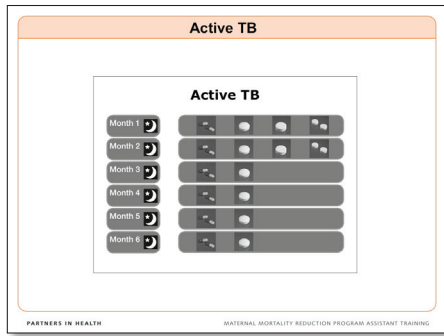
One of your main responsibilities as MMRPAs is to make sure that the women with TB who are under your care take their TB medications correctly every day.

In order to do this, you must make sure that you know which combinations of TB medications the woman must take. Then you must go to the woman's house every morning at the correct time to watch her swallow her TB medications. As you know, this is called Directly Observed Therapy. DOT means that you are present and watching when the person takes the medication. By doing DOT, you

are ensuring adherence. In other words, you are making absolutely sure that the woman takes her TB medications correctly every day.

22. Show the following slides/flipchart pictures, and use the text below to explain.

23. Active TB

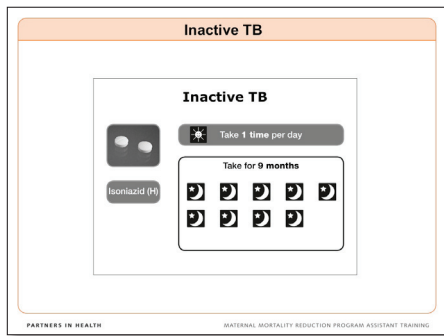


Say: People with active TB take medicines for 6 months. The regimens for children and adults are different. For the first 2 months, adults take RHZE, which contains 4 different medicines. For the last 4 months, adults take RH, which contains 2 different medicines.

Say: Children take 1 type of pill, RHZ, for the first 2 months. For the last 4 months, children take 1 type of pill, RH. TB pills should be taken in the morning after meals. The number of pills each person swallows each day depends on the dosages prescribed by the doctor. The doctor will prescribe the correct amount of medication depending on the person’s weight.

Each person’s treatment regimen is slightly different. The doctor or nurse will write down the drugs that the patient has to take in order to help patients and MMRPAs remember them.

24. Inactive TB



Say: People with inactive TB, particularly children younger than 5 years of age, should take isoniazid once a day for 9 months. Isoniazid should be taken in the morning after meals. It is your job as an MMRPA to make sure that the people under your care take all their medicines every day at the same time for all 9 months.

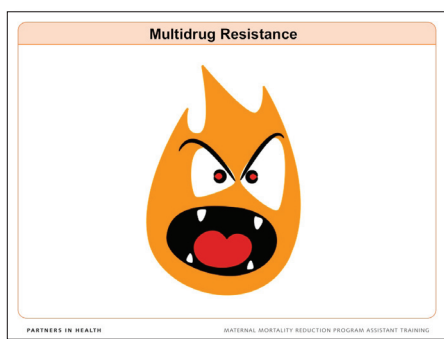
25. Tell participants:

A person's treatment regimen may be different if he or she has to take ARVs and TB medications at the same time. These medicines frequently interfere with each other. In some cases, this results in more side effects. In other cases, one medication will make the other less effective. A doctor will decide the best treatment regimen for people who have both HIV/AIDS and TB. Be sure to speak with the doctor or nurse in these situations so that you fully understand what types of medications the person should be taking and how often.

26. Tell participants:

If someone with TB does not take all of their TB medications every day until the treatment is finished (6 or 9 months), the TB can grow stronger and become able to fight the medication. Then the TB can start growing again. The medications will not work anymore, and the person will become sicker. Also, anyone who catches TB from this person will have this "resistant" type of TB, and TB medications will not work for this person either.

27. Multidrug Resistance



Say: When TB learns how to fight more than one kind of medicine and the medicines do not work against it anymore, the result is called multidrug resistance, and it is very dangerous. When a person has multidrug-resistant TB (MDR TB), doctors must use different types of medicine.

Say: MDR TB can be spread the same way as regular TB. That is why you must watch people under your care take their medicine every time. By making sure that they take their medicine every day for as long as they have to, you are also making sure that TB medicine keeps working for everyone.

People living with HIV/AIDS are more likely to have MDR TB than regular TB, which means that regular medicine will not work for them. If someone under your care continues to cough or lose weight after 1 month of TB medicine, she or he should visit the health facility again to be re-tested.



15 minutes

28. Ask participants to find the Major MMRPA Roles and Responsibilities checklist again on page 7–8 of their handbooks. Ask a volunteer to read the following checklist item aloud. Remind participants that this item is among their major responsibilities as MMRPAs:

- Provide DOT to all pregnant women who are on TB medication, ART, or ARV prophylaxis.

29. Ask participants to find the TB medication information on pages 150–153 of their handbooks. Tell participants that they can use this information to help themselves learn about all of the TB medications, and help women take them correctly.

30. Ask participants what questions they have about TB medications and Directly Observed Therapy (DOT) and answer accordingly.

Rifampicin (R)



Take 1 time per day



Take on an empty stomach (1 hour before or 2 hours after meals)



Morning – 6 A.M.

Isoniazid (H)



Take 1 time per day



Take on an empty stomach (1 hour before or 2 hours after meals)



Morning – 6 A.M.

Combination Pill: Rifampicin (R) + Isoniazid (H)



Take 1 time per day



Take on an empty stomach (1 hour before or 2 hours after meals)



Morning – 6 A.M.

Ethambutol (E)



Take 1 time per day



Take on an empty stomach (1 hour before or 2 hours after meals)



Morning – 6 A.M.


Pyrazinamide (Z)



Take 1 time per day



Take on an empty stomach (1 hour before or 2 hours after meals)

 Morning – 6 A.M.

RHZE

Streptomycin (S)



One injection per day for the first 2 months of treatment



Morning – 6 A.M.

SESSION 5

Side Effects of TB Medications



Method: Large group activity



Time: 45 minutes



Objective

Participants will be able to:

- k. Ask about and identify mild and severe side effects of TB medications in women taking them, and accompany women suffering from severe side effects to the health facility immediately.



Preparation

- Photocopy the pictures of Mild and Severe Side Effects of TB Medications on pages 274–287 of this Facilitator Manual (1 copy of each picture).
- Make 2 large signs on chart paper: “Mild Side Effects of TB Medications” and “Severe Side Effects of TB Medications.” Post one each on opposite sides of the room.



Materials

- Flipchart or slide presentation
- AV equipment if using slides
- Photocopies of pictures of Mild and Severe Side Effects of TB medications
- Pictures of Mild and Severe Side Effects of TB Medications and information on pages 158–161 of Participant Handbook



STEPS



5 minutes

1. Tell participants:

Sometimes when people take TB medications, they have reactions to the medications. For example, they may get a headache, feel nauseous, or get diarrhea. These reactions are called **side effects**.

When women under your care are taking TB medications, they may sometimes experience side effects from the medications.

Some side effects are mild and not serious. Other side effects are severe and very serious. If a woman under your care experiences a severe side effect, you must be able to recognize it and accompany the woman to the health facility immediately.

Now we will review the **mild** and **severe** side effects of TB medications.

2. Divide participants into pairs and give each pair one side effect picture. If you have pictures left over, split up some of the pairs and give the remaining pictures to these individual participants.



20 minutes

3. Ask a pair to come to the front of the room, hold up their side effect picture, and say its name aloud. Then ask participants:
 - Do you think this is a **mild** side effect (not serious) or a **severe** side effect (very serious, one for which you would accompany a woman to the health facility immediately)?
4. Ask participants to decide together quickly. Once participants have decided either “mild” or “severe,” confirm the correct answer and ask the pair to go stand near the correct sign.
5. Repeat this process for each side effect. Encourage participants to decide quickly for each side effect. Do not spend more than a minute or so on each.

Mild side effects of TB medications	Severe side effects of TB medications
Loss of appetite	Difficulty breathing
Burning or tingling feet	Difficulty hearing
Dizziness	Swollen eyes
Weakness or fatigue	Swollen tongue
Nausea	Blisters or sores
	Vomiting
	Rash
	Abdominal pain
	Yellow eyes (jaundice)



5 minutes

6. Once everyone is standing under one sign or the other, ask participants standing under the “mild” sign to hold up their pictures and say the side effects aloud, one at a time. Tell participants:

Women under your care who are taking TB medications may experience one or more of these mild side effects. While these side effects can be unpleasant, they are not serious.

If a woman is experiencing any of these mild side effects, tell her to go to the health facility within 2 or 3 days to get help.



5 minutes

7. Ask participants standing under the “severe” sign to hold up their pictures and say the side effects aloud, one at a time.

8. Tell participants:

Women under your care who are taking TB medications may experience one or more of these severe side effects. These side effects are very serious.

If a woman is experiencing any of these severe side effects, you must accompany her to the health facility immediately.

Every time you visit a woman under your care who is taking TB medications, you must ask her if she is experiencing side effects and refer her to the health facility if she is. Do not assume that she will tell you if she is having side effects. You must always ask.

It is not enough to ask, “How are you feeling?” You must take the time to ask, “Are you experiencing any severe side effects, for example, rash, vomiting, difficulty breathing, etc.?”

You must also teach women to recognize the serious side effects, so that when they experience a serious side effect, they know to come and find you so that you can accompany them to the health facility immediately.

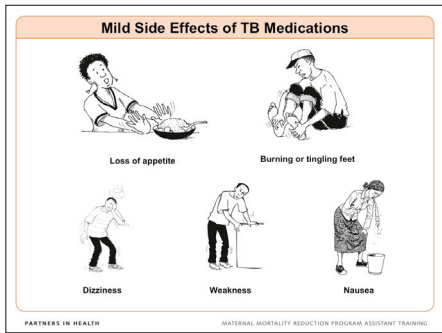
9. Thank participants, collect the pictures of TB medications side effects, and ask participants to be seated.



10 minutes

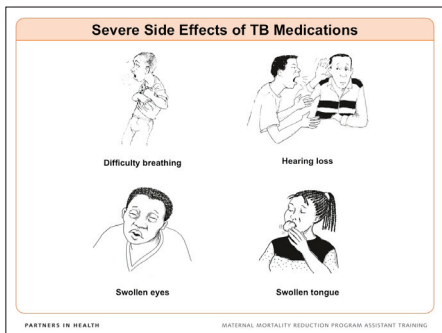
10. Lead a quick review: hold up each side effects picture one at a time, say it aloud, and ask participants to call out whether it is mild or severe. Correct as needed.
11. Then show the slide/flipchart pictures of mild and severe side effects of TB medications, and review the side effects one at a time.

12. Mild Side Effects of TB Medications



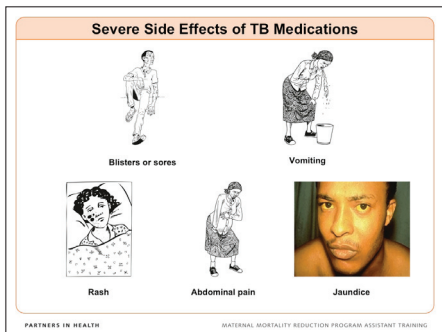
- Loss of appetite
- Burning or tingling feet
- Dizziness
- Weakness or fatigue
- Nausea

13. Severe Side Effects of TB Medications



- Difficulty breathing
- Difficulty hearing
- Swollen eyes
- Swollen tongue

14. Severe Side Effects of TB Medications



- Blisters or sores
- Vomiting
- Rash
- Abdominal pain
- Yellow eyes (jaundice)

15. Ask participants to find the pictures and information about mild and severe side effects of TB medications on pages 158–160 of their handbooks. Tell participants that they must study this information at home so that they learn it well. They can also use the pictures to educate women under their care who are taking TB medications.
16. Remind participants that one of their major responsibilities is to:
 - Ask about and identify mild and severe side effects of ARVs or TB medication in women taking ARVs or TB medication, and accompany women suffering from severe side effects to the health facility immediately. Remind women to report to you any side effects they experience while taking these medications.
17. Ask participants to find the TB checklist on pages 162 of their handbooks. Ask a volunteer to read the checklist items aloud. Explain that these are among MMRPAs' responsibilities for women under their care who are taking TB medications, and for their families:

TB Treatment Checklist

- Explain when TB medications should be taken, for how long, and their correct dosage.
 - Make sure that women have the correct TB medications.
 - Remind women taking TB medications to store medicine in a safe, dry place, away from sunlight and children.
 - Make sure that women take their TB medications correctly every day by going to their houses in the morning to watch them swallow the medications (DOT).
 - Before the woman takes TB medication, always ask if she has eaten or not.
 - Record TB medications taken on the treatment card.
 - Ask about and identify mild and severe side effects of TB medications in women taking them, and accompany women suffering from severe side effects to the health facility immediately.
18. Ask participants what remaining questions they have about the side effects of TB medications and answer accordingly.



Loss of appetite



Burning or tingling feet



Dizziness



Weakness or fatigue



Nausea



Difficulty breathing



Difficulty hearing



Swollen eyes



Swollen tongue



Blisters or sores



Vomiting



Rash



Abdominal pain



Yellow eyes (jaundice)

SESSION 6

TB Education



Method: Case studies



Time: 1 hour



Objective

Participants will be able to:

1. Educate pregnant women and nursing mothers about the importance of being tested for TB, how to avoid getting TB, the importance of adherence when taking TB medications, and the side effects of TB medications.



Preparation

- Review the TB case studies, questions, and sample answers.



Materials

- TB case studies on pages 163–165 of Participant Handbook



STEPS



5 minutes

1. Explain that participants will practice using what they have learned about TB by reading and discussing case studies.
2. Divide participants into small groups of 4 to 5 participants each. Make sure that each group has at least a few fairly literate participants.
3. Explain the small group task:
 - I will assign each small group one case study. (I will make assignments shortly.)
 - Choose 1 group member to read the case study and case study question aloud for the group.
 - Discuss the case study question. Make sure all group members participate in the discussion.
 - Choose a 2nd group member to record the group's answers briefly.

- Choose a 3rd group member to report the answers to the whole group.
- You will have 10 minutes to work.

4. Assign each small group one of the case studies.



10 minutes

5. Give the small groups 10 minutes to read and discuss the case studies. As the small groups are working, circulate and help as needed.



10 minutes

6. Ask the small groups to stop work. Ask the representative from the TB Case Study 1 small group to come forward, read TB Case Study 1 aloud, and then share the group's answers to the case study question.

7. When the representative has finished reporting, ask participants if they have any other answers or ideas to add. After participants have responded, check the case study sample answers below and add or correct information as needed.



30 minutes

8. Repeat this process for TB Case Studies 2 through 7. Spend about 5 minutes on each case study.



5 minutes

9. Ask participants to find the TB Treatment Checklist again on pages 162 of their handbooks. Ask a volunteer to read the following item aloud. Remind participants that this is one of their responsibilities as MMRPAs:

- Educate pregnant women and nursing mothers about the importance of being tested for TB, how to avoid getting TB, the importance of adherence when taking TB medications, and the side effects of TB medications.

10. Ask participants what remaining questions they have about TB transmission, symptoms, treatment, and side effects of TB medications, and answer accordingly.



TB Case Study 1

During a visit with a woman under your care, you notice that the woman has a bad cough. When you ask about the cough, she tells you that she has had the cough for a few weeks and has been feeling very poorly in general. Last night she was scared because when she coughed, some blood came up. She also tells you that sometimes she sweats a lot at night, but other times she feels very cold and shivers.

What should you do and say to help the woman and educate her?

Tell the woman that her symptoms might mean she has TB. She must go to the health facility as soon as possible to be tested for TB, and her family members must also be tested. Offer to accompany her.

Follow up with her to make sure she has gotten tested for TB. If possible, meet the woman outside during the follow-up visit. If you go inside and the woman has MDR TB, wear an N95 mask when you meet her.

Explain to her how TB spreads and teach her how to avoid spreading TB – by covering her mouth and nose with a cloth or tissue when she coughs, etc. Explain to her how the TB test will be done (sputum and chest X-ray), and reassure her that the test is easy and safe.



TB Case Study 2

A woman under your care has just been diagnosed with TB. You visit her in the morning to watch her take her TB medications. As you arrive at the house, you see that the door and windows are shut. You hear the woman coughing.

What should you do and say to help the woman and educate her?

If possible, ask to meet the woman outside to watch her take her TB medications. If you must meet her inside, wear an N95 mask if she has MDR TB. Ask the woman to open the windows and cover her mouth and nose when coughing.

Explain to her how TB spreads, and teach her how to avoid spreading TB – by covering her mouth and nose with a cloth or tissue when coughing, opening windows to let in air and sunlight, etc.

Tell her about the mild and severe side effects of TB medications. Make sure she knows that she must go to the health facility immediately if she experiences any severe side effects. Tell her to come and find you if she needs help.



TB Case Study 3

A woman under your care has HIV and has been taking her ARVs faithfully every day for a month. She was very sick before she started taking ARVs, but the doctor reassured her that the ARVs would help her to feel better. But even after 1 month of taking ARVs, the woman still feels poorly and seems to be getting thinner and thinner. One morning during your daily visit, you notice that the woman seems even worse.

What should you do and say to help the woman and educate her?

Advise the woman to get tested for TB. Her family members should also be tested for TB. Reassure her that the test is simple and confidential.

Explain to her that since she is not improving after 1 month on ARVs, this may mean that she has TB. People with HIV are more susceptible to getting TB because their immune systems are weakened by HIV.

Explain to her how the TB test will be done (sputum and chest X-ray), and reassure her that the test is easy and safe.

Explain to her how TB spreads, and teach her how to avoid spreading TB – by covering her mouth and nose when coughing, opening windows to let in air and sunlight, etc.



TB Case Study 4

A woman under your care was diagnosed with TB about 2 months ago. You have been watching her take her TB medications every day. One morning when you arrive to watch her take her medications, the woman tells you that she is feeling much better, and she does not want to take the TB medications anymore because sometimes the medications make her feel dizzy and very tired.

What should you do and say to help the woman and educate her?

Tell her that she must continue to take her TB medications, and watch her take them.

Reassure and remind her that the symptoms she is experiencing are normal, mild side effects of TB medications. Tell her to go to the health facility within 2 days, and the clinicians will help her with the side effects.

Explain to her the importance of adherence – of taking her TB medications every day at the same time for the entire treatment period. Explain that if she stops taking the TB medications, the TB may get stronger and become resistant to the medications. Then she will become even sicker than she was, and the TB will be harder to treat.



TB Case Study 5

A woman under your care was diagnosed with TB 1 month ago. But after 1 month of taking TB medications every day under your supervision, the woman is still coughing all the time, sometimes coughing up blood. She has also lost weight and is getting very thin. During your morning visit with her, she asks you why she is not getting better after taking her medicines faithfully for 1 month.

What should you do and say to help the woman and educate her?

Advise the woman to get tested again for TB. If her family members have not been tested for TB, they must also get tested.

Explain to her that because she is not getting better after taking TB medications, she may have a more resistant form of TB (MDR TB). At the health facility, they will test for this form of TB and give her different medications if needed.

Advise the woman to get tested for HIV also. Explain to her that her worsening health might mean she has HIV. Reassure her that the test is simple and confidential and that if she has HIV, she will receive treatment and counseling.

 **TB Case Study 6**

A woman under your care has been diagnosed with TB recently. You go to her house every morning to watch her take her TB medications. A few days after she starts taking the TB medications, she tells you that she feels dizzy, very tired, and nauseous. She is very worried about these symptoms and is afraid that the TB medications are making her sick.

What should you do and say to help the woman and educate her?

Remind the woman that the symptoms she is experiencing are normal, mild side effects of TB medications. Advise her to go to the health facility within 2 days, where they will help her with the symptoms.

Remind the woman that if she experiences any of the severe side effects of TB medication (blisters or sores, difficulty breathing, etc.), she must go to the health facility immediately. Tell her that she should come and find you if she needs help.

TB Case Study 7

A woman under your care has just been diagnosed with TB. You arrive in the morning to watch her take her TB medications for the first time. You complete your duties, say goodbye, and promise to see her again tomorrow morning. A little while later, you pass her house again. She runs out to see you and is very distressed. She says that after she took the TB medications, she started to vomit and is now having a lot of pain in her belly.

What should you do and say to help the woman and educate her?

Tell the woman to go to the health facility immediately. Accompany her if needed.

Explain that she is experiencing a severe side effect of the TB medications, and she must go to the health facility right away.

UNIT 6

Family Health



OVERVIEW

In addition to attending prenatal visits, delivering at the health facility, attending postnatal visits, and taking medications when prescribed, pregnant women and mothers should follow other practices to improve and maintain their families' health. These practices include family planning when appropriate, making sure that their children are immunized properly according to the national immunization schedule, recognizing signs of malnutrition and diarrhea in their children and bringing them to the health facility for treatment when needed, and following good personal and household hygiene practices.

In this unit, participants will review information about family planning, immunizations, malnutrition, diarrhea, and good hygiene practices so that they can educate the families under their care and make sure that they receive treatment or are referred to the health facility when needed.

**OBJECTIVES**




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

- a. Define family planning and birth control, and give examples of birth control methods.
- b. Name some of the benefits of, and social and cultural obstacles to, families practicing family planning and using birth control.
- c. Educate community members about the benefits of family planning and birth control.
- d. Describe how the different methods of birth control work; name the advantages, correct use, and side effects of each; and teach women and their partners about birth control methods.
- e. Describe the immunizations that all babies should receive according to the national schedule.
- f. Accompany babies to the Under-5s Clinic until they are declared fully immunized.
- g. Describe the 3 food groups needed for proper nutrition.
- h. Name reasons why children become malnourished.
- i. Identify the main symptoms of malnutrition in children, including symptoms of marasmus and kwashiorkor, and refer children with these symptoms to the health facility immediately.
- j. Define diarrhea and describe its symptoms, main causes, and treatment, and teach families how to treat diarrhea.
- k. Describe personal and household hygiene practices that can help prevent diarrhea and the spread of disease, and teach families about these practices.



TIME REQUIRED: 4 hours


UNIT OVERVIEW

Session	Content	 Methods	 Time	 Materials
1	Participants review the basics of family planning and birth control, and discuss benefits of, and obstacles to, families practicing family planning.	Brainstorm Large group discussion	45 <i>minutes</i>	<ul style="list-style-type: none"> • Chart paper • Markers • Tape
2	Participants review birth control methods and their advantages, limitations, and side effects.	Facilitator presentation Large group discussion	30 <i>minutes</i>	<ul style="list-style-type: none"> • Sample of birth control methods • Slide or flipchart presentation • AV equipment if using slides
3	Participants discuss why immunizations are important and review the national immunization schedule.	Facilitator presentation	15 <i>minutes</i>	<ul style="list-style-type: none"> • Sample immunization vial and syringe • Slide or flipchart presentation • AV equipment if using slides
4	Participants review the 3 food groups and the main symptoms of severe malnutrition in small children.	Peer teaching	1 hour	<ul style="list-style-type: none"> • Slide or flipchart presentation • AV equipment if using slides
5	Participants review the symptoms and treatment of diarrhea and vomiting and practice making ORS.	Large group discussion Demonstration	45 <i>minutes</i>	<ul style="list-style-type: none"> • Slide or flipchart presentation • AV equipment if using slides
6	Participants review good personal and household hygiene practices.	Game	45 <i>minutes</i>	<ul style="list-style-type: none"> • Chart paper • Markers • Tape



Key Points

- Family planning is when families plan the number of children they want and when they want to have them.
- Birth control is a medicine, device, or practice that prevents pregnancy. All birth control methods except sterilization prevent pregnancy only while a woman or man uses them. If she or he stops using birth control, the woman can get pregnant again.
- Birth control methods include pills, injections, and male and female condoms.
- Male and female condoms are the only birth control methods that prevent the transmission of HIV and other STIs.
- Benefits of birth control include: having smaller numbers of children means that parents are better able to feed, clothe, and educate all of them; limiting pregnancies lowers a woman's risk of anemia or other complications brought on by too many pregnancies; teenage girls who avoid getting pregnant can finish school and become better prepared to become mothers in the future.
- All parents should have their babies immunized according to the national immunization schedule at the Under Fives Clinic.
- The 3 food groups are proteins, carbohydrates, and protective foods. A balanced diet includes adequate amounts of these 3 kinds of food.
- Marasmus and kwashiorkor are common forms of severe malnutrition among small children. Symptoms include: severe weight loss; stunting and wasting of muscles; below normal progress on the road to health chart (marasmus); pale, brittle hair; swelling of hands, face, and feet (edema); loss of appetite, diarrhea, dehydration, and below normal progress on the road to health chart (kwashiorkor).
- Children with symptoms of severe malnutrition must be brought to the health facility immediately.
- Diarrhea and vomiting are often caused by germs found in feces. People are exposed to these germs through dirty hands, dirty water, or dirty food.
- Diarrhea can be treated with homemade or packaged Oral Rehydration Solution (ORS). People with severe diarrhea must be brought to the health facility immediately.
- Following good personal and household hygiene practices, such as washing hands with soap and clean water, using latrines, and ventilating the house, can improve family health by preventing germs from spreading.

SESSION 1

Family Planning Benefits and Obstacles



Methods: Brainstorm and Large group discussion



Time: 45 minutes



Objectives

Participants will be able to:

- a. Define family planning and birth control, and give examples of birth control methods.
- b. Name some of the benefits of, and social and cultural obstacles to, families practicing family planning and using birth control.
- c. Educate community members about the benefits of family planning and birth control.



Preparation

- Write these definitions on a sheet of chart paper:
 - **Family planning:** a family plans the number of children they want and when they want to have them.
 - **Birth control** is a medicine, device, or practice that prevents pregnancy. There are different kinds of birth control. All birth control methods except sterilization prevent pregnancy only while a woman or man uses them. If she or he stops using birth control, the woman can get pregnant again.
- Write these 2 questions on two sheets of chart paper, 1 question per sheet:
 - What are some of the benefits of practicing family planning?
 - What are some reasons why people do not want to use birth control methods and practice family planning?



Materials

- Family planning and birth control definitions written on chart paper
- Family planning questions written on chart paper
- Chart paper
- Markers
- Tape



TIP: Some participants may be uncomfortable talking about family planning and birth control. If participants are reluctant, encourage them by saying that it is important and necessary for MMRPAs to talk about these topics in order to promote family and community health. Remind participants that everyone should participate respectfully and that people should not be afraid to voice their opinions and questions.



STEPS



5 minutes

1. Tell participants:

In this unit we will talk about family health. There are many things that women and their families should do in order to stay healthy. One very important thing is family planning. In this activity, we will discuss the importance, methods, and side effects of family planning. More importantly, we will also talk about some of the reasons why some people in our communities resist family planning, and how you as MMRPAs can help people understand that family planning can improve their health and economic well-being, and the health and economic well-being of their communities.

2. Ask participants:

- What is family planning?

Take a few volunteer responses.

- What is birth control?

Take a few volunteer responses.

3. Post the chart paper sheet with the definitions of family planning and birth control that you prepared. Read the definitions aloud, or ask a volunteer to read them aloud, and compare the definitions to participants' ideas:

Family planning means that a family plans the number of children they want, and when they want to have them.

Birth control is a medicine, device, or practice that prevents pregnancy. There are different kinds of birth control. All birth control methods except sterilization prevent pregnancy only while

a woman or man uses them. If she or he stops using birth control, the woman can get pregnant again.

4. Ask participants:

- What are some examples of birth control methods?

Condoms, birth control pills, injections, etc.



10 minutes

5. Post the 1st question you prepared, ask the question, and write participants' responses on the sheet:

- What are some of the benefits of practicing family planning?

Spacing of pregnancies – Having too many pregnancies too close together puts a woman at risk for anemia and other complications. Birth control helps women space their pregnancies to avoid this.

Women's health – Having too many children very close together in age or getting pregnant at too young or too advanced an age can be dangerous for a woman's health. Family planning helps to protect women from these risks.

Family health – Families with fewer children are better able to feed, educate, and support all their children.

Community health – Having fewer children through family planning can help families achieve better health and economic well-being and contribute to the health and economic well-being of their communities.

Women with HIV – Women with HIV risk passing HIV to their babies during pregnancy and birth. These women can use birth control to limit pregnancies if they want to. They can also learn how to prevent passing HIV to their babies during pregnancy, during birth, and after birth – we call this PMTCT (preventing mother-to-child transmission).

Protection against STIs – Male and female condoms protect against getting pregnant and protect against sexually-transmitted infections, including HIV.

Prevention of teenage pregnancies – If teenage girls use birth control to avoid getting pregnant, they can stay in school longer and become better prepared to support a family when they are older.

Lowering the risk of death during childbirth – Sometimes women die during childbirth and leave orphaned children. Using birth control lowers this risk.

Women taking ARVs or TB medication may not be able to use certain forms of birth control because they may react with the ARVs or TB medications.

Participants may name other benefits.

- 6.** When participants have named all the reasons they can think of, check the chart paper list. If any of the ideas above are missing, add them to the list.



15 minutes

- 7.** Tell participants:

We know that women and men can use various birth control methods to do family planning – to have the number of children they want, when they want them. We know that there are many benefits to family planning. But some people resist family planning. Some people do not want to use birth control methods, even though using birth control methods to practice family planning could improve their families' health.

- 8.** Post the 2nd question you prepared, ask the question, and write participants' responses on the sheet:

- What are some reasons why people do not want to use birth control methods and practice family planning?

Traditional culture teaches that it is important to have many children as a sign of wealth or to ensure the family's survival.

In some communities, babies die frequently, especially in poor families, so families want to have a lot of children because they know they will lose some.

People want to have many children so that the children can help support the family by working and farming.

Women think that birth control methods will give them cancer or other serious illnesses.

Women who try birth control methods experience bad side effects.

People think that birth control methods are too expensive.

Male partners, mother-in-laws, or elders pressure women not to use birth control methods.

People's religions prohibit the use of modern birth control methods.

Some people live very far from the health facility, so it is difficult for them to pick up pills or get injections.

Some people prefer to use traditional birth control methods.

Participants may name other reasons.

9. When participants have named all the reasons they can think of, check the chart paper list. If any of the ideas above are missing, add them to the list.

10. Tell participants:

You have named many benefits to practicing family planning, and many reasons why people resist using birth control and doing family planning. These reasons keep some people from using birth control methods, even though using birth control could improve their families' and communities' health. Now we will talk about how, as MMRPAs, you can address these reasons and help people to understand the importance and benefits of family planning.



15 minutes

11. Point to the brainstormed list of reasons that people do not use birth control and practice family planning. Tell participants:

These are some of the major reasons why people resist family planning and birth control. These reasons come from people's experiences, or because people do not have information about birth control, are poor, or have been taught these beliefs for many generations.

12. Point to the first reason on the brainstormed list. Ask participants:

- Imagine that you are talking with a woman under your care about family planning. Imagine that she says she does not want to use birth control and do family planning because of this reason. What you could say to this woman to encourage her to do family planning?

13. Take volunteer responses, and add ideas as needed. (You do not need to write on the chart paper sheet; simply do an oral discussion.)

14. Repeat this process for each item on the brainstormed list. As you go, check the ideas below and add them to the discussion as needed:

A family with many children may not be able to provide enough food, clothing, or schooling for the children and therefore may end up poorer, not wealthier.

There are other signs of wealth and well-being that do not harm a family's health as a large number of children can, including: a well-built house, well-kept animals, well-fed children who complete school, well-tended land that does not have to be divided among too many adult children, etc.

Families with fewer children have a better chance of keeping their children healthy so that they will not lose children to death.

Families can learn how to protect their children against common childhood illnesses that often kill children in poor families, for example, malnutrition or diarrhea, so that they do not lose children to early death, etc.

More children may provide more help with farming, but they also need more food and resources.

Family planning is not the responsibility of women alone. Men must share this responsibility.

MMRPAs and health facility staff members can help women learn how to speak with their male partners about birth control and family planning, so that men understand its importance to family health.

MMRPAs and health facility staff can counsel couples, men, mothers-in-law, and extended family members about how family planning will improve their family's health and well being.

Family planning contributes to the health and economic well-being of families and communities. *If families have too many children, the family may not have food security or adequate access to education and economic opportunities. Smaller families mean greater economic well-being for everyone.*

Birth control methods do not give women cancer or other serious illnesses.

Even though some birth control methods do have side effects, these effects are usually not serious, and they can be managed. Most side effects go away after a few months.

Participants may name other ideas.

15. Tell participants:

Some people in our communities resist family planning and birth control for these reasons and others. You have just named many ideas for how to talk to families about their reasons for resisting family planning and birth control.

But even when you speak with families using these ideas, it can be difficult to help families understand the importance and benefits of family planning and birth control.

It is important to speak with both women and men about family planning and birth control. Family planning is not only women's responsibility. Men must share this responsibility.

Educating families and communities about family planning can be a long and slow process. Sometimes it is difficult to change people's attitudes and behaviors because they have been taught these attitudes and behaviors since they were young. But every time you talk with someone about family planning, you make a difference. Education is one important way to change people's attitudes and improve community health.

SESSION 2

Birth Control Methods



Methods: Facilitator presentation and large group discussion



Time: 30 minutes



Objective

Participants will be able to:

- d. Describe how the different methods of birth control work; name advantages, limitations, and side effects of each; and teach women and their partners about birth control methods.



Preparation

- Review the information on the slides.
- Find out which methods of birth control are available in the area, and how and where they can be obtained.
- Obtain samples of all birth control methods available (several samples of each type if possible).



Materials

- Slide or flipchart presentation
- AV equipment if using slides
- Samples of all birth control methods available (several samples of each type if possible)



TIP: Tell participants which birth control methods are available in the area, and where community members can obtain them. Ask everyone to write the information into their Participant Handbooks (see the steps at the end of this session).



STEPS



5 minutes

1. Tell participants:

We have discussed some of the reasons that people resist using birth control and practicing family planning, and some of the things that you can say to families to help them overcome this resistance.

In addition to educating families about these things, you should give families specific information about the types of birth control available in your area, where families can get birth control, the benefits and side effects of each type, and how side effects can be managed. The more information people have, the less likely they are to be afraid of trying birth control, and the better they will be able to choose the best method for their needs and situation.

2. Ask participants:

- What types of modern birth control methods are available in your area?

Condoms, pills, injections, implants, IUDs, sterilization – methods will vary depending on the area.

- Of these methods, which do you think are most effective? Why?

Let participants state their own opinions. They will learn more about effectiveness later in this session.

- In our area, where can people obtain birth control methods?

Give participants information about where the methods available in your area can be obtained.

- What traditional (not modern) forms of birth control do families in your area practice?

“Calendar” or “natural” method, breastfeeding, other local customs.

- Of these traditional methods, which do you think is the most effective? Why?

Let participants state their own opinions. They will learn more about effectiveness later in this session.



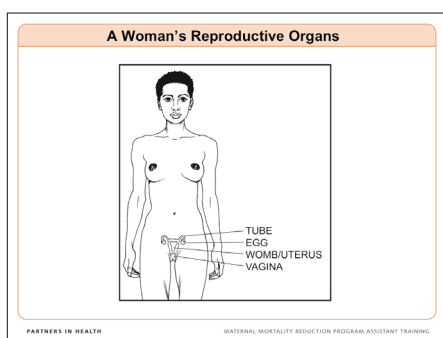
5 minutes

3. Tell participants:

Birth control methods all protect against pregnancy, but each method does so in a different way. To understand how these methods work, we will review how a woman gets pregnant.

4. Show the slide/flipchart picture, and use the information below to explain.

5. A Woman's Reproductive Organs



Ask: How does a woman get pregnant?

Let a participant explain, and as she/he explains, point to the areas of the visual (ovary, womb, etc.). Help and correct as needed. Make sure that the explanation includes the following information:

A woman has many eggs in her **ovaries**. Every month, an **egg** is released from the ovary and travels down the **fallopian tube** into the **womb** (also known as the uterus). When a man and a woman have sex and the man ejaculates, **sperm** from the man's penis goes into the womb and travels up the fallopian tube.

If the sperm from the man's penis connects with the egg, this egg is **fertilized**. Sperm are tiny cells. A man's semen contains millions of sperm, but only one sperm is needed to fertilize the egg. The fertilized egg travels down the fallopian tube into the womb, attaches to the wall of the womb, and begins to grow.

If the egg is not fertilized, the egg is expelled from the woman's body through the **vagina** along with blood and some excess tissue from the womb (uterus). This is called **menstruation** or a woman's **period**.



10 minutes

6. Tell participants:

Now that we have reviewed how a woman gets pregnant, we will review some facts about birth control methods so that you can

answer questions families might ask, encourage families to go to the health facility, and help families choose the method that works best for them.

Birth control methods work in one of 3 ways:

- By preventing the egg from being released (preventing ovulation)
- By preventing the sperm from reaching the egg
- By preventing the egg from attaching to the wall of the womb

Now we will review the following facts and information about birth control methods:

- How the methods work
- How to use the methods correctly
- How long the methods last
- How well the methods work
- Side effects of each method
- Whether or not each method protects against HIV and STIs

7. Show the slides or flipchart pictures of birth control methods one at a time. For each picture, give participants the samples of that birth control method, and ask them to pass around the samples so that everyone can see and touch them. Ask the questions below to get volunteers to help you explain each method. Spend a few minutes on each picture.



TIP: *Present only the methods that are available in the area. If one of the methods included below is not available in the area, leave it out of your presentation.*

8. Birth Control Pills



Ask: How does the method work?

*A woman takes a pill. The pill releases **hormones** (substances similar to those in a woman's body). These hormones prevent ovulation; that is, they prevent a woman's ovaries from producing an egg that travels to the womb. If a woman doesn't ovulate, there is no egg in her womb, and she cannot get pregnant. Examples of pills are Nordett, Microgynon, Lofemenal, Microval, and Microlut.*

- How do you use it correctly?

A woman takes 1 pill every day at about the same time of day. If she missed taking the pill 1 day, she must take it the following morning.

- How long does it last?

Each pill lasts for 1 day.

- How well does it work?

The pill is a very effective method as long as the woman takes a pill every day. She can get more pills at the health facility every few months. If a woman is breastfeeding, the pill is a bit less effective. There may be one kind, called a mini-pill, that does work for breastfeeding mothers. Women can get pregnant after they stop taking the pill.

- Does it have side effects?

Yes.

- What are they?

Possible changes in monthly menstruation (irregular bleeding for a few months that becomes regular).

Women should go to the health facility if they experience heavy bleeding or breakthrough bleeding (bleeding other than menstruation).

Possible nausea, weight gain or loss, depression, acne, headaches, or sore breasts.

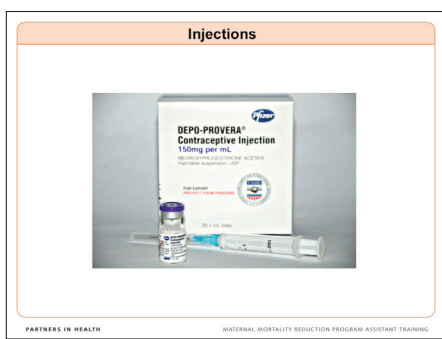
These side effects often go away after a few months.

Possible health problems for women over 35 years old, women who smoke, or women with certain medical problems; women must talk to a nurse or doctor at the health facility before they start taking the pill to be sure that it is safe for them.

Women must be sure they are not pregnant before they use this method. The hormones can hurt the baby if a woman is pregnant already.

- Does it also protect against HIV and STIs?
NO.

9. Injections



Ask: How does the method work?

A woman gets an injection at the health facility. The injection contains hormones (substances similar to those in a woman's body). These hormones prevent a woman from ovulating.

- How do you use it correctly?

A woman must receive her 1st injection at the health facility. Then she must get an injection every 3 months at the health facility to prevent pregnancy.

- How long does it last?

1 injection lasts for 3 months.

- How well does it work?

Injections are very effective as long as a woman gets an injection every 3 months.

- Does it have side effects?

Yes.

- What are they?

Possible changes in monthly menstruation (irregular bleeding for a few months that becomes regular, or monthly menstruation stops).

Possible nausea, weight gain or loss, depression, acne, headaches, or sore breasts.

These side effects often go away after a few months.

Possible health problems for women over 35 years old, women who smoke, or women with certain medical problems; women must talk to a nurse or doctor at the health facility before they start taking injections to be sure that it is safe for them.

Women must be sure they are not pregnant before they use this method. The hormones can hurt the baby if a woman is pregnant already.

- Does it also protect against HIV and STIs?

NO.

10. Implants



Ask: How does the method work?

*Implants give a woman hormones through an **implant** (a small capsule) that is put under the skin of a woman's arm. It releases the hormones a little bit at a time so that it lasts for a long time. These hormones prevent a woman from ovulating.*

- How do you use it correctly?

A woman must get an implant done at the health facility. She must get another implant every 3 to 5 years to prevent pregnancy.

- How long does it last?

One implant lasts for 3 to 5 years (depending on the type of implant).

- How well does it work?

Implants are very effective as long as a woman gets a new implant every 3 to 5 years.

- Does it have side effects?

Yes.

- What are they?

Possible changes in monthly menstruation – irregular bleeding for a few months that becomes regular, or monthly menstruation stops.

Possible nausea, weight gain or loss, depression, acne, headaches, or sore breasts.

These side effects often go away after a few months.

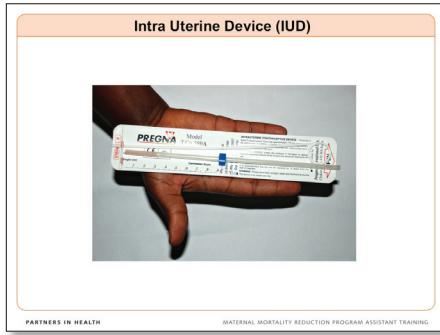
Possible health problems for women over 35 years old, women who smoke, or women with certain medical problems; women must talk to a nurse or doctor at the clinic before they start using an implant to be sure that it is safe for them.

Women must be sure they are not pregnant before they use this method. The hormones can hurt the baby if a woman is pregnant already.

- Does it also protect against HIV and STIs?

NO.

11. Intra Uterine Device (IUD)



Ask: How does the method work?

An IUD is put inside a woman's womb at the health facility. It prevents an egg from attaching to the wall of the womb, so that a woman cannot get pregnant.

- How do you use it correctly?
A woman must have the IUD put in at the health facility.
- How long does it last?
One IUD lasts for 10 years.
- How well does it work?
An IUD is very effective if it is replaced every 10 years.
- Does it have side effects?
Yes.
- What are they?
Heavier and slightly more painful monthly menstruation.
IUDs can be dangerous for women with certain medical problems. Women must talk to a nurse or doctor at the health facility before they have an IUD inserted.
- Does it also protect against HIV and STIs?
NO.

12. Male Condoms



Ask: How does the method work?

A man puts a condom on his erect penis before intercourse. The condom prevents pregnancy by preventing the sperm from going into the woman's body.

- How do you use it correctly?
A man must put a condom on his erect penis correctly before intercourse. The condom must stay on. It must not have holes. A

man should use a new condom every time he has intercourse. We will review how to use condoms correctly.

- How long does it last?
A condom lasts for one erection.
- How well does it work?
Condoms are very effective if they are used correctly.
- Does it have side effects?
NO.
- Does it also protect against HIV and STIs?

YES. The condom is the ONLY birth control method that protects against HIV and STIs. If used correctly, condoms prevent all fluids from passing from one person to another during sex. This is why condoms protect against HIV and other STIs.

- Briefly review HIV transmission here if needed.

13. Female Condoms



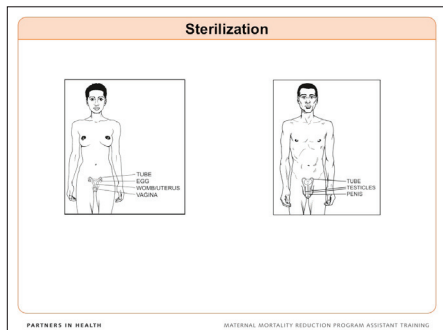
Ask: How does the method work?

A woman puts a female condom into her vagina before intercourse. The condom prevents pregnancy by preventing the sperm from going into the woman's body.

- How do you use it correctly?
A woman must put a condom into her vagina correctly before intercourse. The condom must stay in. It must not have holes. A woman should use a new condom every time she has intercourse. We will review how to use female condoms correctly.
- How long does it last?
A condom lasts for one intercourse session.
- How well does it work?
Female condoms are very effective if they are used correctly.
- Does it have side effects?
NO.
- Does it also protect against HIV and STIs?
YES. The condom is the ONLY birth control method that protects against HIV and STIs. If used correctly, condoms

prevent all fluids from passing from one person to another during sex. This is why condoms protect against HIV and other STIs.

14. Sterilization



Ask: What is sterilization?

*Sterilization **permanently** prevents a woman from getting pregnant or a man from being able to get a woman pregnant. This is done through a simple operation.*

*For a man, the operation is called a **vasectomy**. The tubes that carry a man's sperm into his penis are cut, so that sperm cannot come out of the penis.*

*For a woman, the operation is called **tubal ligation**. The tubes that connect a woman's ovaries to her womb are closed, so that eggs cannot travel from the ovaries to the womb.*

- How long does it last?

*Sterilization is **permanent**. Sterilization is best for women and men who are very, very sure that they do not want to have more children.*

- How well does it work?

Sterilization is very effective.

- Does it have side effects?

Men and women may have some pain and swelling after the operation, which will go away after a few weeks.

Tubal ligation does not affect a woman's menstrual cycle or her ability to have sex.

Vasectomy does not affect a man's ability to have sex or ejaculate semen. But the semen will not have any sperm.

- Does it also protect against HIV and STIs?

NO.



10 minutes

15. Tell participants:

As we have reviewed here, some modern birth control methods do have side effects. Sometimes women start to use birth control, but then they quit as soon as they experience side effects. Other women resist even trying birth control because they have heard about side effects. It is important to talk with women and families about possible side effects.

16. Ask participants:

- What can you say to women and families about side effects to help ease their fears and encourage them to use modern birth control methods? What did we just review about side effects that you could tell families?

Most side effects from using the pill or injections go away after a few months, so the side effects may be unpleasant for a little while, but they are often not permanent.

Women can talk with a doctor or nurse at the health facility about side effects, and the doctor or nurse can help women manage the side effects or help them switch to another birth control method.

Some women may have side effects from one method but not another, and some women may experience very few side effects at all. Everyone's experience is different.

Male and female condoms produce no side effects and are fairly effective ways of preventing pregnancy. They also protect against STIs, including HIV.

- As we discussed earlier, some people resist using birth control methods because they think that using birth control causes cancer or other serious illnesses. How should you respond to this fear?

Modern birth control methods do not cause cancer or other serious illnesses. You must reassure people about this. You can also encourage women to ask a doctor or nurse at the health facility about this if they need further reassurance.

17. Tell participants:

As we have just reviewed, some women may experience side effects when they use birth control, but most of these effects are minor and they go away after a few months. Not using birth control to practice family planning can have much more serious effects on a woman's health than the side effects of modern birth control methods. Having too many children, having children spaced too close together, or having children at a young age or as an older woman can be dangerous for a woman's health.

18. Ask participants:

- How can having too many children, having children spaced too close together, or having children at a young age or as an older woman be dangerous for a woman's or girl's health?

Take volunteer responses.

19. Then summarize by telling participants:

Women who get pregnant before their last child is 2 years old are more likely to get anemia, which makes them weak and prone to illness. Women's bodies need time to heal after pregnancy, birth, and breastfeeding.

Women who have given birth to more than 5 children are more likely to have problems such as dangerous bleeding during the next birth.

The bodies of girls and young women (under age 18) are not ready for pregnancy and birth, and it can be dangerous for them.

Women over the age of 35 run the risk of having difficult or dangerous pregnancies and births.

20. Ask participants:

- What natural or traditional methods do couples use to prevent pregnancy?

"Natural" or "calendar" method; breastfeeding; participants may also name other traditional methods.

- How do couples use the "natural" or "calendar" method?

If a woman has regular menstruation, she can usually predict when she ovulates and avoid having sex during these days every month.

- When does breastfeeding prevent pregnancy?

If a woman breastfeeds her baby as much as the baby wants, if breast milk is the only thing the baby is eating, and if the woman's monthly menstruation has not returned, the woman will usually not get pregnant for the first 6 months after she gives birth.

- How effective are these natural or traditional methods?

Natural or traditional methods are NOT very effective. If a couple wants to prevent pregnancy, they should use a modern birth control method.

21. Tell participants how and where community members can obtain the birth control methods available in their areas. Ask everyone to write this information into page 186 of their handbooks.

22. Tell participants:

Remember that at the 6-week postnatal visit, women will receive counseling and advice about family planning. Remember that you must accompany women to this postnatal visit, and make sure that they start to use a birth control method if they have been advised to do so.

Women who are taking ARVs should not use birth control pills, as the pills may react with the ARVs and cause problems. If women are taking both ARVs and birth control pills, they should return to the health facility every 10 weeks instead of every 12 weeks.

SESSION 3

Immunizations



Method: Facilitator presentation



Time: 15 minutes



Objectives

Participants will be able to:

- e. Describe the immunizations that all babies should receive according to the national schedule.
- f. Accompany babies to the Under-5s Clinic until they are declared fully immunized.



Preparation

- Obtain a sample immunization vial and syringe.



Materials

- Sample immunization vial and syringe
- Slide or flipchart presentation
- AV equipment if using slides



STEPS



5 minutes

1. Tell participants that during this activity they will learn about immunizations, which are important for family health, and which they probably already know something about.
2. Ask participants the following questions, and ask for a few volunteer responses. Then check the answers below, and add any information as needed.
 - What are immunizations?
Immunizations are injections that protect children, pregnant women, and others against serious illnesses.

Immunizations are made from live germs that cause illnesses, but the germs are weakened so they will not cause the illness, but instead help the body to build up protection against the illness.

- It is very important for all babies (and in some cases, pregnant women or others) to receive immunizations. Why are immunizations important?

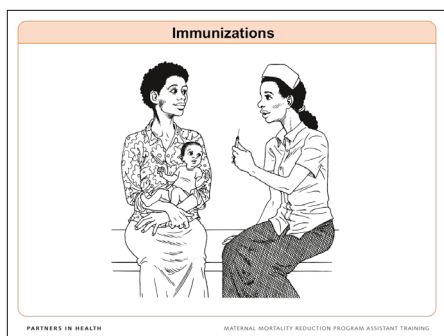
Children who receive immunizations avoid many dangerous, deadly diseases, for example, polio, measles, tuberculosis, and tetanus.

Pregnant women who receive the tetanus immunization will not get tetanus or pass tetanus to their babies.

When children are immunized, the whole community is safer. Adults and children stay healthy, and diseases do not spread as quickly.

3. Show the slide/flipchart picture. Show participants the immunization vial and syringe.

4. Immunizations



Say: As you know, immunizations protect babies and adults from deadly diseases. Immunizations contain a weak form of the live germs that cause the disease. When a person receives an immunization, this weak form of the disease is injected into the person's body. The body makes antibodies (weapons) to protect itself from the disease. This means that if the person is exposed to the disease again, she/he will already have the weapons to fight it off.

Say: Often after receiving an immunization, a baby will have a slight fever. This fever is proof that the baby's body is making weapons against illness. This is normal and will pass.

Immunizations protect children against very serious illnesses that can spread throughout communities and kill many people. Children must be immunized so that they will not get very sick or die from these illnesses, and so that the whole community is also protected from these illnesses.

5. Ask participants if there are any questions about what immunizations do or why they are important, and answer as needed or ask experienced participants to answer.



10 minutes

6. Ask participants:

- How many of you have had your children immunized? Raise your hands.
- How many immunizations must a baby receive and when?

Take a few volunteer responses.

7. Tell participants:

As you may know, there is a national immunization schedule that shows when babies should receive immunizations. Babies must receive immunizations at certain times during their first 18 months of life. Some immunizations are given only once, and some are given 3 or 4 times over many weeks and months.

8. Ask participants to find the National Schedule for Immunizations on page 188 of their handbooks. Explain the schedule, one immunization at a time.

National Schedule for Immunizations

Antigen	Time of giving	Site of giving	Frequency
BCG	After birth	Left forearm	Once
Pentavalent	6 weeks, 10 weeks, and 14 weeks	Left thigh	3 times
OPV	After delivery, at 6 weeks, 10 weeks, and 14 weeks	Oral	4 times
Measles	9 months and 18 months	Right deltoid	2 times
DT	18 months	Thigh	Once
TT to pregnant women	First contact, after 4 weeks, after 6 months, after one year or at the next pregnancy, and the last one a year after the 4th or at the next pregnancy	Left deltoid	5 times

All women of childbearing age should receive:

Tetanus Toxoid (TT) according to the schedule below. For lifetime protection, women should receive 5 doses total.

TT immunization schedule

Doses	Timing	Site of the injection
1st dose	At first contact	Left deltoid muscle
2nd dose	4 weeks after the 1st dose	same
3rd dose	6 months after the 2nd dose	same
4th dose	1 year after the 3rd dose or during subsequent pregnancy visit	same
5th dose	1 year after the 4th dose or at the next pregnancy	same

9. Ask participants what questions they have about the National Immunization Schedule and answer accordingly, or ask experienced participants to answer.
10. Ask participants to find the Major MMRPA Roles and Responsibilities checklist again on page 7–8 of their handbooks. Ask a volunteer to read the following checklist item aloud. Remind participants that this item is among their major responsibilities as MMRPAs:
 - Accompany babies to the Under-5s Clinic until they are declared fully immunized.

11. Tell participants:

As MMRPAs, you are responsible for accompanying mothers and babies to the health facility for vaccinations until they are declared fully immunized. You must also check babies' health booklets regularly to make sure they are receiving the proper vaccinations at the proper times.

SESSION 4

Nutrition and Malnutrition



Method: Peer teaching



Time: 1 hour



Objectives

Participants will be able to:

- g. Describe the 3 food groups needed for proper nutrition.
- h. Name reasons why children become malnourished.
- i. Identify the main symptoms of malnutrition in children, including symptoms of marasmus and kwashiorkor, and refer children with these symptoms to the health facility immediately.



Preparation

- Review the slide/flipchart information.



Materials

- Slide/flipchart presentation
- AV equipment if using slides



STEPS



5 minutes

1. Tell participants:

In this activity, we will discuss another important aspect of family health: nutrition. We will discuss the importance of good nutrition, the symptoms of malnutrition in children, and what to do if you find a child who is severely malnourished. To do this, you will work in small groups.

2. Divide participants into 6 small groups. Make sure that each group has at least a few fairly literate participants.

3. Explain the small group task:

- Read the information assigned to your group aloud and study the pictures. (I will give assignments shortly.)
- Make sure that everyone in the group understands the information.
- Discuss the questions assigned to your group. Make sure all group members participate in the discussion.
- Choose 1 group member to record brief answers.
- Choose 1 group member to present the information. Presenters will be able to use the slides/flipchart pictures during their presentation.
- Presenters should become familiar with the information and practice presenting so that they can present it without looking at their handbooks.
- You will have 20 minutes to discuss and prepare.
- You will have 5 minutes to present.

4. Ask participants to find the nutrition and malnutrition information on pages 189–193 of their handbooks. Assign the information to small groups as follows:

Group 1: Good Nutrition

Group 2: Marasmus

Group 3: Kwashiorkor

Group 4: Good Nutrition

Group 5: Marasmus

Group 6: Kwashiorkor



20 minutes

5. Give the groups 20 minutes to work. As groups are working, circulate and help as needed.



10 minutes

6. Ask groups to stop work. Ask 1 representative each from Groups 1 and 4 (Good Nutrition) to come forward. Ask the representatives to decide who will present what pieces of their presentation. Help the presenters with the slides or flipchart if needed. If the presentation goes longer than 5 minutes or so, ask the presenters to wrap up. Add or correct information as needed.

7. Ask the 2 representatives to briefly report their answers to the small group questions.
8. Ask participants what questions or comments they have about the information, and answer or ask experienced participants to answer. Try to limit questions and comments to 5 minutes or so.



20 minutes

9. Repeat this process for the remaining groups (Groups 2 and 5 for marasmus, and Groups 3 and 6 for kwashiorkor).



5 minutes

10. Ask what remaining questions participants have about the nutrition and malnutrition information and answer accordingly, or ask experienced participants to answer.

11. Tell participants:

As MMRPAs, you must be able to recognize the signs and symptoms of serious malnutrition in children, for example, signs and symptoms of marasmus and kwashiorkor. When you see a child with these symptoms, you must accompany the child and mother to the health facility immediately. You must also educate women under your care about good nutrition and the signs and symptoms of malnutrition.



Peer Teaching: Good Nutrition

pages 189–190 of Participant Handbook

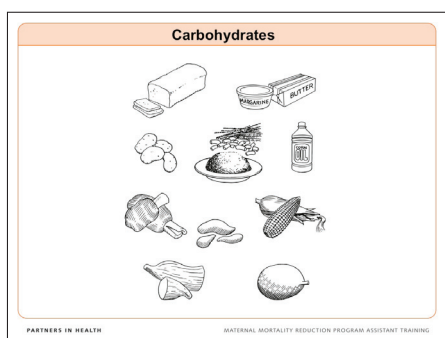
What is good nutrition?

Good nutrition is eating enough of the right foods so that the body gets the nutrients it needs to function well and stay healthy. Good nutrition does not just mean eating enough food to not feel hungry. It means eating enough of the right foods, in the right combinations, to help the body grow and protect itself. Eating enough of the right foods is called having a “balanced diet.”

If children do not have a balanced diet, they will not grow and develop properly. For example, they may become stunted (too small) or suffer delays in mental development.

The 3 Food Groups

For good nutrition, you should eat **protective foods** such as fruits and vegetables, **proteins** such as meat and dairy, and **carbohydrates** (starches) such as potatoes and rice. You should eat enough from each of these 3 food groups so that your body can build and repair its bones and skin, protect itself from infection, and have the energy it needs every day.



Carbohydrates

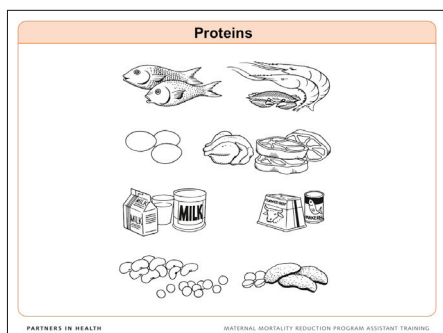
Carbohydrates give the body energy to work, walk, run, laugh, eat, and breathe.

Examples of carbohydrates are potatoes, porridge, rice, papa, and grains such as koro and mabele.



Peer Teaching: Good Nutrition

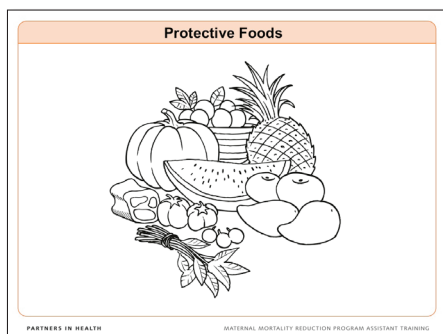
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Proteins

Proteins help the body to grow and repair itself. Proteins help our muscles form, our skin heal when we are cut, our bones grow taller and stronger, and our hair and nails grow.

Examples of proteins are eggs, milk, dried beans or peas, and meats such as beef, chicken, and fish.



Protective Foods

Protective foods help the body protect itself from sickness. Foods that have vitamins in them, such as fruits and vegetables, help strengthen the body's immune system so that we stay healthy.

Examples of protective foods are tomatoes, peppers, peaches, apples, papasane, leshoabe, qhela, and seruoe.

Questions

- Which carbohydrates, proteins, and protective foods are most common in your villages?

Papa, eggs, milk, leshoabe, papasane, peaches, apples, etc.

- Do you think that most families in your villages eat a balanced diet, or not?

Responses will vary.

- Why do some families in your villages not eat a balanced diet, so that children and other family members become malnourished?

Poverty, lack of access to nutritious food, lack of information about proper nutrition, large number of children per family, etc.



Peer Teaching: Marasmus pages 191 of Participant Handbook

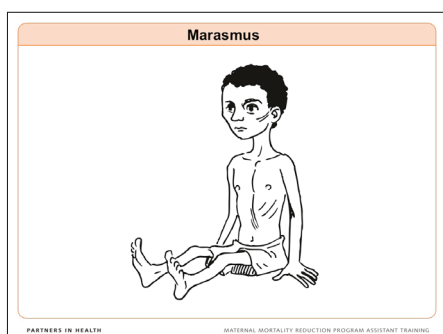
Malnutrition

When people do not eat a balanced diet, they become malnourished. Malnutrition is very dangerous. It can lead to illness and even death. Malnutrition in children can lead to lifelong developmental problems.

In Lesotho, many adults and children are malnourished. Community health workers and MMRPAs must be able to identify cases of serious malnutrition in children, accompany these children to the health facility immediately, and provide support and follow-up.

Malnourished children have one or more of these conditions:

- Low weight compared to age
- Low MUAC measurement (12.5 centimeters or lower)
- Slow physical and mental development compared to other children
- Symptoms of marasmus or kwashiorkor



Marasmus

Marasmus is a serious condition caused by malnutrition. A child with marasmus may be eating from the 3 food groups (proteins, carbohydrates, and protective foods), but the child is not eating enough and is starving.

Signs and symptoms of marasmus

- Serious weight loss
- Stunted growth
- Wasting of muscles; the child is so thin that her or his ribs can be seen and counted
- Severe hunger
- Child is below normal on road to health chart curve



Peer Teaching: Marasmus

Continued

What should the MMRPA do?

Accompany the child to the nearest health facility immediately, where the appropriate emergency treatment will be given.

While the child is hospitalized, the mother will learn about food preparation, the 3 food groups and their importance, how to recognize the early signs and symptoms of marasmus, and how to prevent it in the future. The mother will also receive instructions on how to feed the child after he is discharged, and help starting her own kitchen garden.

Prevention

MMRPAs must educate all women under their care about good nutrition and the signs of malnutrition. They must follow up with all children under their care who are enrolled in the food program to make sure they continue to improve after they are discharged from the program.

Questions

- When have you seen children with signs and symptoms of marasmus or other signs of malnutrition?

Responses will vary.

- Why do you think these children become malnourished?

Poverty, lack of access to nutritious foods, parents do not have information about proper nutrition, etc.

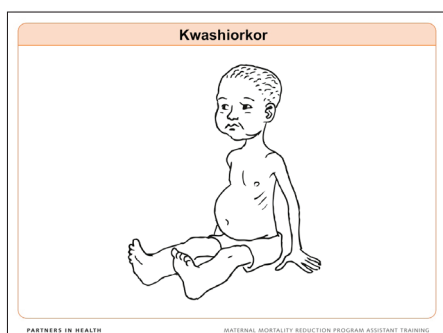
- What could you do to help the families you visit whose children are malnourished?

Educate families about good nutrition, refer children suffering from severe malnutrition to the health facility, etc.



Peer Teaching: Kwashiorkor

pages 192–193 of Participant Handbook



Kwashiorkor

Kwashiorkor is a serious condition caused by malnutrition. A child with kwashiorkor is not eating enough proteins, even though the child is eating carbohydrates and protective foods. Kwashiorkor usually affects children between 18 months to 2 ½ years of age. It is common during weaning if weaning is not done properly.

Many children suffering from malnutrition have a combination of signs and symptoms of kwashiorkor and marasmus. This is known as marasmic-kwash.

Signs and symptoms of kwashiorkor

- Persistent diarrhea.
- Irritability, refusal to play with other children, or refusal to eat even with family members.
- Pale, reddish, or white hair that loses its strength, shine, curl, and springiness, becomes brittle, and falls off.
- Swelling of feet, face, eyelids, and hands that looks shiny and is not painful; if a finger is pressed in the swelling, it leaves a deep pit.
- Skin becomes lighter, with blackish spots and patches.
- Loss of appetite.
- Dehydration due to continuing diarrhea.
- Anemia and parasitic infections in severe cases.
- Child remains below normal on the road to health chart curve.



Peer Teaching: Kwashiorkor

Continued

What should the MMRPA do?

Accompany the child to the nearest health facility immediately, where the appropriate emergency treatment will be given.

While the child is hospitalized, the mother will learn about food preparation, the 3 food groups and their importance, how to recognize the early signs and symptoms of kwashiorkor, and how to prevent it in the future. The mother will also receive instructions on how to feed the child after he is discharged, and help starting her own kitchen garden.

Prevention

MMRPAs must educate all women under their care about good nutrition and the signs of malnutrition. They must follow up with all children under their care who are enrolled in the food program, to make sure they continue to improve after they are discharged from the program.

Questions

- When have you seen children with signs and symptoms of kwashiorkor or other signs of malnutrition?

Responses will vary.

- Why do you think these children become malnourished?

Poverty, lack of access to nutritious food, parents do not have information about nutrition, large number of children in the family, etc.

- What could you do to help the families you visit whose children are malnourished?

Educate families about good nutrition, refer children suffering from severe malnutrition to the health facility, etc.

SESSION 5

Diarrhea and Vomiting



Method: Large group discussion



Time: 15 minutes



Objective

Participants will be able to:

- j. Define diarrhea, and describe its symptoms, main causes, and treatment, and teach families how to treat diarrhea.



Preparation

- Review the questions and answers below.
- Gather the materials listed below.



Materials

- Slide or flipchart presentation
- AV equipment if using slides
- ORS materials:
 - ORS packets (one per pair of participants plus one for demonstration)
 - Enough clean water for 3 liters per pair of participants
 - Empty fizzy drink cans (enough for 1 per pair)
 - Several containers of salt
 - Several bags of sugar
 - Clean spoons for mixing
 - Jerry can of water and soap for hand washing (or available pump/tap)



STEPS



15 minutes

1. Tell participants:

In the next 2 activities, you will review information about another important aspect of family health in our communities: diarrhea – what causes it, how to treat it, and what families can do to help prevent it.

2. Ask participants the following questions one at a time. For each question, take volunteer responses, and then confirm the correct answer:

- What is diarrhea?

Watery, loose stool 3 or more times a day (within 24 hours).

- What is vomiting?

When a person throws up food she or he has eaten.

- What causes diarrhea and vomiting?

Germ (bacteria) that enter the body from dirty hands, dirty or spoiled food, or dirty water; sometimes illnesses that cause other symptoms like fever also cause diarrhea and vomiting.

- Diarrhea and vomiting are dangerous, especially for small children. Why are they dangerous?

Diarrhea and vomiting can make the body lose water, which leads to dehydration. If someone is dehydrated, this means that her/his body does not have enough water. Babies and small children can become dehydrated very quickly. Severe dehydration can lead to death if it is not treated.

- How should diarrhea be treated?

Prepare Oral Rehydration Solution (ORS), and give it to the person.

Teach families to make ORS.

For cases of severe diarrhea (blood in the stool) or severe dehydration (person is in shock), accompany the person to the health facility immediately. At the health facility, clinicians will give the person an IV to replace lost fluids, bring down fever if needed, and give medication.

- How should diarrhea be prevented and treated in babies?

Exclusive breastfeeding is the best way to prevent diarrhea in babies or to treat a baby with diarrhea.

If mothers must feed their babies infant formula, they must use clean (boiled) water and utensils.

Babies with severe diarrhea must be brought to the health facility immediately.

- If many households in the same area have cases of diarrhea and vomiting, what should you do and why?

Report the cases to the health facility. Many cases in one area may mean that there is an outbreak. Public health officials may have to check water and food sources in the area.



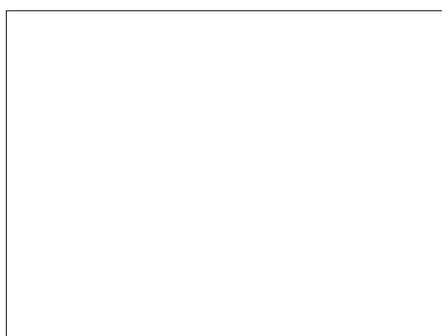
10 minutes

3. Ask participants:

- How many of you know how to make ORS with packets? Raise your hands.
- How many of you know how to make homemade ORS? Raise your hands.

- 4. Invite two participants forward who know how to make ORS with packets. Give them the materials needed and ask them to demonstrate. One participant should read the steps aloud using the flipchart, and the other should demonstrate the steps.**

5. Making ORS with packets



- 6. When the participants have finished demonstrating, thank them and ask them to be seated.**
- 7. Repeat this process for a homemade ORS demonstration.**

8. Making Homemade ORS



20 minutes

9. Tell participants that now they will practice making ORS. Ask everyone to wash their hands using the soap and the jerry can or tap outside.
10. Divide participants into pairs. Explain that pairs will practice making both pre-packaged ORS and homemade ORS. Ask participants to find the ORS instructions on pages 196–197 of their handbooks. Participants can refer to the steps and pictures as they practice, if needed.
11. Give half the pairs the materials for ORS packets, and the other half the materials for homemade ORS. Ask a few volunteers to help you distribute the materials.
12. Explain that one partner should mix the solution while the other says the steps aloud as if she/he were teaching a community member.
13. As the pairs are working, circulate to answer any questions as needed.
14. After several minutes, ask pairs to exchange ORS materials so that the pairs who made pre-packaged ORS solutions will now make the homemade ORS, and the other way around. Circulate as before to answer questions and help as needed.
15. As pairs finish, ask them to bring leftover materials back to the front of the room.
16. Ask participants what remaining questions they have about making ORS and answer accordingly, or have experienced participants answer.

SESSION 6

Personal and Household Hygiene



Method: Game



Time: 45 minutes



Objective

Participants will be able to:

- k. Describe personal and household hygiene practices that can help prevent diarrhea and the spread of disease, and teach families about these practices.



Preparation

- Review the game instructions below.
- Post a blank sheet of chart paper to use for keeping score.
- Write the following on a sheet of chart paper:
 - Facts about Germs
 - » Many germs are in a person's body fluids.
 - » Many germs are in stool (from people and animals).
 - » Flies like to land and sit on stool.
 - » Many germs are found in dirty water.
 - » Germs can be passed from one person to another through sneezing, coughing, or touching.
 - » Stale air can contain germs.



Materials

- Facts about germs written on chart paper
- Chart paper
- Markers
- Tape

**STEPS**

10 minutes

1. Tell participants:

Remember that diarrhea, vomiting, and other illnesses are caused by germs. Germs are tiny things we cannot see that can enter our bodies and make us sick. They can enter through all our bodies' openings (mouths noses, etc.) and through cuts on our skin. They can be passed from one person to another through sneezing, coughing, or touching.

Many germs are found in stool. If stool gets on a person's hands or on flies that have landed on the stool and then landed on food, these germs can be passed to people when they touch their mouths, handle food, or touch someone else.

As you learned during the TB unit, stale air can also contain germs.

Families can help to prevent diarrhea and other illnesses by practicing good personal and household hygiene, in other words, by keeping themselves and their households clean.

You know about these practices already, but we will review them here so that you will be able to educate the women under your care about these practices. We will review by playing a game.

2. Post the sheet you prepared and read it aloud:**Facts about Germs**

- Many germs are in a person's body fluids.
- Many germs are in stool (from people and animals).
- Flies like to land and sit on stool, and then carry the germs to people.
- Many germs are found in dirty water.
- Germs can be passed from one person to another through sneezing, coughing, or touching.
- Stale air can contain germs.

3. Divide participants into teams of 4–6 participants each. Explain the rules of the game:

- I will ask the 1st team to name one thing that people can do to avoid getting and passing on germs, in other words, a good practice for personal or household hygiene.

- The team will have 15 seconds to discuss and offer an answer.
- If the answer is correct, the team will receive one point.
- Then I will ask the 2nd team, then 3rd team, and so on.
- If a team answers incorrectly, the team will not receive a point, and the team next in the rotation will have the chance to answer.
- If a team cannot answer within 15 seconds, the team next in the rotation will have the chance to answer.
- We will continue in this way until teams have named all the good hygiene practices they can think of.



20 minutes

4. Start the game. Keep score on a blank sheet of chart paper or on the board.
5. As teams answer, consult the checklist below. If teams give correct answers that are not on the list below, that is fine.
6. If teams are having trouble naming ideas, prompt them with questions; for example, ask them to look at the Facts about Germs information again and then ask, “What can people do inside their houses? Outside their houses? When keeping animals?” etc.
7. When teams have named all the good hygiene practices they can think of, tally the points and declare the winning team. Congratulate everyone for playing.



15 minutes

8. With participants still grouped in teams, ask everyone to find the Good Hygiene Practices checklist on page 199 of the handbooks. Ask the 1st team to find one practice on the list that was named during the game, and read it aloud. Then ask the 2nd team to find another practice on the list that was named during the game, and read it aloud.
9. Continue in this way, asking each team in turn, until all the practices named during the game have been identified and read aloud.
10. Ask a volunteer to read aloud any remaining practices on the list that have not been read aloud yet.

11. Ask participants the following questions, take volunteer responses, and encourage a brief discussion:

- Which hygiene practices are fairly easy for families to do?

Hand washing, sweeping, ventilating the house, etc.

- How can you help families to practice these things?

Help families to obtain soap, help families figure out access to clean water, etc.

- Which hygiene practices are more challenging for families to do?

Why?

Getting latrines, accessing clean water sources, obtaining enough fuel to boil water, etc.

- How can you help families address these challenges?

Speak with village councils about the importance of building latrines, etc.

12. Ask participants to find the Major MMRPA Roles and Responsibilities checklist again on page 7–8 of their handbooks. Ask a volunteer to read the following checklist item aloud. Remind participants that this item is among their major responsibilities as MMRPAs:

- Educate all women under your care about family planning, nutrition, treatment of diarrhea, and good personal and household hygiene practices.

13. Summarize by telling participants:

As MMRPAs, it is your responsibility to help the women under your care and their families to learn practices to improve family health, including family planning, immunizations, treatment and referrals for severe malnutrition in small children, and good hygiene practices. By doing this, you are helping to improve family and community health.



Good Hygiene Practices Checklist

Personal Hygiene

- Wash hands with soap and clean water after visiting the toilet; changing a nappy or cleaning a baby; caring for a person with diarrhea; and before handling, preparing, or eating food.
- Cover the mouth and nose with a hand or cloth when coughing or sneezing.
- Take daily baths to keep the body clean and prevent germs from spreading.
- Sick people should seek medical help as soon as possible so they can receive proper treatment and avoid spreading germs to others.

Household Hygiene

- Use water from protected, clean sources.
- Boil all water before drinking and cooking if it is not from a clean source.
- Cover food and water so that flies cannot land on it.
- Wash dishes immediately after a meal to keep flies and cockroaches from breeding.
- Clean and sweep the house and surrounding area every day to remove breeding places for flies.
- Sweep with windows open, and remove dust from surfaces after sweeping.
- Ventilate the house by opening windows and doors to let in clean air and sunlight.

Environmental

- Keep animal shelters away from the house, since they attract flies that can land on food and contaminate it.
- Keep stagnant water from collecting around the house.
- Build and use latrines to prevent contamination of water sources.
- Protect springs to prevent animals from contaminating the water.

UNIT 7

Reporting and Evaluation



OVERVIEW

An important responsibility of MMRPAs is to accurately record their work on the required forms and cards, and to report to and interact with their supervisors effectively. MMRPAs must also attend required meetings and trainings, conduct community outreach, and complete other administrative responsibilities. In this unit, participants will review how to complete the forms required of them.

Participants will also evaluate the training and complete the post-test.



OBJECTIVES




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

- a.** Describe the MMRPA's administrative and outreach responsibilities.
- b.** Accurately complete all forms required of MMRPAs.
- c.** Take an oath stating what the MMRPA must do to uphold her responsibilities.
- d.** Evaluate the training and give suggestions for improvement.



TIME REQUIRED: 3 hours 45 minutes

 **UNIT OVERVIEW**

Session	Content	 Methods	 Time	 Materials
1	Participants review MMRPAs' administrative and outreach responsibilities.	Large group discussion	30 minutes	<ul style="list-style-type: none"> • MMRPA responsibilities checklist in Participant Handbook
2	Participants review and practice completing forms required for their work.	Facilitator presentation Case study	1 hour	<ul style="list-style-type: none"> • Photocopies of forms • Case studies in Participant Handbook • Chart or notebook paper, markers, tape.
3	Participants develop and take an oath stating how they will uphold their responsibilities as MMRPAs.	Small group activity	1 hour 15 minutes	<ul style="list-style-type: none"> • Chart paper • Markers • Tape
4	Participants assess what they have learned.	Assessment	30 minutes	<ul style="list-style-type: none"> • Pens or pencils • Participant Handbooks
5	Participants evaluate the training and have their questions answered.	Large group discussion	30 minutes	<ul style="list-style-type: none"> • Chart or notebook paper • Anonymous Question Box



Key Points

- In addition to accompanying and educating all of the women under their care, MMRPAs also have administrative and outreach responsibilities including attending trainings and monthly meetings, leading health education sessions in the community, and reporting to their supervisors regularly.

SESSION 1

Administrative and Outreach Responsibilities of MMRPAs



Method: Large group discussion



Time: 30 minutes



Objective

Participants will be able to:

- a. Describe the MMRPA's administrative and outreach responsibilities.



Preparation

- Review the administrative and outreach responsibilities below, and find out whatever information you will need in order to give participants complete information about these responsibilities.



Materials

- MMRPA Administrative and Outreach Responsibilities checklist on page 8 of Participant Handbook
- Chart paper
- Markers
- Tape



STEPS



30 minutes

1. Tell participants:

As you know, in addition to accompanying and educating all of the women under your care, as MMRPAs, you also have administrative and outreach responsibilities. These responsibilities include attending trainings and monthly meetings, leading health education sessions in the community, and reporting to your supervisor. We will review these responsibilities now.

2. Ask participants to find the MMRPA Administrative and Outreach Responsibilities checklist on page 8 of their handbooks.

- 3.** Ask a volunteer to read the first checklist item aloud. Then:
 - Give participants any relevant information they will need to know in order to complete this responsibility.
 - Ask what questions participants have about the item and answer accordingly, or have experienced participants answer.
- 4.** Repeat this process for each item on the checklist. Consult the information below for each item and make sure that you give participants all of the information they will need in order to carry out these responsibilities.
- 5.** Ask what remaining questions participants have about their administrative and outreach responsibilities and answer accordingly, or have experienced participants answer.

MMRPA Administrative and Outreach Responsibilities

- Attend all formal trainings.

Tell participants when and where trainings will be held, as well as transportation, stipend, and meals information as needed.

- Attend almost all monthly informal trainings every year.

Tell participants when and where informal trainings will be held, the difference between formal and informal trainings, as well as transportation, stipend, and meals information as needed.

- Attend all monthly meetings and emergency meetings.

Tell participants when and where monthly meetings will be held, what happens during monthly meetings, as well as transportation, stipend, and meals information as needed.

Give participants examples of circumstances under which emergency meetings might be held, how participants will be informed of emergency meetings, and any other relevant information.

- Give health education sessions to the community every month.

Tell participants when and how they should give monthly health education sessions, what techniques they should use, how they should inform community members about the sessions, what they should do if community members do not attend, etc.

- Inform your supervisor about any health-related issues that are occurring in the village.

Give examples of health-related issues that MMRPAs should report to their supervisors.

- Participate in all outreach campaigns and outreach activities.

Give examples of outreach campaigns and activities, and tell participants how they will be informed about these campaigns and how they are expected to participate.

- Remember that the incentives that MMRPAs receive are performance based.

Explain the performance-based system briefly, and give a few examples of performance-based pay.

MMRPA Administrative and Outreach Responsibilities

- Ensure timely reporting to MMRPA supervisors when a patient dies (within 48 hours of the death).

Reinforce the importance of reporting a death within 48 hours, and tell participants exactly how they should report them.

- Report on time to MMRPA supervisors when you will be away so that your caseload can be shifted to another MMRPA for that time period.

Give a few examples of when an MMRPA should report being away. For example, does she need to report if she will be away for more than one day, or more than one week?

- Complete and submit all required forms accurately and on time.

Name the forms that participants will have to complete and tell them that they will practice filling out these forms during the next session.

SESSION 2

MMRPA Reporting Responsibilities



Methods: Facilitator presentation and Practice



Time: 1 hour



Objective

Participants will be able to:

- b. Accurately complete all forms required of MMRPAs.



Preparation

- Review MMRPA monthly report.
- Prepare some names and dates for participants to practice completing the MMRPA monthly report.
- Make photocopies (1 for each participant) of the MMRPA monthly report form.



Materials

- Sample names and dates for completing the MMRPA monthly report
- Photocopies of monthly report form
- Handbook
- Chart paper
- Markers
- Tape



TIP: *If there are other forms or reporting that MMRPAs must complete in addition to the MMRPA monthly report, add them to this session as needed.*



STEPS



5 minutes

1. Tell participants:

In order to keep track of the women under your care, inform the health centers about your work, and be paid, you must complete

and submit all reporting accurately and on time. During this activity, you will practice completing the MMRPA monthly report.

2. Give participants the photocopies of the MMRPA monthly report form. Review the form by reading each item aloud and explaining what it is for, or ask an experienced participant to do this.



5 minutes

3. Tell participants you are going to read them an example of a name, date, and activity. As you read, participants should decide where that information should go in the report.
4. Read your first example aloud. Ask a volunteer to tell you when the information should be written in the monthly report. Confirm or correct the volunteer's answer. Then write on the chart paper to show how the information should be recorded, and ask participants to write the information on to their photocopied form.
5. Walk around the room and check participants' work.



40 minutes

6. Repeat this process for the other examples you prepared. Keep giving examples until you feel that participants are comfortable with the monthly report.



10 minutes

7. Explain that participants will draw this monthly report into their notebooks every month and then add to it every time they complete an activity or service that month. At the end of every month, they will submit their reports.
8. Ask what questions participants have about reporting requirements and answer as needed.

SESSION 3

MMRPA Oath



Methods: Small group activity and Large group discussion



Time: 1 hour 15 minutes



Objective

Participants will be able to:

- c. Take an oath stating what the MMRPA must do to uphold her responsibilities.



Preparation

- Arrange for a nurse to come and say a few words about the Florence Nightingale Pledge. Tell the nurse that that you only want a short, informal presentation, 5 minutes or less.



Materials

- Chart paper
- Markers
- Tape



STEPS



5 minutes

1. Tell participants:

Throughout this training we have discussed your roles and responsibilities as MMRPAs. You must accompany, educate, and treat pregnant women and their families. As MMRPAs, you are health care professionals. When health care professionals have been trained and are ready to start work, sometimes they take an oath.

2. Ask participants:

- What is an oath (a pledge)?

Take a few volunteer responses.

- 3.** After you have taken volunteer responses, summarize by telling participants:

An **oath** is a commitment, a solemn promise, a written or oral pledge to do something. Sometimes an oath is done in the name of God or in the name of a parent, ancestor, or organization.

- 4.** Ask participants:

- When do people take oaths or pledges?

When people swear on the bible to tell the truth in court; when elected officials swear to uphold all the duties of their office; when nurses take the Florence Nightingale Pledge, etc.



5 minutes

- 5.** Invite the nurse to the front of the room, introduce her/him, and ask her/him to explain the Florence Nightingale Pledge (what it is and why it is important). The nurse should limit the explanation to 5 minutes or less and should explain simply and clearly.



5 minutes

- 6.** Explain that now participants will work together to create their own oath – an MMRPA Oath.
- 7.** Divide participants into small groups of 4 to 5 participants each (different groups from previous activities). Make sure that each group has at least one fairly literate participant.
- 8.** Write the following phrase at the top of a sheet of chart paper and read it aloud or ask a volunteer to read:

“As an MMRPA, I swear to...”

- 9.** Explain the small group task:
- With your small group members, discuss what an MMRPA oath should include. Think about what we have discussed today. In general, an oath does not include details like “give ORS to children.” And oath includes the most important and biggest responsibilities.
 - Then write your ideas down by completing the phrase “As an MMRPA, I swear to...”

- Write all the ideas you think should be included in the oath. Choose a group recorder to record your ideas in the “Notes” pages of her/his handbook. All ideas should be expressed as “As an MMRPA, I swear to...”
- You will have 20 minutes to work.
- When you have finished working, choose one group member to report your group’s ideas to the whole group.



20 minutes

- 10.** Give small groups 20 minutes to work. As groups are working, circulate and help as needed.



5 minutes

- 11.** Ask groups to stop working. Invite the small group reporters to stand and read aloud their group’s ideas one at a time. All ideas should be expressed as “As an MMRPA, I swear to...” This process should only take 5 minutes or so.



20 minutes

- 12.** Ask participants:
 - Now we must create a final MMRPA oath together. To do this, we must decide which of the small group ideas should be included in the final oath. Which ideas should we include in the final oath?
- 13.** Post at the front of the room the chart paper sheet where you wrote, “As an MMRPA, I swear to...” (if it is not there already).
- 14.** Ask for a volunteer to name an idea from one of the small group lists that should be included in the final oath. Ask the whole group if this idea should be included. If the group agrees, write the item on the chart paper sheet. Allow discussion if needed, and rephrase ideas as needed so that the whole group agrees to the idea.
- 15.** Repeat this process until all ideas that the whole group agrees to are written on the chart paper sheet. (You do not need to write “as an MMRPA, I swear to...” each time.)



15 minutes

- 16.** Ask a volunteer to read the final list aloud for the group. Then ask the group if any final adjustments need to be made, and make changes on the chart paper sheet as needed.

- 17.** Check the sample MMRPA Oath below, and make sure that its main ideas are included on the chart paper sheet. The ideas on the chart paper do not have to be written exactly as the sample, but the main ideas from the sample should be represented. If anything important is missing, add it.

- 18.** Ask participants to stand and tell them:

This is your MMRPA Oath. Now you will all take the oath together.

I will read each line of the oath aloud. After I read each line, please respond, “I do.” By responding “I do,” you are agreeing to keep these promises.

- 19.** Read each line of the oath aloud slowly and clearly. After each line, participants should respond, “I do.”

- 20.** Thank participants and invite applause. Then ask everyone to be seated.

- 21.** If there is time, ask participants to copy the oath into their Participant Handbooks on page 202. If there is not enough time, tell participants that you will type the oath and distribute copies to all participants.

- 22.** Leave the oath posted for the remainder of day.

SAMPLE MMRPA OATH

As an MMRPA I do swear:

- To respect the families I serve as if they were my own.
- To protect the lives of the vulnerable as I would protect my own life.
- To love those that I serve as I would want to be loved.
- To show compassion for the sick and vulnerable.
- To advocate for the human rights of all the families and communities that I serve, including the right to health care.
- To keep families' private information confidential at all times.
- To accompany all women under my care through prenatal care, delivery, and postnatal care at all times.
- To accompany all babies under my care from the time of delivery through completion of immunizations and the formula program.
- To provide all treatments needed respectfully and on time.
- To help women access health services.
- To refer serious cases to the health facility immediately.
- To educate families and communities about good health practices, and to promote these practices.
- To avoid involvement in any form of corruption with those I serve.
- To fight stigma and discrimination in all its forms.
- To work collaboratively with clinicians, local chiefs, and others to improve community health.
- To respect this MMRPA Oath.

Signature: _____

Date: _____

SESSION 4

Post-test



Method: Assessment



Time: 30 minutes



Objective

Participants will be able to:

- Assess knowledge of the training topic.



Preparation

- Correct the pre-tests from the beginning of this training.
- Get the pre-tests ready to hand back to participants.



Materials

- Pencils or pens for all participants
- Photocopies of the Post-Test on page 420 of the Facilitator Manual



TIP: Explain the post-test carefully in case some participants are not familiar with taking tests.



STEPS



30 minutes

1. Explain that participants will now take a post-test. The purpose of this test is not to judge participants, but rather to understand what participants already know, and to make sure this training addressed their needs. The test will also help to assess the effectiveness of this training and improve it for future trainings.
2. Give each participant a photocopy of the test.
3. Before the test, ask participants to complete the information on the top of each page of the test and give it to you. If a participant does not know

the month that she or he became an MMRPA, tell her to write the year and then estimate the month as best she can.

4. Explain that you will read aloud some questions about the training topic. Participants will write brief answers in the spaces provided.
5. Tell participants that if they do not know the answer to a question, they should leave it unanswered.
6. Read the test questions aloud slowly and clearly.
7. Ask participants to start work.
8. As participants are working, circulate and help as needed. Read questions aloud again as needed.
9. Tell participants that they are going to compare the post-test to the pre-test they took at the beginning of this training. Give each corrected pre-test to each participant.
10. Ask participants to look over their corrected pre-test and their recent post-test to see where they have improved and what they have learned. Tell participants that they should not make any changes to their post-tests. This is very important.
11. Ask participants if they have any questions about the tests, and clarify them if necessary.
12. Collect the pre- and post-tests.



TIP: *After the training, look at the results of the pre- and post-test to see the areas where participants scored most poorly. This information will help you make future trainings more effective. For example, if many participants got a particular question wrong on the post-test, you may need to explain the topic in more detail the next time you do the training.*

POST-TEST ANSWER KEY

Date: _____ Your name: _____

Health center: _____ Trainer: _____

When did you become an MMRPA? ____/____
Month/Year

Please write a brief answer for each question. If you do not know the answer, leave the space blank:

1. When should a pregnant woman attend her 1st prenatal visit, and how many more prenatal visits should she have after the 1st visit (the minimum number)?
 - **1st visit: as soon as she finds out she is pregnant**
 - **Number of visits after 1st visit: 4**

2. Name 2 benefits to pregnant women of attending prenatal visits at the health facility.
 - **Learn expected due date (EDD)**
 - **Physical exam**
 - **Help with problems**
 - **Counseling and support**
 - **Vaccinations and other treatment if needed**
 - **Voluntary Counseling and Testing or VCT)**
 - **Help with PMTCT**

3. Name 2 minor ailments that a woman may experience during her pregnancy.
 - **Nausea**
 - **Heartburn**
 - **Constipation**
 - **Muscle cramps**

- **Body pains, stomachache, backache**
 - **Cravings**
 - **Chloasma (darkening of facial skin)**
 - **Hemorrhoids**
4. Name 2 major (serious) ailments that a woman may experience during her pregnancy.
- **Dizziness**
 - **Persistent headache**
 - **The baby is not moving.**
 - **Epigastric pain (upper abdominal pain)**
 - **Bleeding**
 - **Water breaks early (before the EDD)**
 - **Edema (swelling) of the feet and legs**
 - **Swelling and lower abdominal pains**
5. When should a pregnant woman go to the shelter?
- **2 weeks before her EDD**
6. Name 2 benefits to the woman and baby of delivering at the health facility.
- **The health facility is clean and warm.**
 - **The equipment is always sterile and this helps to prevent infection.**
 - **Clinicians can handle complications and transfer to the hospital if needed.**
 - **Deliveries are done by qualified, skilled clinicians.**
 - **If the woman has HIV, clinicians will prevent HIV transmission to the baby.**
 - **Medications to help fight infection, lessen pain, or stop the bleeding.**
 - **Starter Packs and food packages**
 - **Counseling about breastfeeding and caring for newborn babies**

- **Medications for the baby (eye drops, vaccines, Vitamin K)**
 - **If the mother has HIV, the baby will receive NVP drops**
 - **Help if the baby is not breathing well**
7. Name 1 way that a person can get HIV.
- **Contact with another person's blood (transfusions, wounds)**
 - **Contact with another person's bodily fluids through sex**
 - **From mother to child during child bearing**
8. When and for how long must a person with HIV take ARV medication?
- **Every day and night for the rest of her or his life**
9. Name 1 possible serious side effect of taking ARV medication.
- **Difficulty breathing**
 - **Swollen eyes**
 - **Blisters or sores**
 - **Vomiting**
 - **Rash**
 - **Abdominal pain**
 - **Yellow eyes (jaundice)**
 - **Fever**
10. Name 1 way that a woman with HIV can prevent passing HIV to her baby before or after delivery.
- **Get screened for sexually-transmitted infections (STIs).**
 - **Practice safe sex by using condoms every time.**
 - **Go to the health facility for all prenatal (ANC) visits.**
 - **Take ARVs every day if her CD4 count is below 350.**

11. Name 1 way that a person can avoid getting HIV/AIDs or other STIs, or to prevent passing them to another person.
- **Abstinence**
 - **Sex with only 1 person who does not have HIV**
 - **Condoms during sex every time**
 - **Not using needles or razor blades that someone else has used**
 - **Not touching someone else's blood**
12. Name 2 symptoms of TB.
- **Cough**
 - **Fever**
 - **Weight loss**
 - **Chest pain**
 - **Loss of appetite**
 - **Fatigue**
 - **Night sweats**
13. When and for how long must a person with TB take TB medication in order to be cured?
- **Every morning for 6 to 9 months**
14. Name 1 possible serious side effect of taking TB medication.
- **Difficulty breathing**
 - **Difficulty hearing**
 - **Swollen eyes**
 - **Swollen tongue**
 - **Blisters or sores**
 - **Vomiting**
 - **Rash**
 - **Abdominal pain**
 - **Yellow eyes (jaundice)**

15. Name 1 modern birth control method.
- **Pills**
 - **Injections**
 - **Implants**
 - **IUD**
 - **Condoms**
 - **Sterilization**
16. Name 2 symptoms of malnutrition in children.
- **Serious weight loss**
 - **Stunted growth**
 - **Wasting of muscles; child is extremely thin**
 - **Severe hunger**
 - **Pale, reddish, or white hair that becomes brittle and falls off**
 - **Swelling of feet, face, eyelids, and hands; if a finger is pressed in the swelling, it leaves a deep pit.**
 - **Skin becomes lighter, with blackish spots and patches**
 - **Loss of appetite**
 - **Dehydration due to continuing diarrhea**
 - **Below normal on road to health chart curve**
17. If a woman under her care experiences a major ailment during pregnancy or a serious side effect from ARV or TB medications, what should the MMRPA do?
- **Accompany the woman to the health facility immediately.**
18. Name 2 main responsibilities of MMRPAs for pregnant women under their care:
- **Accompany pregnant women to the health facility for all prenatal visits.**
 - **Accompany pregnant women to the health facility for all postnatal visits.**

- **Accompany any pregnant woman experiencing a major ailment or a serious side effect of ARV or TB medications to the health facility immediately.**
- **Accompany all pregnant women to their monthly follow-ups.**
- **Accompany pregnant women to the shelters 2 weeks before their estimated delivery dates (EDDs), or directly to the health facility if labor starts early.**
- **Accompany all women who have delivered at home to the health facility within 48 hours (2 days) of delivery.**
- **Provide Directly Observed Therapy (DOT) to all pregnant women who are on TB medication, ART, or ARV prophylaxis.**
- **Accompany babies born to mothers with HIV in the infant formula program up until the baby has finished the program.**
- **Accompany babies to the Under-5s Clinic until they are fully immunized.**
- **Educate pregnant women about family planning, nutrition, treatment of diarrhea, and good personal and household hygiene practices.**
- **Provide home-based care for any woman who is ill and needs help.**

SESSION 5

Evaluation and Anonymous Question Box



Methods: Large group discussion and Written evaluation



Time: 30 minutes



Objective

Participants will be able to:

- d. Evaluate the training and give suggestions for improvement.



Preparation

- If you plan to conduct the evaluation orally, write the evaluation questions from step 3 on chart paper or notebook paper. Leave space after each question so that you can record participants' responses.
- Have the Anonymous Question Box ready.



Materials

- Evaluation questions written on chart or notebook paper (if you plan to conduct the evaluation orally)
- Evaluation form on page 205 of Participant Handbook (if you plan to have participants do a written evaluation)
- Chart paper or notebook paper
- Markers



TIP: You can conduct the evaluation orally (steps 1 to 3) or ask participants to tear out and complete the written evaluation form in their handbooks.

The advantages of conducting an oral evaluation are: even participants with very limited literacy skills can participate easily; asking the questions orally may generate useful discussion; oral evaluation may take less time than written evaluation.

The advantages of asking participants to complete a written evaluation are: shy participants are more likely to give feedback in writing than orally; participants may give more honest feedback if they are answering privately in writing, instead of in front of the whole group.

**STEPS**

*15 minutes*

1. Thank participants for being engaged and active in today's training.
2. Tell participants that you would like to know what they thought of this training. You will use their comments and feedback to gauge, revise, and improve future trainings if needed.
3. If you chose to conduct the evaluation orally, ask participants the following questions and record responses on chart paper (or notebook paper):
 - What training activity did you like most? Why?
 - What training activity did you like least? Why?
 - What did you learn that was valuable and that you will use in your work?
 - Was there anything you did not understand? Give specific examples.
 - What are your recommendations to improve this training? What would you change? (For example, what activities, illustrations, etc., would you change?)
 - What additional comments do you have?
4. If you choose to have participants complete the written evaluation, ask participants to find the evaluation form on page 205 of their handbooks and tear it out. Read the evaluation questions aloud. Ask participants to complete the evaluation. As participants work, circulate and help as needed.
5. Take down and save the responses from the oral evaluation, or collect and save the written evaluation forms.

*5 minutes*

6. Congratulate participants on having completed this training session.
7. Ask participants what remaining questions they have about their responsibilities and answer accordingly, or have experienced participants answer.



10 minutes

- 8.** Take the questions out of the Anonymous Question Box, and answer them appropriately (either with the whole group or with individuals after the training).

- 9.** Thank the participants for participating in the training. Thank them for the important work that they will do every day.



EVALUATION FORM

What training activity did you like the most? Why?

What training activity did you like the least? Why?

What did you learn that was valuable and that you will use in your work?

Was there anything you did not understand? Give specific examples.

**What are your recommendations to improve this training? What would you change?
(For example, what activities, illustrations, etc., would you change?)**

What additional comments do you have?

Thank you for completing this evaluation.

REVIEW SESSION

Review Session Instructions



Method: Game



Time: 30 minutes



Objective

Participants will be able to:

- Review all unit objectives.



Preparation

- Read through the game questions ahead of time.



Materials

- Chart paper
- Markers
- Tape



STEPS



30 minutes

1. Divide participants into 4 teams by having them count off in 4s (1, 2, 3, 4, etc.).
2. Ask participants to rearrange themselves so that all of the 1s are sitting together, all of the 2s together, etc.
3. Explain the rules of the game:
 - The facilitator will alternate between teams, asking each team one question at a time.
 - Teams will have 30 seconds to discuss their answer.
 - If the team answers correctly, they receive one point.
 - If the first team's answer is incorrect, the next team has a chance to answer the question.
 - If the next team answers correctly, they receive one point.

- If all teams answer incorrectly, nobody receives the point and the facilitator gives the answer.
 - The next question goes to the next team.
 - When the game is over, the team with the most points wins the game.
4. Start the game and play until all questions have been answered (or until you have played for 30 minutes or so).
 5. Keep score on a sheet of chart paper. At the end of the game, announce the winner.
 6. On the last day of the training, tally each team's points and announce the winning team.



TIP: Questions with multiple answers may be asked multiple times (asking for one answer each time).

REVIEW QUESTIONS

UNIT 1

Introduction and MMRPA Roles and Responsibilities

1. Who selects MMRPAs?
 - *The MMRPA will be selected by the chief and villagers during a public gathering and must meet the village health worker selection criteria.*

2. What are the selection criteria for MMRPAs?
 - *Must be less than 60 years of age*
 - *Should be able to read and write*
 - *Should be dedicated and very committed to her work*
 - *Should be honest and truthful at all times*
 - *Should be clean at all times*
 - *Should be a non-drinker and non-smoker*
 - *Should be a role model in the village*
 - *Should be trusted to keep patient information in confidence at all times*
 - *Should be loved and trusted by the community*

3. What are MMRPAs' major responsibilities?
 - *Hold public gatherings at different villages for raising awareness of the Maternal Mortality Reduction Program.*
 - *Identify all pregnant women in the villages and encourage them to attend ANC (prenatal visits).*
 - *Accompany all pregnant women to the health facility for early booking of the initial prenatal visit and subsequent visits.*
 - *Recognize major ailments of pregnancy, and accompany any pregnant woman experiencing a major ailment to the health facility immediately. Teach pregnant women to recognize the major ailments of pregnancy so they know when to go for help.*
 - *Accompany pregnant women to the health facility for extra visits when needed.*
 - *Accompany all pregnant women to their monthly follow-ups.*
 - *Accompany pregnant women to the shelters 2 weeks before their estimated delivery dates (EDDs), or directly to the health facility if labor starts before the woman is at a shelter.*

- *Accompany all women who have delivered unexpectedly at home to the health facility within 48 hours (2 days) of delivery.*
- *Provide Directly Observed Therapy (DOT) to all pregnant women who are on TB medication, ART, or ARV prophylaxis.*
- *Accompany mothers and their new babies to the 6-week (6/52) postnatal visit.*
- *Ask about and identify mild and severe side effects of ARVs or TB medication in women taking ARVs or TB medication, and accompany women suffering from severe side effects to the health facility immediately. Remind women to report to you any side effects they experience while taking these medications.*
- *Accompany babies born to mothers with HIV in the infant formula program up until the baby has finished the program.*
- *Accompany babies to the Under-5s Clinic until they are declared fully immunized.*
- *Educate all women under your care about family planning, nutrition, treatment of diarrhea, and good personal and household hygiene practices.*
- *Provide home-based care for any woman under your care who is ill and needs help, including bathing, cooking, feeding, and cleaning, especially if the woman does not have family to take care of her.*
- *Take part in all surveys that are conducted in your village.*

4. What are MMRPAs' administrative and outreach responsibilities?

- *Attend all formal trainings.*
- *Attend almost all monthly informal trainings every year.*
- *Attend all monthly meetings and emergency meetings.*
- *Give health education sessions to the community every month.*
- *Inform your supervisors about any health-related issues that are occurring in the village.*
- *Participate in all outreach campaigns and outreach activities.*
- *Remember that the compensation incentives that MMRPAs receive are performance based.*
- *Ensure timely reporting to MMRPA supervisors when a patient dies (within 48 hours of the death).*
- *Report on time to MMRPA supervisors when you will be away so that your caseload can be shifted to another MMRPA for that time period.*
- *Complete and submit all required forms accurately and on time.*

5. What should MMRPAs NOT do?

- *Talk about or share a family's personal information with anyone except a doctor or nurse.*
 - *Ask for or accept money, gifts, or favors from families.*
 - *Hide information about a family's health problems.*
 - *Give incorrect information in reports or forms.*
 - *Drink alcohol.*
 - *Smoke cigarettes.*
 - *Deliver pregnant women in the community.*
6. What are examples of basic human rights that Partners In Health strives to provide access to?
- *Health care*
 - *Housing*
 - *Education*
 - *Food and clean water*
 - *Economic opportunities*

UNIT 2

Pregnancy, Prenatal Care, and Postnatal Care

1. How does a woman get pregnant?
- *When a man and a woman have sex and the man ejaculates, **sperm** from the man's penis goes into the **womb** (uterus) and travels up the fallopian tube to the egg. If the sperm from the man's penis connects with the egg, the egg is **fertilized**. The fertilized egg then travels down the fallopian tube into the womb, attaches to the wall of the womb, and begins to grow.*
2. How long does pregnancy usually last?
- *38–40 weeks, or about 9 months*
3. What are the signs and symptoms of pregnancy?
- *Missed period*
 - *Enlarged breasts*
 - *Darkening of the areola*
 - *Unusual cravings*
 - *Nausea*

- *Enlarging abdomen*
 - *Positive HCG*
 - *Fetal movements*
 - *Colostrum coming from the breasts*
4. When should a woman have her first prenatal visit, called her “booking visit?”
- *As soon as she knows she is pregnant, or at least within the first 14 weeks of pregnancy.*
5. How many more prenatal visits should a pregnant woman have after the booking visit?
- *At least 4 more visits*
6. What is your role in accompanying pregnant women through prenatal care (ANC)?
- *Go with the women to the booking visit, subsequent visit, and extra visit.*
 - *Bring the women to the health facility for more visits if there are problems.*
7. What happens during prenatal visits?
- *The nurse tests for HIV, examines the mother, checks for anemia, gives vaccinations, checks the position of the baby, counsels the woman, etc.*
8. How can you encourage pregnant women to go the health facility for prenatal visits?
- *Accompany women to all prenatal visits.*
 - *Tell women what to expect and what happens at prenatal visits so that they will not be afraid.*
 - *Explain that clinicians will help women learn how to stay healthy during pregnancy, and get help for them if they have HIV or other problems.*
 - *Explain the dangers of not receiving prenatal care – a pregnant woman may have a problem (baby in the wrong position, high blood pressure, HIV), but not know until it is too late.*
 - *Participants may name other ideas.*
9. Why is it very important for pregnant women to be tested for HIV?

- *HIV can be treated, but a woman needs to know if she has it in order to be treated.*
 - *If a pregnant woman has HIV, she must learn how to prevent passing HIV to her growing baby (PMTCT).*
 - *If the test is negative (she does not have HIV), the counselor can help her learn how to avoid getting HIV in the future.*
 - *Pregnant women with HIV will get help from the health facility through the PMTCT program.*
10. How can you confirm that a pregnant woman has gotten tested for and counseled for HIV?
- *Ask to see her Bukana (health booklet). (The clinician will write in the Bukana after HIV testing.)*
11. What are the minor ailments of pregnancy?
- *Nausea*
 - *Heartburn*
 - *Constipation*
 - *Muscle cramps*
 - *Body pains, stomachache, backache*
 - *Cravings*
 - *Chloasma*
 - *Hemorrhoids*
12. What should you do if a woman under your care is suffering from minor ailments of pregnancy?
- *Counsel her on eating, exercise, etc. She can also go to the health facility for help.*
13. What are the major ailments of pregnancy?
- *Dizziness*
 - *Persistent headache*
 - *The baby is not moving*
 - *Epigastric pain (upper abdominal pain)*
 - *Bleeding from the vagina*
 - *Water breaks early (before EDD)*
 - *Edema (swelling) of feet and legs*
 - *Swelling and lower abdominal pains*

14. What should you do if a woman under your care is suffering from major ailments of pregnancy?
- *Accompany her to the health facility immediately.*
15. What are the signs and symptoms of anemia?
- *Pallor – in particular, pale insides of eyelids and fingernails*
 - *Dizziness*
 - *Extreme weakness or tiredness*
 - *Headaches*
 - *Lethargy (having no energy to do anything)*
 - *Low blood pressure*
 - *Stool changes color*
 - *Skin is cold*
 - *Rapid heart rate (the heart beats faster than normal)*
16. How will a pregnant woman know her estimated due date (EDD)?
- *At her first prenatal visit, the nurse will determine the woman's EDD and tell her.*
17. How will you know and keep track of the EDD of a pregnant woman under your care?
- *You must ask the woman her EDD as soon as she has had her first prenatal visit, and remember it.*
18. What are the signs of labor?
- *Contractions start. As labor progresses, contractions become more regular, more frequent, and stronger.*
 - *Water breaks and clear fluid comes out of the vagina.*
 - *Bloody show – a plug of thick, bloody mucus comes out of the vagina.*
19. How should you educate women about these signs?
- *Ask women if they know the signs of labor. If they do not, explain and tell women that as their pregnancy advances to the 6th and 7th month, they must watch for these signs. If they are starting labor, they must come and tell you so that you can accompany them to the health facility immediately.*

20. What are the benefits to the mother and baby of delivering at the health facility?

- *The health facility is clean and warm.*
- *The equipment is always sterile and this helps to prevent infection.*
- *If complications arise, clinicians can handle them immediately. If the birth is complicated, it is easy to transfer the woman to the hospital.*
- *If the woman has HIV, skilled clinicians will prevent HIV transmission and infection, so that HIV is not passed to the baby, and the attending clinicians and assistants are not infected.*
- *Clinicians can give the woman medications to help fight infection, lessen pain, or stop the bleeding.*
- *The mother receives Starter Packs for her newborn baby and food packages for herself.*
- *Women receive counseling about breastfeeding and caring for their newborn babies, both during ANC visits and immediately after delivery.*
- *The baby receives the necessary medications (eye drops, vaccines, Vitamin K, etc).*
- *If the baby is not breathing well, clinicians will use equipment to help the baby begin breathing again.*

21. What is the main responsibility of MMRPAs to women under their care after delivery?

- *Accompany mothers and their new babies to the 6-week (6/52) postnatal visit (6 weeks after delivery).*

UNIT 3

HIV/AIDS and STIs

1. What is HIV?

- *HIV is a type of germ called a virus. When HIV enters the body, it can cause the disease called AIDS.*

2. What is AIDS?

- *Eventually HIV starts to multiply and weaken the immune system by killing CD4s. The person becomes tired, weak, and sick, and eventually she or he has the disease called AIDS. AIDS stands for “acquired immune deficiency syndrome.”*

3. What are the 4 stages of HIV/AIDS?

- *Stage 1 starts when a person is infected with HIV. At this stage, people often do not know that they have HIV. People do not have any symptoms and might feel fine for many years.*
- *In Stage 2, people usually look healthy but have mild symptoms. Because the symptoms are mild, most people in Stage 2 are able to go about their regular activities.*
- *Stage 3 is known as symptomatic HIV infection, or AIDS. Many infections and symptoms develop because the body's immune system has become weak.*
- *In Stage 4, the HIV has multiplied, and the person becomes very weak and sick, with many symptoms. It is as if the person does not have an immune system. The HIV has become stronger than the immune system.*

4. What are the main ways that HIV is transmitted?

- *Contact with another person's blood (transfusions, wounds)*
- *Contact with another person's bodily fluids through sex*
- *From mother to child during child bearing*

5. Why is it very important to be tested for HIV?

- *HIV can be treated, but in order to receive treatment, you need to know that you have it.*
- *If a pregnant woman has HIV, she must also learn how to prevent passing HIV to her growing baby – PMTCT.*
- *If a woman knows that she has HIV, she can learn how to avoid infecting others.*
- *If a woman does not have HIV, she can learn how to avoid getting it in the future.*
- *Pregnant women with HIV will get help from the health facility through the PMTCT program.*

6. After your first test, you should be tested again 3 months later. Why?

- *If the HIV infection is new, it will not show up on the first test. HIV will not show up on the test until after the window period.*
- *If a woman's partner has HIV and she does not know, she may become infected from her partner after the first test.*

7. How can a person avoid getting HIV, or avoid passing it to others if she/he already has HIV?
 - *Abstinence (do not have sex).*
 - *Only have sex with one person whom you know does not have HIV.*
 - *Use condoms correctly during sex.*
 - *Do not use a needle, razor blade, or any other sharp instrument that anyone else has used.*
 - *Do not touch someone else's blood.*

8. How can pregnant women with HIV avoid passing HIV to their babies during pregnancy and delivery and while caring for their newborns?
 - *By attending all prenatal visits*
 - *By taking medicine (ARVs) faithfully if prescribed*
 - *By delivering at the health facility*
 - *By attending the postnatal visit*
 - *By getting HIV tests, vaccinations, and medicine for the new baby*
 - *By feeding the baby only infant formula, no breast milk*

9. What form of birth control protects against HIV and other STIs?
 - *Male and female condoms*

10. How is HIV/AIDS treated?
 - *With antiretroviral drugs or ARVs*

11. When does a person with HIV begin taking ARVs?
 - *Once the person's test result for CD4s falls at or below 350, the clinician will start the person on ARVs.*

12. When does a person with HIV stop taking ARVs?
 - *After people with HIV have started taking ARVs, they must take them at the same time every day for the rest of their lives. This is called adherence.*

13. Name an ARV drug.
 - *Zidovudine (AZT)*
 - *Lamivudine (3TC)*
 - *Comibivir or Duovir*
 - *Stavudine (d4T)*
 - *Didanosine (ddI)*

- *Nevirapine (NVP)*
- *Abacavir (ABC)*
- *Tenofovir (TDF)*
- *Efavirenz (EFV)*
- *Indinavir (IDV)*
- *T30/Triomune*
- *Coviro (LS30)*
- *Bactrim*

14. What is Directly Observed Therapy (DOT)?

- *The MMRPA must go to the woman's house every morning at the correct time, and again every evening at the correct time, to watch the woman swallow her ARVs. DOT means that you are present and watching when the person takes the medication.*

15. What are the mild side effects of ARVs?

- *Muscle pains*
- *Diarrhea*
- *Nervousness or anxiety*
- *Strange dreams*
- *Difficulty sleeping*
- *Headache*
- *Loss of appetite*
- *Burning or tingling feet*
- *Weakness or fatigue*
- *Night sweats*

16. What are the severe side effects of ARVs?

- *Difficulty breathing*
- *Trouble swallowing*
- *Swollen eyes*
- *Blisters or sores*
- *Vomiting*
- *Rash*
- *Abdominal pain*
- *Yellow eyes (jaundice)*
- *Fever*

17. If a woman under your care is taking ARVs, when should you ask her if she is experiencing side effects?
 - *Every time you visit*

18. If a woman under your care experiences a severe side effect of ARVs, what should you do?
 - *If a woman is experiencing any of these severe side effects, you must accompany her to the health facility immediately.*

19. What is a sexually-transmitted infection (STI)?
 - *An STI is an illness that is passed from person to person during sex. Some STIs are also passed to from mother to baby during delivery.*

20. What are the main symptoms of STIs?
 - *Vaginal itching*
 - *Discharge from the penis*
 - *Pain during sex*
 - *Pain during urination*
 - *Sores or lesions on the penis or vagina*
 - *Abdominal pain below the umbilicus*

21. What are the best ways to avoid getting an STI or avoid passing an STI to another person?
 - *Do not have sex (abstinence).*
 - *Always use condoms during sex.*
 - *Get tested regularly for STIs if sexually active.*
 - *Get treatment at the health facility.*

22. As MMRPAs, what are your responsibilities regarding HIV and STIs?
 - *Explain when ARVs should be taken, for how long, the correct dosage, and how they should be stored.*
 - *Visit the health facility every month with women under your care who have HIV.*
 - *Remind women taking ARVs to store medicine in a safe, dry place, away from sunlight and children.*
 - *Make sure that women have the correct ARVs.*

- *Make sure that women take their ARVs correctly every day by going to their houses in the morning and again in the evening to watch them swallow the medications (DOT).*
- *Record ARVs taken on the appropriate form.*
- *Remind women to report to you any side effects they experience while taking ARVs .*
- *Ask about and identify mild and severe side effects of ARVs in women taking ARVs, and accompany women suffering from severe side effects to the health facility immediately.*
- *Observe women for signs that they are not practicing healthy behaviors. Counsel them if they are not and refer them to the health facility.*
- *Educate women about STI transmission and symptoms.*
- *Ask women if they are experiencing symptoms of STIs, and refer them to the health facility if they have symptoms.*
- *Encourage women to get tested for STIs regularly, and to ask their partners to get tested.*
- *Encourage women to use condoms, and teach them how to use them.*
- *Remind women that they must also be tested for HIV regularly during pregnancy.*

UNIT 4

Preventing Mother-to-Child Transmission of HIV (PMTCT)

1. How can a woman pass HIV to her baby?
 - *During pregnancy by sharing blood – HIV can pass from the mother to the growing baby inside the womb, through the placenta and umbilical cord.*
 - *During delivery – During delivery, the baby is exposed to large amounts of the mother’s blood and other bodily fluids which contain HIV.*
 - *During breastfeeding – Breast milk can contain high levels of HIV, which can pass to the baby.*

2. What is PMTCT?
 - *If a woman with HIV follows certain practices carefully during pregnancy, labor, and delivery, and while taking care of her new baby, she can prevent passing HIV to her baby and keep herself and her baby healthy. This is called PMTCT – “preventing mother-to-child transmission.”*

3. How can a woman with HIV prevent passing HIV to her baby during pregnancy?
 - *Get tested for HIV if she has not been tested already, and get her partner tested.*
 - *Get screened for sexually-transmitted infections (STIs).*
 - *Practice safe sex by using condoms every time.*
 - *Go to the health facility for all prenatal (ANC) visits.*
 - *Take ARVs every day if her CD4 count is below 350.*
 - *Every baby whose mother has HIV is born with antibodies to the virus in his blood. These antibodies disappear over time (18 months). ARVs stop the multiplication of the virus and prevent the spread of HIV to the baby.*

4. As MMRPAs, how should you support pregnant women with HIV so that they can prevent mother-to-child transmission during pregnancy?
 - *Accompany pregnant women during ALL visits to the health facility, including prenatal (ANC) visits, visits for VCT, monthly follow-up visits, etc.*
 - *For pregnant women with HIV who must take ARVs, do Daily Observed Therapy: observe the woman take her ARVs in the morning and evening.*
 - *Educate pregnant women with HIV about how they can prevent passing HIV to their babies (PMTCT), the importance of adherence, and how to prevent STIs.*

5. How can a woman with HIV prevent passing HIV to her baby during delivery?
 - *Go to the shelter 2 weeks before their estimated due date, and deliver at the health facility.*

6. As MMRPAs, how should you support pregnant women with HIV so that they can prevent mother-to-child transmission during delivery?
 - *Accompany pregnant women to the shelters 2 weeks before their estimated due date.*
 - *If a pregnant woman with HIV goes into labor before she is in the shelter, accompany her directly to the health facility for delivery.*
 - *For pregnant women with HIV who must take ARVs, do Daily Observed Therapy.*
 - *Educate ALL pregnant women, including those with HIV, about the importance of delivering at the health facility.*
 - *Help ALL pregnant women, including those with HIV, to plan and*

prepare for going to the shelters and delivering at the health facility.

7. How can a woman with HIV prevent passing HIV to her baby after delivery?
 - *Continue to take ARVs daily if her CD4 count is below 350.*
 - *Give NVP drops to her baby daily.*
 - *Go to the 7-day and 6-week (6/52) postnatal visits, where she will be checked and her baby will be tested for HIV.*
 - *Give the baby Bactrim (antibiotics) starting 6 weeks after birth.*
 - *Get the baby vaccinated according to the national schedule.*
 - *Continue to take the baby to the health facility once a month for checkups, until the baby is 18 months old.*
 - *Get the baby tested for HIV a 2nd time at 18 months*
 - *If she chooses to feed her baby infant formula, pick up infant formula monthly at the health facility monthly and feed her baby only infant formula.*

8. As MMRPAs, how should you support mothers with HIV so that they can prevent mother-to-child transmission after delivery?
 - *Continue providing DOT for mothers taking ARVs.*
 - *Accompany mothers to the 6-week (6/52) postnatal visit.*
 - *Ensure that the baby takes NVP drops daily.*
 - *Educate mothers about infant formula, the importance of adherence, and the importance of postnatal visits, immunizations, and HIV tests for the baby.*
 - *Accompany the mother and baby through the infant formula program.*

9. If a woman with HIV chooses to feed her baby infant formula, how should the MMRPA support her?
 - *Teach her how to use infant formula before she delivers.*
 - *Make sure that she has enough infant formula supplies.*
 - *Accompany her and the baby through the infant formula program by accompanying her to her monthly health facility appointments and making sure she picks up the infant formula.*

UNIT 5**Tuberculosis**

1. What is tuberculosis (TB)?
 - *It is a dangerous disease that usually infects the lungs, but it can infect other parts of the body too (bones, joints, stomach, throat, heart, and brain).*
2. How is TB transmitted?
 - *When a person with TB coughs, she/he sprays droplets of water (spit) into the air. If someone else breaths the droplets, this person can get TB.*
3. Can TB be cured?
 - *Yes, it can be cured with TB medication.*
4. Who can get TB?
 - *Anyone can get TB, but people with weakened immune systems (those with HIV, for example) are more likely to get TB.*
5. Who should always get tested for TB?
 - *Someone who has TB symptoms*
 - *Someone who lives with or spends a lot of time with someone who has TB or TB symptoms*
 - *Someone who has HIV/AIDS*
6. What are the symptoms of TB?
 - *Cough*
 - *Fever*
 - *Chills*
 - *Weight loss*
 - *Chest pain*
 - *Loss of appetite*
 - *Fatigue*
 - *Night sweats*
7. How can people avoid getting and spreading TB?
 - *TB is killed by sunlight. Open windows to let in fresh air and sunlight.*

- *MMRPAs should wear a mask when visiting women under their care who have TB.*
- *All babies should be immunized so that they do not get TB.*
- *People with TB should cover their mouths and noses when they cough.*
- *Eating lots of nutritious food can also help to prevent TB by making people healthy and strong so they can fight active TB.*
- *People who have inactive TB can take medicine to prevent the TB from becoming active.*

8. Name a TB medication.

- *Rifampicin (R)*
- *Isoniazid (INH)*
- *Combination Pill: Rifampicin (R) + Isoniazid (H)*
- *Ethambutol (E)*
- *Pyrazinamide (Z)*
- *RHZE*
- *Streptomycin (S)*

9. What can happen if someone with TB does not take all of their medications every day until the treatment is finished?

- *TB can become stronger and able to fight the medications. Then the TB can start growing again. The medications will not work anymore, and the person will become sicker. This is called multidrug-resistant TB (MDR TB).*

10. How might you know that a woman under your care might have MDR TB?

- *If she continues to cough or lose weight after 1 month of TB medicine, she should visit the health facility again to be re-tested because she might have MDR TB.*

11. What are the mild side effects of TB medications?

- *Loss of appetite*
- *Burning or tingling feet*
- *Dizziness*
- *Weakness or fatigue*
- *Nausea*

12. What are the severe side effects of TB medications?
- *Difficulty breathing*
 - *Difficulty hearing*
 - *Trouble swallowing*
 - *Swollen eyes*
 - *Swollen tongue*
 - *Blisters or sores*
 - *Vomiting*
 - *Rash*
 - *Abdominal pain*
 - *Yellow eyes (jaundice)*
13. If a woman under your care is taking ARVs, when should you ask her if she is experiencing side effects?
- *Every time you visit*
14. If a woman under your care experiences a severe side effect of TB medications, what should you do?
- *Accompany the woman to the health facility immediately.*

UNIT 6

Family Health

1. What is family planning?
- *A family plans the number of children they want, and when they want to have them.*
2. What is birth control?
- *A medicine, device, or practice that prevents pregnancy*
3. What are some of the benefits of practicing family planning?
- *Spacing of pregnancies — Having too many pregnancies too close together puts a woman at risk for anemia and other complications. Birth control helps women space their pregnancies to avoid these problems.*
 - *Women's health – Having too many children, children very close together in age, or getting pregnant at too young or too advanced an age, can be dangerous for a woman's health. Family planning helps to protect women from these risks.*

- *Family health – Families with fewer children are better able to feed, educate and support all the children.*
 - *Community health – Having fewer children through family planning can help families achieve better health and economic well-being and contribute to the health and economic well-being of their communities.*
 - *Women with HIV – Women with HIV risk passing HIV to their babies during pregnancy and birth. These women can use birth control to limit pregnancies if they want to. They can also learn how to prevent passing HIV to their babies during pregnancy, during birth, and after birth through PMTCT.*
 - *Protection against STIs – Male and female condoms protect against STIs, including HIV.*
 - *Prevention of teenage pregnancies – If teenage girls use birth control to avoid getting pregnant, they can stay in school longer and become better prepared to support a family when they are older.*
 - *Lowering the risk of death during childbirth – Sometimes women die during childbirth and leave orphaned children. Using birth control lowers this risk.*
 - *Women taking ARVs or TB medication may not be able to use certain forms of birth control because they may react with the ARVs or TB medications.*
 - *Participants may name other benefits.*
4. What are some reasons why people do not want to use birth control methods and practice family planning?
- *Traditional culture teaches that it is important to have many children as a sign of wealth or to ensure the family's survival.*
 - *In some communities, babies die frequently, especially in poor families, so families want to have a lot of children because they know they will lose some.*
 - *People want to have many children so that the children can help support the family by working and farming.*
 - *Women think that birth control methods will give them cancer or other serious illnesses.*
 - *Women who try birth control methods experience bad side effects.*
 - *People think that birth control methods are too expensive.*
 - *Male partners, mother-in-laws, or elders pressure women not to use birth control methods.*
 - *People's religions prohibit the use of modern birth control methods.*
 - *Some people live very far from the health facility, and it is difficult*

for them to pick up pills or get injections.

- *Some people prefer to use traditional birth control methods.*
- *Participants may name other reasons.*

5. What are the modern birth control methods available in this area?

- *Birth control pills, injections, implants, IUDs, condoms, sterilization (depends on the area)*

6. What is the correct way to use birth control pills, and how long does 1 pill last?

- *A woman takes 1 pill every day at about the same time of day. If she missed taking the pill 1 day, she must take it the following morning. 1 pill lasts 1 day.*

7. What is the correct way to use injections and how long does 1 injection last?

- *A woman must receive her 1st injection at the health facility. Then she must get an injection every 3 months at the health facility to prevent pregnancy. 1 injection lasts for 3 months.*

8. What is the correct way to use implants and how long do implants last?

- *A woman must get an implant done at the health facility. 1 implant lasts for 3 to 5 years (depending on the type of implant).*

9. What is the correct way to use an Intra Uterine Device (IUD) and how long does an IUD last?

- *A woman must have the IUD put in at the health facility. An IUD lasts 10 years, depending on the type of IUD.*

10. What is sterilization (male and female) and how long does it last?

- *For a man, it is an operation called a **vasectomy**. The tubes that carry a man's sperm into his penis are cut, so that sperm cannot come out of the penis.*
- *For a woman, the operation is called **tubal ligation**. The tubes that connect a woman's ovaries to her womb are closed, so that eggs cannot travel from the ovaries to the womb.*
- *Sterilization is **permanent**.*

11. What is the only birth control method that prevents transmission of HIV and other STIs?
 - *Male and female condoms*

12. Some birth control methods have side effects. What can you tell women about side effects to educate and reassure them, so that they do not stop using birth control if they experience side effects?
 - *Most side effects from using the pill or injections go away after a few months, so the side effects may be unpleasant for a little while, but they are often not permanent.*
 - *Women can talk with a doctor or nurse at the health facility about side effects, and the doctor or nurse can help women manage the side effects or help them switch to another method.*
 - *Some women may have side effects from one method but not from another, and some women may experience very few side effects at all. Everyone's experience is different.*
 - *Male and female condoms produce no side effects and are fairly effective ways of preventing pregnancy. They also protect against STIs including HIV.*

13. What natural or traditional methods do couples use to prevent pregnancy?
 - *"Natural" or "calendar" method; breastfeeding. Participants may also name other traditional methods*

14. How effective are natural or traditional methods?
 - *They are not very effective.*

15. According to the national schedule for immunizations, what immunizations should all babies receive?
 - *BCG*
 - *Pentavalent*
 - *OPV*
 - *Measles*
 - *DT*

16. What immunization should all pregnant women receive?
 - *Tetanus (TT)*

17. What are your responsibilities as MMRPAs for immunizations?

- *Accompany mothers and babies to the health facility for vaccinations until they are declared fully immunized.*
- *Check babies' health booklets regularly to make sure they are receiving the proper vaccinations at the proper times.*

18. What is good nutrition?

- *Good nutrition is eating enough of the right foods so that the body gets the nutrients it needs to function well and stay healthy. Good nutrition does not just mean eating enough food not to feel hungry; it means eating enough of the right foods, in the right combinations, to help the body grow and protect itself. Eating enough of the right foods is called a "balanced diet."*

19. What are the 3 food groups and a few examples of foods in each group?

- *Carbohydrates: potatoes, porridge, rice, papa, and grains such as koro and mabele.*
- *Proteins: eggs, milk, meat such as beef, chicken, fish, and dried beans and dried peas.*
- *Protective foods: tomatoes, peppers, peaches, apples, papasane, leshoabe, qhela, and seruoe.*

20. What is marasmus and what are its signs and symptoms?

- *Marasmus is a serious condition caused by malnutrition. A child with marasmus may be eating from the 3 food groups (proteins, carbohydrates, and protective foods), but the child is not eating enough and is starving.*
- *Signs and symptoms of marasmus:*
 - *Serious weight loss*
 - *Stunted growth*
 - *Wasting of muscles: the child is so thin that her / his ribs can be seen and counted*
 - *Severe hunger*
 - *Child is below normal on road to health chart curve*

21. If a child under your care has signs and symptoms of marasmus, what should you do?

- *Accompany the child to the nearest health facility immediately, where the appropriate emergency treatment will be given.*

22. What is kwashiorkor and what are its signs and symptoms?

- *Kwashiorkor is a serious condition caused by malnutrition. A child with kwashiorkor is not eating enough proteins, even though the child is eating carbohydrates and protective foods. Kwashiorkor usually affects children between 18 months to 2 ½ years of age. It is common during weaning if weaning is not done properly.*
- *Many children suffering from malnutrition have a combination of signs and symptoms of kwashiorkor and marasmus. This is known as marasmic-kwash.*
- *Signs and symptoms of kwashiorkor*
 - *Persistent diarrhea*
 - *Irritability; refusal to play with other children, or refusal to eat even with family members.*
 - *Pale, reddish, or white hair that loses its strength, shine, curl, springiness, and becomes brittle and falls off.*
 - *Swelling of feet, face, eyelids, and hands that looks shiny and is not painful; if a finger is pressed in the swelling, it leaves a deep pit.*
 - *Skin becomes lighter, with blackish spots and patches.*
 - *Loss of appetite.*
 - *Dehydration due to continuing diarrhea.*
 - *Anemia and parasitic infections in severe cases.*
 - *Child remains below normal on the road to health chart curve.*

23. If a child under your care has signs and symptoms of kwashiorkor, what should you do?

- *Accompany the child to the nearest health facility immediately, where the appropriate emergency treatment will be given.*

24. Once a child under your care has been discharged from the food program, what should you do?

- *Follow up to make sure the child continues to improve after she or he is discharged from the program.*

25. Why are diarrhea and vomiting dangerous, especially for small children?

- *Diarrhea and vomiting can make the body lose water and lead to dehydration. If someone is dehydrated, this means that her/his body does not have enough water. Babies and small children can become dehydrated very quickly. Severe dehydration can lead to death if it is not treated.*

26. How should diarrhea be treated?

- *Prepare Oral Rehydration Solution (ORS), and give it to the person.*
- *Teach families to make ORS.*
- *For cases of severe diarrhea (blood in the stool) or severe dehydration (person is in shock), accompany the person to the health facility immediately. At the health facility, clinicians will give the person an IV to replace lost fluids, bring down fever if needed, and give medication.*

27. Name a personal hygiene practice that helps families to stay healthy.

- *Wash hands with soap and clean water after visiting the toilet; changing a nappy or cleaning a baby; caring for a person with diarrhea; and before handling, preparing, or eating food.*
- *Cover the mouth and nose with a hand or cloth when coughing or sneezing.*
- *Take daily baths to keep the body clean and prevent germs from spreading.*
- *Sick people should seek medical help as soon as possible so they can receive proper treatment and avoid spreading germs to others.*

28. Name a household hygiene practice that helps families to stay healthy.

- *Use water from protected, clean sources.*
- *Boil all water before drinking and cooking if it is not from a clean source.*
- *Cover food and water so that flies cannot land on it.*
- *Wash dishes immediately after a meal to keep flies and cockroaches from breeding.*
- *Clean and sweep the house and surrounding area every day to remove breeding places for flies.*
- *Sweep with windows open, and remove dust from surfaces after sweeping.*
- *Ventilate the house by opening windows and doors to let in clean air and sunlight.*

29. Name an environmental hygiene practice that helps communities to maintain a clean environment and prevent diseases from spreading.

- *Keep animal shelters away from the house, since they attract flies that can land on food and contaminate it.*
- *Keep stagnant water from collecting around the house.*
- *Build and use latrines to prevent contamination of water sources.*
- *Protect springs to prevent animals from contaminating the water.*

PRE-TEST

Date: _____ Your name: _____

Health center: _____ Trainer: _____

When did you become an MMRPA? ____ / ____
Month/Year

Please write a brief answer for each question. If you do not know the answer, leave the space blank:

1. When should a pregnant woman attend her 1st prenatal visit, and how many more prenatal visits should she have after the 1st visit (the minimum number)?
 - 1st visit: _____
 - Number of visits after the 1st visit: _____
2. Name 2 benefits to pregnant women of attending prenatal visits at the health facility.
 - _____
 - _____
3. Name 2 minor ailments that a woman may experience during her pregnancy.
 - _____
 - _____
4. Name 2 major (serious) ailments that a woman may experience during her pregnancy.
 - _____
 - _____
 - _____

5. When should a pregnant woman go to the shelter?

- _____

6. Name 2 benefits to the woman and baby of delivering at the health facility.

- _____
- _____

7. Name 1 way that a person can get HIV.

- _____

8. When and for how long must a person with HIV take ARV medication?

- _____

9. Name 1 possible serious side effect of taking ARV medication.

- _____

10. Name 1 way that a woman with HIV can prevent passing HIV to her baby before or after delivery.

- _____

11. Name 1 way that a person can avoid getting HIV/AIDs or other STIs, or to prevent passing them to another person.

- _____

12. Name 2 symptoms of TB.

- _____

13. When and for how long must a person with TB take TB medication in order to be cured?

- _____

14. Name 1 possible serious side effect of taking TB medication.

- _____

15. Name 1 modern birth control method.

- _____

16. Name 2 symptoms of malnutrition in children.

- _____
- _____

17. If a woman under her care experiences a major ailment during pregnancy or a serious side effect from ARV or TB medications, what should the MMRPA do?

- _____

18. Name 2 main responsibilities of MMRPAs for pregnant women under their care:

- _____
- _____

POST-TEST

Date: _____ Your name: _____

Health center: _____ Trainer: _____

When did you become an MMRPA? ____/____
Month/Year

Please write a brief answer for each question. If you do not know the answer, leave the space blank:

1. When should a pregnant woman attend her 1st prenatal visit, and how many more prenatal visits should she have after the 1st visit (the minimum number)?

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