

Appendix A: Role Play Instructions, Observation Checklist and Scenarios

Use the [Facilitating Role Plays](#) guidance provided on the [Conducting Training](#) web page to plan and conduct the role plays developed for the FP/HIV module. Rather than use the generic version of the role play participant instruction sheet and observations checklist, use the instruction sheet and checklist which has been developed specifically for this module (below, next page, and Handout #3).

Provider Instructions for Role Plays

Pretend that you are meeting the client for the first time. Ask the client for his or her name, gender (male or female) and age. Pretend that there is a health center nearby to which you can refer the client, if needed. Remember to:

- Assess the client's reproductive health (RH) goals, concerns, and fertility intentions.
- Address the primary and secondary reasons for the client's visit.
- Facilitate the client's decision-making process.
- Integrate information and services related to other RH issues as appropriate.
- Help the client act on her or his decision(s).

Apply your prior experience along with what you have learned from the training and use job aids and tools as appropriate to address the client's concerns.

Observer Instructions for Role Plays

Prior to the start of the interaction:

- Review the *Checklist to Assess FP Counseling Skills During FP/HIV Role Plays or Practicum* so that you are familiar with the behaviors that you are observing and where they appear on the checklist.
- Review the case-specific issues on the observer information sheet for the role play.

While observing the interaction between the provider and client, remember to:

- Use the observation checklist to take notes on what happens during the interaction.
- Record how well the provider addresses the case-specific issues in the space provided.
- Be prepared to give feedback to the provider regarding how well he or she addressed the client's needs.

Pay particular attention to whether the provider:

- Helped the client deal with anxiety.
- Facilitated communication with a partner.
- Allowed the client to make an informed decision.
- Provided accurate information about family planning as relates to clients with HIV. Helped the client carry out her/his decision.

Client Instructions for Role Plays

Prior to the start of the interaction:

- Read the client information sheet and make sure you understand your character's situation.
- Pick a name for your character. Tell the provider your name, age, and whether you are a man or woman.
- During the interaction, offer information only when the provider asks relevant questions. Use the information given in your client information sheet to respond to the provider's questions. Feel free to ask questions of the provider.

Checklist to Assess FP Counseling Skills During FP/HIV Role Plays or Practicum*							page 1/2		
Trainee: _____		Client: _____		Observation # _____		Supervisor: _____		Date: _____	
Client's permission to participate in practicum obtained (if required): _____ client's initials _____ supervisor's initials _____									
Overall: Communicate Effectively and Maintain Rapport Shows respect and avoids judging client Maintains relaxed, friendly and attentive body postures and eye contact Uses simple, clear language Uses open-ended and probing questions correctly Listens carefully to client (paraphrases and reflects) Asks client about feelings (and shows empathy) Describes client's roles/responsibilities for the session Encourages client participation Explains what will occur during visit and procedures Ensures client understanding and corrects misunderstandings Uses job aids appropriately Correctly records information on data-collection forms Establish Rapport and Assess Client's Needs and Concerns Greets client appropriately Ensures confidentiality and privacy and that client is comfortable Asks about reason for visit Asks about client's partner(s), children, family, sexual behavior, health Offers to involve a client's partner (as appropriate) Asks about plans to have children, desire for FP (e.g., spacing, limiting) .. Explores STI risk and what client does to avoid STIs..... Provide Information to Address Client's Identified Needs and Concerns Informs client when needs/concerns are beyond provider capability Advises on preventing STIs (i.e., abstain, fewer partners, use condoms) Explains benefits of FP and healthy spacing..... Helps client identify FP methods suited to her or his needs Gives information on FP methods of interest..... Responds to other client questions or concerns	Yes	No	N/A	Help Client Make an Informed Decision or Address a Problem Asks client about questions regarding methods of interest/other issues Asks client to choose a method Uses screening checklist to determine if client can use the method Agrees on decision or plan in partnership with client Help Carry Out Client's Decision Gives contraceptive method and condoms for dual-method use, if needed . Explains and/or demonstrates correct use Asks client to explain or demonstrate correct use, and reinforces client's understanding and/or corrects client's demonstration Reminds client about side effects and reasons for returning Gives supplies (as needed) Role plays or rehearses negotiation skills and helps client plan approach . Arranges follow-up, resupply, and referral to outside services, as needed ... Additional Observations Related to Counseling Clients with HIV Empowers voluntary decision-making around pregnancy/contraception .. Explains how FP can be used to reduce HIV transmission Explains how effectiveness of some HCs can be reduced by some ARVs .. Encourages use of FP methods and/or ARV drugs that don't interact Emphasizes dual method use to prevent pregnancy and STIs Educates about risks of unintended pregnancy Advises how to use ECPs Advises LAM users on breastfeeding recommendations * Note: This checklist contains items that can be used to assess a comprehensive interaction between a provider and a client. The items in black should be observed (and assessed/scored) during the role plays developed for the FP/HIV module. The items in gray were not the focus of the learning objectives for this module but are provided for context.	Yes	No	N/A		

[illegible]

FP/HIV Role Play Scenario 1—Young woman on ART desires effective contraception

FP/HIV Scenario 1—Client Information Sheet	FP/HIV Scenario 1—Observer Information Sheet
Client Description You are a 17-year-old woman diagnosed with HIV and on ART. You have come to the treatment center for a refill on your ARV drugs and want to talk with a provider about possible contraceptive methods that can prevent you getting pregnant while you finish your studies at the university. You'd like to know which contraceptive options are effective, easy-to-use, suitable for someone in your situation, and where these methods can be obtained. Offer this information only when the provider asks relevant questions: • You use condoms with your boyfriend but are thinking that you want a more reliable method for preventing pregnancy. • You have never used a contraceptive other than condoms. • Your boyfriend was recently tested and is HIV-negative; he knows your status. • You take an efavirenz-based ARV regimen as part of your ART and the drugs are working well for you. • After hearing about the effectiveness and other characteristics of implants and the IUD, you are interested in learning more about how/where these methods can be obtained. • You have no other health problems.	Make note of whether the provider performs these case-specific tasks:* • Asks client if there is anything else she wants to talk about. • Asks client what she has heard or knows about contraceptive methods and what methods she has used previously. • Uses effectiveness chart to highlight which methods are most effective and easy-to-use and provides other basic information including how the methods work and possible side effects. • Explains which methods may interact with her ART regimen and the consequences of these drug interactions (refers to the <i>Reference Tool</i> as needed). • Based on client interest, describes what contraceptive option(s) might best suit the client's needs and how/where those methods can be obtained. • Encourages continued use of condoms (dual method use) and compliance with ART regimen to reduce risk of transmission to her partner. * Refer to the <i>Checklist to Assess FP Counseling Skills During FP/HIV Role Plays or Practicum</i> for a list of general tasks/techniques that providers should perform/use during an interaction with a client.

FP/HIV Role Play Scenario 2—25-year old COC user initiating ART

FP/HIV Scenario 2—Client Information Sheet	FP/HIV Scenario 2—Observer Information Sheet
Client Description You are a 25-year-old woman with two daughters ages six and three. Both you and your husband tested positive for HIV a year ago. Your husband initiated ARV therapy recently through an MOH-sponsored program and you are planning to do the same. You have come to the clinic to discuss what you may need to do to initiate ART. Offer this information <i>only</i> when the provider asks relevant questions: • You have been using COCs after weaning your daughter two years ago. • You are pleased with the method and hope to have at least one more child in the near future. • You have no problem taking pills every day and want to continue using it. • You have started losing weight and are having more respiratory tract infections than normal but have no other health problems.	Make note of whether the provider performs these case-specific tasks:* • Asks client about the reason for her visit. • Asks client about her fertility intentions, knowledge of contraceptive methods, and her satisfaction/compliance problems with her past or current method. • Explains that hormonal methods other than DMPA may be somewhat less effective in women on ART (refers to the <i>Reference Tool</i> as needed). • If she wants to continue using COCs, discusses importance of taking pills on time and using condoms to compensate for any reduction in effectiveness. • Explains how COCs can be used to delay conception until the ARV therapy improves her health and reduces the risk that she will transmit the HIV infection to a baby during pregnancy or breastfeeding. • Based on client's contraceptive preference, make a decision about which ART option(s) might best suit the client's needs (e.g., because an efavirenz-based regimen affects effectiveness of COCs, an ART regimen that minimizes drug interactions should be considered). • Encourages use of condoms (dual method use) and compliance with ART regimen to reduce the risk of superinfection with a different strain of HIV for herself or her partner. * Refer to the <i>Checklist to Assess FP Counseling Skills During FP/HIV Role Plays or Practicum</i> for a list of general tasks/techniques that providers should perform/use during an interaction with a client.

FP/HIV Role Play Scenario 3—New mother on ART wishes to use LAM

FP/HIV Scenario 3—Client Information Sheet	FP/HIV Scenario 3—Observer Information Sheet
Client Description You are second-time mother deciding which contraceptive method to use after you give birth. You were diagnosed with HIV during your first antenatal visit and initiated ARV therapy soon afterward. Offer this information <i>only</i> when the provider asks relevant questions: • You take a nevirapine-based ARV regimen and the drugs are working well for you. • Your pregnancy has been completely normal and you have no other health problems. • You gave birth a month ago. • You breastfed your first child and would like to do the same with this child but are concerned about passing on the HIV infection. • You are very familiar with the lactational amenorrhoea method (LAM) and used it successfully after your first pregnancy. • While you have heard that it's possible to pass the HIV infection during breastfeeding, you are not aware of how much the risk is reduced when ARVs are used.	Make note of whether the provider performs these case-specific tasks:* • Asks client about the reason for her visit. • Asks client what she has heard about women with HIV who choose to breastfeed and if she has any concerns. • Tells client about how ARVs work to significantly reduce the risk of HIV transmission during breastfeeding. • Encourage exclusive breastfeeding for at least 6 months. • Explore client's understanding of how LAM should be used and review LAM criteria if needed. • Ask her if she has a method in mind to rely upon after LAM is no longer effective and if not, discuss available/appropriate contraceptive options. • Encourages use of condoms (dual method use) and compliance with ART regimen to reduce the risk of superinfection with a different strain of HIV for herself or her partner which could in turn increase the risk of transmission to the infant during breastfeeding. * Refer to the <i>Checklist to Assess FP Counseling Skills During FP/HIV Role Plays or Practicum</i> for a list of general tasks/techniques that providers should perform/use during an interaction with a client.

FP/HIV Role Play Scenario 4—Young recently-married male client with HIV wants children

FP/HIV Scenario 4—Client Information Sheet	FP/HIV Scenario 4—Observer Information Sheet
Client Description You are a 21-year-old man with HIV who recently got married and wants to have a family. Your wife had an HIV test recently and is not infected. You and your wife would really like to have children but don't want to risk her getting infected while trying to conceive. You heard on the radio about a new government program that provides ARV therapy for people infected with HIV—even those who are not yet feeling sick. You are curious whether the ARV therapy can help your situation. Offer this information <i>only</i> when the provider asks relevant questions: • You have been using condoms consistently and correctly to prevent pregnancy and HIV transmission. • You have no other health problems. • You are not sure how ARV therapy could be useful in your situation. • Your wife is also healthy and eager to have children.	Make note of whether the provider performs these case-specific tasks:* • Asks client about the reason for his visit. • Asks client what he has heard about ARV therapy. • Explains to client how ARV therapy can minimize the risk of transmitting HIV to uninfected partner while trying to get pregnant. • Encourages client to continue using condoms (consistently and correctly) and adhere to the ART regimen to reduce the amount of virus in his system so that when he and his wife try to conceive, the risk of transmitting HIV will be much lower. • Discuss how his wife can track her menstrual cycles to be aware of the days when she is most fertile, so after the amount of virus in his body is reduced by ART, they can have unprotected intercourse on just the days when she is most likely to conceive. • Recommends that the wife use oral PrEP (if available) for 30 days before starting trying to conceive and 30 days after conception. * Refer to the <i>Checklist to Assess FP Counseling Skills During FP/HIV Role Plays or Practicum</i> for a list of general tasks/techniques that providers should perform/use during an interaction with a client.

FP/HIV Role Play Scenario 5—Client who is not eligible to use her current hormonal method

FP/HIV Scenario 5—Client Information Sheet	FP/HIV Scenario 5—Observer Information Sheet
Client Description You are a 34-year-old HIV-positive woman with two children. You were diagnosed with HIV recently and just started ART. You came to a family planning clinic because you were told you must choose another contraceptive method. Offer this information <i>only</i> when the provider asks relevant questions: • You are not planning to have any more children. • You have used COCs successfully for many years but were diagnosed with hypertension three months ago. • Your blood pressure (BP) sometime rises as high as 150/90, although when you take your prescribed treatment on time, your BP is well-controlled. • You were told by the doctor who treats you for hypertension that COCs are not safe for you anymore and you made a decision to avoid all hormonal methods. • You want to use spermicides from now on because you used them a long time ago, before you had children, and were very satisfied. • Your partner is also HIV-positive.	Make note of whether the provider performs these case-specific tasks:* • Asks about the reason for her visit. • Asks about the client's reproductive goals/fertility intentions. • Asks about the methods she used in the past, what she knows or wants to know about other methods and if she has any preferences. • Asks about ART and what regimen she is on. • Explains that even though COCs are not a good option for her due to hypertension, there are other hormonal and non-hormonal methods available. • Explains that spermicides are not recommended for women with HIV as they increase the risk of getting infected with HIV (in client's case, with a different strain/type of HIV). • Discusses other options briefly, including implants, DMPA, IUD and sterilization; explains possible interaction between implants and some ARVs. • Encourages use of condoms (dual method use) and compliance with ART regimen to reduce the risk of superinfection with a different strain of HIV for herself or her partner. * Refer to the <i>Checklist to Assess FP Counseling Skills During FP/HIV Role Plays or Practicum</i> for a list of general tasks/techniques that providers should perform/use during an interaction with a client.