The Fiji, Vanuatu, Kiribati and Solomon Islands Prevention of Mother-to-Child Transmission of HIV (PMTCT) Training Package is a comprehensive approach to the training of healthcare workers. The components in this package are:

- Participant Manual
- Trainer Manual
- Presentation Booklet
Foreword

HIV is the greatest threat to development facing the world today. Most children living with HIV were infected by their mothers who are living with HIV. These children get infected during pregnancy, childbirth or during breastfeeding. For the mother to infect the child, she might have been infected before she got pregnant, when she was pregnant or even when she was breastfeeding. We know that we can prevent HIV in children by preventing the mother from initial infection, by preventing unintended pregnancies in women with HIV and, by ensuring that pregnant women with HIV have the care that prevents mother-to-child transmission. We can now considerably reduce the chances of a baby being infected by his/her mother. Globally, this intervention has come to be known as PMTCT—prevention of mother-to-child transmission. Without PMTCT about 35% of babies born to women with HIV will be infected. With PMTCT this is reduced to about 5%. Some Pacific Island countries, like Fiji, are now making PMTCT services accessible in a wide variety of settings. The onus is on the other sister countries to follow suit urgently.

I also want to draw your attention to the risk of complacency because you believe the Pacific countries are still low prevalence countries. In low population countries the actual numbers of people living with HIV that are required for the epidemic to become generalized are very small and it can catch one unaware if we are not alert. We have the requisite conditions to facilitate a catastrophic HIV epidemic: rapid political, economical and social change; highly mobile populations; high rates of STIs; and low levels of health and sex education. With commitment to action and the ability to draw upon the knowledge and experience of the international community, the Pacific may still avert a generalised HIV epidemic.

Scale up of PMTCT services is the mandate of UNICEF. We all agree that work is far from done and the challenges remain overwhelming and daunting. This Training Package is just the beginning as we embark on initiating or improving and expanding PMTCT services to reach all pregnant and recently-delivered women to give them the chance to prevent HIV infection in their infants. In spite of the difficulties that surely lie ahead, we have an imperative to call upon our reserve of strength and commitment. Anything less than total commitment to our children is negligence, unforgivable negligence. Children must be our common concern. Healthy children, wanted children must be our shared destiny.

Vinaka,

[Signature]

Dr. Isiye Ndombi
UNICEF Pacific Representative
Acknowledgments

The Fiji, Vanuatu, Kiribati and Solomon Islands PMTCT Training Package is based largely on the 2007 update of the PMTCT Generic Training Package (GTP) that was developed under the direction of the World Health Organization and the U.S. Centers for Disease Control and Prevention for adaptation by countries and regions across the globe. This PMTCT Training Package is expected to play a key role in accelerating the scale up of PMTCT services in the Pacific region through training of healthcare workers to implement appropriate, quality services for PMTCT.

The Fiji, Vanuatu, Kiribati and Solomon Islands PMTCT Training Package was prepared under the direction of UNICEF-Pacific Office, with technical assistance from the Francois-Xavier Bagnoud (FXB) Center at the University of Medicine and Dentistry of New Jersey (UMDNJ). UNICEF is grateful to the Fiji, Vanuatu, Kiribati and Solomon Islands PMTCT Technical Working Group (TWG) who reviewed technical content and pilot tested this Training Package: Dr Lisi Tikoduadua, Dr Reapi Mataika, Sr Sera Withrow, Toakase Ratu (Fiji); Dr Teraira Bangao, Baurina Kaburoro, Dr Baranika Toromon Temariti, Tiero Areieta Tetebea, Roote Tong (Kiribati); Dr James Auto Gugumae, Dr Levi Hou, Mrs Anna Pumae Lofea, Elizabeth Arapaasi, Emily Yangao (Solomon Islands); Dr Griffith Harrison, Marina Laklotal, Leitangi Janet Barry, Marie Angella Mento and Blandine Taripu (Vanuatu). The TWG benefited greatly from the participation of Soko Mataitoga (Fiji) and Umbelina Rodrigues (East Timor) as observers.

The technical assistance team from the FXB Center at UMDNJ included Virginia Allread, Supria Sarma, Aliya Jiwani, Dhvani Shah and Rebecca Fry with support from Karen Forgash, Daina Bungs and Deborah Hunte.

This updated PMTCT Generic Training Package was prepared collaboratively by the Department of HIV/AIDS, World Health Organization (WHO) and the United States Department of Health and Human Services, Centers for Disease Control and Prevention (HHS-CDC), Global AIDS Program (GAP).

WHO and CDC would also like to acknowledge the significant contribution of the François-Xavier Bagnoud (FXB) Center at the University of Medicine and Dentistry of New Jersey, for their leadership in the revision process through the University Technical Assistance Program (UTAP) with CDC. In addition to the curriculum update role, the FXB Center provided essential support for overall project coordination and final production of the revised PMTCT Generic Training Package. The FXB Center group includes Virginia Allread, Rebecca Fry, Sahai Burrowes, Melody Corry, Catherine Dale, Karen Forgash, Magaly Garcia, Deborah Hunte, Linda Podhurst, Anne Reilly, Monica Reiss, Bhavani Sathya, and Deborah Storm.
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### Abbreviations and Acronyms

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<td>AIDS</td>
<td>Acquired immune deficiency syndrome</td>
</tr>
<tr>
<td>ANC</td>
<td>Antenatal care</td>
</tr>
<tr>
<td>ARV</td>
<td>Antiretroviral</td>
</tr>
<tr>
<td>CDC</td>
<td>United States Centers for Disease Control and Prevention</td>
</tr>
<tr>
<td>CTX</td>
<td>Co-trimoxazole</td>
</tr>
<tr>
<td>HCW</td>
<td>Healthcare worker</td>
</tr>
<tr>
<td>HIV</td>
<td>Human immunodeficiency virus</td>
</tr>
<tr>
<td>MCH</td>
<td>Maternal and child health</td>
</tr>
<tr>
<td>MSM</td>
<td>Men who have sex with men</td>
</tr>
<tr>
<td>PLHIV</td>
<td>People living with HIV</td>
</tr>
<tr>
<td>PMTCT</td>
<td>Prevention of mother-to-child transmission of HIV</td>
</tr>
<tr>
<td>MTCT</td>
<td>Mother-to-child transmission of HIV</td>
</tr>
<tr>
<td>NGO</td>
<td>Non-governmental organization</td>
</tr>
<tr>
<td>OSSHHM</td>
<td>Oceania Society for Sexual Health and HIV Medicine</td>
</tr>
<tr>
<td>STI</td>
<td>Sexually transmitted infection</td>
</tr>
<tr>
<td>TB</td>
<td>Tuberculosis</td>
</tr>
<tr>
<td>UNAIDS</td>
<td>Joint United Nations Programme on HIV</td>
</tr>
<tr>
<td>UNICEF</td>
<td>United Nations Children's Fund</td>
</tr>
<tr>
<td>USAID</td>
<td>United States Agency for International Development</td>
</tr>
<tr>
<td>WHO</td>
<td>World Health Organization</td>
</tr>
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Trainer Manual Introduction

This Trainer Manual is designed to support the implementation of the Fiji, Vanuatu, Kiribati and Solomon Islands Prevention of Mother-to-Child Transmission of HIV (PMTCT) Training Package. The Trainer Manual contains the same material found in the Participant Manual, supplemented with specific instructions for the trainer.

The Trainer Manual provides:
- Information on how to prepare and organize each teaching session
- Guidance on customizing content to reflect local realities
- Tips for effective training techniques and activities.

Keep the Trainer Manual with you each day for use as a reference, but avoid reading directly from it during sessions.

Icon key
The Trainer Manual includes symbols (icons) to direct you as you teach each session.

- **Trainer Instructions**: Guidance for the trainer
- **Make These Points**: Key concepts to emphasize
- **Clock**: Estimated time needed for session. All times listed are suggested and subject to change depending on participant learning need
- **Advance Preparation**: Planning and preparation for a session or exercise that should be undertaken in advance

Text that appears in the Participant Manual is surrounded by a dashed border to help the trainer keep track of the information in the Participant Manual.
Course Schedule

Although this Training Package was developed as a 5-day course, not including the optional field visit, it may be expanded or shortened, depending on resources available and the target population’s learning needs. The syllabus for this training is presented below.

Sample syllabus for the Fiji, Vanuatu, Kiribati and Solomon Islands Training Package

<table>
<thead>
<tr>
<th>Day</th>
<th>Content</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-course session</td>
<td>Opening Ceremony, Course Overview, and Introduction</td>
<td>2 hours</td>
</tr>
<tr>
<td>Day 1</td>
<td>Module 1 Introduction to HIV</td>
<td>2 hours, 30 minutes</td>
</tr>
<tr>
<td></td>
<td>Module 2 Overview of HIV Prevention in Mothers, Infants and Young Children</td>
<td>1 hour, 55 minutes</td>
</tr>
<tr>
<td></td>
<td>Module 3 Specific Interventions for the Prevention of Mother-to-Child Transmission of HIV (PMTCT), (teach the first 3 hours)</td>
<td>4 hours, 20 minutes</td>
</tr>
<tr>
<td>Day 2</td>
<td>Module 3 Specific Interventions for the Prevention of Mother-to-Child Transmission of HIV (PMTCT), (teach the last 1 hour 20 minutes)</td>
<td>3 hours</td>
</tr>
<tr>
<td></td>
<td>Module 4 Stigma and Discrimination Related to MTCT</td>
<td>7 hours, 25 minutes</td>
</tr>
<tr>
<td></td>
<td>Module 5 HIV Testing and Counselling for PMTCT, (teach the first 3 hours)</td>
<td></td>
</tr>
<tr>
<td>Day 3</td>
<td>Module 5 HIV Testing and Counselling for PMTCT, (teach the last 4 hours 25 minutes)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Module 6 Infant Feeding in the Context of HIV Infection, (teach the first 3 hours)</td>
<td></td>
</tr>
<tr>
<td>Day 4</td>
<td>Module 6 Infant Feeding in the Context of HIV Infection, (teach the last 1 hour 20 minutes)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Module 7 Comprehensive Care and Support for Pregnant Women, Mothers, HIV-exposed Infants and Families with HIV Infection</td>
<td>5 hours, 15 minutes</td>
</tr>
<tr>
<td></td>
<td>Module 8 Safety and Supportive Care in the Work Environment, (teach the first 1 hour)</td>
<td>2 hours</td>
</tr>
<tr>
<td>Day 5</td>
<td>Module 8 Safety and Supportive Care in the Work Environment, (teach the last 1 hour 50 minutes)</td>
<td>50 minutes</td>
</tr>
<tr>
<td></td>
<td>Module 9 PMTCT Programme Monitoring</td>
<td>2 hours, 30 minutes</td>
</tr>
<tr>
<td></td>
<td>Closing the Course</td>
<td>1 hour</td>
</tr>
<tr>
<td></td>
<td>Field Visit and Debriefing</td>
<td>Half-day to one week</td>
</tr>
</tbody>
</table>

It is recommended that each training day begin with a summary of key points covered the previous day. This can be done in approximately 15 minutes. Strategies for reviewing the previous day’s key points include:

- The trainer writes the key points on the board or flipchart in the morning before participants arrive.
- The trainer presents key points using a lecture and question-answer format.
- The trainer uses a large group discussion format, asking the group, for example: “What were the most important points from yesterday’s presentation?” The trainer should then add any additional key points that the group may have missed.
- The trainer divides participants into small groups (or pairs) and gives the groups about five minutes to write down the three most important points from the previous day’s
presentations. After the groups re-convene, the trainer asks the groups to summarize the points that they identified.

Once the key points have been summarized, ask participants if they have questions about the material covered the previous day.

---

### Trainer preparation checklist

#### Daily preparation
Each day, arrive with enough time to set up the materials and equipment, and arrange the furniture and audiovisual equipment in a way that fosters learning and teamwork.

#### Session content and additional materials
Trainers should be familiar with the content of the sessions they will teach, including the exercises. National guidelines and policies should be available for reference. Although trainers will not be able to answer every question, they should try to master the curriculum content and related support materials.

#### Room set up
An informal arrangement is more comfortable than an auditorium style one, which creates a formal “lecture” atmosphere. Set up the room so participants can see each other and trainers have space to walk around. Arrange the seating so that during lectures, participants will be able to see the flipcharts and see the slides and/or overheads on a screen.

#### Consultation with co-trainers
More than one trainer will likely be assigned to each module. Co-trainers should consult with each other prior to the day’s session to coordinate their presentations and activities. All trainers participating in the course should be invited and encouraged to assist throughout their colleague’s sessions. This includes assisting with flipcharts, exercises, and guiding participants in the use of course materials.

#### Goals and objectives
To focus the training, display on a white or blackboard or on a flipchart, the module objectives and the training ground rules.

#### Learning environment
Ensure that the physical environment is comfortable and well-lit. Create a psychological environment where participants feel accepted, respected, and supported; this will facilitate participation.

#### Course equipment, materials, and teaching aids
In addition to materials already listed at the beginning of each module, be sure to have the following materials available if possible:

- Overheads or PowerPoint slides for the module
- Overhead or LCD projector and extra extension cord/lead (where available)
- Flipchart or whiteboard and markers or blackboard and chalk
- Pencil or pen and writing paper for each participant
- A clock or watch to keep track of time
- Anonymous Question Bowl (or Basket or Envelope)—see below—where participants can submit questions they do not want to ask in front of the group
- Relevant documents and other materials, such as national guidelines

Be sure that all educational equipment (overhead projector, screen, and/or computer) are in good working order and that materials (flipcharts, white or blackboard, markers, pens,
pencils, paper or note cards, tape) are available. Additional materials may be necessary for some exercises, check the Trainer Manual for the next day’s modules.

### Anonymous Question Bowl, Basket, or Envelope

Some questions are difficult to ask in a group. One method to encourage participants to ask questions is to set up a question bowl, basket, or envelope along with paper and a pen or pencil, somewhere away from the centre of the room. When participants have a question that they do not want to ask in the group setting, they can write it down and place it in the bowl or envelope any time during the day.

Check the bowl daily, perhaps after lunch or before finishing for the day. Read the questions aloud to the group. Give the group some time to think about the questions, and then have the participants who know the answers respond. It is important to address all questions and ensure that participants leave the session knowing the correct answers. If a participant offers an incorrect or misinformed response, provide the correct answer in a tactful way. If there is no clear answer, tell the group you will find out the answer and get back to them.

The Anonymous Question Bowl (Basket or Envelope) will be introduced in Introduction Exercise 2 “Determining the ground rules for the course & introduction of anonymous question bowl: large group exercise”.

### Concepts of Teaching and Learning

Trainers play a unique role in helping participants confront the dynamics of the HIV epidemic. Although you may be an expert on the technical content and on training, your role in this course extends beyond lecturing or providing information. Trainers need to discuss PMTCT in the context of the social and cultural realities participants face, and encourage participants to apply new information, skills, and knowledge to their daily practice. This section will review key concepts of teaching and learning, which will facilitate a successful training experience for all participants.

#### Principles of adult learning

The key to successful adult training is active participation from the group through the sharing of ideas and experiences. Show respect for participants’ experiences by asking them to contribute ideas, opinions, and knowledge and by recognizing that they are good resources for you the trainer and for each other. Principles to keep in mind when working with adult participants include:

- **Adults are motivated by information or tasks they find meaningful.** On the first day of the course, make attempts to become aware of how much the participants already know and what they want and need to learn.
- **Adults need to relate to the examples and exercises provided in the training.** Provide opportunities for participants to practise what they are learning, to address feelings that arise, and to develop ideas.
- **Adults feel anxious participating in a group that may make them appear weak, either professionally or personally.** Create a supportive learning environment and establish safe training practices, e.g., be sure participants feel confident that their contributions will be received respectfully. It is important to acknowledge and validate participants’ experiences. At the same, trainers should tactfully address participant feedback that may convey misinformation.
- **Build trust with participants.** Show that you are committed to the course and are willing to share your own experiences.
- **Build teamwork and a sense of group belonging.** Encourage active participation.
- **Be accountable.** Explain how you know what you know.

**Role of the trainer in adult learning**
The trainer's role is to facilitate the learning experience of the adult participant. To that end, you should create an environment where participants can achieve the course objectives and explore their own life experiences in the process.

**Trainer tips**
To teach this course successfully, trainers should become familiar with its content, format and suggested training methods. The following provides some key practical suggestions on how to prepare engaging and effective sessions.

<table>
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<tr>
<td>- Read the Trainer Manual Introduction in its entirety, including the &quot;Concepts of Teaching and Learning&quot; section. Note that some modules may require that you prepare a day or more in advance.</td>
</tr>
<tr>
<td>- Review the module and session objectives.</td>
</tr>
<tr>
<td>- When reviewing the Trainer Manual, take note of the content that appears in the Participant Manual (all text in dashed boxes). Review the slides and flipcharts that correspond to the sessions. Develop ideas for making lessons interactive. The &quot;Trainer Instructions&quot; and &quot;Make These Points&quot; offer helpful tips.</td>
</tr>
<tr>
<td>- Read and become familiar with the course material assigned to you.</td>
</tr>
<tr>
<td>- Carefully review the exercises you will facilitate. Take note of any advance preparation that might be necessary. Discuss case studies or discussion questions with colleagues to consider if any of the cases should be adapted and to ensure that you are comfortable with the answers.</td>
</tr>
<tr>
<td>- Pay attention to the time limits for your teaching sessions. Even though the times listed are estimates, trainers should plan their lessons so modules are evenly paced and can be completed in the recommended timeframes.</td>
</tr>
<tr>
<td>- Make sure you are familiar with local customs and values.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Trainer tips: during the course</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Emphasize the immediate usefulness of the material presented.</td>
</tr>
<tr>
<td>- Elicit personal experiences that are culturally sensitive and appropriate.</td>
</tr>
<tr>
<td>- Encourage group interaction and participation early in each session. During the first day especially, try to interact at least once with each participant, and encourage them to interact with you.</td>
</tr>
<tr>
<td>- Make an effort to learn participants' names early on and to use their names whenever possible.</td>
</tr>
<tr>
<td>- Instead of talking with other trainers during breaks, remain with participants for less formal discussions.</td>
</tr>
<tr>
<td>- Be available after each session to answer questions and discuss concerns.</td>
</tr>
<tr>
<td>- Pay attention to the order and flow of activities to ensure that new information is covered at an appropriate pace.</td>
</tr>
<tr>
<td>- Assess participants' understanding of the material.</td>
</tr>
<tr>
<td>- Pay attention to nonverbal cues to assess participants' attentiveness. Generally, the more conversation and noise in a room, the less the participants are focused on the material.</td>
</tr>
<tr>
<td>- Praise and thank participants when they complete an exercise well, participate in a group discussion, ask a question, or help other participants.</td>
</tr>
</tbody>
</table>
Team training
You will be working as a team with other trainers. Trainers may pair up to teach a module—which will require that you and your co-trainer divide training sessions and help each other during exercises. Respect your co-trainers during their sessions and remember never to interrupt them.

Debriefing with trainers
At the end of the day, there should be an opportunity for trainers to discuss the training as a group. Discussing training techniques can help trainers build a group dynamic. Feedback should be positive and constructive.

Teaching Methods

Giving instructions
To achieve the desired outcome of the exercise, the trainer must make sure that all participants understand what they are supposed to do. Keep the following in mind when giving instructions to participants about an exercise:

- What is the purpose of the exercise?
- What are the participants going to do?
- Who are they going to do it with?
- Where are they going to do it?
- How are they going to do it?
- For how long will the exercise last?

The types of exercises and teaching methods used in this course are listed below.

- **Ice-breakers:** This exercise helps to create a friendly atmosphere and puts the participants at ease. At the beginning of the course, an ice-breaker is used to help participants learn each others’ names and share personal or professional information.

- **Interactive exercises:** Interactive exercises are tools that facilitate participation, communication, integration, analysis, and reflection. They provoke discussion among the participants.

Debriefing after the exercises
After an exercise has been conducted, it is important to debrief with the group. Debriefing involves a discussion that will allow participants to recall and reflect on the exercise and its application. Trainers should be prepared to ask appropriate questions that will provoke the participants to come to conclusions about the material they have discussed during the exercise. Each exercise in the Trainer Manual includes debriefing points and key questions.

- **Role play:** A role play is a simulation or demonstration. During a role play, two or more participant volunteers—or trainers—present a real-life situation to the group. In this type of exercise, the “actors” show personal interaction and behaviours, and express emotions and attitudes (good, bad and controversial). They also may demonstrate processes or procedures in the course of the role play. The group then analyses and reflects on the dynamics and content of the role play.

Steps in planning and preparing for a role play:

1) Ensure the scenario is
   - Appropriate, i.e., typical of what happens in local PMTCT settings
   - Related to the module or session objectives
   - Interesting to participants
   - Suitable for acting

2) Collect all objects necessary to make the role play more realistic.
3) Review suggested debriefing questions and edit as necessary.

Steps in **conducting** a role play:
1) Describe the people in the role play and the roles they will be playing to the participants.
2) Ask for volunteers from the group to act in the role play. Encourage the volunteers to feel and act like the people they will be playing.
3) Be sure everyone can see and hear well enough to follow the role play.
4) It is a good idea to ask participants to take notes that can be referenced later during the discussion.
5) Watch carefully to ensure that actors are raising issues that are related to the main problem.
6) Watch the participants to see if they are still interested, or are becoming bored and restless.
7) Stop the role play when you feel the actors have shown the feelings and addressed the ideas that are important in the problem situation, or when other participants become restless.
8) Ask the group to compare their feelings about and reactions to the situation with those of the people in the role-play.
9) Thank the actors for their help and good work.
10) When you debrief, ask the actors and other participants to discuss their feelings and observations. Ask how the scenario should have been handled in a work setting. Ask other questions to help participants understand the purpose of the role play. Ask participants how this role play may help them in their jobs and daily lives.

- **Group discussion:** a group discussion is an informal talk that allows participants to share their experiences and ideas or solve a particular problem. This type of activity is different from a lecture as the participants, rather than the trainer, do most of the talking.
  - **Large group discussion:** all participants, as a single group, discuss specific problems, topics, or issues. Large group discussions are usually facilitated by a trainer, and should run for a defined length of time. All participants should be encouraged to contribute. At the end of the large group discussion, the trainer should summarize the main points discussed.
  - **Small group discussion:** Participants from the large group divide into small groups. Groups can be assigned different questions or problems. Each group conducts its own discussion and then reports their ideas back to the large group. Key points from each group discussion can be written on flipchart paper and posted on the wall for the remainder of the training. Small groups are an excellent way to get all participants involved, and encourage informal discussions to confirm, challenge, or alter the participants’ perceptions and knowledge.

<table>
<thead>
<tr>
<th>Considerations for small group discussions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Small groups can be divided in a way that will help participants discuss a particular question. For example, you might divide the group according to discipline (nurses or midwives) or by region (clinic X or clinic Y). If you want the small groups split up randomly, ask participants to count off by threes (or any small number): the first person is in group 1, the second is in group 2, the third is in group 3, the fourth is group 1 and so on.</td>
</tr>
<tr>
<td>It might be helpful to designate a representative from each group who will record and present the group’s findings.</td>
</tr>
</tbody>
</table>
- **Case study:** a case study is a situation taken from life experience. It is presented to the participants for discussion and analysis, and allows trainers to confirm what the participants have learned. It should relate as much as possible to situations that participants may encounter in their practice and in their daily lives. The case study is usually first discussed in small groups. Each group then shares their ideas, questions, and conclusions with the large group. The exercise is facilitated first as a small and then as a large group discussion.

- **Interactive lectures:** Lectures can be used to present scientific and technical content. This type of learning should progress from the simple to the complex. The trainer first reviews and outlines basic concepts, then integrates new material gradually and illustrates it with practical examples when possible. Remember that participants can absorb only five or six new pieces of information at a time.

  Trainers can make lectures interactive by tapping into the knowledge and experience that participants bring to the training. Ask the participants questions during the lecture and allow them to share their knowledge and experiences. Avoid reading directly from the Trainer Manual or slides. Instead, use examples, practical problems, and discussion questions.

- **Panel discussions:** Use panel discussions to help participants gain insight into the physical, emotional, and financial impact of HIV. Panels with persons infected with or affected by HIV can have a powerful influence on the attitudes and behaviours of healthcare workers. Module 4, “Stigma and Discrimination Related to MTCT” recommends using a panel discussion involving people living with HIV as one of the teaching methods. Other panel topics that may be considered for a national curriculum include:

  - Healthcare workers panel: to share ideas for handling the emotional challenges of caring for patients with HIV infection.
  - Ministry of Health leaders and staff member panel: to provide information about national structures, policies and strategies set up for the fight against HIV.
  - Nongovernmental organization (NGO) employee panel: to share information about the important role of NGOs in providing PMTCT services and support for people living with HIV (PLHIV).
Training Strategies

Flow and pace of training
Pay attention to the order and flow of activities to ensure that new information is learned at an appropriate pace. Make sure participants complete the course with a clear plan for applying their knowledge in the workplace.

Facilitation
Preparation is the key to conducting a successful training course. As a trainer, you should be thoroughly familiar with module content. Complete the following before starting each module:

- Read module objectives and teaching exercises.
- Prepare for each of the exercises.
- Obtain and organize in advance the materials needed.
- Become familiar with the text and overhead materials.
- Ensure that you understand all relevant national and local policies; if the policies are not in the Participant Manual, have copies available for the participants.
- Read and understand key points at the end of each module.

Responsibilities of the trainer during the training day include the following:

- Introduce each module and key concepts.
- Lead group discussions and training exercises.
- Answer questions.
- Explain ideas and clarify issues.
- Discuss how participants can apply the information to their own work.
- Give constructive feedback.

To effectively facilitate group work, it is important that the trainer is familiar with the local culture. Training strategies including exercises may need to be modified so that they are appropriate.

Managing difficult participants
Throughout the training, continually assess the group interaction. Occasionally, the learning environment may be disrupted by individual participants. A difficult participant may be overly talkative and dominate the discussions. Other participants may be hesitant to express themselves if one participant is talking too much or if a participant is being disrespectful. Depending on the situation, the trainer should address such behaviours either in public or privately. Throughout the course, it can be helpful to remind participants of the ground rules established at the beginning.

Inviting participation
HIV is a controversial subject in many communities and is likely to prompt debate among participants. The trainer should engage all participants and encourage them to contribute to the group.

Managing time
Estimated times are included in this manual for each lecture and exercise. All of the curriculum content is important; however, the trainer should acknowledge the particular needs, knowledge, and experience level of the group and make adjustments accordingly.

For example, in countries where infection control is routinely taught and practiced, less time may be required for those sessions. This will allow more time to be spent on sections that are less familiar to participants.
Each trainer may reorganize the time so long as he or she addresses the key concepts of each module.

In some discussions, the group may need additional time to reach an agreement on complex issues presented in the curriculum.

**Endnote to Trainer Introduction**

As a trainer, you are a facilitator of learning, not merely an instructor. Encourage participants to identify their aims and objectives for the course. As a trainer, you will help them accomplish those aims and objectives. Remember that all members of the group respect and learn from each other’s unique skills, perspectives, and life experiences.
Intervention–xiv Prevention of Mother-to-Child Transmission of HIV

Course Overview and Introduction

**Total Module Time:** 120 minutes (2 hours)

After completing the overview and introduction, participants will be able to:

- Understand the structure and organization of the course.
- Become familiar with other participants in the course.
- Talk about concerns about HIV and AIDS in the healthcare setting.
- List the ground rules for the course.

### SESSION 1  Course Overview and Introduction

<table>
<thead>
<tr>
<th>Exercise/Method</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interactive lecture</td>
<td>20 minutes</td>
</tr>
<tr>
<td>Questions and answers</td>
<td>5 minutes</td>
</tr>
<tr>
<td><strong>TOTAL SESSION TIME</strong></td>
<td>25 minutes</td>
</tr>
</tbody>
</table>

### SESSION 2  Ice-breaker and Ground Rules

<table>
<thead>
<tr>
<th>Exercise/Method</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Introduction Exercise 1 “Getting to know each other”: large group exercise</td>
<td>30 minutes</td>
</tr>
<tr>
<td>Introduction Exercise 2 Determining the ground rules for the course &amp; introduction of anonymous question bowl: large group exercise</td>
<td>20 minutes</td>
</tr>
<tr>
<td>Questions and answers</td>
<td>10 minutes</td>
</tr>
<tr>
<td><strong>TOTAL SESSION TIME</strong></td>
<td>60 minutes</td>
</tr>
</tbody>
</table>

### SESSION 3  Pre-test

<table>
<thead>
<tr>
<th>Exercise/Method</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Introduction Exercise 3 Pre-test</td>
<td>35 minutes</td>
</tr>
<tr>
<td><strong>TOTAL SESSION TIME</strong></td>
<td>35 minutes</td>
</tr>
</tbody>
</table>
Advance Preparation

- Introduction Exercise 1 “Getting to know each other”: large group exercise requires advance preparation. Please see the exercise.
- Introduction Exercise 3 Pre-test requires advance preparation. Please see the exercise.

For all sessions, also have available the following:

- For Exercise 1 A-4 paper (one per participant), divided into three columns labelled: “Concerns”, “Objectives”, and “Strengths”
- For Exercise 2 Bowl, basket or large envelope
- Flipchart paper
- Tape
- Copies of the pre- and post-test: two per participant
- Extra pens or pencils for the pre-test

Trainer Instructions

Begin by reviewing the objectives of the Introductory section of this Training Package.
SESSION 1  Course Overview and Introduction

**Total Session Time:** 25 minutes

**Trainer Instructions**  
Slides 4-5  
Begin by reviewing the session objective listed below.

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**After completing this session, participants will be able to:**  
- Understand the structure and organization of the course.

*Note:* Whenever possible, conduct all of the sessions in the Course Overview and Introduction as part of the Opening Ceremony. If there is no Opening Ceremony, the Course Overview and Introduction may be incorporated into Day 1 of the training.

**Trainer Instructions**  
Slides 6-12  
Provide an overview of MTCT and of PMTCT programmes, using the information below as a guide. Discuss how this course complements the national PMTCT programme. This information may be presented by the trainer or a guest speaker during the Opening Ceremony or it may be presented by the trainer on the first day of training.

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**Background on Prevention of Mother-to-child Transmission of HIV (PMTCT) Programmes**

Of the 33.2 million people living with HIV worldwide at the end of 2007, 2.5 million were children under the age of 15 years. In 2007 alone, 420,000 children were newly infected with HIV—about 1,150 new infections in children each day. The most frequent source of HIV infection in infants and children is transmission from mother-to-child during pregnancy, labour and delivery, or breastfeeding. Comprehensive programmes for prevention of mother-to-child transmission of HIV (PMTCT)—including ARV therapy and prophylaxis—can significantly reduce the number of infants who are HIV-infected and promote better health for their mothers and families.

**International support**

PMTCT remains central to global HIV initiatives. With the commitment of the international community to increasing access to treatment for persons living with HIV, scale-up of PMTCT programmes is recognized not only as preventing HIV in children but also as an important gateway to HIV prevention, care, treatment and support programmes for HIV-infected women, their children and families. This has resulted in growing support to scale up PMTCT services globally.

PMTCT is one of UNICEF’s mandates and priorities as one of the main “4 P” objectives of
the "Unite for Children, Unite against AIDS" campaign. The Fiji, Vanuatu, Kiribati and Solomon Islands Training Package reflects the outcome of mutually agreed goals and efforts under UNICEF-Pacific’s guidance. International efforts also support national PMTCT programmes in providing an important foundation for PMTCT and HIV prevention and treatment programmes. National PMTCT programmes have broad access to a sexually-active adult population and address key issues of family health. A comprehensive PMTCT programme can improve the treatment available to and health of all pregnant women, new mothers, their infants, and their families.

**PMTCT scale-up in Fiji, Vanuatu, Kiribati and Solomon Islands**

Despite a relatively low prevalence of HIV in Fiji, Vanuatu, Kiribati and Solomon Islands there is an urgency to establish prevention services including PMTCT. Many of the Pacific Island countries have the requisite conditions to facilitate a catastrophic HIV epidemic: rapid political, economic and social change; highly mobile populations; high rates of STI; and low levels of health and sex education. With commitment to action and the ability to draw upon the knowledge and experience of the international community, Fiji, Vanuatu, Kiribati, and Solomon Islands may still avert a generalized HIV epidemic.

In August 2004, Pacific Island leaders approved the Pacific Island Strategy on HIV/AIDS. By January 2006, national leaders in Fiji voiced their support for a PMTCT policy and in August 2007 the Pacific Island leaders endorsed the Second Regional HIV/AIDS Strategy 2008-2012. However, PMTCT has yet to be integrated into all ANC and MCH programs. Vanuatu, Kiribati and Solomon Islands have also included PMTCT in their strategic plans but full implementation has not yet occurred. This Training Package was developed as a key component in the effort to build capacity to accelerate the scale up of PMTCT services across these four Pacific Island countries. Fiji, Vanuatu, Kiribati, and Solomon Islands each have national PMTCT Action Plans: if these are coordinated and supported by regional plans for building capacity to train and strengthen maternal and child health services at the local level, this will ensure beneficial outcomes for communities.

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**Trainer Instructions**

**Slides 13-17**

Introduce basic information about the course structure. Review the course syllabus and the components of the Training Package.

**Make These Points**

- Emphasize the logistics of the course, such as daily start times, end times, and breaks.
- Stress the importance of group interaction and participation.
- Make sure participants understand the purpose of all course materials. Point out that the Participant Manual includes instructions for each exercise.
- Remind participants to bring the Participant Manual each day and to be prepared to use it throughout the course.
Overview of the PMTCT Training Package

The Fiji, Vanuatu, Kiribati and Solomon Islands Training Package is an evidence-based course on PMTCT. PMTCT refers to comprehensive, family-centred clinical and supportive services—provided along with other public health initiatives—to prevent the transmission of HIV from a woman to her infant. This Training Package presents the basic components of PMTCT programming.

Course outline

This course offers information in the following areas:
- Module 1  Introduction to HIV
- Module 2  Overview of HIV Prevention in Mothers, Infants and Young Children
- Module 3  Specific Interventions for the Prevention of Mother-to-Child Transmission of HIV (PMTCT)
- Module 4  Stigma and Discrimination Related to MTCT
- Module 5  HIV Testing and Counselling for PMTCT
- Module 6  Infant Feeding in the Context of HIV Infection
- Module 7  Comprehensive Care and Support for Pregnant Women, Mothers, HIV-exposed Infants and Families with HIV Infection
- Module 8  Safety and Supportive Care in the Work Environment
- Module 9  PMTCT Programme Monitoring

Goal

The 2007 Policy guidelines for HIV prevention and care for mothers children and families in the Pacific were developed at the PMTCT workshop held in Suva, Fiji, 16-20 April 2007. HCW, government health officials, NGOs and UN agencies who attended stated that the goal of HIV prevention and care services, including PMTCT is to promote HIV-free child survival in the Pacific through an integrated, comprehensive approach to HIV and STI prevention and care for women and men at the reproductive stage of life, and their children. This Training Package is a key component in achieving that goal.

Course objectives

The objectives of the Fiji, Vanuatu, Kiribati and Solomon Islands Training Package are:
- To provide information and introductory skills on the essential components of a PMTCT programme, including the prevention of HIV; prevention of transmission from mother-to-child; provision of treatment and care to HIV-infected women, children and their families
- To facilitate the reduction of HIV-related stigma and discrimination and promote community linkages by empowering the healthcare worker to collaborate with community agencies and services
- To increase the capacity of programme managers and healthcare workers in resource-limited settings to deliver PMTCT services
- To help develop or strengthen national PMTCT curriculum and training plans

This PMTCT training course is designed to provide healthcare workers with the information and introductory skills necessary to deliver core PMTCT services in an integrated manner.

Each module and session has objectives specific to the content area.
Make These Points

- Clarify that the course will provide information to enable participants to practise the skills necessary to implement core PMTCT activities in an integrated manner.
- Encourage participants to pursue further training in specific areas of interest.
- Emphasize the importance of hands-on clinical training.

Target audience

This training course is targeted to staff working in (or intending to work in) PMTCT programmes or healthcare settings that provide PMTCT services:

- Nurses
- Midwives
- Physicians
- Social workers
- Outreach workers
- Counsellors
- Programme managers
- Laboratory technicians
- Pharmacists

Healthcare workers are encouraged to pursue additional training to complement the expertise available in their facility or region.

There is no substitute for hands-on experience when providing both clinical and social support. All participants are encouraged to view this course as providing a foundation on which to build and develop additional skills. This can be done through specialized training in areas such as HIV counselling or infant feeding. Many of these skills require practice to develop proficiency, and participants can benefit by actively seeking opportunities to increase their comfort with all aspects of programme implementation.

Trainer Instructions

Slides 18-22

Review the structure of the Training Package and course materials. Provide a short history of the development of this Training Package.

Make These Points

- The Fiji, Vanuatu, Kiribati and Solomon Islands Training Package includes three components.
- The Fiji, Vanuatu, Kiribati and Solomon Islands Training Package was based on the WHO/CDC PMTCT Generic Training Package.

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1 Including community healthcare workers, staff in community-based organizations—including faith-based organization and non-governmental organizations—peer educators, traditional birth attendants and traditional healers
Structure of the Fiji, Vanuatu, Kiribati and Solomon Islands Training Package
The Fiji, Vanuatu, Kiribati and Solomon Islands Training Package consists of the following components:

- **Participant Manual** is the main reference document for course participants. It includes an Introduction; nine content modules, each with a summary; clearly stated objectives; technical information; and exercises. It also contains a Glossary, Frequently Asked Questions and a Resources section.

- **Trainer Manual** includes all of the technical material that appears in the Participant Manual, describes the trainer’s role in course planning, and offers the trainer directions for conducting each session.

- **Presentation Booklet** includes slides/overheads that summarize the main content areas of each module.

Development of the Fiji, Vanuatu, Kiribati and Solomon Islands Training Package:
The development of the Fiji, Vanuatu, Kiribati and Solomon Islands Training Package was lead by the UNICEF-Pacific office and Technical Working Groups (TWG) from each of the countries. UNICEF contracted with the FXB Center at the University of Medicine and Dentistry of New Jersey to develop the Training Package based on the World Health Organization and US Centers for Disease Control and Prevention’s Generic Training Package (GTP). The TWG reviewed draft materials, ensured the Training Package was technically sound as well as culturally appropriate. The Training Package was piloted in Nadi, Fiji in November 2007 and then finalized in April 2008.

The Fiji, Vanuatu, Kiribati and Solomon Islands adaptation of the GTP is the first adaptation of the updated GTP (2007): it incorporates lessons learned from the original GTP (2004) and the multiple adaptations of that document across the globe.
SESSION 2  Ice-breaker and Ground Rules

Total Session Time: 60 minutes

Trainer Instructions

Slides 23-24

Begin by reviewing the session objectives listed below.

After completing this session, participants will be able to:
- Become familiar with the other participants in the course.
- Talk about concerns about HIV in the healthcare setting.
- List the ground rules for the course.

Trainer Instructions

Slides 25-26

Set a tone or create an atmosphere in which participants feel comfortable expressing fears and concerns. Use the exercise below to help create this atmosphere and to confront conflicting or inaccurate opinions.

Make This Point

- Acknowledge that you realize that HIV is a frightening disease for which science does not have all the answers. Doing so will give participants permission to share their fears and concerns.

Introduction Exercise 1 “Getting to know each other”: large group exercise

<table>
<thead>
<tr>
<th>Purpose</th>
<th>Create a comfortable learning environment.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Provide an opportunity to get to know each other.</td>
</tr>
<tr>
<td>Duration</td>
<td>30 minutes</td>
</tr>
<tr>
<td>Activities</td>
<td>Distribute one card or sheet of paper to each participant. Explain that they will not be collected. Ask participants to spend a few minutes thinking about the following questions and then to write their responses on their card or paper.</td>
</tr>
<tr>
<td></td>
<td>• Concerns: What concerns or worries do you have about taking care of women and children and families with HIV?</td>
</tr>
<tr>
<td></td>
<td>• Expectations: What do you hope to learn from this course?</td>
</tr>
</tbody>
</table>
**Introduction Exercise 1 “Getting to know each other”: large group exercise**

**Large group discussion: participants stay in a single/entire group**

- **Strengths**: What three personal strengths do you bring to your work as a healthcare worker?

While participants complete their answers, write the words "Concerns", "Expectations", "Strengths" each on a separate piece of flipchart paper and tape it to the wall. Or write the words on separate areas of a blackboard.

1. Begin with "Concerns". Start the discussion by giving an example of a concern you have had—for example, “When I first started to work with HIV patients, I was worried about my risk of getting infected from my patients”. Ask for responses and write each on the flipchart paper or blackboard. Allow for some discussion while documenting the participants’ concerns.

2. Ask the group what they hope to learn—their “expectations” for the training. Explain that although the training has many objectives, it is important that you learn what other issues participants want information about. Write these on the flip chart. (Note: Make a point to include this information during the training if it is not already being addressed).

3. Ask the group for the strengths they bring to their work. Give examples such as “commitment” or “sense of humour” to get the discussion started. Discuss the participants' strengths and the important role they play in the care of women and children—with and without HIV. If participants are hesitant to discuss a personal strength (some will instead bring up an institutional or national strength—such as my clinic/country supports PMTCT initiatives—as a way of avoiding what might feel like “bragging”), challenge them to publicly acknowledge a positive attribute that they bring to their work.

**Debriefing**

- Tell the group that many healthcare workers confront HIV at work and in their communities. This training aims to support the participants in their efforts to cope with the impact of HIV.
- Acknowledge the concerns about caring for clients with HIV. They are not alone. Others share these same concerns.
- Tell the group that you will keep their expectations for the training visible during the entire training. You will include the issues they want to learn about in the training whenever possible.

**To close the exercise**

- Acknowledge the strengths participants bring to their work. Encourage them to think about and value these strengths. Stress that although healthcare workers often do not get enough recognition, the work they do is of vital importance.

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**Trainer Instructions**

Slide 27

Facilitate the exercise to determine ground rules for the course using the exercise below.
Make These Points

- Standards for group interaction will help participants meet their expectations and accomplish course objectives.
- Ground rules provide guidance for trainers and participants to observe throughout the course.
- Establishing ground rules offers an opportunity to discuss previous training experiences and share examples of effective approaches to training.

Introduction Exercise 2  Determining the ground rules for the course & introduction of anonymous question bowl: large group exercise

<table>
<thead>
<tr>
<th>Large group discussion: participants stay in a single/entire group</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Advance Preparation</strong></td>
</tr>
</tbody>
</table>
| **Purpose** | - Develop and agree on a set of ground rules that will create an environment that facilitates learning.  
- Introduce the Anonymous Question Bowl as a safe space for asking questions. |
| **Duration** | 20 minutes |
| **Introduction** | We want to learn about national efforts to decrease MTCT, but we also want to create a safe space for sharing and learning. To do that, we need to agree on some ground rules for the training. |
| **Activities** | **Develop and agree on the ground rules**  
- Ask the group what rules would make them feel comfortable about contributing to discussions.  
- If the group is slow to offer suggestions, consider giving the following examples:  
  - We will respect others, in our language, posture, and tone of voice.  
  - We will speak one at a time and avoid whispering or side conversations.  
- As participants contribute ground rules, write the suggestions on flipchart paper.  
- Wait until participants have offered all their suggestions. Review the list below for additional suggestions:  
  - It is up to the individual whether he or she wants to contribute during an exercise.  
  - Participants will raise their hands to ask questions or make comments.  
  - Anyone may contribute ideas, but the trainer may set limits on speaking time.  
  - We will protect each other's confidentiality (“What is said here, stays here”) and use general rather than specific examples.  
  - Each member of the group will attend to his or her own comfort needs (refreshment, restroom, stretching breaks).  
  - We will be on time for each session.  
- Tape the ground rules to the wall when the group has finished.  

**Introduce the Anonymous Question Bowl**  
- Introduce the Anonymous Question Bowl or Envelope (as discussed in the “Trainer Manual Introduction” on page vii). Tell participants about the bowl, show them where it is, and invite them to submit questions about HIV or any other topic addressed in the training at any time. |
<table>
<thead>
<tr>
<th>Introduction Exercise 2  Determining the ground rules for the course &amp; introduction of anonymous question bowl: large group exercise</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Large group discussion: participants stay in a single/entire group</strong></td>
</tr>
<tr>
<td>Explain that the questions may include concerns about themselves, their families, co-workers, or patients. Tell participants that the bowl will be checked daily, and all questions will be answered.</td>
</tr>
<tr>
<td><strong>Debriefing</strong></td>
</tr>
<tr>
<td>Remind participants that a comfortable environment will facilitate the group learning experience.</td>
</tr>
<tr>
<td>Remind participants that all their questions are valuable. The Question Bowl can help make sure that all questions are asked, even if they are anonymous.</td>
</tr>
<tr>
<td>Review the ground rules that the group has determined, and remind participants that the rules will be posted and visible throughout the training.</td>
</tr>
</tbody>
</table>
**SESSION 3  Pre-test (optional)**

**Total Session Time:** 35 minutes

### Trainer Instructions

**Slide 28**
Introduce and facilitate the pre-test exercise

### Introduction Exercise 3  Pre-test

| Advance Preparation | Review the pre-/post-test that appears at the end of the Trainer Introduction and make sure it is appropriate for participants. They have one copy of the pre-/post-test in their Participant Manual, which should be used at the beginning of the course. Make 1 copy of the test per participant for the post-test, which is administered on the last day of training. Have extra pens or pencils available.

Note that the pre-test and post-test are the same: the pre-test is given here before Module 1 and the post-test upon completion of Module 9.

<table>
<thead>
<tr>
<th>Purpose</th>
<th>To assess participant knowledge before the training course.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Duration</td>
<td>35 minutes</td>
</tr>
</tbody>
</table>

**Introduction**

Introduce the pre-test. Explain that the same set of questions will be distributed at the beginning of the course and end of the course. Their responses on the test can show how much participants learned during the training.

Explain that the pre-test will be anonymous. The scores will be examined on a group level; there will not be any individual names on the test. A 3-digit code will be used to compare each participant’s pre-test answers with their post-test responses.

**Activities**

- Instruct participants to choose a 3-digit number as their ID for the pre-test. They should remember this number because they will need it again for the post-test. Tell participants they can choose any 3-digit number, but it must be the same on both tests.
- Ask participants to use the copy of the test in their manuals (this is the only copy they have, so you will need to have copies ready for each participant for the last day of training). Ask participants to write their 3-digit number in the space provided. Tell participants they will have 30 minutes to complete the test.
- Keep track of time. After 20 minutes, let participants know they should finish the test in about 10 minutes. Assure participants they can have more time if they need it.
- After 30 minutes, thank the participants and collect the pre-test.

**Debriefing**

Tell participants that answers will be reviewed when the post-test has been completed at the end of the training course.
Trainer Instructions

Announce that the Course Overview and Introduction has been completed. Ask participants if they have any questions.

For trainer information, the answers to the Pre-Test are provided below.

<table>
<thead>
<tr>
<th>Pre- and Post-Test Answer Key</th>
</tr>
</thead>
<tbody>
<tr>
<td>1(c) 2(d) 3(b) 4(a) 5(c) 6(d) 7(c) 8(d) 9(c) 10(d) 11(c) 12 (T) 13(T) 14(T) 15(F) 16(T) 17(T) 18 (F) 19 (T) 20 (F)</td>
</tr>
</tbody>
</table>
PMTCT Knowledge Assessment Pre-test and Post-test

ID_____ _____ ______

Thank you for attending the PMTCT Training course. The PMTCT Knowledge Assessment pre- and post-tests are given at the beginning and end of the course to determine the usefulness of this training.

Your responses are anonymous. You should not put your name on this form. In the ID blank at the top left-hand corner of the page, please write a 3 digit number, e.g. 3 4 2 (you may choose any three digit number such as the day and month of birth or your children’s lucky numbers); use the same 3 digit number on both the pre and post-test. Record this number somewhere in your Participant Manual so that you won’t forget it.

Please circle the number (1 – 4) below that best represents your PMTCT training and experience BEFORE this workshop.

1. Trained in PMTCT and providing PMTCT services
2. Trained in PMTCT and not providing PMTCT services
3. Not trained in PMTCT and working in a PMTCT facility
4. Not trained in PMTCT and not providing PMTCT services

Please complete ALL of the following questions.

A. Please read each question (1 - 10) carefully and circle the most accurate response.

1. World-wide, approximately how many people were living with HIV in 2007?
   a) 750,000
   b) 8 million
   c) 33 million
   d) 52 million

2. Which body fluid does NOT transmit HIV infection?
   a) Semen
   b) Breast milk
   c) Blood
   d) Sweat

3. What do rapid HIV tests detect?
   a) The presence of viral DNA
   b) The presence of HIV antibody
   c) The quantity of HIV
   d) The presence of HIV antigen

4. The risk of mother-to-child transmission of HIV infection increases when
   a) Breastfeeding is continued over time.
   b) Non-invasive delivery procedures are used.
   c) Maternal viral load is low.
   d) Sexually transmitted infections are treated early.

5. What is one advantage of using commercial infant formula?
   a) It provides all the nutrients and antibodies a baby may need.
   b) It is always available.
   c) Other family members can help feed the baby.
   d) It carries very little risk of causing diarrhoea or bacterial infections.
6. If two rapid HIV tests are performed and the first test is positive and second test is negative, it indicates that the
   a) Patient is HIV-positive.
   b) Patient is HIV-negative.
   c) Patient is immuno-compromised.
   d) Patient’s HIV status needs to be confirmed with additional testing.

7 Which of the following approaches can increase the risk of HIV transmission during breastfeeding?
   a) Taking ARV therapy while breastfeeding
   b) Practising exclusive breastfeeding
   c) Supplementing breast milk with commercial infant formula
   d) Obtaining early treatment of breast problems

8. If a single dose of nevirapine (NVP) is used as prophylaxis to prevent mother-to-child transmission of HIV it should be given to
   a) The mother throughout her pregnancy and the infant within 7 days of delivery
   b) The mother during labour and the infant within 7 days of delivery
   c) The mother and the infant immediately following delivery
   d) The mother during labour and the infant immediately following delivery

9. Which of the following indicators may be used to monitor the success of the PMTCT programme at a health facility?
   a) Percentage of orphans linked to mothers who are HIV-infected
   b) National statistics on HIV prevalence in pregnant women between 15 and 25 years of age
   c) Percentage of women who deliver at a PMTCT site who know their HIV status
   d) Number of PLHIV receiving ARV therapy

10. A positive HIV antibody test in a 4 month old infant born to an HIV-infected mother who is breastfeeding indicates that
    a) The infant is infected with HIV
    b) The infant is not infected with HIV
    c) A confirmatory antibody test should be performed one week later
    d) The infant may be infected with HIV but requires follow-up testing using the best available tests for the infant’s age

11. HIV-exposed infants should receive co-trimoxazole prophylaxis beginning
    a) At birth
    b) At 2 weeks
    c) At 4–6 weeks
    d) At the 12 week immunization visit

B. Indicate whether the following statements (11-20) are True (T) or False (F).

12. One of the most commonly seen presenting symptoms of HIV infection in children is poor growth. [ ]

13. The World Health Organization recommends that HIV-infected women exclusively breastfeed their infants for the first 6 months of life unless replacement feeding is acceptable, feasible, affordable, sustainable and safe. [ ]
14. A woman of unknown HIV status who presents to the healthcare facility in early labour should be tested and counselled for HIV as soon as possible.

15. HIV post-test counselling for HIV-negative women includes information about safer sex only if the client asks.

16. Dual protection refers to contraceptive methods that will protect against HIV and STIs as well as protect against pregnancy.

17. The risk of opportunistic infections such as Pneumocystis pneumonia (PCP) increases when CD4 counts are low.

18. Stigma is a way of expressing discriminating thoughts, either intentionally or accidentally.

19. A person with HIV infection does not necessarily have AIDS.


Participant Self-Rating

Please rate your perception of your understanding and ability on the following items related to perinatally-transmitted HIV infection.

For each item, place a check in the box that best describes your current level of understanding or ability, with “1” being the lowest level and “5” being the highest. Please leave the answer blank if the question is not applicable.

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