



PSYCHOSOCIAL & ADHERENCE  
**Counseling Support Training**  
TOOLKIT



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# COUNSELLING & COMMUNICATION CHECKLISTS



## HOW TO USE THE COUNSELLING AND COMMUNICATION SKILLS CHECKLIST:

- This checklist was developed as a tool to be used by any health care provider, including lay counsellors, who provides counselling to clients.
- The checklist summarizes the 7 essential skills that all lay counsellors should use in their work, no matter what topic they are discussing with a client.
- Lay counsellors may use this checklist as a job aid – to remind themselves of, and to practice, these important skills.
- The checklist can also be used by mentors and supervisors when observing counselling sessions and providing feedback.

## THE BASIC PARTS OF THE COUNSELLING AND COMMUNICATION SKILLS CHECKLIST:

- **The checklist has 3 columns.**
  - The column on the left-hand side lists the general steps and skills lay counsellors should use.
  - The middle column lists the specific strategies, statements, and behaviours that, if put into practice, will help lay counsellors master the skills listed in the left-hand column.
  - The column on the right-hand side simply provides a place for a checkmark, so the person using the checklist can keep track of the specific skills that have been demonstrated.

# COUNSELLING AND COMMUNICATION SKILLS CHECKLIST

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

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

# PMTCT PSYCHOSOCIAL ASSESSMENT GUIDE & REPORTING FORM

## HOW TO USE THE PMTCT PSYCHOSOCIAL ASSESSMENT GUIDE AND REPORTING FORM:

- This PMTCT Psychosocial Assessment Guide and Reporting Form was developed to be used by a range of providers, including lay counsellors, who work with pregnant women living with HIV and their families.
- Conducting a psychosocial assessment with each client helps to learn more about his or her specific situation, to prioritize needs, and to give direction to ongoing counselling and psychosocial support. This includes referrals for needed community and home-based services.
- A psychosocial assessment should be conducted with each client after she tests positive for HIV. A psychosocial assessment should also be conducted with clients who initially test negative and then test positive, either during retesting at 32 weeks or at any other point in the continuum of care.
- Lay counsellors may want to conduct another follow-up psychosocial assessment or revisit specific psychosocial issues when a client's situation changes in a significant way, such as after a client gives birth.
- Allow at least 30 minutes to conduct an initial psychosocial assessment – but more time is better.
- Key information from the psychosocial assessment should be recorded on the form and kept in the client's file. A template to record follow-up counselling notes is also included (this can be photocopied and multiple forms kept in the patient's file).
- Completed psychosocial assessment forms should be kept in the client's file and referred to during follow-up visits. If individual client files are not maintained at the clinic, this guide can also be used as a job aid to help providers assess psychosocial needs and provide follow-up counselling and referrals.
- The guide can also be used by mentors and supervisors when observing counselling sessions and psychosocial assessments.

## THE BASIC PARTS OF THE PSYCHOSOCIAL ASSESSMENT GUIDE AND REPORTING FORM:

- **Basic information:** Write down the client's name and file number.
- The form has **2 columns and 6 sections**. The column on the left-hand side gives the lay counsellor guidance on key questions to ask within each of the sections, and the column on the right-hand side provides space for the lay counsellor to write down the main points of the client's answers to each question. Remember, this is just a guide and each counselling session will depend on the client's specific situation.
- **Questions to ask the client/caregiver:** The questions in these sections allow the lay counsellor to discuss and assess the client's psychosocial issues and needs. Different questions are suggested for different topic areas (e.g. coping, disclosure, support system, etc.). It is important to allow time for the client to respond to each question. Write down any important information from their responses, as this will help decide on effective next steps and important areas for follow-up.

- **Questions, summary, and next steps:** Ensure that the client has time to ask questions and that the lay counsellor has time to summarize the session as well as agreed upon next steps. Record key next steps in the space provided.
- **Additional notes:** Write any additional notes about the session, the client's psychosocial needs, or next steps in the space provided.
- **Referrals made:** Each clinic should have an up-to-date list of community support services (such as mother's support groups, home-based care programmes, adherence supporters, PLHIV associations, food support, legal support, etc.) and formal two-way referral systems to these organizations and services. Clients with severe psychosocial and psychological issues (such as depression, use of drugs and alcohol, feeling suicidal) will require careful follow-up and immediate referrals and linkages to ongoing professional counselling and other services. Record any referrals made to the client in the space provided. At the next session, follow up to determine if the client accessed these referral services.
- **Date of next counselling session/clinic appointment:** Schedule a follow-up counselling appointment with the client and record this date, as well as any clinic appointments, in the space provided.
- **Lay counsellor's signature and date:** Be sure to sign and date the form at the end of each session and to ensure that the form is kept in the client's clinic file.

## **ALWAYS USE EFFECTIVE COUNSELLING AND COMMUNICATION SKILLS:**

- Always respect client confidentiality and conduct sessions in a space that offers visual and auditory privacy.
- Lay counsellors should not read directly from the guide, but instead should use it as a reminder of the key points to cover and the general order in which to discuss topics.
- Good counselling and communication skills, such as active listening, being attentive to the client's questions and specific needs, and avoiding lecturing and one-way communication, should always be used, no matter what the counselling topic.
- Clients should always be made to feel comfortable expressing psychosocial challenges, and should never be judged or punished.
- It is important to allow time for the client to answer each question and to ask questions throughout the psychosocial assessment. Never rush sessions.
- Clients' rights should always be respected and upheld.

# PMTCT PSYCHOSOCIAL ASSESSMENT GUIDE AND RECORDING FORM

(to be used with all pregnant and postpartum women after testing positive for HIV)

Client's Name: \_\_\_\_\_ Client's File# \_\_\_\_\_

<b>COPING</b>	
<b>1.</b> What feelings or concerns do you have, now that you know your HIV status?	
<b>2.</b> Can you tell me how things have been going since you learned your HIV status?	
<b>FAMILY, CHILDREN, AND PARTNER</b>	
<b>3.</b> Who lives with you at home? <i>Counsel on family-testing, care and treatment</i>	Name:                      Age:                      Relationship: Name:                      Age:                      Relationship: Name:                      Age:                      Relationship: Name:                      Age:                      Relationship: Name:                      Age:                      Relationship:
<b>4.</b> For the children who live with you, can you tell me if each has been tested for HIV and their status? <i>Counsel on HIV testing for all children, even if they seem well, and importance of early care and treatment for HIV infected children</i>	Name:                      Age:                      Tested: Yes/No/?      Result: pos/neg If positive, in care and tx: Yes/No Name:                      Age:                      Tested: Yes/No/?      Result: pos/neg If positive, in care and tx: Yes/No Name:                      Age:                      Tested: Yes/No/?      Result: pos/neg If positive, in care and tx: Yes/No
<b>5.</b> Has your partner been tested for HIV? <i>Counsel on partner testing and discordance</i>	Yes   No   Don't know
<b>5a.</b> If yes, what was the result?	Positive   Negative   Don't know If positive, in care and treatment?      Yes   No   Don't know
<b>5b.</b> If no, do you think he would be willing to come for an HIV test?	Yes   No   Don't know
<b>DISCLOSURE</b>	
<b>6.</b> Have you disclosed your HIV status to anyone? <i>Follow up on pre-test counselling. Counsel on full and partial disclosure</i>	Yes   No
<b>6a.</b> If yes, to whom? What was their reaction?	
<b>6b.</b> If no, how do you feel about disclosing to someone you trust? What support do you need?	
<b>SUPPORT SYSTEM</b>	
<b>7.</b> Who can you go to for emotional support? <i>Counsel on importance of social support</i>	
<b>8.</b> Do you belong to a community organization, support group, or religious group? <i>Refer to support group, if needed</i>	Yes   No  Name and location of organization or group:
<b>8a.</b> Would you be willing to join a support group at this clinic (if applicable)? <i>Give information about the support group</i>	Yes   No
<b>9.</b> How will you remember when to come back to the clinic for your appointments? Is there someone who can help you? <i>Counsel on adherence to care</i>	
<b>10.</b> How will you remember to take your medicines? Is there someone who can help you? <i>Counsel on adherence to medicines</i>	

<b>SUPPORT SYSTEM</b> <small>continued</small>	
<b>11.</b> Who will help you take care of the baby and give the baby medicines? <i>Counsel on importance of bringing baby back often and adherence to care and medications</i>	Name(s) and relationship(s):
<b>11a.</b> If you cannot bring the baby back to the clinic, who else will be able to bring the baby?	Name and relationship:
<b>12.</b> Would it be ok if we call you (or someone you trust) if you miss an appointment at the clinic?	Yes    No Phone number: Own phone or other's?:
<b>13.</b> Have you experienced or do you fear discrimination or violence? <i>Counsel and refer for more support</i>	Yes    No Details:
<b>13a.</b> If you experience stigma, discrimination, or violence, or if you are afraid, what do you think you will do? <i>Counsel on available support services, including at the clinic</i>	
<b>14.</b> Do you have a regular source of income or do you receive help, such as social grants, food parcels, or others? <i>Counsel and refer to social worker and community-level support</i>	Yes    No Sources of income/support:  Receiving social grant?    Yes    No
<b>PLANS FOR HER OWN AND BABY'S CARE</b>	
<b>15.</b> What are you going to do to stay well during and after your pregnancy and to reduce the chance that your baby will be HIV infected? <i>Counsel on BANC and PMTCT during and after pregnancy including ARVs/ART</i>	
<b>16.</b> How do you plan to feed your baby? Do you have any questions or concerns? <i>Counsel on infant feeding choices, safer infant feeding</i>	Exclusive breastfeeding    Exclusive formula    Not sure  Final infant feeding choice:
<b>17.</b> What do you think are the most important things you can do to care for your new baby? <i>Counsel on care for HIV exposed infants, including ARVs, CTX, and testing at 6 weeks, and on bringing the baby back often for all clinic appointments</i>	
<b>QUESTIONS, SUMMARY, AND NEXT STEPS</b>	
<b>18.</b> What other questions or concerns do you want to discuss today?	
<b>19.</b> Summarize the session and review immediate plans and next steps, including the next clinic visit date	Note next steps here and in the space below:

Additional notes:

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Referrals made:

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Date of next counselling session/clinic appointment: \_\_\_\_\_

Lay counsellor's signature: \_\_\_\_\_ Date: \_\_\_\_\_

# PMTCT COUNSELLING FOLLOW-UP NOTES

Client's File# \_\_\_\_\_

Client's Name: \_\_\_\_\_

Date of counselling session: \_\_\_\_\_

Key issues and concerns discussed: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Next steps and areas for follow-up: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Lay counsellor's signature: \_\_\_\_\_

Date of counselling session: \_\_\_\_\_

Key issues and concerns discussed: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

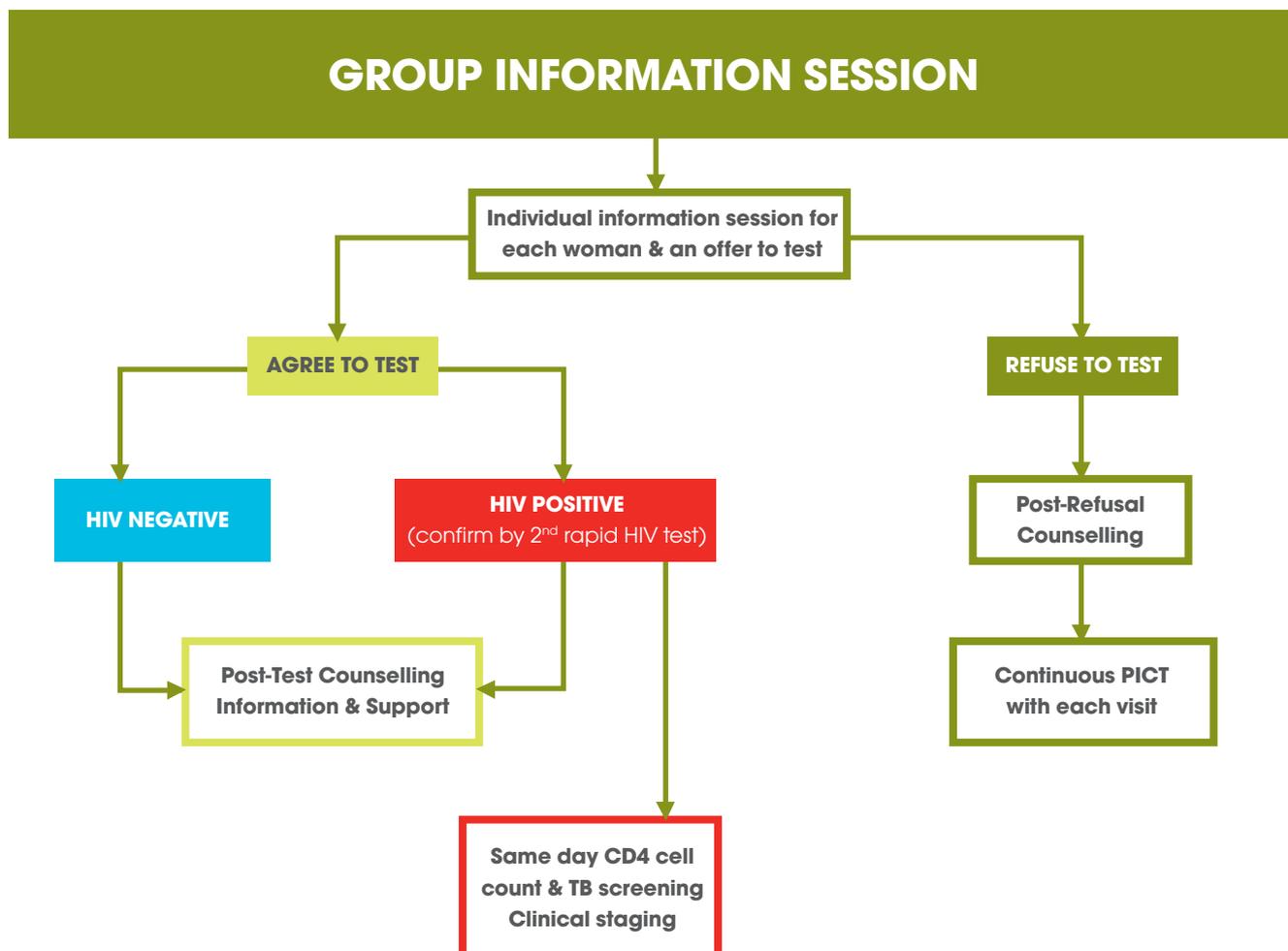
Next steps and areas for follow-up: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Lay counsellor's signature: \_\_\_\_\_

# HIV COUNSELLING & TESTING CHECKLISTS FOR USE IN ANC SETTINGS

## HOW TO USE THE CHECKLISTS:

- These checklists were developed for a range of providers, including lay counsellors, who work with pregnant women and their families.
- Pre- and post- HIV test information and counselling can help clients understand the importance of HIV testing, the HIV counselling and testing process, the meaning of their test results, and key steps to ensure their own and their baby's health.
- There are 3 checklists: one on the group and individual information session, one on post-test counselling for HIV negative women, and one on post-test counselling for HIV positive women. Remember that post-test counselling should always be conducted in an individual setting, ensuring the client's privacy and confidentiality.
- Key information from pre- and post-test sessions should be recorded on the checklists and kept in the client's file. Recording such information from pre- and post-test sessions is a very important part of quality, continuous care and client-centered counselling.
- The checklists can also be used by mentors and supervisors when observing group and individual information and post-test counselling sessions.
- All health care workers, including lay counsellors, should follow the national guidelines on HIV counselling and testing within antenatal care settings. This process is summarized in the figure below:



## THE BASIC PARTS OF THE CHECKLISTS:

- **Basic information:** Write down the client's name and file number.
- **Key topics:** The checklists have 2 columns. The column on the left-hand side gives the lay counsellor guidance on key topics on which to give information and counsel clients, and the column on the right-hand side provides a place for a checkmark, so the lay counsellor can check off topics that have been covered with the client. These topic lists should be used as a guide to pre- and post-test information and counselling sessions, and adapted as needed according to the client's specific situation and needs. Once a specific topic is covered and discussed with the client, place a tick mark in the appropriate column.
- **Notes:** Write any additional notes about the post-test session, the client's needs, or next steps in the space provided.
- **Date of next counselling session/clinic appointment:** Schedule a follow-up counselling appointment with the client and record this date, as well as any clinic appointments, in the space provided.
- **Lay counsellor's signature and date:** Be sure to sign and date the form at the end of each session and to ensure that the form is kept in the client's clinic file.

## ALWAYS USE EFFECTIVE COUNSELLING AND COMMUNICATION SKILLS:

- Lay counsellors should not read directly from the checklists, but instead should use them as a guide and a reminder of the key points to cover and the general order in which to discuss the topics.
- Good counselling and communication skills, such as active listening, being attentive to the client's questions and specific needs, and avoiding lecturing and one-way communication, should always be used, no matter what the counselling topic.
- It is important to allow time for the client to react and to ask questions throughout the pre- and post-test sessions. Never rush sessions.
- Clients should always be made to feel comfortable expressing emotions and questions and should never feel judged or punished.
- Clients' rights should always be respected and upheld, including their right to decline testing or to return at a later date for counselling and testing.

# GROUP AND INDIVIDUAL INFORMATION SESSION CHECKLIST FOR PREGNANT WOMEN

Client's Name: \_\_\_\_\_ Client's File# \_\_\_\_\_

TOPIC	TICK
<b>1. Introduce yourself and give an overview of the session</b>	
<b>2. Review HIV basics, transmission, and prevention</b>	
- What is HIV, what is AIDS, how HIV affects the body, etc.	
- Modes of HIV transmission and prevention, including MTCT and PMTCT	
<b>3. Talk about benefits of HIV testing</b>	
- Everyone should learn their HIV status, especially pregnant women	
- HIV testing is a part of routine care and offered to all pregnant women	
- If a pregnant woman has HIV, she can pass it to her baby	
- There are many things we can do to keep mothers living with HIV healthy and to lower the chances of babies becoming HIV infected, including taking ARVs and ART.	
- Without care and treatment, HIV/AIDS can lead to maternal and infant illness and even death. With PMTCT services and medicines, we can help prevent this.	
<b>4. Explain the HIV testing process</b>	
- Confidentiality and shared confidentiality	
- Client's right to refuse, will not affect care	
- Process of HIV testing	
- Meaning of test results	
<b>5. Talk about discordance and partner testing</b>	
- One partner can be living with HIV while the other is HIV negative	
- Encourage partner testing and couples counselling	
<b>6. Talk about HIV prevention and HIV/STI risk reduction</b>	
- High risk of MTCT if she becomes HIV infected during pregnancy or breastfeeding	
- Practice safer sex (mutual faithfulness, always using condoms, abstinence)	
- Condoms, challenges to using condoms	
- STI prevention, signs, and treatment	
<b>7. Talk about PMTCT and having a safe pregnancy</b>	
- Ways to reduce MTCT, including getting CD4 results and early initiation of ART/ARVs	
- HIV testing and early treatment for herself, the baby, partner, and family members	
- Attend all antenatal care appointments and adhere to care and medicines	
- Deliver baby at a health facility	
- Exclusive breastfeeding (or formula) for 6 months or as long as possible up to 6 months. Then introducing complementary foods at 6 months.	
- Bring the baby back to the clinic for appointments (immunization, weighing, checkups)	
- Family planning to prevent or space future pregnancies	
<b>8. (during individual education session) Offer the client an HIV test</b>	
- If she agrees, obtain verbal consent and perform HIV test	
- If she refuses, encourage her to think about why and to come back if she has more questions or changes her mind; set up a return visit date	
<b>9. Provide referrals for ongoing counselling or other support, as needed</b>	
<b>10. Ask if she has any questions or concerns</b>	
<b>11. Summarize the session and next steps</b>	

# POST-TEST COUNSELLING CHECKLIST FOR HIV NEGATIVE PREGNANT WOMEN

Client's Name: \_\_\_\_\_ Client's File# \_\_\_\_\_

TOPIC	TICK
<b>1. Provide test results and give client time to react, give emotional support</b>	
<b>2. Explain window period and encourage retesting</b>	
- Retesting in 6 weeks if there was possible exposure to HIV in past 6 weeks	
- Encourage repeat testing from 32 weeks gestation	
<b>3. Counsel on disclosure, discordance, and partner testing</b>	
- Who will she share the results with?	
- Her test does not tell us if her partner has HIV	
- Encourage partner testing and couples counselling	
<b>4. Counsel on HIV prevention and HIV/STI risk reduction</b>	
- HIV risk assessment and risk reduction planning	
- High risk of MTCT if she becomes HIV infected during pregnancy or breastfeeding	
- Practice safer sex (mutual faithfulness, always using condoms, abstinence)	
- Condoms, challenges to using condoms	
- STI screening, prevention, signs, and treatment	
<b>5. Counsel on plans to keep herself and family healthy</b>	
- Attend all antenatal care appointments	
- Deliver baby at a health facility	
- Benefits of exclusive breastfeeding for 6 months, continued breastfeeding, and introduction of complementary foods after 6 months	
- Bring the baby back to the clinic (immunization, weighing, check-ups)	
- Family planning	
<b>6. Provide appropriate referrals and take-home information, if needed</b>	
<b>7. Ask if she has any questions or concerns</b>	
<b>8. Summarize the session and next steps, including the next clinic appointment date</b>	

Notes:

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Date of next counselling session/clinic appointment: \_\_\_\_\_

Lay counsellor's signature: \_\_\_\_\_ Date: \_\_\_\_\_

# POST-TEST COUNSELLING CHECKLIST FOR HIV POSITIVE PREGNANT WOMEN

Client's Name: \_\_\_\_\_ Client's File# \_\_\_\_\_

TOPIC	TICK
<b>1. Provide test results and give client time to react, give emotional support</b>	
<b>2. Discuss PMTCT basics</b>	
- Not all babies will become HIV infected	
- Can lower the chances that baby will be HIV infected by getting care at the clinic, taking ARVs, and safely feeding the baby	
<b>3. Counsel on staying healthy and PMTCT during the pregnancy</b>	
- Come back to the clinic for all appointments during pregnancy and after delivery	
- Importance of emotional support from family and friends, dealing with stigma	
- CD4 testing and meaning of results	
- Early initiation of ARVs for PMTCT or lifelong ART and importance of adherence	
- Disclosure - Who will she share the results with? When? How?	
- Partner testing, testing other children	
- Safer sex during and after pregnancy (mutual faithfulness, condoms, abstinence)	
- Preventing and early treatment of opportunistic infections, including TB screening	
- Nutrition and hygiene	
<b>4. Counsel on safe delivery</b>	
- Plan to deliver at a health facility	
- Tell the health care worker your HIV status and medicines you are taking	
- ARVs for mom and baby during labour and delivery	
<b>5. Counsel on infant feeding and help her choose an appropriate feeding method</b>	
- Exclusive breastfeeding for 6 months or as long as possible up to 6 months	
- Exclusive formula feeding for 6 months	
- Dangers of mixed feeding in the first 6 months	
- Avoid early weaning	
- Add complementary foods at 6 months	
<b>6. Counsel on plans for her own and baby's care</b>	
- Mom needs lifelong HIV care (and some will be on lifelong ART)	
- Importance of getting support from someone she trusts	
- Family planning	
- Bring the baby back to the clinic (immunization, weighing, checkups)	
- ARVs for baby, starting at birth; mom or baby on ARVs for duration of breastfeeding	
- Early infant diagnosis and CTX for baby at 6 weeks	
- Care and treatment if the baby is HIV infected	
<b>7. Provide appropriate referrals and take-home information</b>	
<b>8. Ask if she has any questions or concerns she wants to discuss</b>	
<b>9. Summarize the session and next steps, including the next clinic appointment</b>	

Notes: .....

Date of next counselling session/clinic appointment: \_\_\_\_\_

Lay counsellor's signature: \_\_\_\_\_ Date: \_\_\_\_\_

# COMMUNITY REFERRAL DIRECTORY TEMPLATE

## **HOW TO USE THE COMMUNITY REFERRAL DIRECTORY TEMPLATE:**

- This template was developed to facilitate the creation of a directory of community resources to be used by all providers at a given health facility when referring clients to resources outside of the facility.
- Each health facility should develop its own directory of resources (including social grants, mother's support groups, home-based care programmes, adherence supporters, PLHIV associations, food support, legal support, etc), based on the resources available in surrounding communities.
- It is helpful to involve community-based organizations and groups in the development of the referral directory.
- When possible, formal two-way referral systems – including the use of referral slips - should be put in place between the health facility and community organizations and groups.
- Once the directory has been completed, it should be typed into a computer and copies should be made and distributed throughout the health facility. Copies can also be distributed directly to patients and/or displayed in clinic waiting areas.
- It is important that the directory is updated regularly (at least every year, more often is better) so that clients can be linked with the most up-to-date and quality resources and services in the community, based on their specific needs.

## **THE BASIC PARTS OF THE COMMUNITY REFERRAL DIRECTORY TEMPLATE:**

- Fill in the basic information on the District name, the Clinic name, and the date the directory was developed or updated.
- The referral directory has 5 columns:
  - Name of organization
  - Services provided
  - Communities/areas covered
  - Contact person
  - Phone number and address
- As the directory is created, it is important that each of the five columns is filled in completely and correctly for each community resource. It is also important to update the directory on a regular basis.

# COMMUNITY REFERRAL DIRECTORY TEMPLATE

District Name: \_\_\_\_\_ Clinic Name \_\_\_\_\_ Date \_\_\_\_\_

NAME OF ORGANIZATION	SERVICES PROVIDED	COMMUNITIES/AREAS COVERED	CONTACT PERSON	PHONE NUMBER AND ADDRESS
1.				
2.				
3.				
4.				
5.				
6.				
7.				

NAME OF ORGANIZATION	SERVICES PROVIDED	COMMUNITIES/AREAS COVERED	CONTACT PERSON	PHONE NUMBER AND ADDRESS
8.				
9.				
10.				
11.				
12.				
13.				
14.				

# **PMTCT COUNSELLING**

## CUE CARDS



PMTCT

# Counselling Cue Cards



# HOW TO USE THE PMTCT CUE CARDS

- This set of counselling cue cards was developed to support a range of providers, including lay counsellors, who work with pregnant women living with HIV and their families.
- It may be helpful to translate the cards into the local languages spoken by clients.
- Each of the cards focuses on a specific topic important to the care and support of pregnant women living with HIV, their children, and families across the PMTCT continuum of care.
- Lay counsellors may use the cue cards as job aides and reminders of key information to cover during initial post-test and ongoing counselling sessions with pregnant women and newly delivered mothers, their partners, family members, and supporters.
- The cue cards are just a guide. Each counselling session will be different depending on the client's specific needs.
- The cue cards can also be used by mentors and supervisors when observing counselling sessions.
- Lay counsellors should not read directly from the cue cards, but instead should use them as a guide and a reminder of the key points to cover on specific topics.
- The cue cards do not have to be used in sequence, but instead should be used according to the client's specific needs and concerns during the session.
- Good counselling and communication skills, such as active listening, being attentive to the client's questions and specific needs, and avoiding lecturing and one-way communication, should always be used, no matter what the counselling topic.

## THE BASIC PARTS OF THE COUNSELLING CUE CARDS

- The cue cards have **2 columns**. The column on the left-hand side gives the lay counsellor guidance on the major subjects to discuss about the specific topic. The column on the right-hand side gives specific questions for the lay counsellor to ask, and specific points about the topic area to be covered. Remember, this is just a guide and each counselling session will depend on the client's specific situation.
- **Key questions** are included in *italics*, and may be used to initiate discussions, to learn more about what the client already knows and her specific concerns, and to gauge understanding and elicit follow-up questions.
- **Notes to guide lay counsellors** are also included in *italics*.

# PMTCT COUNSELLING

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# GENERAL TIPS & APPROACHES

## TO COUNSELLING CLIENTS IN PMTCT SETTINGS

### **When counselling clients, it is important to:**

- Examine your own attitudes, values, and prejudices and how they affect your ability to provide effective, client-centered counselling services.
- Be sensitive to the culture, values, and attitudes of your clients, even if they are different from your own.
- Avoid prejudice and bias and make all people feel comfortable. Make them feel that it is “safe” to talk with you openly and honestly.
- Allow time for each client to share his or her story and feelings, even though you see many clients each day.
- Remember that even though your clients may all be people living with HIV or pregnant women, each person has a unique situation, their own story to tell, and diverse psychosocial support challenges and needs.
- Know your limitations as a lay counsellor and know when and where to refer clients for more support – either in the health facility or in the community.
- Use an up-to-date referral directory to provide clients with ongoing support – including resources in the communities where clients live.
- **Practice shared confidentiality** so your clients trust you. This means that information about a client can, when necessary, be disclosed to another person involved in the client’s care – with the client’s consent.
- **Ensure privacy.** Even though finding space can be a challenge, it is important to create private areas where other people cannot see or hear counselling sessions. Also make sure counselling sessions are not interrupted for any reason.

### **Remember the goals of counselling:**

- Counselling is a supportive, two-way communication process that helps people look at their personal issues, make informed decisions, and plan how to take action.
- Counselling helps people talk about, explore, and understand their feelings. It helps them work out what they want to do and how they will do it.

<b>COUNSELLING INCLUDES</b>	<b>COUNSELLING DOES NOT INCLUDE</b>
<ul style="list-style-type: none"> <li>• Establishing supportive relationships</li> <li>• Having conversations with a purpose</li> <li>• Listening attentively</li> <li>• Helping people tell their stories without fear of stigma or judgment</li> <li>• Giving correct and appropriate information</li> <li>• Helping people to make informed decisions</li> <li>• Exploring options and alternatives</li> <li>• Helping people to recognize and build on their strengths</li> <li>• Helping people to develop a positive attitude</li> <li>• Respecting everyone’s needs, values, culture, religion, and lifestyle</li> </ul>	<ul style="list-style-type: none"> <li>• Solving another person’s problems</li> <li>• Telling another person what to do</li> <li>• Making decisions for another person</li> <li>• Blaming another person</li> <li>• Interrogating another person</li> <li>• Judging another person</li> <li>• Preaching or lecturing to another person</li> <li>• Making promises that cannot be kept</li> <li>• Imposing one’s own beliefs on another person</li> </ul>

# COUNSELLING AND COMMUNICATION SKILLS CHECKLIST

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

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

# 1. PMTCT BASICS

# 1. PMTCT BASICS

---

## **Open the session and gather information**

- *I would like to talk with you about how you can keep yourself and your baby healthy.*
  - *What concerns do you have for your baby?*
  - *What concerns do you have for your own health and well-being?*
- 

## **These are some important things to know about your own and your baby's health**

- Not all babies born to women living with HIV will become HIV infected.
  - If you, your partner, and your baby all get the care and medicines that are needed, you can lower the chances that your baby will become HIV infected.
  - **You can save 2 lives - your own and your baby's -** if you get services and take medicines to help you stay healthy and to help prevent passing HIV to your baby.
- 

## **There are many things you can do to stay healthy and prevent your baby from becoming HIV infected**

- **All pregnant women living with HIV need to take ARVs.** Taking ARVs will lower the chances that your baby will become HIV infected and can also improve your health.
  - All babies born to mothers living with HIV need to take ARVs. ARVs will help lower the chances that your baby will become HIV infected.
  - **Come back to the clinic for all of your appointments.**
  - Have a **safe delivery** at a health facility.
  - Plan how you will **feed your baby safely** to lower the chance that your baby will become HIV infected after he or she is born.
  - Try and find **emotional support**.
  - **Tell someone you trust about your HIV status** so they can help.
- 

## **Together, we can lower the chances that your baby will be HIV infected**

- We can help you learn more about the steps you can take during your pregnancy, delivery, and after your baby is born.
  - Be sure to come back to the clinic for all appointments and make sure you and your baby take medicines the right way.
  - If your baby is HIV infected, there is a lot we can do to keep him or her healthy.
- 

## **Check understanding and plan next steps**

- *How do you think you can stay healthy during your pregnancy and lower the chances that your baby will be HIV infected?*
- *How do you feel about talking to someone you trust about your HIV status?*
- *What questions do you have?*
- *Let's set up a time for your next appointment.*

# **2. STAYING HEALTHY**

## DURING YOUR PREGNANCY



## 2. STAYING HEALTHY DURING YOUR PREGNANCY

---

### Open the session and gather information

- *Many people living with HIV are healthy and able to live productive and fulfilling lives. Many pregnant women living with HIV are also able to stay healthy and prevent HIV infection in their babies.*
- *What are some of the things you think you can do to stay healthy during your pregnancy and to lower the chances that your baby will be HIV infected?*

---

### Come to the clinic for all appointments during your pregnancy and after you deliver

- Come to the clinic for **at least 4 antenatal care visits**.
- Come back to the clinic **within 3-7 days of birth**.
- The next visit for you and your baby will be at **4-6 weeks after birth**.

---

### Try and find the emotional support you need

- It is important that you have support to take care of yourself and your baby.
- Try to remember that you are not alone and that there are people who can support you.
- If you are feeling very anxious or like you have too much stress, or if you feel very down or depressed, it is important that you speak with a lay counsellor, nurse, or other health care provider.
- You may want to join a mother's support group to talk with other women going through a similar situation.

---

### Make sure you get a CD4 test and that you come back to learn your CD4 test results

- The CD4 cells are the soldiers in our bodies that help us fight infections.
- HIV attacks the CD4 cells and it becomes more and more difficult for our bodies to fight infections.
- To know how many CD4 cells you have, the nurse will take a sample of blood from your arm and send it to the lab.
- It is very important that you pick up your CD4 test results.
- The higher your CD4 count, the better.

---

### Take medicines called ARVs and give your baby ARVs

- All pregnant women living with HIV need to take ARVs.
- ARVs are safe for you and your baby.
- The type of ARVs that you take, and for how long, depends on your CD4 count and how advanced your HIV is.
- It is important to start taking ARVs early in pregnancy.
- All babies born to women living with HIV also need to take ARVs.
- The type of ARVs your baby will take, and for how long, depends on your CD4 count, how advanced your HIV is, which ARVs you take during pregnancy, and how you feed the baby.
- ARVs do not cure HIV. There is no cure for HIV.

## Take medicines called ARVs and give your baby ARVs

- You will also need to take a medicine called cotrimoxazole every day to prevent infections.
- It is important that you always take your medicines at the same time, every day.
- Never share your medicines with other people.

---

## Ask your partner to get an HIV test too

- If you want, we can talk about ways to get your partner to come for an HIV test.

---

## Practice safer sex

- Always use a new male or female condom every time you have sex.
- Even though it can be hard, it is good to talk to your partner about using condoms.

---

## Prevent and treat sexually transmitted infections (STIs)

- If you or your partner has signs of STIs, like itching, a rash, strange discharge, or sores around the genitals, come to the clinic.
- Many times women do not have any of these signs, so it is important that we test you for STIs to know for sure.
- If either you or your partner has an STI, both of you need to get treatment.

---

## Prevent and treat tuberculosis (TB)

- Make sure you have a lot of fresh air in your home.
- Cover your mouth when you cough or sneeze.
- If you are living with someone who has TB, try to avoid very close contact, protect yourself, and support that person to get treatment at the clinic.
- If you have signs of TB, like coughing, night sweats, fever, or if you lose a lot of weight, come to the clinic right away.

---

## Eat enough nutritious foods and get enough rest

- Eat more healthy foods than normal.
- Drink lots of fluids. Avoid alcohol.
- Take the vitamin and iron tablets that you get at the clinic.
- Try and get plenty of rest, especially in the last months of pregnancy.

---

## Plan to deliver your baby safely

- Plan on having a safe delivery in the clinic.
- Talk with your partner and family members about how you will get to the clinic and why it is important to deliver your baby there.

---

## Stay away from smoking, alcohol, and drugs

- Smoking, alcohol, and drugs will only hurt your own health and your baby's health and development.
- If you are having trouble quitting smoking, drinking alcohol, or taking drugs, we can help you or refer you for professional help to quit.

---

## Check understanding and plan next steps

- ***Can you tell me what you think are the most important things you can do to have a safe pregnancy – for yourself and your baby?***
- ***How often will you come back to the clinic during your pregnancy? How about after you deliver?***
- ***How is your pregnancy going so far?***
- ***What questions do you have?***

# **3. ADHERING TO YOUR PMTCT CARE PLAN**



## 3. ADHERING TO YOUR PMTCT CARE PLAN

---

### **Open the session and gather information**

- *It is very important that you come back to the clinic for all of your appointments – during the pregnancy and after your baby is born.*
  - *How do you think coming back to the clinic often during and after your pregnancy will help you and the baby stay healthy?*
- 

### **Adherence means how faithfully you stick to and participate in your care plan**

This includes:

- Coming to all of your clinic, lab, and pharmacy appointments.
  - Taking all of your medications and giving your baby medications the right way, at the right time, every day.
  - Following advice about how to take care of yourself and your baby during pregnancy and after the baby is born.
- 

### **It is important that you come to all of your own and your baby's clinic appointments**

- Come to the clinic for at least 4 antenatal care visits.
  - Come back to the clinic within 3-7 days of birth.
  - The next visit for you and your baby will be at 4-6 weeks after the birth.
  - Your baby should be seen every month until we know for sure if he or she is HIV infected or not.
- 

### **All of these clinic visits are important**

- The nurse will give you a check-up and may also take blood. This is to make sure that you are healthy and that your baby is doing well.
  - If something is wrong, the doctors and nurses will be able to quickly get you (or your baby) the treatment that is needed.
  - You will get the medicines and vaccinations that you and your baby need.
  - You will have a chance to have one-on-one counselling.
  - If you are feeling sick or have questions, you should come to the clinic even if you do not have an appointment.
- 

### **It is important to make an adherence plan that fits with your life.**

#### **Here are some tips:**

- Get support from people you trust.
  - If you cannot keep an appointment, call the clinic and then come as soon as possible.
  - Be sure to come back to the clinic before your or your baby's medicines run out.
  - If you are planning to be away, we can give you extra medicines.
  - Plan ahead if you will need money for transport to the clinic.
  - Write down the dates of your appointments and ask someone to help remind you.
  - Join a mothers' support group.
- 

### **Check understanding and plan next steps**

- *Can you tell me why you think it is important to come back to the clinic for all of your appointments?*
- *What will help you remember to come back for appointments? What challenges do you think there will be?*
- *What questions do you have?*

# 4. PREPARING TO START AND ADHERE TO THE PMTCT PROGRAMME



## 4. PREPARING TO START AND ADHERE TO THE PMTCT PROGRAMME

---

### **Open the session and gather information**

- *Because your CD4 count is over 350 and you do not have advanced HIV or AIDS, we would like you to start taking AZT 2 times every day (starting at 14 weeks of pregnancy) and to continue taking it throughout your pregnancy to help lower the chances that your baby will be HIV infected.*
  - *How do you feel about taking AZT every day during your pregnancy?*
- 

### **We recommend that you start taking a medicine called AZT at 14 weeks of pregnancy**

- ARVs are medicines that help lower the amount of HIV in the body.
  - This medicine is safe for you and your baby.
  - We will give you AZT during your pregnancy to help protect your baby from HIV.
  - It is important to start taking AZT right away when you are 14 weeks pregnant.
  - You should take AZT twice a day, until you give birth.
  - It is important to keep taking your AZT during your labour and delivery. Bring your medicines with you wherever you deliver.
  - The nurse or doctor will also give you other ARVs during your labour and right after the baby is born.
  - Your baby will also need to take ARV syrup once every day until you stop breastfeeding to lower the chances that he or she will be HIV infected (or for 6 weeks if not breastfed).
- 

### **Adherence means how faithfully you stick to and participate in your care and treatment plan**

- Coming to all of your clinic, lab, and pharmacy appointments – during and after the pregnancy - and ongoing.
  - Taking medicines to prevent and treat infections.
  - Taking your ARVs the right way, every day, for as much time as the doctor says. For AZT, this means taking your doses every morning and every evening, every day during your pregnancy.
- 

### **Why adherence to your care and AZT is important**

- Coming to all of your clinic appointments will help you get the care, tests, and medicines you need.
  - If you take your AZT the right way, every day, there is a much lower chance that your baby will become HIV infected.
  - AZT protects your baby from HIV.
- 

### **Check understanding**

- *What do you think are some things that will help you remember to come back to the clinic and to take your AZT every day?*
- *Who is closest to you in your family? How do you feel about talking to him or her about your care and medicines?*

## It is important to make an adherence plan that fits with your life.

### Here are some tips:

- Try and talk with someone you trust so you have support to come to the clinic and to take your medicines.
- Make sure you understand your care and treatment plan.
- Be sure to ask me or another health care worker here at the clinic if you have a question.
- Come to all of your appointments at the clinic. If you cannot keep an appointment, call the clinic, and then come as soon as possible.
- Take your AZT the right way, at the same time, every day.
- Try to make your medicine a part of everyday life by fitting it in with things you do normally (like eating breakfast, putting the children to bed, praying, etc.)
- Use reminders, such as a mobile phone, watch, pill box, or medicine calendar.
- Pick up your medicines on time, before they run out.
- Plan ahead if you will need to take your AZT when you are away from home, including during your labour and delivery.
- Join a support group to talk with other women in the same situation.
- All of us at the clinic are also here to help and support you.

---

## What to do about AZT side effects

- Side effects from AZT are usually not serious and most go away after a couple of weeks.
- Keep taking your AZT, even if you have some side effects at first.
- Some side effects caused by AZT are nausea, vomiting, headache, and diarrhoea. These are usually not serious.
- **Come to the clinic right away** if you have a red rash, high fever, problems breathing, a bad headache, numbness in your hands or feet, or very bad vomiting or diarrhoea.
- It is important to keep taking your iron pills while you take AZT to prevent anemia.
- Never make the decision alone to stop taking your AZT. Instead, come to the clinic right away to talk with the nurse or doctor.

---

## What to do about missed AZT doses

- If you miss a dose of AZT, take the missed dose if your next dose is scheduled for more than 6 hours away.
- Do not take the missed dose if the next dose is less than 6 hours away.
- Never take 2 doses at the same time.
- If you are not sure, call or come to the clinic to ask the nurse.

---

## Check understanding and plan next steps

- *Why is it important to take your AZT twice a day every day during your pregnancy?*
- *Who or what will help you remember to take your AZT every day and to come back to the clinic for your appointments?*
- *What challenges do you think you will face taking your medicines every day?*
- *What will you do if you have side effects?*
- *What questions do you have about your care plan or your medicines?*

# 5. PREPARING TO START AND ADHERE TO LIFELONG ART

A decorative graphic consisting of several overlapping, wavy, light purple lines that flow across the middle of the page, creating a sense of movement and depth.

## 5. PREPARING TO START AND ADHERE TO LIFELONG ART

---

### **Open the session and gather information**

- *Because your CD4 count is below 350 (or your exam showed that you have advanced HIV or AIDS), we recommend that you start taking ART now, and keep taking it during your pregnancy and for your whole life.*
  - *Starting ART now and taking ART for your whole life will help lower the chances that your baby will be HIV infected and help you live longer and stay well.*
  - *How do you feel about taking ART during pregnancy? For your whole life?*
- 

### **We recommend that you start taking medicines called ART**

- ARVs are medicines that help lower the amount of HIV in the body. When we take different ARVs at the same time (usually 3), we call this antiretroviral therapy, or ART.
  - These medicines are safe for you and your baby.
  - People with HIV can live long, healthy lives.
  - It is important to start ART early in pregnancy.
  - Taking these medicines for your whole life will lower the chance that your baby will be HIV infected and help keep you healthy.
  - You should take your ART twice a day, this usually means taking pills in the morning and in the evening for your whole life.
  - It is important to keep taking your ART during your labour and delivery. Bring your medicines with you wherever you deliver.
  - Your baby will also need to take ARV syrup every day for 6 weeks after he or she is born to lower the chances of HIV infection.
- 

### **Adherence means how faithfully you stick to and participate in your care and treatment plan**

- Coming to all of your clinic, lab, and pharmacy appointments – during and after the pregnancy - and ongoing.
  - Taking medicines to prevent and treat infections.
  - Taking your ART the right way, every day, during pregnancy and for your whole life.
- 

### **Why adherence to your care and ART is important**

- Coming to all of your clinic appointments will help you get the care, tests, and medicines you need.
- If you take your ART the right way, for your whole life, you will feel better and not get sick as often.
- There is also a much lower chance that your baby will become HIV infected.

## Check understanding

- *What do you think are some things that will help you remember to come back to the clinic and to take your ART every day?*
  - *Who is closest to you in your family? How do you feel about talking to him or her about your care and medicines?*
- 

## It is important to make an adherence plan that fits with your life.

### Here are some tips.

- Try and talk with someone you trust so you have support to come to the clinic and to take your medicines.
  - Make sure you understand your care and treatment plan. Be sure to ask me or another health care worker here at the clinic if you have a question.
  - Come to all of your appointments at the clinic. If you cannot keep an appointment, call the clinic, and then come as soon as possible.
  - Take your ART the right way, at the same time, every day.
  - Try to make your medicine a part of everyday life by fitting it in with things you do normally (like eating breakfast, putting the children to bed, praying, etc.)
  - Use reminders, such as a mobile phone, watch, pill box, or medicine calendar.
  - Pick up your medicines on time, before they run out.
  - Plan ahead if you will need to take your ART when you are away from home, including during your labour and delivery.
  - Join a support group to talk with other women in a similar situation.
  - All of us at the clinic are also here to help and support you.
- 

## What to do about ART side effects

- Side effects from ARVs are usually not serious and most go away after a couple of weeks.
  - Keep taking your ARVs, even if you have some side effects at first.
  - Some side effects caused by ARVs are nausea, vomiting, headache, and diarrhoea. These are usually not serious.
  - **Come to the clinic right away** if you have a red rash, high fever, problems breathing, a bad headache, numbness in your hands or feet, or very bad vomiting or diarrhoea.
  - It is important to keep taking your iron pills while you take ART to prevent anemia.
  - Never make the decision alone to stop taking your ART. Instead, come to the clinic right away to talk with the nurse or doctor.
- 

## What to do about missed ART doses

- If you miss a dose of ART, take the missed dose if your next dose is scheduled for more than 6 hours away.
  - Do not take the missed dose if the next dose is less than 6 hours away.
  - Never take 2 doses at the same time.
  - If you are not sure, call or come to the clinic to ask the nurse.
- 

## Check understanding and plan next steps

- *Why is it important to take your ART twice a day during your pregnancy? For your whole life?*
- *Who or what will help you remember to take your ART every day and to come back to the clinic for your appointments?*
- *What challenges do you think you will face taking your medicines every day during your pregnancy? For your whole life?*
- *What will you do if you have side effects?*
- *What questions do you have about your care plan or your medicines?*

# **6. CONTINUING AND ADHERING TO YOUR ART DURING PREGNANCY**

(for women on ART who become pregnant)



## 6. CONTINUING AND ADHERING TO YOUR ART DURING PREGNANCY

(For women on ART who become pregnant)

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### **Open the session and gather information**

- *How long have you been taking ART? Which ARVs do you take?*
  - *Now that you are pregnant, we will review some of the basics about ART and why it is important to continue taking ART while you are pregnant, after the baby is born, and for your whole life.*
  - *How have you felt taking ART so far? How do you feel about taking ART every day during your pregnancy?*
- 

### **Taking ART helps lower the chances that your baby will be HIV infected and helps you live longer and stay well**

- ARVs are medicines that help lower the amount of HIV in the body. When we take different ARVs at the same time (usually 3 kinds), we call this antiretroviral therapy, or ART.
  - These medicines are safe for you and your baby.
  - People with HIV can live long, healthy lives. ART does not cure HIV, but it can make you stay healthy and live a long life.
  - You should continue to take ART during your pregnancy and for the rest of your life to lower the chance that your baby will be HIV infected and to help keep yourself healthy.
  - You will take the same ARVs during your pregnancy that you were taking before, unless you were taking a drug called efavirenz. (show new ARVs if regimen will change)
  - You should continue to take your ART at the same time every day. This usually means taking pills in the morning and in the evening for your whole life. (review dosing)
  - It is important to keep taking your ART during your labour and delivery. Be sure to bring your medicines with you wherever you deliver.
  - Your baby will also need to take ARV syrup for 6 weeks after birth.
- 

### **Adherence means how faithfully you stick to and participate in your care and treatment plan**

- Coming to all of your clinic, lab, and pharmacy appointments – during and after the pregnancy - and ongoing.
  - Taking medicines to prevent and treat infections.
  - Taking your ART the right way, every day, during pregnancy and for your whole life.
- 

### **Why adherence to your care and ART is important**

- Coming to all of your clinic appointments will help you get the care, tests, and medicines you need.
- If you take your ART the right way, for your whole life, you will feel better and not get sick as often.
- There is also a much lower chance that your baby will become HIV infected.

## Check understanding

- *Can you tell me about any adherence challenges you have had so far?*
- *Do you think there will be new challenges now that you are pregnant?*
- *What helps you remember to come to the clinic and take your medications?*
- *Do you have support to take care of yourself and adhere to your care and medicines?*

---

## It is important to make and adherence plan that fits with your life.

### Here are some tips.

- Try and talk with someone you trust so you have support to come to the clinic and to take your medicines.
- Make sure you understand your care and treatment plan. Be sure to ask me or another health care worker here at the clinic if you have a question.
- Come to all of your appointments at the clinic. If you cannot keep an appointment, call the clinic, and then come as soon as possible.
- Take your ART the right way, at the same time, every day.
- Try to make your medicine a part of everyday life by fitting it in with things you do normally (like eating breakfast, putting the children to bed, praying, etc.)
- Use reminders, such as a mobile phone, watch, pill box, or medicine calendar.
- Pick up your medicines on time, before they run out.
- Plan ahead if you will need to take your ART when you are away from home, including during your labour and delivery.
- Join a support group to talk with other women in a similar situation.
- All of us at the clinic are also here to help and support you.

---

## What to do about ART side effects

- Side effects from ARVs are usually not serious and most go away after a couple of weeks.
- Keep taking your ARVs, even if you have some side effects at first.
- Some side effects caused by ARVs are nausea, vomiting, headache, and diarrhoea. These are usually not serious.
- Come to the clinic right away if you have a red rash, high fever, problems breathing, a bad headache, numbness in your hands or feet, or very bad vomiting or diarrhoea.
- It is important to keep taking your iron pills while you take ART to prevent anemia.
- Never make the decision alone to stop taking your ART. Instead, come to the clinic right away to talk with the nurse or doctor.

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## What to do about missed ART doses

- If you miss a dose of ART, take the missed dose if your next dose is scheduled for more than 6 hours away.
- Do not take the missed dose if the next dose is less than 6 hours away.
- Never take 2 doses at the same time.
- If you are not sure, call or come to the clinic to ask the nurse.

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## Check understanding and plan next steps

- *Why is it important to continue taking your ART the right way, every day, throughout your pregnancy and for your whole life?*
- *Who/what will help you remember to take your ART and come back to the clinic?*
- *What challenges do you think you will face taking your medicines every day?*
- *What will you do if you have side effects?*
- *What questions do you have about continuing your care and treatment plan?*

# 7. DISCLOSING YOUR HIV STATUS

## 7. DISCLOSING YOUR HIV STATUS

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### **Open the session and gather information**

- *Who have you told about your HIV status, if anyone?*
  - *Can you tell me more about your concerns and your experiences talking with others about your HIV status?*
- 

### **If the client has not yet disclosed to her partner**

- *How do you think your partner would react if you told him or her your HIV status?*
  - We recommend that you talk to your partner about your HIV status if you feel safe doing so.
  - You could say that HIV testing is a routine part of care for all pregnant women, and that this is why you were tested.
  - It is possible that your partner will be supportive of you, help you protect your baby from HIV, and help you stay healthy.
  - It may be hard for you to adhere to your and your baby's care and medicines if your partner does not know your HIV status.
  - Your partner should also have an HIV test and, if positive, enroll in care and treatment.
  - We can provide information, services, and support to your whole family so you can all get the care you need.
  - If you want, we can help you talk to your partner about your HIV status.
- 

### **Gather information**

- *What good things do you think could result from telling someone your HIV status?*
- *What bad things do you think could result from telling someone your HIV status?*

## Possible benefits of telling someone you trust about your HIV status

- You will not have to keep your HIV status a secret anymore.
- You will not have to worry about the person finding out your HIV status accidentally.
- You might be able to talk to the person about your concerns and get his or her support.
- The person might be able to help you with your own and your baby's care and treatment.

---

## Gather information

- **Who do you think you could tell about your HIV status?**
- **When do you think would be a good time and place to tell this person?**
- **How will you tell him or her?**
- **How do you think the person will react?**

---

## Disclosing your HIV status is a process

- Many people prefer to disclose to one person they trust at a time, instead of disclosing to many people at once.
- Let's talk about your "circles of disclosure."
- Here are some ways that you could start the conversation:
  - *"I wanted to talk to you about something because I know you can help and support me."*
  - *"I went to the clinic today for a check-up and they talked to me about how it is important for everyone to get an HIV test because you can't tell if someone is positive just by looking at them."*
  - *"I need to talk to you about something difficult. It is important for our family that I be able to tell you even the hard things. We need to support each other."*

---

## Summarize and plan next steps

- **We are here to support you during your disclosure process.**
- **Would you like to set up another appointment to continue talking about this – either alone or with your partner, a friend, or a family member?**

# 8. HAVING A SAFE LABOUR AND DELIVERY

The page features a solid olive-green background. In the upper half, there are several overlapping, wavy lines in a lighter shade of olive green, creating a sense of movement and depth. The text is centered and rendered in a clean, white, sans-serif font.

## 8. HAVING A SAFE LABOUR AND DELIVERY

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### **Open the session and gather information**

- *There is a chance that HIV will be passed from a mother living with HIV to her baby during labour and delivery.*
  - *What are some of the things you think you can do to lower this chance?*
  - *Can you tell me more about your plans for your baby's birth, such as where you plan to deliver?*
  - *Are there any traditional customs you will follow during or after your baby's birth?*
- 

### **Have a safe delivery in a health care facility**

- Deliver your baby in a clinic. Any woman can have complications during delivery, and health care workers know how to take care of you in case of these complications.
  - Plan where you want to give birth to your baby, and how you will get there.
  - Find someone you trust who can give you emotional support during labour and delivery.
  - Bring your health card and ARVs to the clinic. Tell the health care worker of your HIV status and any medicines, such as ARVs, you have taken.
- 

### **You will need to take ARVs during labour and delivery**

- If the nurse gave you a **single dose of nevirapine** during an antenatal visit, take it as soon as you go into labour.
  - If you are taking **ART** during your pregnancy, be sure to bring your medicines to the clinic and keep taking them.
  - If you are taking **AZT during your pregnancy**, continue taking the AZT during labour. You will be given one other medicine to take at delivery and after the baby is born.
  - If you haven't taken any ARVs during your pregnancy, the doctor or nurse will give you ARVs to take.
- 

### **Your baby needs to take ARVs right after he or she is born, and for some time after that**

- ARVs are **safe** and will help protect your baby from HIV.
  - Your baby needs to take **nevirapine syrup as soon as possible after birth - within 72 hours (3 days) of delivery.**
  - Your baby will also need to take **ARVs for some time after he or she is born.**
- 

### **Taking care of yourself and your baby after the delivery**

- What babies need most after delivery is to be loved. Spend as much time as you can with the baby skin-to-skin on your chest. Cuddle, sing, and talk to the baby.
  - Your baby will need to eat within one hour of being born.
  - Be sure to take care of yourself by resting (with your baby, if possible), drinking lots of fluids, and eating healthy foods.
- 

### **Check understanding and plan next steps**

- *Can you tell me how you plan to have a safe labour and delivery?*
- *What questions do you have?*

# 9. TAKING CARE OF YOURSELF AFTER YOUR BABY IS BORN

## 9. TAKING CARE OF YOURSELF AFTER YOUR BABY IS BORN

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### **Open the session and gather information**

- *Delivering a baby is hard but rewarding work. Like their babies, mothers also need care after giving birth. Taking care of yourself after delivery and ongoing is important for you to feel strong and healthy, and will help you have the energy you need to care for your baby*
  - *What do you think you can do to take care of your own health after your baby is born?*
- 

### **Take care of yourself after the delivery**

- Spend as much time as you can with the baby skin-to-skin on your chest or resting together. Cuddle, sing, and talk to the baby.
  - Try to get help and emotional support from friends or family.
  - Try not to do too much physical labour.
  - If you have heavy bleeding, problems breathing, fever, pain in the belly, or bad-smelling discharge, come to the clinic right away.
  - Try to eat at least one extra meal each day.
  - You should wash often and try to keep your genitals very clean – but only use clean water with no soap.
  - Wait a couple of weeks before you sit in water.
- 

### **Keep taking your ART or ARVs**

- If you are on lifelong ART, keep taking your medicines at the same time every day during and after you deliver the baby and for your whole life.
  - If you took the PMTCT regimen during pregnancy, the nurse or doctor will give you other ARVs to take right away after you deliver the baby.
- 

### **Come back to the clinic within 3 days of delivery and again 6 weeks after you deliver**

- You will need a postnatal check-up within 3 days after you deliver.
  - You will need a second check-up within 6 weeks after the baby is born to make sure you are still healing properly. We will also check your baby and give him or her an HIV test.
  - You need to continue your own HIV care and treatment for your whole life.
  - You will need to get another CD4 test done 6-9 months after you deliver your baby.
  - If you feel unwell, or have questions about your own or your baby's health, remember that you can always come to the clinic.
- 

### **Practice safer sex with your partner(s)**

- In order to prevent infection, wait at least 6 weeks after you deliver to have sex again.
- Talk with your partner about using condoms while you are breastfeeding and afterwards.
- Using water-based lubricants can make sex less painful and more pleasurable.
- Although it may be difficult, talk to your partner about being faithful or always using condoms with other partners.
- Encourage your partner(s) to come for an HIV test. We can also talk to your partner if he or she comes to the clinic with you.
- If you or your partner has itching, a rash, strange discharge, or sores around the genitals, come to the clinic right away.

---

### **Gather information**

- *Would you like to have more children?*
  - *If yes, would you like to have another child soon, or would you like to wait some time before having another child?*
  - *Have you talked to your partner about family planning?*
  - *Are you using a family planning method now?*
  - *Would you like to use one in the future?*
- 

**All women and couples, including people living with HIV, have a right to make informed decisions about their reproductive lives and the number and spacing of their children.**

---

### **If you and your partner wish to have more children, there are times when it is safest to get pregnant and have a baby**

- It is healthiest for you and your children if you wait at least 2 years between pregnancies.
  - If you want to have another baby, the safest time to get pregnant is when:
    - Your CD4 count is over 350.
    - You do not have any opportunistic infections (including TB) or advanced AIDS.
    - You are taking and adhering to ART.
  - If you decide you want to have another baby in the future, come to the clinic with your partner and we can help you decide the safest times and ways to get pregnant.
- 

**There are many safe family planning options for you and your partner if you want to prevent pregnancy or if you want to wait some time before becoming pregnant again (give referrals to family planning, if needed).**

---

### **Check understanding and plan next steps**

- *Can you tell me some of the ways you will take care of yourself after you have your baby?*
- *How do you think you will talk with your partner about safer sex?*
- *What are your plans for having more children or preventing future pregnancies?*
- *Would you like to talk more about starting on a family planning method today? (give referrals as needed)*

# **10. CARING FOR YOUR HIV EXPOSED BABY AND ADHERING TO CARE AND MEDICINES**

## 10. CARING FOR YOUR HIV EXPOSED BABY AND ADHERING TO CARE AND MEDICINES

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### **Open the session and gather information**

- *Caring for yourself and your baby after birth is very important. Your baby will need a lot of attention in the first few months of life.*
  - *Who can help you care for your baby?*
  - *What have you heard about caring for babies born to mothers living with HIV?*
- 

### **Your baby needs ARVs and should come back to the clinic every month**

- The medicines that you and your baby take during this period can lower the chance that your baby will become HIV infected.
  - The medicines work by protecting your baby from HIV during delivery and breastfeeding.
  - Your baby needs to take **nevirapine** syrup as soon as possible after birth – **within 3 days of delivery**.
  - **All HIV exposed babies also need to take nevirapine syrup for at least 6 weeks after birth.**
    - **For breastfeeding mothers on the PMTCT regimen:** Your baby will continue to take nevirapine syrup once every day, until one week after you stop breastfeeding.
    - **For breastfeeding mothers on lifelong ART:** Your baby will continue to take nevirapine syrup once every day until he or she is 6 weeks old.
    - **For mothers who are NOT breastfeeding:** Your baby will take nevirapine syrup once every day from birth until he or she is 6 weeks old.
  - When your baby is 6 weeks old, he or she will also need to start taking a medicine called cotrimoxazole to prevent infections.
  - It is important that you and your baby come back to the clinic every month so we can make sure everything is going well with your and your baby's health.
- 

### **Gather information**

- *Breast milk is the healthiest food for all babies. There is HIV in breast milk, but mothers living with HIV can safely breastfeed when they or their baby take ARVs.*
  - *Can you tell me how you plan to feed your baby?*
- 

### **It is important to feed your baby safely**

- **Exclusive breastfeeding for the first 6 months of life (with ARVs)** is the safest way to breastfeed and lowers the chance that your baby will be HIV infected.
  - Exclusive breastfeeding means giving your baby **ONLY** breast milk and no other liquids or foods.
  - **Exclusive formula feeding** for the first 6 months of life is an option for some women.
  - Exclusive formula feeding means giving your baby **ONLY** formula and no other liquids or foods.
  - After 6 months, the baby will need other foods in addition to breast milk/formula.
- 

### **Gather information**

- *It is important that your baby gets his or her medicines the right way, every day, and that you bring the baby back to the clinic often, including for an HIV test at 6 weeks.*
- *What will help you do these things for yourself and your baby?*

## **Adherence means how faithfully you stick to and participate in your own and your baby's care and treatment plan**

- Bringing your baby for all appointments at the clinic.
- Giving your baby his or her ARVs the right way, every day, for as long as the doctor says.
- This includes giving your baby nevirapine syrup for the first 6 weeks (and longer if you are breastfeeding and not taking ART).
- Giving your baby cotrimoxazole every day starting at 6 weeks.
- Giving the right dose of medicines to your baby.
- Making sure the baby gets an HIV test at 6 weeks and picking up the results.
- Taking your own ART the right way, every day, so you will feel better and lower the chances that your baby will become HIV infected.

---

## **It is important to make an adherence plan for you baby.**

### **Here are some tips.**

- If you are taking medicines, give your child medicines at the same time you take yours.
- Try to schedule your own and your baby's appointments on the same day.
- Get support from someone you trust.

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## **Here are some tips on giving your baby syrups**

- Sometimes the nurse or pharmacist will put colored tape on the syringe to help you measure the right dose.
- You can reuse syringes until the markings begin to wear off or the plunger is hard to use.
- Wash the syringes with warm, soapy water, rinse, and let them air dry.
- If the medicine is too sticky, add a little breast milk or formula to the syringe.
- DO NOT add medicines to a baby bottle or cup of milk.

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## **If your baby does not want to take his or her medicine, here are some tips**

- Wrap your baby in a blanket and hold him or her in the bend of your arm.
- Place the dropper in the corner of the baby's mouth and slowly give the medicine.
- Aim for the inside of the baby's cheek, instead of the back of the tongue.
- Blow gently into your baby's face.
- Do not give medicine when your baby is crying or by pinching his or her mouth open.
- If your baby vomits medicine within 30 minutes of giving it, give the dose again.

---

## **You should bring your baby for an HIV test when he or she is 6 weeks old**

- It is important that all of your children get an HIV test.
- The nurse will take a small amount of blood from your baby's foot and put it on a piece of paper that will be sent to the lab.
- It is very important to come back to the clinic to get your baby's test results (it usually takes 2-3 weeks to get the results).
- If your baby tests HIV negative and you are breastfeeding, he or she will need to get another HIV test when you stop breastfeeding.

---

## **Check understanding and plan next steps**

- *Can you tell me the most important things about caring for your baby?*
- *Why is adherence to your baby's care and medicines important?*
- *What questions do you have about caring for your baby?*

# 11. SAFELY FEEDING YOUR BABY



# 11. SAFELY FEEDING YOUR BABY

## BREASTFEEDING

### **Open the session and gather information**

- *Breast milk is the best food for all babies.*
- *There are many things you can do to safely feed your baby.*
- *Can you tell me how you plan to feed your baby?*
- *In your family, are there any special foods given to babies or traditional customs related to babies?*

### **It is important for you to exclusively breastfeed your baby for as long as possible, up to 6 months**

- Exclusive breastfeeding means giving your baby ONLY breast milk and no other liquids or foods, like water, herbal mixtures, juice, porridge, or cow's milk.
- It is okay to give the baby medicines that you get from the doctor or nurse.
- Breast milk is the only food your baby needs until he or she is 6 months old.
- Breast milk is healthy, free, and prevents your baby from being exposed to diseases that can cause diarrhoea or even death.
- Babies should start breastfeeding within one hour of birth.
- Babies should breastfeed at least 8 times every day (per 24 hours, this means about every 3 hours).
- It is important that your baby has a good latch onto your breast so that you are comfortable and so that he or she gets enough milk.

### **You can lower the chances of passing HIV to your baby through breast milk**

- If you are on ART while you are breastfeeding, take your medicines every day at the same time. This will lower the chance of passing HIV to your baby.
- If you are not on ART while you are breastfeeding, your baby needs to take ARVs every day for protection against HIV. Give your baby nevirapine syrup once every day – at the same time every day - for as long as you are breastfeeding.
- Make sure your baby does not have any other liquids or foods other than breast milk and medicines for the first 6 months.
- If you have cracked, sore, or painful nipples, come to the clinic.
- If you see white spots in the baby's mouth, come to the clinic.

### **Your baby will need foods in addition to breast milk after 6 months**

- Once your baby is 6 months old, he or she will need to have other foods to get the nutrition he or she needs to grow and develop.
- Your baby can have both breast milk and other foods until he or she is 1-2 years old.
- It is important for your baby to continue taking ARVs as long as you are breastfeeding.
- You should only stop breastfeeding if you have enough healthy foods and milk to feed your baby.
- If your baby is HIV infected, breast milk will help keep him or her healthy.
- When you want to stop breastfeeding, slowly wean your baby. Stopping quickly can be painful for you and bad for the baby.

### **Check understanding and plan next steps**

- *Can you tell me how you plan to safely breastfeed your baby?*
- *What challenges do you think you will face with exclusive breastfeeding?*
- *How do you think you will deal with these challenges?*
- *What questions do you have about safely breastfeeding your baby?*

## FORMULA FEEDING

### **Formula feeding is only safe for you and your baby if all of the following are true**

- You and your family will accept that the baby is formula fed.
- You have the time to prepare the formula and feed your baby as many as 12 times in 24 hours.
- You can afford everything that you need to prepare the formula for as long as your baby needs it (bottles/cups, formula, way to boil water, brushes to clean bottles/cups)
- You will have access to all that you need to safely prepare the formula for as long as your baby needs it.
- AND you have access to clean water and a way to boil it.

### **It is important for you to exclusively formula feed your baby up to 6 months**

- Exclusive formula feeding means giving your baby **ONLY** formula and no other liquids or foods, like herbal mixtures, juice, porridge, or cow's milk.
- It is okay to give the baby medicines you get from the doctor or nurse.
- It is important that you do not breastfeed your baby - not even one time.
- Giving the baby both formula and breast milk increases the chance that your baby will become HIV infected.

### **It is important to prepare the formula safely every time to prevent your baby from getting sick: (demonstrate safe preparation of formula)**

- Always get the water from a safe source, like a faucet.
- Always boil the water and allow it to cool before mixing the formula.
- Always put the cooled water in a clean bottle or cup first, and then add the formula powder.
- To add the powder, use the scoop that comes inside the tin. Make sure you use the correct amount of formula powder for each feeding.
- In order to completely clean the bottle and teat or feeding cup so you can use them again, first use soap and a cleaning brush. Then put the bottles in a pot of water and boil them for at least 5 minutes. Then cover and store the bottles in a clean place so they do not get dirty before using them again.

### **After 6 months, your baby needs foods in addition to formula:**

- Once your baby is 6 months old, he or she will need to have other foods to get the nutrition he or she needs.
- Your baby can have both formula and other foods until 1-2 years old.
- You should only stop giving formula if you have enough other healthy foods and milk to feed your baby.

### **Check understanding and plan next steps**

- *Can you tell me how you plan to safely feed your baby with formula?*
- *What challenges do you think you will face exclusively formula feeding your baby?*
- *How do you think you will deal with these challenges?*
- *What questions do you have about safely feeding your baby with formula?*

# **12. EXCLUSIVELY BREASTFEEDING YOUR BABY**

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## 12. EXCLUSIVELY BREASTFEEDING YOUR BABY

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### Open the session and gather information

- *Now that your baby is here, I would like to talk with you about some of the challenges women face with exclusive breastfeeding and how you can overcome them.*
- *Remember: it is very important to give your baby ONLY breast milk (and any medicines given by the health care worker) for as long as possible, up to 6 months.*
- *Exclusive breastfeeding, taking your ARVs, or if you are not continuing ARVs, giving your baby ARVs, and coming to all clinic appointments can lower the chance that your baby will be HIV infected, and will help keep your baby healthy.*
- *What questions or concerns do you have about exclusively breastfeeding your baby?*

---

### It is important that you or your baby are taking ARVs the right way, every day, the whole time you are breastfeeding

- These medicines will make breastfeeding safer for your baby and lower the chance that the baby will become HIV infected.

---

### How do you know your baby is getting enough to eat?

- Remember, the only food your baby needs before 6 months is breast milk. This means no water, porridge, baby food, or any other food or liquid – except for medicines you get from the nurse or doctor.
- During the first 1-2 days after your baby is born, you will make a small amount of milk. This is very rich and good for your baby.
- About 3-5 days after your baby is born, your full milk will “come in” and you will start making more milk.
- It is important to breastfeed your baby often during the first few days – this will help your milk come in and give the baby important nutrients.
- You should feed your baby between 8 and 12 times each day, with each feeding lasting about 30 minutes total.
- You should alternate which breast you feed from at each feeding.
- Your baby should have around 3 bowel movements per day.
- Most of the time, your baby will let you know when he or she is hungry.
- Common signs that a baby is hungry include sucking hands, smacking lips, and acting fussy.

---

### Some women face challenges with exclusive breastfeeding.

#### If you have sore nipples, here are some tips.

- You may have some discomfort during the first week of breastfeeding.
- Usually this goes away over time, but if you keep having a lot of pain, you should come to the clinic.
- **One cause could be poor positioning:** The baby should take your whole nipple in his or her mouth each time.
- **Another cause could be cracked nipples:** Expose your nipples to air and sunlight as much as possible and put a bit of breast milk on them between feedings.
- Do not use soap on your nipples.
- **Another cause could be thrush:** If you have a burning feeling on your nipples or pain for many days, and see white spots or redness on your nipples and in your baby’s mouth, you and the baby may have thrush. Come to the clinic right away for medicines.

### **If your baby will not latch, here are some tips (*demonstrate proper positioning and latch*)**

- **Your baby may be sleepy:** If your baby falls asleep while breastfeeding, keep offering your breast and try to feed whenever the baby wakes up.
- You can wake the baby up by tickling its feet, wiping its face with a cool cloth, or undressing the baby.
- **Your baby may be fussy:** Try to calm your baby by putting him or her on your skin naked, rocking the baby, offering a finger to suck on before switching to the breast, or squeezing your nipple and putting some milk on your baby's lips.

---

### **What are engorged breasts?**

- If your breasts feel hard and firm for a few days; if you feel swelling, tenderness, warmth, and throbbing; or if your nipples are flat, you may have engorged breasts/nipples.
- You may have engorged breasts because:
  - Your milk just came in.
  - Your baby is not feeding enough or you waited some time to breastfeed.
  - Your baby is not positioned the right way or is not latching well.

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### **If you have engorged breasts, here are some tips**

- Use your hand to express as much milk from the breast as possible.
- Put both of your breasts into a sink or dishpan filled with warm water.
- Put the baby to your breast often. After the feeding apply fresh cabbage leaves or cool wet cloths to your breasts.

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### **If your family wants to feed your baby foods or liquids other than breast milk, here are some tips**

- Family members and friends might want to give your baby food other than breast milk.
- Some things you could say to your family and friends:
  - *"Breast milk is the only food my baby needs for the first 6 months of life."*
  - *"I do not want my baby to get diarrhoea from the water/tea/food."*
  - *"I am trying to keep my baby healthy and prevent HIV so I am exclusively breastfeeding."*
- If you think it would be helpful, someone from the clinic can talk to your family about the importance of exclusive breastfeeding.

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### **You need to eat enough foods and drink enough liquids while you are breastfeeding**

- You should eat nutritious foods while breastfeeding, including foods with proteins and fats, and many fruits and vegetables.
- If possible eat one extra full meal per day.
- Drink plenty of fluids like clean water, milk, or tea.
- No matter how much or how little a woman eats, her body will make good breast milk.

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### **Breastfeeding if you are sick or unwell**

- Even if you are not feeling well, it is still good to continue breastfeeding your baby.
- Drink plenty of fluids and breastfeed often.
- Always take your medicines the right way, every day, including ARVs.

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### **Check understanding and plan next steps**

- ***What questions or concerns do you have about exclusively breastfeeding your baby for as long as possible, up to 6 months?***

# **13. EXCLUSIVELY REPLACEMENT/FORMULA FEEDING YOUR BABY**



## 13. EXCLUSIVELY REPLACEMENT/FORMULA FEEDING YOUR BABY

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### Open the session and gather information

- *Now that your baby is here and you will be using formula, I would like to talk with you about how to safely prepare formula and some of the challenges women face with exclusive formula feeding. Remember: it is very important to give your baby ONLY formula for the first 6 months.*
  - *Exclusive formula feeding, taking your ARVs, giving your baby ARVs, and coming to all clinic appointments can lower the chance that your baby will become HIV infected.*
  - *What questions or concerns do you have about giving your baby formula?*
- 

### It is important to prepare formula safely every time so your baby does not get sick (demonstrate and ask for return demonstration)

- Wash your hands with soap and dry them on a clean cloth before making formula.
  - Be sure to have clean utensils to make the formula each time.
    - Prepare the formula on a clean table or mat.
    - Rinse utensils with cold water right away after each use to remove milk before it dries on them, and then wash with hot water and soap.
    - Make sure the utensils are covered to keep off insects and dust.
    - Use a clean cup and spoon to give formula to your baby.
  - Use safe water to make your baby's formula.
    - Boil water for at least 5 minutes before using it to make formula.
    - Always keep water in a clean, covered container.
- 

### Store the formula safely

- Keep the formula powder in a tightly covered tin.
  - Use a clean scoop to get the powder out of the tin.
  - Use prepared formula within **one hour** of making it.
  - If a baby does not finish the feed, you can give it to an older child or use it for cooking. Do not give it to your baby for the next feed.
  - If you have a refrigerator, all the formula for one day can be made at once and stored in the refrigerator in a sterilized container with a tight lid.
  - If you do not have a refrigerator, you will have to make feeds freshly each time the baby needs to be fed.
- 

### Make sure you are giving your baby enough formula

- Babies do not need any foods or drinks other than formula until about 6 months of age.
- Your baby will need to drink small amounts of formula often – at least 8 times each day at first (about every 3 hours).
- You will need to give your baby more formula more often as he or she grows.
- The amount of formula you give depends on your baby's age and weight.
- Your baby may eat a bit more or less formula at each feed.
- When your baby is feeding by cup, offer a little extra but let the baby decide when to stop.

## **Make sure you are giving your baby enough formula**

- If your baby takes a very small feed, offer extra at the next feed, or give the next feed earlier – especially if he or she seems hungry.
  - If your baby is not gaining enough weight, he or she may need to be fed more often or be given larger amounts at each feed.
  - Always bring your baby to the clinic if he or she is not gaining weight or is sick.
- 

## **Feed your baby from a cup and make sure you have skin-to-skin contact during the feedings (demonstrate feeding with clean cup and spoon)**

- Cup feeding is safer and healthier than bottle feeding.
  - Cups are easier to clean than a bottle.
  - Cup feeding can help you and your baby bond more than bottle feeding.
- 

## **Gather information**

- *There are some common challenges that many women face when exclusively formula feeding their babies.*
  - *What challenges do you think you might face?*
- 

## **Let's plan ahead for some of the challenges you may face with exclusive formula feeding**

- Some people in your family or community may wonder why you are giving the baby formula.
  - It is important to plan what you will say.
  - It is important to plan ahead if you and the baby are going to be away from home during feeding times.
  - It is important to plan ahead if you are going to leave the baby with someone else during feeding times.
  - If you see you are running low on formula, be sure to get more before you run out.
  - What would you do if there was no formula available at the clinic?
  - Many women want to put the baby on the breast when he or she is crying. You will need to think of other ways to comfort your baby during these times.
  - Feeding your baby at night can be difficult if you are tired and have to make formula often and in the dark.
  - It is important to make these night feeds safely.
- 

## **Check understanding and plan next steps**

- *Can you tell me how you will prepare your baby's formula?*
- *How often?*
- *How much?*
- *What will you say to people if they ask you about the formula?*
- *What questions or concerns do you have about exclusively formula feeding your baby for the first 6 months?*

# 14. INTRODUCING COMPLEMENTARY FOODS TO YOUR CHILD AT 6 MONTHS

## 14. INTRODUCING COMPLEMENTARY FOODS TO YOUR CHILD AT 6 MONTHS

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### **Open the session and gather information**

- *Now that your baby is getting close to 6 months old, he or she will need foods other than breast milk/formula (Note: Adjust according to woman's feeding choice).*
  - *What have you heard about starting to give your baby other foods?*
  - *Why do you think it is important to start giving other foods to your baby at 6 months?*
- 

### **Your baby needs to start eating foods other than breast milk/formula at 6 months of age**

- Complementary foods are foods you feed your baby in addition to breast milk/formula.
  - Breast milk/formula alone is not enough to meet your growing baby's nutritional needs after 6 months.
  - It is important that you or your baby take ARVs the whole time you are breastfeeding to lower the chances that your baby will be HIV infected.
- 

### **Gather information**

- *What kinds of food do you think will be good to give your baby?*
  - *What kinds of food do you have at home that you can give your baby?*
- 

### **You should start giving your baby different kinds of foods starting at 6 months**

- Continue to breastfeed/formula feed as frequently as the baby wants, about 8 times throughout the day and night. Give the breast or some formula first, then offer some food.
  - Start by giving a teaspoonful of food. Increase this amount over time.
  - Your baby's first foods other than breast milk/formula should be soft and mild, such as maize meal or oats porridge.
  - Baby cereals and foods from the store are fine, but they are a lot more expensive than making your own.
  - Introduce different foods one at a time so your baby can get used to them.
  - All foods should be mashed or pureed for children between 6-12 months.
  - Good foods to start with are mashed pumpkin, carrots, potato, butternut, banana, and grated apple.
  - Start giving vegetables before you give fruit.
  - You can later add some protein to your baby's food, such as ground meats, chicken, or well-cooked, mashed beans.
  - You can also add colorful foods to porridge, such as orange and green vegetables or fruits. Be sure to mash them well.
  - You can add some butter, oil, or milk to porridge to provide some fat.
  - If you are giving the baby animal milk, you should always boil it first.
  - Always use a clean cup or bowl and a clean spoon to feed your baby.
- 

### **Foods to avoid**

- Before 12 months, do not give cow's milk (full cream, low-fat, 2%, or fat free).
- Do not give tea.

## Foods to avoid

- It is best to wait until after 1 year to give cow's milk, fish, peanut butter, and eggs because they may cause allergies.
- Do not give sweets, fizzy drinks, biscuits, crisps, cheese curds, or chocolates.

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## How often to feed your baby

- You will need to give the baby complementary feeds more often over time, while also continuing to breastfeed/formula feed.
- When your baby is 6-9 months old, you should give him or her about half a cup (1-2 large palmfuls) of other foods 2-3 times a day.
- Then, when the baby is 9-12 months old, you can increase the number of complementary feeds to 3-4 times a day.
- After that, you can give your baby 4-5 complementary feeds every day until he or she is 2 years old – or until you have completely stopped breastfeeding/formula feeding.

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## If your baby is sick, he or she may not be hungry

- If your baby is sick, bring the baby to the clinic right away.
- When your baby is sick, try to breastfeed or formula feed him or her more often.
- If your baby has diarrhoea, he or she will need more liquids.
- Be patient and encourage your baby to eat while he or she is sick.
- If your baby is more than 6 months old and gets sick, give him or her an extra meal of enriched porridge every day for 2 weeks afterwards.
- It is important to always give your baby any medicines prescribed by the doctor, even when he or she is sick.

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## Gather information

- *If you are breastfeeding, when do you think you will stop breastfeeding?*
- *What questions do you have about weaning your baby off of breast milk?*

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## When you do decide to stop breastfeeding, it is important to do it in a safe way

- Do not try to stop breastfeeding quickly.
- Instead, stop breastfeeding over one month, slowly decreasing the number of times you breastfeed per day, and increasing the amount and number of times you give your baby other foods.
- If you have questions about how to stop breastfeeding safely and comfortably, you can always talk with us here at the clinic.

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## Breastfeeding and your baby's HIV test results

- If your baby has a negative HIV test, you should start thinking about weaning when he or she is 1 year old.
- In most cases, it is not safe to wean the baby earlier than that.
- If your child is HIV infected, it is recommended that you continue breastfeeding while also feeding your baby other foods until your baby is 2 years old (or even older).
- You should only stop breastfeeding if you have enough healthy foods and clean water to feed your baby.

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## Check understanding and plan next steps

- *Why do you need to start giving your baby food other than breast milk/formula when he or she is 6 months old?*
- *What kinds of foods do you have at home that you can give your baby?*
- *Will you need to buy other kinds of foods?*
- *How often do you need to feed your baby other foods?*
- *If you are breastfeeding, when and how will you stop?*
- *What questions do you have about feeding your baby?*

# 15. TESTING

## YOUR BABY FOR HIV

## 15. TESTING YOUR BABY FOR HIV

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### **Open the session and gather information**

- *Not all children born to women living with HIV are HIV infected, but some babies will become infected. In order to know if your child is HIV infected or not, we need to do an HIV test.*
  - *Babies should be tested for HIV at 6 weeks of age, or as soon as possible after that, since HIV can make infants very sick very quickly.*
  - *What have you heard about HIV testing in children?*
  - *What plans do you have to test your child/children for HIV?*
- 

### **There is a chance that babies born to mothers living with HIV will also be HIV infected**

- Babies can get HIV during pregnancy, during labour and delivery, or during breastfeeding.
  - The medicines that you and your baby took or are taking help lower the chance that your baby will be HIV infected, but you will only know for sure if the child is tested and you receive the results.
- 

### **It is important for your baby and all of your children to get tested for HIV**

- Even though you are living with HIV, this does not mean that your children are also HIV infected.
  - We need to do an HIV test to find out for sure.
  - Even if your children do not seem sick, they still might be HIV infected.
  - It is very important that we identify HIV infection in children as early as possible so that the child can be protected and treated.
  - HIV testing is strongly recommended because it allows children with HIV to access life-saving treatment as early as possible.
  - Children living with HIV need care and treatment, which is available for free.
  - HIV care and treatment, including ARVs, can help save your child's life and help him or her grow and become a healthy adult.
  - You have the right to say no to testing.
  - The result of your child's HIV test is confidential; it is only shared with you (or the primary caregiver) and those health care workers who need this information in order to care for your child.
  - Knowing your child's HIV status for sure can help you and your family plan for the child's care and make sure the child gets the care and treatment he or she needs as early as possible.
- 

### **If your child is 6 weeks – 18 months old**

- Children born to mothers who know they are living with HIV should be enrolled in follow-up care.
- All babies who are born to mothers living with HIV should have an HIV test when they are 6 weeks old.
- For HIV tests in babies and children 6 weeks to 18 months of age, we will do a Dried Blood Spot Sample, also called a DBS.
  - To get a DBS sample, we will prick your child's heel, toe, or finger (depending on his or her age) with a small needle and put some drops of blood on a piece of paper.
  - The paper will then be sent to a lab, and we will get the results back in about 2-3 weeks.

## **If it is very important to come back for your child's test results.**

### **What do the results mean?**

- If the results are negative and you are breastfeeding now or have breastfed in the last 6 weeks, the virus can't be detected in your child's blood right now, but it is still possible for your child to become HIV infected.
- It is important to repeat the HIV test 6 weeks after you stop breastfeeding completely.
- If the results are negative and you are NOT breastfeeding now and have not breastfed in the last 6 weeks, your child is not HIV infected.
- We will do a confirmation test when the baby is 18 months old to be sure.
- **If the results are positive**, this means your baby is HIV infected and should start care and treatment right away.
- HIV infected children 12 months of age or younger will start taking medicines called ART right away to keep them healthy.
- We will help you learn about HIV treatment and ways to care for yourself and your child at home.
- We will help you with a follow-up plan and give ongoing support to you, your family, and your child.

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## **If your child is over 18 months old**

- We can use a rapid HIV test and you will get the result the same day.
- For this test, the nurse will take a small blood sample from your child's toe or finger.
- You will get the results of the test within 30 minutes.

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### **What do the results mean?**

- **If the results are negative** and you are breastfeeding now or have breastfed in the last 6 weeks, the virus can't be detected in your child's blood right now, but it is still possible for your child to become HIV infected.
- It is important to repeat the HIV test 6 weeks after you stop breastfeeding completely.
- If the results are negative and you are NOT breastfeeding now and have not breastfed in the last 6 weeks, your child is not HIV infected.
- **If the results are positive**, this means your child is HIV infected and should start care and be evaluated for treatment right away.
- We will help you learn about HIV treatment and ways to care for yourself and your child at home.
- We will help you with a follow-up plan and give ongoing support to you, your family, and your child.

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## **Check understanding and plan next steps**

- *What questions do you have about testing your children for HIV?*
- *(If the client is with her child and the child is more than 6 weeks old): would you like us to test your child for HIV now?*
- *Would you like to make an appointment to bring your baby or the other children that live with you to the clinic for an HIV test?*

# 16. CARING FOR YOUR HIV INFECTED BABY OR CHILD AND ADHERING TO CARE AND MEDICINES

## 16. CARING FOR YOUR HIV INFECTED BABY OR CHILD AND ADHERING TO CARE AND MEDICINES

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### Open the session and gather information

- *I would like to talk with you about the important care and medicines your child will need to be well and to become a healthy adult.*
  - *What have you heard about caring for an HIV infected baby or child?*
  - *What concerns do you have now that you know your child is HIV infected.*
- 

### Important things to remember if your child is HIV infected

- There is a lot we can do to keep your child healthy.
  - Children living with HIV need the same things that all children need.
  - HIV develops much faster in children than it does in adults.
  - All children living with HIV need care and treatment, which is available for free.
  - Without treatment, many children living with HIV will become sick and die.
  - HIV care and treatment, including ARVs, can help save your child's life and help him or her grow to become a healthy adult.
- 

### Feeding your child

- If you are exclusively breastfeeding your child, continue until your baby is 6 months old.
  - Your baby needs other foods after he or she is 6 months old, but continue breastfeeding up to or beyond 2 years of age. This helps protect your baby from diarrhoea and other diseases.
  - HIV infected children need more food each day to stay healthy.
  - Try and give your child at least 3-5 meals every day so he or she gets enough nutrition and gains weight.
- 

### Bring your child for regular care at the clinic

- Your child needs to come to the clinic often and for all appointments.
  - When your child starts ART, it is important to come back to the clinic every 2 weeks.
  - After your child has adjusted to the medicines, bring him or her to the clinic every month for a check-up and lab tests.
  - If your child is not taking ART, it is important to bring him or her to the clinic every month for a check-up and lab tests.
  - Children with HIV can get sick very quickly, so it is important to bring your child for all clinic appointments and whenever he or she seems sick or has a fever.
- 

### Giving your child medicines

***(show the mom or caregiver the syrups and/or tablets the child will take, the dosing, and how to give them to the child. Allow time for practice and questions)***

- Antiretrovirals, or ARVs, are medicines that help lower the amount of HIV in the body.
- When a child takes different ARVs at the same time, we call this antiretroviral therapy, or ART.
- ART does not cure HIV.
- All HIV infected children **under age 1 year** need to start taking ART.
- The doctor will do a check-up and tests to see when older children need to start taking ART.
- Usually babies and young children take ARV syrups.
- Once your child starts ART, he or she will need to take it every day, at the same times, for his or her whole life.
- Your child will also need to take a medicine called cotrimoxazole to prevent infections.

## **Gather information**

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- *It is very important that your baby gets his or her medicines the right way, every day, and that you bring the baby back to the clinic often.*
  - *What things do you think will help you and your child stick to the care and treatment plan.*
- 

## **Adherence means how faithfully you stick to and participate in your own and your baby's care and treatment plan**

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- Bringing the baby for all appointments at the clinic for check-ups, growth and developmental monitoring visits, lab tests, pharmacy refills, immunizations, if the baby gets sick, and for other care.
  - Giving your baby his or her ARVs the right way, every day, for his or her whole life.
  - Giving your baby cotrimoxazole every day once the baby is 6 weeks old.
  - Giving the right dose of medicines to your baby.
  - The amount of medicine will change when he or she gains weight.
- 

## **It is important to make an adherence plan that fits with your life.**

- If you are taking medicines, give your child medicines at the same time you take yours.
  - Try to schedule your own and your baby's appointments on the same day.
  - Taking care of a child living with HIV can be hard work. You need emotional support.
- 

## **Here are some tips**

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### **Here are some tips on giving your baby syrups**

- The nurse or pharmacist may put colored tape on the syringe to help you give the right dose.
  - You can reuse syringes until the markings begin to wear off or the plunger is hard to use.
  - Wash the syringes with warm, soapy water, rinse, and let them air dry.
  - If the medicine is too sticky, add a little breast milk or formula to the syringe.
  - DO NOT add medicines to a baby bottle or feeding cup.
  - If syrups are not available or if your child prefers it, you can crush pills and mix them with some expressed milk or formula.
- 

### **If your child does not want to take his or her medicine, here are some tips**

- Talk or sing to the child to help him or her stay calm.
  - Wrap your child in a blanket and hold him or her in the bend of your arm.
  - Place the dropper in the corner of the baby's mouth and slowly give the medicine.
  - Aim for the inside of the baby's cheek instead of the back of the tongue.
  - Blow gently into your baby's face.
  - Do not give medicine when your baby is crying or by pinching his or her mouth open.
  - If your baby vomits medicine within 30 minutes of taking it, give the dose again.
  - If the problem doesn't get better, you should talk to your doctor.
- 

### **Check understanding and plan next steps**

- *Can you tell me the most important things about caring for your child?*
- *Can you tell me why adherence to your child's care and treatment plan is important?*
- *What do you think can help you adhere to your own and your child's care and treatment plan?*
- *What questions do you have about caring for your child?*

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