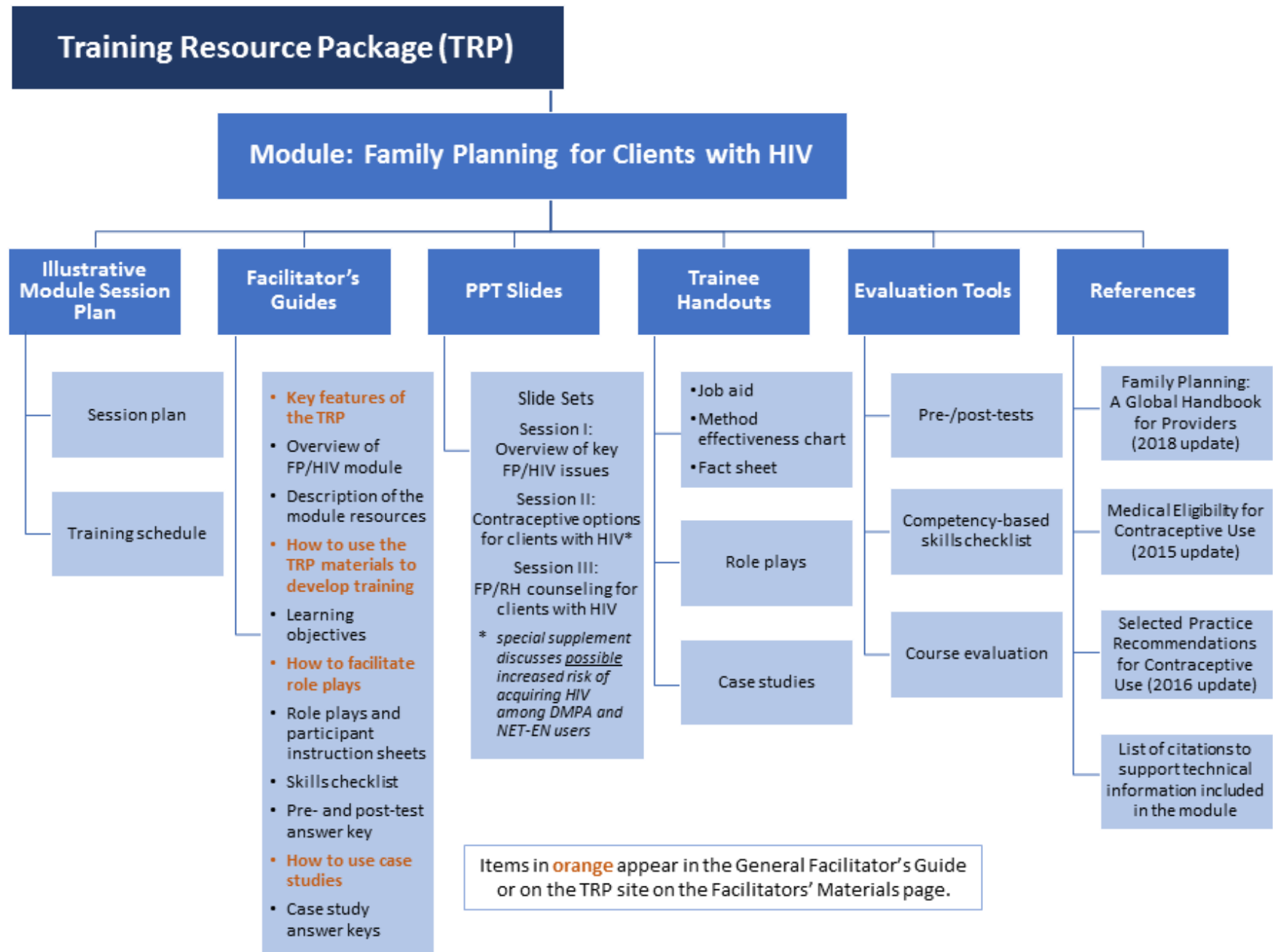


Family Planning (FP) for Clients with HIV Module: Facilitator's Guide

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Family Planning for Clients with HIV Module Facilitator's Guide to the Training Resource Package (TRP)

Overview of the Family Planning for Clients with HIV Module Facilitator's Guide

This module-specific facilitator's guide is designed to complement the [General Facilitator's Guide to the Training Resource Package](#). The general guide provides an overview of the TRP materials and how they are intended to be used as well as overall guidance on how to conduct effective training in different types of settings and with different audiences. There are additional resources to assist you with adapting training and training materials to the specific needs of your participants in the [Conducting Training](#) section of the TRP website. There is also guidance on how to use each of the training techniques, such as case studies and role plays that are incorporated into the TRP session plans.

This module-specific facilitator's guide includes information on how to use the training materials and techniques specific to the *Family Planning for Clients with HIV module* (hereafter called the FP/HIV module) that are available on the TRP website on the [FP/HIV module pages](#). In addition to the “how to use” guidance, this guide includes module-specific tools and answer keys that support delivery of training.

Purpose of the TRP FP/HIV Module

The FP/HIV module contains user-friendly materials and resources for designing, conducting and evaluating training for providers who offer services to clients with HIV. The module is designed to support clinical trainers, pre-service educators and health care workers to expand their existing knowledge of family planning by developing the knowledge, skills and attitudes needed to provide accurate information and counseling about family planning to promote voluntary and informed choice for clients with HIV. It is designed to actively involve the trainees in the learning process. Training sessions include the use of PowerPoint presentations, discussions, and skills practice in the form of case studies and role plays using an objective competency-based skills checklist.

After a training intervention with this module, a trainee will be able to describe: the role of family planning in alleviating the burden of HIV, how to ensure that services meet the needs of clients with HIV, and the contraceptive options for women and couples with HIV, particularly issues related to possible drug interactions between hormonal contraceptives and ARV drugs. Additionally, trainees will be able to demonstrate how to provide family planning/reproductive health counselling for clients with HIV including how to use FP to plan a safe conception and reduce mother-to-child transmission of HIV.

Using the FP/HIV Module to Develop and Deliver Training

The materials needed to develop a curriculum to achieve the aforementioned purpose, and later specified learning objectives, are included in the FP/HIV module. The diagram on page 2 shows how the different components of the module fit together. As described in the [General Facilitator's Guide](#) and other resources in the [Conducting Training](#) section of the TRP, each component of the FP/HIV module may be adapted to fit the experience and learning needs of the identified trainees, the trainers who will be conducting training and the learning approach(es) used in the training intervention. As written, the materials are appropriate for use in [pre-service](#)

[education](#) and in-service training (including refresher training) of physicians, nurses, midwives, pharmacists and other health care providers. The materials can also be adapted for use with lower-level providers, drug shop operators and community health workers (CHWs) and tailored to fit the circumstances in the country where they will be used (e.g., FP method mix and ARVs available). The module materials can be transformed for use in a variety of training/learning approaches (e.g., face-to-face or self-study combined with clinical practicum and on-the-job training). The module can be used as a stand-alone course on a single topic or as part of a comprehensive course in FP. Whenever possible, the module and its materials should be translated into the local language.

Overview of the Design of the TRP FP/HIV Module

To understand the design of the module, it is helpful to use the diagram on page 2. The module is a complete package of learning resources needed to address the module's learning objectives. It consists of three sessions designed to actively involve the participants in the learning process. The sessions include PowerPoint presentations, discussions, skills practice in the form of case studies and role plays using an objective, competency-based skills checklist. The module includes the following resources:

- **The Learning Objectives***

By the end of the training, trainees should be able to:

1. Describe how HIV/AIDS disproportionately affects women.
2. Describe the role of FP in alleviating the burden of HIV.
3. Describe how programs and providers can ensure that the sexual and reproductive rights of clients with HIV are upheld.
4. Describe how FP and HIV services can be integrated to meet the needs of clients with HIV including programmatic synergies, addressing intimate partner violence, serving key populations, engaging men and counseling couples.
5. Describe the contraceptive options available to women and couples with HIV, including issues related to:
 - a. factors that affect FP method choice and other sexual and reproductive health decisions for clients with HIV
 - b. medical eligibility for hormonal methods and specific concerns related to interactions with specific ARV drugs, rifampicin or rifabutin
 - c. medical eligibility for non-hormonal methods and specific concerns related to HIV transmission to an uninfected partner or superinfection
 - d. breastfeeding recommendations for women with HIV who choose the lactational amenorrhea method (LAM)
 - e. dual method use and the protection it provides against both unintended pregnancy and sexually transmitted infections (STIs)
6. Demonstrate how to use the *Contraceptive Method Considerations for Clients with HIV Including Those on ART: Provider Reference Tool* to consider HIV-related medical eligibility issues.
7. Describe the components and content of counseling sessions for clients with HIV including those on ARV therapy.
8. Describe the key counseling messages for clients who desire to use FP to achieve safe pregnancy.

9. Demonstrate during role plays (and/or a supervised practicum) how to counsel clients with HIV as they consider issues related to: †
 - a. method options and effectiveness,
 - b. possible interactions between hormonal contraceptives and ARV drugs,
 - c. using FP to achieve safe pregnancy,
 - d. dual method use to prevent transmission/acquisition of STIs and unintended pregnancy, and
 - e. situations where emergency contraceptive pills (ECPs) can be used.
10. Describe additional topics that may be appropriate to raise in counseling sessions for clients with HIV (e.g., disclosing HIV status, STI treatment, social and legal concerns).

* **Prerequisite knowledge and skills:** Assumes trainees will have a minimum level of clinical training, a broad knowledge of FP methods and a solid foundation in informed choice counseling and FP method provision. Also, assumes that trainees have experience providing FP methods and are seeking additional knowledge and skills to better serve their clients with HIV.

† The scope of role plays is limited to these aspects of the provider client interaction. Other parts of the interaction are outside the scope of this module (e.g. determining eligibility, giving instructions about how to use methods, side effects, when to return).

- **Module-specific Facilitator's Guide‡**

This Facilitator's Guide – which you reading right now – contains information on the module design, a description of the materials, learning objectives, participant instructions and answer keys for the role plays, the case studies, and the pre- and post-tests. It also includes a detailed competency-based checklist for counseling clients with HIV. However, this guide does not contain the illustrative session plan and training schedule. The session plan and schedule are available on the TRP website under the [Training Modules: Cross-Cutting Topics](#) menu, locate the tab for the [FP/HIV module](#) and select the Illustrative Module Session Plan.

‡ The Training Resource Package General Facilitator's Guide and resources included in the [Conducting Training](#) section of the TRP website provide guidance on how to conduct effective training in different settings, using a variety of training approaches and techniques, along with resources to assist with adapting the TRP training activities and training materials to the specific needs of your participants.

- **Illustrative Module Session Plan and Training Schedule**

The session plan summarizes how the resources and documents in the module should be used to achieve the learning objectives. Each section of the session plan addresses a topic or cluster of topics, such as the role of FP in alleviating the burden of HIV or contraceptive options for clients with of HIV. The slides to be used with each section and appropriate handouts are identified. The FP/HIV module is divided into three sessions:

- **Session I** includes objectives related to:
 - how the HIV/AIDS epidemic disproportionately affects women,
 - the role of family planning in alleviating the burden of HIV, and
 - ensuring that services meet the needs of clients with HIV.

- **Session II** includes objectives related to:
 - contraceptive options for women and couples with HIV; including drug interactions between hormonal contraceptives (HCs) and ARVs that may reduce the effectiveness of the HCs.
- **Session III** includes objectives related to:
 - family planning/reproductive health counselling for clients with HIV.

The Illustrative Training Schedule provides a snapshot of the breakdown of the module by time and topic covered. For example:

Time	Topic	Method	Resources
8:00-8:15am	Welcome and Introduction Overview of Objectives	Presentation/Discussion	Slide Set #1, Slides 2-3 Flip charts: Agenda and Objectives
8:15-8:45am	Pre-test	Knowledge test	Evaluation Tool: FP for Clients with HIV Pre-Test

The session plan and schedule are available on the TRP website under the [Training Modules: Cross-Cutting Topics](#) menu; locate the tab for the FP/HIV module and select the Illustrative Module Session Plan tab.

- **Presentation Materials (PowerPoint slides)**

The PowerPoint presentations summarize the technical information to be shared. The Notes Pages in the PowerPoint file include detailed speaker's notes and some minimal instructions related to activities. Instructions for conducting the session activities, including how to use the slides to foster interactivity/discussion during the presentation, are included in the session plan.

- **Handouts**

Role plays

The FP/HIV module includes a set of role play scenarios that enable trainees to practice using the knowledge and skills they are learning. Each role play describes a typical client scenario and the tasks specific to that scenario. The role play scenarios, observation checklist, along with the instructions for the observer, provider, and client roles ([Handout #3](#)) are included in both this facilitator's guide (Appendix A) and under the [Handouts](#) tab of the module. In addition, guidance for facilitators about how to conduct role plays, *Facilitating Role Plays*, can be found in the [Conducting Training](#) section of the TRP.

Case studies

The module includes case studies with progressive case descriptions and questions that enable trainees to analyze a situation and think through how to apply their experience and newly learned technical knowledge. The answer keys for the case studies are in this facilitator's guide (Appendix B); [Handout #4: Case Study 1](#) and [Handout #5: Case Study 2](#) are under the [Handouts tab](#) of the module. See *Using Case Studies* in the [Facilitators' Materials](#) section of the TRP website for guidance on how to use case studies.

Job aids

The FP/HIV module includes a job aid ([Handout #2](#)), the [Contraceptive Method Considerations for Clients with HIV Including Those on ART: Provider Reference Tool](#). Learning activities in the module give trainees an opportunity to practice using the tool so they can incorporate its use at their workplace.

A method effectiveness chart suitable for use with clients—similar to the [Comparing Effectiveness of Family Planning Methods](#) chart from the FP Global Handbook—should also be provided if trainees are not currently using it in their everyday practice ([Handout #1](#)).

Fact sheet and other resources for participants

A fact sheet from FP2020, [Integrating Family Planning and HIV](#), which provides a brief overview of some of the key issues and links to other resources, is provided as an optional resource for participants ([Handout #6](#)). The K4Health website includes a [topics page on FP-HIV integration](#) with links to the [Family Planning and HIV Services Integration Toolkit](#) and [eCourse](#) which participants can also access for additional resources.

Counseling tools

The term *counseling tool* in TRP materials refers to any counseling tools or job aids that trainees are (or will be) using at their job. The FP/HIV module activities can be used with a variety of counseling approaches and job aids. The activities in this module do not require a counseling tool, however, a visual/chart to describe method effectiveness is recommended (see job aids above). If a counseling tool is used by providers/programs, ensure that it reflects the current technical information described throughout this module (e.g., [The Balanced Counseling Strategy Plus: A Toolkit for Family Planning Service Providers Working in High HIV/STI Prevalence Settings \(Third Edition\)](#) has been updated to reflect the 2015 WHO Medical Eligibility Criteria). Other counseling approaches and tools may also be appropriate. When practicing counseling of clients with HIV, facilitators should incorporate activities that enable trainees to use the counseling tool or job aids that they use at work (or will use after the learning intervention).

- **Evaluation Tools**

The FP/HIV module contains several options for evaluating trainees including knowledge pre- and post-tests with instructions for scoring the tests, a competency-based skills checklist for evaluating client/provider interactions during role plays, case studies and on-the-job. It also includes a course evaluation form.

Knowledge Pre- and Post-test

The knowledge evaluation can be given at the beginning of the course (pre-test) and again at the end of the course (post-test). The trainee's pre- and post-test scores can be compared to measure changes in knowledge. The pre-test contains the same test items as the post-test. The pre- and post-tests are objective and comprised of true/false and multiple choice questions. Instructions are given on how to score the tests. The [pre-test](#) and the [post-test](#) are available on the module website under the [Evaluation Tools tab](#) and the answer key is in Appendix C.

Performance Observations using a Competency-based Skills Checklist

Trainers, practicum supervisors, mentors and other training participants may observe and provide constructive feedback while trainees practice and apply new skills/techniques and use job aids/tools. This can be done through role plays and direct observation of clinical practice. A checklist for observing trainees providing counseling to clients with HIV is included in this module. The checklist focuses on the learning objectives for this module and highlights items related to that portion of the client provider interaction; tasks that are not a focus of the learning objectives for this module are grayed out on the checklist, included for context only.

The competency-based checklist for the FP/HIV module is available on the module website under the [Evaluation Tools tab](#) and is included in [Handout #3: Role Play Instructions, Scenarios and Observation Checklist](#) and can also be found in Appendix A.

Course Evaluation

The course evaluation is an important part of determining the success of a training program. Trainees reactions help determine the effectiveness of a program and how it can be improved. A [Sample Course Evaluation](#) can be found under the [Evaluation Tools tab](#) of the FP/HIV module on the TRP website.

If you choose not to use the course evaluation form, a rapid evaluation can be done quickly to determine trainees' reactions to a session or activity. Ask the following:

1. How valuable was this session/activity for you using a 5-point scale?
2. What are the most important things you learned?
3. How do you plan to apply those ideas to your job?

Another quick alternative at the end of the training (or after each session) is to put up two flip charts. On one flip chart write, "Here are some things we found especially useful in the training (session)." On the other write, "Here are some suggestions for how the training (session) could be even better." Make sure the trainer leaves the room while the trainees are writing.

• References

The main references for the FP/HIV module as well as for other modules of the TRP are the World Health Organization's cornerstones of family planning guidance:

1. [Family Planning: A Global Handbook for Providers](#) (2018 update). This book serves as a quick-reference resource for all levels of health care workers. It provides practical guidance on delivering family planning methods appropriately and effectively.
2. [Medical Eligibility Criteria for Contraceptive Use](#) (5th edition, 2015). This resource provides guidance on whether people with certain medical conditions can safely and effectively use specific contraceptive methods.
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Appendices

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	Yes	No	N/A	Help Client Make an Informed Decision or Address a Problem	Yes	No	N/A			
Shows respect and avoids judging client				Asks client about questions regarding methods of interest/other issues ..						
Maintains relaxed, friendly and attentive body postures and eye contact				Asks client to choose a method						
Uses simple, clear language				Uses screening checklist to determine if client can use the method						
Uses open-ended and probing questions correctly				Agrees on decision or plan in partnership with client						
Listens carefully to client (paraphrases and reflects).....				Help Carry Out Client's Decision						
Asks client about feelings (and shows empathy).....				Gives contraceptive method and condoms for dual-method use, if needed .						
Describes client's roles/responsibilities for the session				Explains and/or demonstrates correct use						
Encourages client participation				Asks client to explain or demonstrate correct use, and reinforces client's understanding and/or corrects client's demonstration						
Explains what will occur during visit and procedures				Reminds client about side effects and reasons for returning						
Ensures client understanding and corrects misunderstandings				Gives supplies (as needed)						
Uses job aids appropriately				Role plays or rehearses negotiation skills and helps client plan approach						
Correctly records information on data-collection forms.....				Arranges follow-up, resupply, and referral to outside services, as needed ..						
Establish Rapport and Assess Client's Needs and Concerns				Additional Observations Related to Counseling Clients with HIV						
Greets client appropriately				Empowers voluntary decision-making around pregnancy/contraception .						
Ensures confidentiality and privacy and that client is comfortable				Explains how FP can be used to reduce HIV transmission						
Asks about reason for visit				Explains how effectiveness of some HCs can be reduced by some ARVs ..						
Asks about client's partner(s), children, family, sexual behavior, health				Encourages use of FP methods and/or ARV drugs that don't interact						
Offers to involve a client's partner (as appropriate)				Emphasizes dual method use to prevent pregnancy and STIs						
Asks about plans to have children, desire for FP (e.g., spacing, limiting) ..				Educates about risks of unintended pregnancy						
Explores STI risk and what client does to avoid STIs.....				Advises how to use ECPs						
Provide Information to Address Client's Identified Needs and Concerns				Advises LAM users on breastfeeding recommendations						
Informs client when needs/concerns are beyond provider capability				* 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.						
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										

[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****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 *only* 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.

FP/HIV Scenario 3—Observer Information Sheet**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 *Checklist to Assess FP Counseling Skills During FP/HIV Role Plays or Practicum* 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.

Appendix B: Case Studies and Answer Keys

Use the case studies to determine whether participants are able to apply what they have learned. Note that the first case is appropriate for trainees from an HIV treatment and care background while the second case is appropriate for trainees from an FP background. Photocopy and distribute the FP/HIV case study description and questions (Handout #4 and Handout #5) to each small group and conduct the case study activity as instructed in the session plan. For additional guidance on how to use case studies see *Using Case Studies* in the [Facilitators' Materials](#) section of the TRP website.

FP for Clients with HIV

Case Study 1 – for use by trainees with an HIV treatment and care background

Description

Mary is a 35-year old woman who has been using COCs successfully for several years after giving birth to her fourth child; she previously used COCs to space all of her children. She has no problems taking COCs on time every day. She and her husband have discussed whether they want any more children and are leaning toward no more but are uncertain about committing to a permanent method.

Mary tested positive for HIV two years ago but resisted starting ARV therapy because she was afraid that others would find out that she has HIV. She has been feeling tired, having more frequent respiratory illnesses, has been diagnosed with TB, and needs to start taking medication. The provider who informed her of the positive TB test referred her to the HIV care and treatment center where you work.

Question: What are the issues/concerns that you should address with Mary in this case?

FP for Clients with HIV

Case Study 1—Answer Key**Knowledge and Skills Objectives Addressed by FP/HIV Case Study 1**

5. Describe the contraceptive options available to women and couples with HIV, including issues related to:
 - a. factors that affect FP method choice and other sexual and reproductive health decisions for clients with HIV
 - b. medical eligibility for hormonal methods and specific concerns related to interactions with specific ARV drugs, rifampicin or rifabutin
 - e. dual method use and the protection it provides against both unintended pregnancy and sexually transmitted infections (STIs)
6. Demonstrate how to use the *Contraceptive Method Considerations for Clients with HIV Including Those on ART: Provider Reference Tool* to consider HIV-related medical eligibility issues.
7. Describe the components and content of counseling sessions for clients with HIV including those on ARV therapy.

Answers to Case Study 1

- Ensure she understands why she was referred to the care and treatment center.
- Assess what she knows about TB and how it is treated and why compliance is important.
- Inform client that drugs used to treat TB (rifampicin and rifabutin) can interact with other drugs and reduce their effectiveness—including the COCs that she is currently using to prevent pregnancy.
- Tell client that if she wishes to avoid getting pregnant, she will need to use another method of contraception or abstain while she is being treated for TB.
- Counsel the client about starting ARV therapy for HIV and explain that it will improve her ability to fight infections (note that TB treatment should be initiated before adding ART).
- Counsel that certain ARV drugs can also affect the effectiveness of COCs (not as much as TB drugs; but can still contribute to reducing COC's effectiveness) and discuss methods that have less or no interaction with either TB drugs or ARVs.
- Help her to consider methods that might be more appropriate for the client's life stage (e.g., long-acting or permanent if she desires no more children) and provide a referral as appropriate.

FP for Clients with HIV

Case Study 2 – for use by trainees with FP background

Description

Binta is a 23-year-old woman who had a baby six months ago. She was diagnosed with HIV during pregnancy when she first came to the antenatal clinic. She started taking ARVs when she entered the PMTCT program, has continued ARV therapy since then and is feeling well. Her husband also has HIV; he had other sex partners in the past but told her he stopped after he learned that the baby was on the way.

Binta would like to wait a few years before deciding if she wants another child. She has been relying on LAM and knows that she needs to decide on another method now that her baby is six-months old but has limited experience with other contraceptive methods. Other providers have encouraged condom use but her husband does not like them. Her older sister is using a copper IUD and is very happy with it. Binta thinks she might want an IUD but wonders if an IUD will make her HIV worse.

Question Set A

During counseling, Binta wants to learn more about the IUD and asks the following:

1. Can IUD use make HIV worse?
2. Will an IUD cause problems with my ARVs?

Question Set B

After counseling about possible methods, Binta decided that she wanted to try an IUD. The provider used the eligibility checklist to determine whether Binta is medically eligible to use an IUD. Based on the checklist, the provider determined with reasonable certainty that Binta is not pregnant, appears to be clinically well and, based on medical history questions, appears to be a good candidate for an IUD. The provider proceeded to conduct a pelvic exam and observed a purulent cervical discharge.

1. Is Binta medically eligible for an IUD; if not, why not?
2. What, if anything, needs to happen before an IUD can be inserted?
3. In addition to treating the cervical infection, what other advice should the provider give to Binta?

FP for Clients with HIV

Case Study 2—Answer Key**Knowledge and Skills Objectives Addressed by FP/HIV Case Study 2**

5. Describe the contraceptive options available to women and couples with HIV, including issues related to:
 - a. factors that affect FP method choice and other sexual and reproductive health decisions for clients with HIV
 - c. medical eligibility for non-hormonal methods and specific concerns related to HIV transmission to an uninfected partner or superinfection
 - d. breastfeeding recommendations for women with HIV who choose the lactational amenorrhea method (LAM)
 - e. dual method use and the protection it provides against both unintended pregnancy and sexually transmitted infections (STIs)
6. Demonstrate how to use the *Contraceptive Method Considerations for Clients with HIV Including Those on ART: Provider Reference Tool* to consider HIV-related medical eligibility issues.
7. Describe the components and content of counseling sessions for clients with HIV including those on ARV therapy.
10. Describe additional topics that may be appropriate to raise in counseling sessions for clients with HIV (e.g., disclosing HIV status, STI treatment, social and legal concerns).

Answers to Question Set A**1. Can a woman with HIV use an IUD?**

- The copper IUD is a safe, highly effective, long-acting option for women with HIV who meet the medical eligibility criteria for IUD use.
- IUD use by women with HIV does not increase the risk of HIV transmission to a partner; or in the case of Binta's husband, a superinfection (since he already has HIV).

2. Will an IUD cause problems with Binta's ARVs?

- Copper IUDs have no interaction with ARV drugs.

Answers to Question Set B**1. Is Binta medically eligible for an IUD; if not, why not?**

No; Binta is not currently eligible to have a copper IUD inserted. The provider used the *Checklist for Screening Clients Who Want to Initiate Use of the Copper IUD* (found in the IUD module handouts) to decide whether Binta had any conditions or characteristics that prevented the safe use of IUDs. Although Binta's responses to the questions indicated that she is eligible for an IUD, the pelvic exam revealed a cervical infection which is a MEC Category 4 for IUD initiation.

2. What, if anything, needs to happen before Binta can have an IUD inserted?

Before Binta can have an IUD inserted she must:

- *Start antibiotic treatment:* Take oral antibiotics to cure the cervical infection.
- *Use an effective method of FP in the interim:* Since she no longer meets the criteria for using LAM, to avoid becoming pregnant, she must use another method of FP until the infection clears and she can have an IUD inserted. The provider should also offer emergency contraceptive pills (ECPs) in case Binta has problems using the interim FP method consistently and correctly.

3. In addition to treating the cervical infection, what other advice should the provider give to Binta?

- *Explain that her husband must also take oral antibiotics:* Advise her to bring her partner for treatment or provide a referral letter for him. If her partner is not treated, Binta will become re-infected.
- *Use condoms during antibiotic treatment and after IUD insertion (dual method use):* Binta must avoid becoming infected/re-infected with another STI so that she can have the IUD inserted as soon as the current infection clears. Since the provider is aware that Binta's husband is opposed to using condoms, the provider should offer to counsel the couple and/or discuss possible condom negotiation strategies with Binta.
- *Continue breastfeeding:* For the health of her infant, Binta should continue breastfeeding, until the baby is 12–24 months, adding appropriate complementary foods as the infant grows.
- *Continue ARV therapy:* For her own health and to minimize the risk of HIV transmission to her baby through breast milk, she should continue compliant use of ARVs.

Note: The recommendations provided in the Answer Key comply with the guidance in *Family Planning: A Global Handbook for Providers (2018 update)*. If national guidelines are available and provide guidance on these topics, participants should follow the recommendations in the national guidelines.

Appendix C: Pre-/Post-test Answer Key

Scoring the pre-/post-test: Each test item, including multiple choice questions, is worth 1 point (e.g., if any portion of the response is incorrect, do not award a point). The total number of test items/points is 25. Multiply the number of correct test items/points by 4 to get the percent. A passing score is usually a minimum of 20 correct test items/points resulting in a score of 80% or above.

Multiple Choice

For each of the following questions, circle the letter(s) of the correct answer(s).

1. What cultural and societal factors make women more vulnerable to HIV?
 - a. Gender inequities
 - b. Limited opportunities
 - c. Economic dependence on men
 - d. Imbalance in sexual relationships
 - e. All of the above**
2. What is NOT a biological factor that makes women more vulnerable to HIV infection?
 - a. Large vaginal surface allows more exposure
 - b. Women have a weaker immune system than men**
 - c. Cervical ectopy may facilitate acquisition
 - d. None of the above
3. What possible roles can family planning services fill for clients with HIV?
 - a. Make HIV counselling and testing accessible within FP services
 - b. Provide counseling support for HIV status disclosure and treatment adherence
 - c. Provide referrals for ART treatment initiation
 - d. Be sources of information and methods to prevent unintended pregnancy and HIV transmission to uninfected partners
 - e. Help to plan for healthy pregnancy
 - f. All of the above**
4. Which of the below is not one of the ways family planning programs can contribute to a reduction in the number of HIV infections?
 - a. Promote dual method use
 - b. Assist couples with HIV who desire pregnancy to achieve safe conception
 - c. Provide ART to all pregnant women with HIV**
 - d. Reduce mother-to-child transmission of HIV by preventing unintended pregnancies among women with HIV

5. All of the following statements are considered to be Guiding Principles for FP/HIV Integration **EXCEPT**:
 - a. People living with HIV/AIDS receive comprehensive information and be able to exercise voluntary choices about their health, including FP.
 - b. All individuals have a right to choose the number, timing, and spacing of their children, and decide on the use of FP methods, regardless of their HIV status.
 - c. FP use should always be a choice, made freely and voluntarily, independent of the person's HIV status.
 - d. The decision to use or not to use FP should be free of any discrimination, stigma, coercion, duress, or deceit and informed by accurate, comprehensible information, and access to a variety of contraceptive methods.
 - e. **All providers should exercise their responsibility to tell individuals with HIV what method is best for them.**
 - f. Access to and provision of health services, including antiretroviral treatment, for people living with HIV and AIDS should never be conditioned on that person's choice to accept or reject any other service, such as family planning.
 - g. Women living with HIV and AIDS who wish to have children should have access to safe and respectful pregnancy counseling, antenatal, and childbirth services.
6. Which of the following factors should **NOT** affect contraceptive method choice for people living with HIV?
 - a. Safety and effectiveness of the method
 - b. Duration of protection desired
 - c. Ease of use and possible side effects
 - d. Cost and access to resupply
 - e. Effect on breastfeeding
 - f. **Provider's opinion about contraceptive method**
 - g. Interaction with other medications, including ARVs
 - h. Whether it provides protection from STI/HIV transmission and acquisition
 - i. Whether partner involvement or negotiation are required
7. All of the following World Health Organization (WHO) recommendations regarding breastfeeding for women with HIV are accurate **EXCEPT**:
 - a. **When ART is not available, do not breastfeed longer than 3 months**
 - b. Breastfeed exclusively for the first 6 months of life even if ART is not available
 - c. In the absence of ART, continue breastfeeding after 6 months unless replacement feeding is safe, affordable and available
 - d. With ART (and adherence support), breastfeed for at least 12 months or longer

True or False

Circle true or false for each statement.

- | | | |
|--|-------------|--------------|
| 8. Family planning is both effective and cost effective in reducing the number of infant infections by reducing unintended pregnancies among women with HIV. | True | False |
| 9. Most women with HIV in sub-Saharan Africa who have a desire to prevent pregnancy have their need for contraception met. | True | False |
| 10. Programmatic synergies can result from providing family planning and HIV services together. | True | False |
| 11. Studies demonstrate when couples are counseled about contraception, they are more likely to adopt an FP method. | True | False |
| 12. When comprehensive FP services are made available as part of HIV treatment and care services, women are more likely to initiate use of contraception; however, unplanned pregnancy rates do <u>not</u> significantly decrease. | True | False |
| 13. Contraceptive options for women with HIV are similar to those of women without HIV and include hormonal and non-hormonal options. | True | False |
| 14. Emergency contraceptive pills (ECPs) are not recommended for use by women on ARV therapy because drug interactions between ECPs and ARV drugs make ECPs ineffective. | True | False |
| 15. Some ARVs can reduce effectiveness of some hormonal contraceptives by speeding up liver metabolism and reducing blood levels of contraceptive hormones. | True | False |
| 16. DMPA is the only hormonal contraceptive that is rated as a Category 1 with respect to drug interactions with all ARV drugs, rifampicin and rifabutin. | True | False |
| 17. COC users whose ARV regimen contains efavirenz or nevirapine should be advised to also use condoms for increased pregnancy protection and encouraged to take COCs on time, without missing pills. | True | False |
| 18. Concurrent use of contraceptive implants and the ARV, efavirenz may reduce implant effectiveness. | True | False |
| 19. Women using rifampicin and rifabutin should usually <u>not</u> initiate or continue using combined oral contraceptives (COCs) or progestin-only pills (POPs) because drug interactions make them ineffective. | True | False |

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|--|-------------|--------------|
| 20. Women with HIV should <u>not</u> initiate or continue using copper or hormonal IUDs because of increased risk of HIV transmission to their partners. | True | False |
| 21. A man or woman with an acute AIDS-related illness can have the sterilization procedure without delay. | True | False |
| 22. Spermicides alone and diaphragms with spermicides are highly recommended for women with HIV because they reduce the transmission of all other STIs. | True | False |
| 23. Clients with HIV who desire pregnancy should be reassured that in the presence of ART, pregnancy does not accelerate HIV disease. | True | False |

Yes or No Questions

For each of the following mini-case studies, state whether the client is eligible by answering Yes or No (assume that all other eligibility criteria are met).

- | | | |
|--|------------|----|
| 24. Your client is 28-year old woman with HIV and on ART. She is planning to use a contraceptive implant. Is she eligible? | Yes | No |
| 25. Your client is nulliparous 17-year old who has HIV. She is doing well on ARV therapy and is interested in using a copper IUD. Is she eligible? | Yes | No |