

# POST-NATAL CLUBS

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FACILITATOR SESSION GUIDE

Reviewed August 2019

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## Acronyms

ART	Antiretroviral therapy
ARVs	Antiretrovirals
ECD	Early childhood development
FP	Family planning
IPV	Intimate partner violence
MIP	Mother-infant pair
ORS	Oral rehydration solution
PCR	Polymerase chain reaction
PMTCT	Postpartum mother to child transmission
PNC	Post-natal club
RTHC	Road to health card
STI	sexually transmitted infection
VL	Viral load

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## Introduction: Post Natal Club - Facilitator Session Guide

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### Overview

A key challenge in the provision of adequate prevention of mother to child transmission programs is the uptake of postnatal services for both mother and infant. Along with uptake of these services, healthcare facilities struggle with the retention in care for HIV positive women and their children. To address this, post-natal clubs (PNCs) were introduced as a pilot project of MSF, City of Cape Town Department of Health and mothers2mothers in Khayelitsha. In total, there will be nine PNCs session for mother-infant pairs (MIPs) over the course of 18 months. The groups are led by a club facilitator.

Each group session will be approximately 45-60 minutes followed by an individual clinical consultation for the MIP. The model of care aims to provide integrated maternal and child health needs with peer support, education, and age-appropriate skills to facilitate early childhood development and support the mother's motivation to stay adherent on treatment. The mothers will receive refills of antiretroviral treatment (ART), medications for their babies and will have immediate access to their respective child and maternal health needs with a clinician directly after the session.

### Objective

This intervention aims to support HIV-positive women and their infants to increase their uptake of postnatal services, to strengthen their adherence and overall to improve retention in care.

### Note:

- This session guide aims to provide the club facilitators with guidance on the specific content to be covered in each session. It is aimed at the facilitator to assist with adequate planning and preparation and as a support tool for reference during the sessions.
- Facilitators should have gone through a routine club facilitator training program, or a basic HIV and prevention of mother to child transmission (PMTCT) training program prior to attending the two-day training on PNC..
- Facilitators should deliver sessions in the order they appear in this manual and according to age of infant, as session content and clinical care is aligned. Read through the session guide and make sure you are familiar with the content.

### Preparation:

- Ensure your room is booked and available
- Set up the room with the chairs in a U-shape if possible.
- Gather required session materials, register and any other tools (for example, adult and infant scale for weighing clients, and/or activity resources)
- Ensure your register is up-to-date, and you have a working pen
- Ensure all medications are ready and pre-packed by pharmacy before the session.
- Work with the designated PNC nurse and ensure they are available for your session
- Review clinical procedures that will occur during the session with your PNC nurse.

### Quick clinical symptom check-up

- The club facilitator carries out a quick check-up of the mothers and babies. In case of any occurring symptoms or illness (particularly in the baby), the club facilitator should also triage the baby and refer to the PNC nurse when appropriate. See Danger signs below.

- Mother: weight check-up of the mother and TB symptom screening
- Baby: weight check-up of the baby

### Session Tips

- Be clear about the objectives of the session
- You are creating a safe, non-judgemental space for mothers to share their experiences, achievements and challenges
- Allow time for questions and reflection
- Make use of open ended questions to invite participants to share
- Be flexible, you are working with both mother and infant, this can often be unpredictable. Be open to disruptions and allow mother's to freely respond to their infant's needs.

**NB:** Do not feel that you should know the answer to every question; always refer questions you are unable to answer to the clinician supporting you.



# DANGER SIGNS

Take your child to the nearest clinic if you see any of the following signs:



The child is coughing and breathing fast (more than 50 breaths per minute)



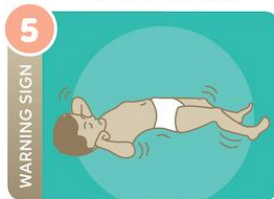
The child under 2 months has a fever and is not feeding



The child is vomiting everything



Child has diarrhoea, sunken eyes, sunken forehead



The child is shaking (convulsion)



The child has signs of malnutrition (swollen ankles and feet)



Child lethargic or unconscious



You are unable to breast feed.



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**Key topics in health talk: Adherence / Maternal Mental Health Intro****Objectives:**

At the end of the session,

1. Participants will have a clear understanding of the postnatal group
2. Participants will be motivated to be adherent to ART and keep their babies adherent to prophylaxis
3. Participants will understand the importance of breastfeeding
4. Participants will understand the basic facts on mental health

**Age:**

- 10-14 weeks

**1. Introduction**

Welcome clients to the PNC & introduce yourself and the clinician

- Allow each mother to introduce herself and her baby, and perhaps the meaning of her baby's name or why they chose it – (include something interesting here to 'break the ice'). Inform the MIPs they are welcome to invite their partners if they are available to join – any time.

Explain the purpose of the PNC:

- to help new mothers with adherence, to help mothers with the post-natal care of their infants, and to assist them with early childhood development (ECD)

Explain there are 9 sessions in total - one session per month for the first 6 months, and every 3 months thereafter until 18 months post-natal.

Explain that it is important to attend all of the sessions to receive important education and support, so you and your baby can stay healthy.

*"If you are unable to attend, please ensure you make a plan to send a caregiver (who knows your status) with your child. They can collect treatment for you. This caregiver also needs to have written authorization to consent for HIV testing of the baby when necessary – and ensure that your baby is assessed. You cannot however miss two sessions in a row. It is also important that you attend your own clinical assessment visits, for example at six months (6m) when we need to retake your viral load (VL), or as recommended by your clinician".*

*"The clinic is always available to you. You are welcome to come outside of your club sessions, if you need/want to be seen by the clinician. If you or your baby is sick – don't wait – rather come to the clinic as soon as possible.*

*Lead the group in setting ground rules to create a safe environment where everyone feels comfortable asking questions and sharing their feelings."*

Encourage clients to volunteer/suggest their own 'ground rules'. If not mentioned, add:

- Confidentiality – what is said in the room stays in the room
- Refrain from judgements – both of others AND yourself
- Respect that others may have different ideas and experiences
- Be self-responsible for speaking up/asking questions if you do not understand something
- Be on time – these are longer sessions, the sooner they begin, the sooner you are taken care of.

## 2. Adherence

Engage members by asking a question – *“What are the challenges you have encountered to be adherent to ART?”*

Let members share their experiences and facilitate the discussion, if members are too quiet (for instance by saying *“I have met a patient who couldn’t take the treatment when she was with her partner. Is it something you have experienced?”*)

Helpful questions for discussion:

- *Do you sometimes find it difficult to remember to take your ARVs?*
- *At what time of day have you decided to take your medication? Why?*
- *At what times is it most difficult to take your treatment? (Weekend/leaving early for work etc.)*
- *Can anyone share what reminders they use to help them take their treatment?*
- *How are you ensuring that you and your child come to the clinic for appointments? Do you have someone to help or remind you?*

Let members share their success story to be adherent – *“What are your ways to be adherent? Any support system? Reminder strategy?”* Utilize group dynamic and peer support instead a facilitator giving answers

Conclude this topic with a **Key message:**

*“We are humans: sometimes we forget and sometimes we find it difficult to take our treatment. The most important thing to remember is to start again and continue”.*

*“If you are having any difficulties and we haven’t answered your specific challenge/barrier, let’s talk about it 1 on 1 later in the session”*

Start another discussion on **Bactrim to babies**

*“It is important that your baby is taking Bactrim to protect him/her from infections.”*

Engage members asking questions;

*“Have you been giving your baby his/her dose of Bactrim?”*

*“Have you had any difficulty in giving your baby Bactrim?”*

*“Is there anyone in the group that would like to share some tips from their experience?”*

Conclude this topic with a **Key message:**

*“It is important that your baby receives his/her dose of Bactrim every day to protect the baby from infections. If you are experiencing any difficulties in giving your baby Bactrim, please share this with your clinician, he/she will support you to find a way to help you.”*

Give members a chance to ask questions

*“We discussed adherence issues. Do you have any question?”*

## 4. Health Talk 1 – Infant feeding

Start the talk with stating *“Eating well during pregnancy and after birth for both you and your baby is important. It has a big impact on how your baby grows, learns and develops”.*

Engage members by asking *“Breast milk is the best for babies. Is there anybody that knows why?”*

Unpack the facts on breast milk/ breast feeding;

- The best food for your baby is breast milk. It protects the baby against diseases like pneumonia/ chest infections, diarrhoea.
- It is recommended for all mothers to breastfeed for up to 2 years.

- Breast milk ALONE is the only food and drink your baby needs for the first six months and this practice will prevent HIV transmission to your baby.
- Breastfeed your baby on demand day and night, and continue to breastfeed even when you or your baby is sick.
- You need to know that your VL is suppressed to ensure that breastfeeding is safe.
- Feeding is also a great opportunity for bonding with your baby. If you look into the baby's eyes and talk to the baby while breastfeeding, it also helps the baby's development.

Let members share their experiences by asking *“How is the feeding of your baby going?” “Are there any challenges being experienced with infant feeding?”*

Ask one of the participants to show how a mother holds her baby during breastfeeding.

Use the Infant Feeding Client Education Cards (if available) to talk about importance of exclusive feeding. Ask questions such as: *“What do you think is happening in this picture?” “Why do you think this is important?” “What do you think/feel when you see this picture?”*

- Unpack the facts on expressing milk
  - If you are returning to work, or unable to be with your baby at feeding times you need to make a plan to ensure your baby can receive breast milk. The best way to provide for your baby then is to express milk.
  - Expressed milk must be stored safely - it can stay at room temperature for up to six to eight hours. However, if stored in a fridge, it is still safe to use for three to five days, and if frozen, even longer. Thawed milk (from frozen) must be used within 24 hours. The feeding cup must be sterilized before each feed, to protect your baby. Can you share with us how you would sterilize a feeding cup?

Conclude this topic with **key messages**

*“Breast milk is the best food for babies as it protects them against diseases”*

*“Breast milk ALONE is the only food and drink your baby needs for the first six months”*

*“You must get your VL tested to know that breastfeeding is safe.”*

*“The best way to provide milk to your baby is to express milk in case you can't be with them. Expressed milk must be stored safely”*

Give members a chance to ask questions

*“We discussed infant feeding. Do you have any question?”*

## **5. Health talk 2 – Mental health intro**

Start the talk by stating:

*“When we talk about health, we usually mean physical health, such as pain, fever, upset stomach, broken bone, etc. But it is also important to take care of our mental health.”*

Ask how members understand mental health

- Unpack the meaning of mental health
  - “Just as our body develops illness, similarly mind also can also get affected with illness.*
  - When a person develops ill mental health, his/her thinking, feeling and perception are affected, thereby leading to changes in the way he/she behaves thus leading to problems in day to day life”.*
  - “This can happen to anyone. And after having a baby, women are at high risk of mental illness such as post-natal depression”.*

Ask members: *“Have you ever heard of post-natal depression?”*



- Unpack the basic facts on post-natal depression

*"It can be normal to feel a bit low sometimes. It often happens with new mothers after they have given birth to their baby or when a mother is facing problems in her life and is unable to cope with both at the same time. Even though this is normal, sometimes it continues for longer, affecting the way you interact with your child. This deep low is known as post-natal depression".*

*"Only a clinician and trained professional can diagnose you with this. It is important to know you can always talk about it, we can offer you support. Sometimes just talking with a professional might help. Feel free to talk to your nurse or your facilitator. If this feeling of lowness continues, we are able to refer you to receive extra support by a trained professional who will assist you to find a way through it".*

*"You will be asked to complete a quick questionnaire every 6 months. The outcome will be reviewed with the clinician, and a referral for additional support will be made if necessary".*

Clear myths on depression and mental illness in general by asking questions such as:

*"Is mental illness due to the influence of evil spirits?"*

FALSE: At times, behaviour of a mentally ill person may perhaps be difficult for the layman to understand. The illnesses themselves are medically recognised and treated.

*"People who have suffered from a mental illness can never return to normal life?"*

FALSE: Most often mental illness disrupts normal life only temporarily. With appropriate treatment and rehabilitation many can return to productive living.

Conclude this topic with **key messages**

*"Anybody can get mental illness and post-natal women are at higher risk of getting depression"*

*"You will be asked to complete a quick questionnaire every 6 months. This is for a clinician to check your mental health. You are also free to discuss any concerns with clinicians individually when you feel like it."*

*"There is a way to medically treat depression. If appropriately treated, an affected person will get back to productive living."*

Give members a chance to ask questions

*"We discussed mental health. Do you have any question?"*

## **6. Early Childhood Development**

Sit on the floor on a mat with the mothers and babies. Use a doll to demonstrate and be specific when you show them the activities.

The aim of these sessions is to show the mother how to play and interact with her baby to assist their development.

Encourage them to play, talk and communicate with their babies and to do what they have learnt in the sessions at home.

In all activities always stimulate the baby on both sides to encourage symmetrical development.

Encourage mothers to collect different toys or objects to give their babies to play with. Be creative i.e. lids, shiny wrapping, containers.

### **Tummy Time**

*"Tummy time is the most important activity you can do with your baby. This is where all your baby's development starts. From here your baby strengthens all his/her muscles and learns to push up, roll over, sit, and crawl. It is so important to do tummy time every day at home."*

- *"Lay your baby on a blanket on his/her tummy and get down on that level, making faces and noises to encourage raising of the head.*
- *Lay out some brightly colored toys (or lids) so that your baby can see them from this position.*
- *If your baby doesn't enjoy being on their tummy, put them on their tummy for a short time frequently until they get used to it. You can also support your baby by putting a hand on his/her bottom whilst he/she tries to push up.*

- *Note: wait an hour after feeding times to avoid spit ups/vomit. Try after a nappy change, or in preparation for sleep time.*

## 7. Clinical visit

The PNC facilitator can now inform the mothers of what will happen during the clinical session today with the PNC nurse.

Mother:

- Baseline viral load will be taken if not done in the last month, as well as a thorough review of her medical history, mental health questionnaire and family planning (FP) and pap smear review.
- 1 month supply ART

Baby

- Plot weight, immunizations, 10 week Polymerase chain reaction test (PCR), Bactrim

## 8. Conclude and close the session

Ask exit question

*“What were new things you learned from this session?”*

*“Could anybody summarize the key messages from this session?”*

Close the session

*“We are about to finish the session how did you feel about this session?”*

Thank participants and remind them that every time they come back to the health facility for services, they increase the odds of staying healthy and having a healthy child.

Remind the group about next meeting date, in a month.

Ask the mothers to start collecting brightly coloured lids and to bring them to the next session.

Refer and escort MIPs to clinical services.

Complete any registers and/or tools.

Remember to follow up PCR results the following week and to inform the PNC nurse so that she contact any mothers whose baby tested positive

While the MIPs are with the clinician, continue to engage with the waiting MIPs:

### Activity : Making baby mobiles

**Resources:** Four toilet paper roll inners, glue, stickers or coloured pieces of paper, coloured pens, sharp knife to make holes, scissors, string

#### Directions:

- Take the inner of the toilet rolls and make holes on one side close to the edge.
- Tie long strings through the holes and then tie all the strings together.
- Decorate the toilet role using glue, coloured paper or any other material available.

Use this to hold above your baby, or hang nearby for them to see and to track with their eyes

**Or [Depending on resources available]**

**Option 2: making a baby mobile with sticks and ribbon (paper/material).**

**Resources: 2 Sticks [clean tongue depressors], various coloured ribbon (Paper or material), glue, string**

**Direction:**

- Place the 2 sticks over the other and make a cross. Tie together using string.
- Cut paper into strips and glue onto sticks or tie ribbon onto sticks
- Use lengthy string and tie in the middle of sticks

Use this to hold above your baby, or hang nearby for them to see and to track with their eyes

## Session 2

### Key topics in health talk: / Child health

**Objectives:**

At the end of the session,

1. Participants will understand the importance of adherence and breastfeeding
2. Participants will be able to recognize when their baby is sick and needs to be taken to the clinic

**Age:**

- 14-18 weeks

### 1. Introduction and ice breaker

Welcome clients to the PNC & introduce yourself and the PNC nurse

Remind members of the purpose of the PNC:

to help new mothers with adherence, to help mothers with the post-natal care of their infants, and to assist them with early childhood development

Remind members of the facts on PNC

- “There are nine sessions in total—one session per month for the first six months, and every three months thereafter until 18 months post-natal. This is the second session”.
- “It is important to attend all of the sessions to receive important education and support so you and your baby can stay healthy. It is also possible to send a caregiver (who knows your status) who has consent for HIV testing of the baby in case it is necessary”.
- *“The clinic is always available to you. You are welcome to come outside of your club sessions if you need/want to be seen by the clinician. If you or your baby is sick – don’t wait – rather come to the clinic as soon as possible.*

Ask if members still remember ‘ground rules’.

- Confidentiality – what is said in the room stays in the room
- Refrain from judgements – both of others AND yourself
- Respect that others may have different ideas and experiences
- Be self-responsible for speaking up/asking questions if you do not understand something
- Be on time – these are longer sessions, the sooner they begin, the sooner you are taken care of.

Ice breaker “Name aerobics”

“Although we introduced each other in the previous session, we are still new to each other. Today, I would like to start the session with a more impressive way to remember each other’s name.”

- Explain how to do it and start with facilitator

The group stands in a circle facing each other. Choose a person to start by introducing herself and writing her name with her body (belly, foot, etc.). The entire group repeats the name and motions. This continues until everyone has introduced themselves.

### 2. Adherence check-in

*“Last time we spoke about your own adherence and the adherence of your baby”. Engage members by asking a question – “What are the challenges you have encountered to be adherent to ART?”*

Check-in on adherence of both Mom and baby:

- *“How are you doing with taking your treatment? Any difficulties with taking medication/ARVs? Any difficulties with giving your baby his/her dose of Bactrim?”*
- *If anyone reports problems, ask the other participants for suggestions to support or share their story. Ups and downs of taking medication are common, but we are here to support each other*
- *How are you ensuring that you and your child come to the clinic for appointments? Do you have someone to help or to remind you?*
- *If you are having difficulty and we haven't answered your specific challenge/barrier, let's talk about it 1 on 1 later in the session.”*

**Key message:**

*“It is important to take your treatment every day as recommended by your clinician.”*

*“We are humans, and sometimes we forget and sometimes we find it difficult to take our treatment. The most important thing to remember is to start again and continue”.*

*“It is important that your baby receives his/her dose of Bactrim every day to protect the baby from infections. If you are experiencing any difficulties in giving your baby Bactrim, please share this with your clinician.”*

#### **4. Infant Feeding Check In**

*“Eating well during pregnancy and after birth for both you and your baby is important. It has a big impact on how your baby grows, learns and develops”.*

*“Do you remember what we shared about feeding in our last session? Let members share their experiences by asking “How is the feeding of your baby going?” “Are there any challenges being experienced with infant feeding?”*

Reinforce the **key messages:**

- The best food for your baby is breast milk. It protects the baby against diseases like pneumonia/ chest infections, diarrhea.
- Breast milk ALONE is the only food and drink your baby needs for the first six months.
- Breastfeed your baby on demand day and night, and continue to breastfeed even when you or your baby is sick.
- You need to know that your VL is suppressed to ensure that breastfeeding is safe.
- Feeding is also a great opportunity for bonding with your baby. If you look into the baby's eyes and talk to the baby while breastfeeding, it also helps in the baby's development.

**NB:** If you are returning to work, or unable to be with your baby at feeding times you need to make a plan to ensure your baby can receive breast milk. The best way to provide for your baby then, is to express milk, and feed it with an infant cup. Expressed breast milk must be stored safely (in fridge) and the feeding cup must be sterilized before each feed, to protect your baby.

Conclude this topic with **key messages**

*“Breast milk is the best food for babies as it protects them against diseases”*

*“Breast milk ALONE is the only food and drink your baby needs for the first six months”*

*“The best way to provide milk to your baby is to express milk in case you can't be with them. Expressed milk must be stored safely”*

#### **5. Health talk – Child health**

Start the session with asking a question; *“How would you know that your baby is very sick?”*

- Unpack danger signs

*"It is important to take your child to the nearest clinic straight away when any of these danger signs occur": (Show Moms the back of the Road to health card (RTHC)*

1. If your baby is unable to breastfeed: If they are not able to suck or swallow when offered milk.
2. If your baby vomits everything: they are not able to keep anything (milk or medicine) down, and everything comes up.
3. If your baby has a convulsion/fit: During a fit a baby's arms and legs become stiff and they are unable to respond to you.
4. If your baby is lethargic or unconscious: A lethargic baby is drowsy or unusually sleepy and not as awake as they should be. They may stare blankly and respond less than usual. An unconscious baby cannot be woken up. They do not respond when touched, shaken or spoken to.
5. Diarrhoea with sunken eyes or sunken fontanel: If your baby is losing more water in their diarrhoea than they are able to drink, they will become very dry. This is dangerous for your baby. Always bring your baby to the clinic if they have diarrhoea and are unable to breastfeed or are vomiting everything up. If your baby has diarrhoea you should give them oral rehydration solution (ORS) after each loose stool and give extra breast milk. (Use RTHC to show them how to make ORS safely. Pg11) If your baby becomes very dry their eyes will look sunken, the fontanel will feel depressed and the baby will eventually become drowsy.
6. If you see any blood in the diarrhoea.
7. Cough and shortness of breath, or if they are breathing very fast.
8. Chest in-drawing: When they are working very hard to breathe sometimes you can see a depressed line in between the chest and the tummy. Bring them to the clinic if they are having any difficulty in breathing or the breathing is noisy or they are grunting.
9. If your baby has a high fever that is not coming down; Babies that have very high fevers can have a fit.

Conclude this topic with **key messages**

*"The danger signs are on the back of the RTHC. If they are present in your baby, you must go to the nearest clinic immediately"*

Give members a chance to ask questions

*"We discussed child health. Do you have any question?"*

## 6. Early Childhood Development

### Tummy Time:

- Encourage mothers to continue with tummy time and refresh from the last session.
- Remember to sit with the mothers and babies on the floor on a mat.
- Add: Put objects (coloured lids) to the side of the baby to encourage them to start pivoting round to reach them.
- Encourage push-ups during tummy time by raising an object just above the level of their head for them to reach.
- Remember to do the same on both sides.

*"Try to get your baby's attention with an object and move it back and forth slowly, so your baby tracks it with their eyes. You can use brightly coloured wool or a chip packet. Lower it to let it touch the baby's hands to encourage them to start grasping."*

### Exercising tummy muscles:

*"Sit against the wall with your knees bent and put your baby sitting in your lap facing you with their backs resting against your legs. Holding your baby's hands, gently lift them up into a sitting position to strengthen their tummy muscles. As you are at eye level with your baby, use the opportunity to talk to them. "These are your feet. These are your toes." Show your babies their feet and encourage them to play with their feet."*

## 7. Clinic visit

Mother: 1 month supply ART

Baby: Weight plotted, immunizations, Bactrim

## 8. Conclude and close the session

Ask exit question

*“What were new things you learned from this session?”*

*“Could anybody summarize the key messages from this session?”*

Close the session

*“We are about to finish the session how did you feel about this session?”*

Thank participants and remind them that every time they come back to the health facility for services, they increase the odds of staying healthy and having a healthy child.

Remind the group about next meeting date, in a month.

Refer and escort MIPs to clinical services.

Complete any registers and/or tools.

While the MIPs are with the PNC nurse continue to engage with the waiting MIPs:

### **Activity: rattle or shaker making**

**Resources:** Small 500ml empty drinking bottle or inner toilet paper roll or toothpaste box, grains/coins, sello-tape

- Seal one side of the roll/box with sello-tape or put lid on a drinking bottle
- Put grains/ coins inside, do not fill it up, just a small handful
- Seal the whole box/roll, all the way around, nearly to ensure it is securely closed
- Give to baby to play with – rattle and shake – see how they respond

## Session 3

### Key topics in health talk: Mental health/ Family planning

**Objectives:**

At the end of the session,

1. Participants will understand importance of family planning
2. Participants will consider all aspects of their health

**Age:**

- 18-20 weeks

### 1. Introduction and ice breaker

Welcome clients to the PNC & introduce yourself and the clinician

Remind members of the purpose of the PNC:

to help new mothers with adherence, to help mothers with the post-natal care of their infants, and to assist them with early childhood development

Remind members of the facts on PNC

- “There are nine sessions in total — one session per month for the first six months, and every three months thereafter until 18 months post-natal. This is the third session”.
- “It is important to attend all of the sessions to receive important education and support so you and your baby can stay healthy. It is also possible to send a caregiver (who knows your status) who has consent for HIV testing of the baby in case it is necessary”.
- “The clinic is always available to you. You are welcome to come outside of your club sessions if you need/want to be seen by the clinician. If you or your baby is sick – don’t wait – rather come to the clinic as soon as possible.

Ask if members still remember ‘ground rules’.

- Confidentiality – what is said in the room stays in the room
- Refrain from judgements – both of others AND yourself
- Respect that others may have different ideas and experiences
- Be self-responsible for speaking up/asking questions if you do not understand something
- Be on time – these are longer sessions, the sooner they begin, the sooner you are taken care of.

Ice breaker “Today’s feeling”

- Facilitator shows facial expression cards and asks members to interpret them.

“Today I prepared the cards which have different facial expressions. How do you interpret each card?”

“We are starting our session with sharing today’s feeling by using the cards. If you can, please also explain why you feel so.”

- Facilitator does it first and asks members to take turn. (E.g. Today I feel happy because one of my children who were sick last week got better. Today I feel upset because the traffic was very heavy and I had to be on the bus for a long time.)



## 2. Adherence Check-in

Check-in on adherence of both Mom and baby:

- *“How are you doing with taking your treatment? Any difficulties with taking medication/ARVs? Any difficulties with giving your baby his/her dose of Bactrim?”*
- *If anyone reports problems, ask the other participants for suggestions to support or share their story. Ups and downs of taking medication are common, but we are here to support each other*
- *How are you ensuring that you and your child come to the clinic for appointments? Do you have someone to help or to remind you?*
- *If you are having difficulty and we haven't answered your specific challenge/barrier, let's talk about it 1 on 1 later in the session.”*

### Key message:

*“It is important to take your treatment every day as recommended by your clinician.*

*We are humans, and sometimes we forget and sometimes we find it difficult to take our treatment. The most important thing to remember is to start again and continue.*

*It is important that your baby receives his/her dose of Bactrim every day to protect the baby from infections. If you are experiencing any difficulties in giving your baby Bactrim, please share this with your clinician.”*

## 4. Mental health check-in and positive living

In our first session we completed the mental health questionnaire. As you will remember we said this will be completed every six months. Even though we will not complete it today, I want to remind you that it can be normal to feel a bit low sometimes.

Observe during group interactions if any signs of the emotional distress. Address individually

Staying healthy is about different aspects of your health – positive living:

- **Physical** –means taking care of our physical body by eating right, sleeping well, taking ART every day, and returning to the clinic for all appointments
- **Emotional** –taking care of our emotions by talking to others when we feel sad or need support, disclosing our status to people who can support us. Also, from time to time, just doing something for ourselves like going for a walk or doing something you enjoy, can be helpful
- **Social** –taking care of our relationships with family, friends and our child
- **Spiritual** – means (if religious) going to services and sharing with other members of the congregation, using the experience of living with HIV as a reminder of how precious life is.

## 5. Infant Feeding Check In

*“Eating well during pregnancy and after birth for both you and your baby is important. It has a big impact on how your baby grows, learns and develops”.*

Feeding Quiz:

- *What do you remember about feeding?*
- *Why is breast milk so good? What does it do for your baby? (also bonding)*
- *Can you feed your baby other things during this time? Why?*

If necessary, reinforce the **key messages**:

- *The best food for your baby is breast milk, and it protects the baby against diseases like pneumonia/ chest infections, diarrhea.*
- *Breast milk ALONE is the only food and drink your baby needs for the first six months.*
- *Breastfeed your baby on demand day and night, and continue to breastfeed even when you or your baby is sick.*

- You need to know that your viral load is suppressed to ensure that breastfeeding is safe.
- *Feeding is also a great opportunity for bonding with your baby. If you look into the baby's eyes and talk to the baby while breastfeeding, it also helps in the baby's development.*

**NB:** *"If you are returning to work, or unable to be with your baby at feeding times you need to make a plan to ensure your baby can receive breast milk. The best way to provide for your baby then, is to express milk, and feed it with an infant cup. Expressed breast milk must be stored safely (in fridge) and the feeding cup must be sterilized before each feed, to protect your baby."*

## **6.Substance Abuse**

Start the session with stating: *"It is important to discuss substance use in order for you and your baby to stay healthy".*

Engage members by asking a question: *"What could be negative consequences of using substances such as cigarettes, alcohol, and drugs?"*

- Unpack consequences of substance abuse

*"Substance abuse may make you easily forget to take ARVs. This will affect your VL and also a high VL will increase chances of HIV transmission from you to your baby".*

*"It's been proven that a substance can be transferred to infants through breast milk. Transfer of substances to infants harms their development."*

- Information of available support systems

*"Substance abuse can be a sensitive issue. We are happy to discuss the topic individually so that we can see how issues can be addressed".*

*"There are experts in supporting those who are willing to stop taking substances. We can refer you to them, if you agree."*

## **7.Health talk – Family planning**

Start the session with stating; *"After having a baby, you should choose an effective method of FP / contraceptive to protect yourself from falling pregnant again soon after your baby".*

Engage members by asking a question; *"What are the benefits to be on FP?"*

- Unpack the benefit of FP by using the Family Planning Client Education Cards (if available)

*"Birth or child spacing is the time between having one child and another. It is advised that you consider child spacing, as it has been shown that shorter intervals between children the more at risk the child is, and definitely added stress to you as the mother. It is advised to wait at last two years between this child, and considering having another".*

*"There are different methods available and you can choose one that suits you and your life style the best. Clinicians can help you choose the one if you need to."*

Let members share their experiences of discussing FP with their partners by asking a question; *"Is this something you talk about with your partner? If you do, what is your plan? If you don't, why? And if you could, what would you want to talk about?"*

- Let "experienced" members give tips on how to discuss it with partners to those who have problems to do so
- Encourage members to discuss it with their partners by saying *"discussing FP is one of the key elements in a relationship. There is benefit for a mother, the children and even for the father"*

Explain further;

- We will try to align your repeat visits for FP with the club meeting to help you remember.
- Explain how mothers can receive FP services at the health facility and to remember to discuss it when they see the clinician after this session.
- When you do decide to have another child it's important to have your VL suppressed.

- Continue to use condoms to prevent the risk of reinfection and sexually transmitted infections (STI's)

Conclude this topic with a key message

"The benefit of FP is to reduce health risks of children and mothers. It is important to discuss FP with your partner by explaining the benefit."

"There are different methods and you can choose one that suits you the best. Clinicians can help you choose the one, if you need."

Give members a chance to ask questions

"We discussed family planning. Do you have any question?"

## 8. Early Childhood Development

Encourage mothers to continue with tummy time and refresh from the last session.

Remember to sit with the mothers and babies on the floor on a mat

### Sitting with support

- *"Sit against the wall with your legs slightly open. Sit your baby in-between your legs and facing towards you (not resting against your tummy). Fold a blanket behind your baby in case he/she falls back."*
- *"Hold your baby's hands in your lap or hold one of their hands on your leg if they need more support. Place a toy in front of your baby to play with. Remember to talk to them and show them their body parts. "These are your toes."*
- *"You can also hold your baby's hands on your legs and swing him/her from side to side while singing a song. By moving your legs, you are forcing your baby to start balancing. You can also put your baby's tummy over your legs."*

## 9. Clinical visit

*"Do you have any questions that you would like to ask the nurse? We can help you if you are not feeling comfortable to?"*

Mother: 1 month supply ART

Baby: PCR if high risk infant, Plot weight, Bactrim

## 10. Conclude and close the session

Ask exit question

"What were new things you learned from this session?"

"Could anybody summarize the key messages from this session?"

Close the session

"We are about to finish the session how did you feel about this session?"

Thank participants and remind them that every time they come back to the health facility for services, they increase the odds of staying healthy and having a healthy child.

Remind the group about next meeting date, in a month.

Refer and escort MIPs to clinical services.

Complete any registers and/or tools.

While the MIPs are with the clinician, continue to engage with the waiting MIPs:

**Activity:**

Continue to let mothers play with their babies sitting in between their legs. They can swing him/her from side to side while singing a song.

**Head, shoulders, knees and toes/ Istook, amagxz, amadolo inzwane**

Intloko, amagxz, amadolo inzwane,

Amadolo inzwane x 2

Amehlo, indlebe, impumlo umlomo

Intloko, amagxz, amadolo inzwane,

Amadolo inzwane

*Note: You may use an alternative song that you can sing in your language of choice.....*

## Session 4

### Key topic in health talk: Disclosure (dialogue)

**Objectives:**

At the end of the session,

1. Participants will understand what viral load monitoring is and why it is so important
2. Participants will get peer support on problems they face around disclosure

**Age:**

- 22-26 weeks

## 1. Introduction and ice breaker

Welcome clients to the PNC & introduce yourself and the clinician

- “There are nine sessions in total—one session per month for the first six months, and every three months thereafter until 18 months post-natal. This is the fourth session”.
- Remind members of the purpose and facts of the PNC. Emphasise “if you or your baby is sick do not to wait for the next club visit, but come to the clinic as soon as possible.”
- Ask if members still remember ‘ground rules’ and emphasise confidentiality.

Check in with all the mothers:

“How has it been with you and your baby since the last time we saw you?”

- “Is there anything you would like to report or share?”

Ice breaker “My slogan”

After you explain that many companies have slogans or mottos which reflect their values, ask for each person to present a slogan to describe her to the group. Start with Facilitator (E.g. My name is .... And my slogan is “be positive anytime”)

## 2. Adherence Check-in

Check-in on adherence of both mother and baby:

- “How are you doing with taking your treatment? Any difficulties with taking medication/ARVs? Any difficulties with giving your baby his/her dose of Bactrim?”
- If anyone reports problems, ask the other participants for suggestions to support or share their story. Ups and downs of taking medication are common, but we are here to support each other
- How are you ensuring that you and your child come to the clinic for appointments? Do you have someone to help or remind you?
- If you are having difficulty and we haven’t answered your specific challenge/barrier, let’s talk about it 1 on 1 later in the session.”

**Key messages:**

“It is important to take your treatment every day as recommended by your clinician.

We are humans, and sometimes we forget and sometimes we find it difficult to take our treatment. The most important thing to remember is to start again and continue.

It is important that your baby receives their dose of Bactrim every day to protect him/her from infections. If you are experiencing any difficulties in giving your baby Bactrim, please share this with your clinician.”

### 3. Infant Feeding Check In

*“Eating well during pregnancy and after birth for both you and your baby is important. It has a big impact on how your baby grows, learns and develops”*

Ask the group How is the feeding of your baby going? Ask if there are any challenges being experienced with infant feeding?

Reinforce **key messages**:

- The best food for your baby is breast milk. It protects the baby against diseases like pneumonia/ chest infections, diarrhea.
- Breast milk ALONE is the only food and drink your baby needs for the first six months.
- Breastfeed your baby on demand day and night, and continue to breastfeed even when you or your baby is sick.
- You need to know that your viral load is suppressed to ensure that breastfeeding is safe
- Feeding is also a great opportunity for bonding with your baby. If you look into the baby's eyes and talk to the baby while breastfeeding, it also helps in the baby's development.

**NB:** If you are returning to work, or unable to be with your baby at feeding times you need to make a plan to ensure your baby can receive breast milk. The best way to provide for your baby then, is to express milk, and feed it with an infant cup. Expressed breast milk must be stored safely (in fridge) and the feeding cup must be sterilized before each feed, to protect your baby.

### 4. Health talk 1 – Viral load education

Start the talk with stating; *“In preparation for your next visit when you will have your Viral Load taken, today we are going to talk about the importance of the VL. Can anyone share with us what you know about a VL?”*

Unpack the facts on VL:

- What is the goal of your ART? - When you take your ARVs every day, they stop HIV from multiplying in your body (making more HIV in your body) and prevent HIV from killing your CD4 cells in your body (body's immune system). Therefore, when taking ARVs daily the amount of HIV in your body will decrease.
- How to know if your ART is working? - By checking your VL. VL measures the amount of HIV in your blood and is done by drawing blood.
- When to have a VL test done? - You will have one done every six months while you are breastfeeding. If your VL is high, it is taken again three months later.
- What does a viral load result mean?
- Undetectable VL (or less than 40 copies): it means that you have so little HIV in your blood, it can't be seen, as the multiplication of the virus is stopped by the ARV treatment. The HIV has stopped making more HIV in your body. An undetectable VL in the blood does not mean you no longer have HIV. HIV is still there, but it is very small/little in the body so it cannot be seen/ measured. An undetectable VL is very good as it means you have your HIV under control and that you are unlikely to transmit it to your baby while breastfeeding. You should continue your good adherence.
- Detectable VL: more than 400 copies. It means that there is a lot of HIV in the blood as it can be seen by the test. The HIV is still making more HIV in your body. The more HIV is in your blood, the higher the risk that you can pass HIV on to your baby while breastfeeding.

What to do if you get detectable VL? You can discuss your VL with your clinician. A common reason to have detectable VL is that you are facing a lot of problems to adhere to your treatment. By solving your adherence problems early, you can get your VL undetectable. In a few cases, you could be adherent but there can be another medical problem.

Conclude this topic with **key messages**:

*“It is important to come for your VL test at your next appointment”*

*“This will help to tell us if you are doing well on your ARV treatment”*

*“It will also help us to support you better if you are struggling with adherence /to take your treatment”*

*“Knowing your viral load is also helpful to see if you are protected when breast feeding your baby while on treatment and to reduce the risk of HIV transmission to your baby”*

Give members a chance to ask questions

“We discussed VL. Do you have any question?”

## **5. Health dialogue – disclosure**

Start the talk with stating – *“Today we want to find out how you are doing and then we will have a discussion around disclosure.”*

Offer maternal support

- This is a very busy time for you and your new baby. Talk again about the importance of taking care of our bodies, relationships, spirit and emotions
- Ask participants about the different ways they are looking after themselves:
  - What have you been happy with lately, what behaviors are you doing well?
  - What do you want to do more of and what do you want to stop doing?
- It can be a lot of pressure at times, who do you usually share things with? Do you have someone close that you trust?
- If not, what has stopped you? Disclosing to a family member, friend, or partner can be a way to get more emotional support and other help at home.

Start the discussion on disclosure by first disclosing your own (the facilitator) status to the group. Then share your own personal stories of disclosure and engage the group in discussion.

- Ask the question *“Do you have people in your life that you have disclosed your status to? Is your partner and/other care-givers aware of your status?”*
- Ask the group *“Who would like to share their own story or experience of how they disclosed and what reaction they received?”*
- *“What are common barriers for HIV positive people to disclose their status to others?”*
  - Fear of rejection, fear of stigma, fear of violence, fear of gossip.
- Advise the group to ask questions to family and friends to find out who has appropriate knowledge of HIV, in order to identify who to disclose to first. Explain to the group how they can educate their family and friends on HIV first, before they disclose.
- Have a discussion on the advantages and disadvantages of disclosure, and especially the benefit to adherence.

Conclude this topic with stating **key messages**

- *“Physical, emotional, social and spiritual well-being is important. Looking after yourself means you are able to look after your baby too.”*
- *“Sharing the load – by having someone who knows your status, and understands it, can support you during this time and help you manage yourself and your baby.”*
- *“Disclosure – can be a difficult process, you have support in this group, and by the facilitator and counselors that work in this clinic. “We are happy to discuss with each individual how you can disclose your status to your family or friends.”*
- *“Disclosure may reduce risk of transmission (from a mother to her baby or from a person to person through sexual*

*intercourse) and may also help keep you adherent to the treatment.”*

Give members a chance to ask questions

“We discussed disclosure. Do you have any questions?”

## **6. Early Childhood Development**

### Tummy time

- Encourage mothers to continue with tummy time and refresh from the last session
- Put objects (coloured lids) to the side of the baby to encourage them to start pivoting round to reach them.
- Encourage push-ups during tummy time by raising an object just above the level of their head for them to reach
- Encourage babies to track an object with their eyes and lower it into their hands to grasp.

### Early conversations

*“Babies are fascinated with faces and voices, and your first communications are through the sounds you make and the nearness of your face. It doesn't matter what you say, as long as you are up close and personal, so chatter away.”*

### Extensions

- *“Take the baby's hand and run it gently over your mouth, hair, eyes, and nose, talking about what you are doing.*
- *Repeat, using your hand on the baby's face.*
- *Watch carefully and repeat any sounds your baby makes, responding enthusiastically with your attention, smiles, and laughter.*
- *Bounce your baby to the rhythm of your words, particularly as you repeat phrases and sounds.*
- *Use nursery rhymes as you play. Are there songs that you learnt when you were a child? Would anyone like to share some of these songs with us? Do lots of sounds like mum, mum*
- *Teach body parts and touch them.”*

## **7. Clinical visit**

Mother: 1 month supply ART

Baby: Plot weight, Bactrim

## **8. Conclude and close the session**

Ask exit questions

- “What were new things you learned from this session?”

“Could anybody summarize the key messages from this session?”

Close the session

- “We are about to finish the session how did you feel about this session?”

Thank participants and remind them that every time they come back to the health facility for services, they increase the odds of staying healthy and having a healthy child.

Remind the group about next meeting date, in a month.

NB: Remind the group that from next session they will receive a three-month supply of ARVs and the VL will be taken and that the babies will be re-tested for HIV. All mothers need to come to the visit.

Ask mothers to bring plastic cups and containers with them to the next visit for the stacking activity.

Refer and escort MIPs to clinical services.

Complete any registers and/or tools.



**Activity: Umzi watsha**

Umzi watsha, Umzi watsha,  
Khangela phaya, Khangela phaya,  
Umlilo, umlilo,  
Galel amanzi, Galel amanzi

English:

The house is burning, the house is burning  
Look outside/look outside  
Fire, fire  
Bring water, bring water

*Note: You may use an alternative song that you can sing in your language of choice.....*

## Session 5

### Key topic in health talk: Infant feeding – complementary

**Objectives:**

At the end of the session,

1. Participants will feel comfortable with the introduction of complementary feeding
2. Participants will review their mental health status

**Age:**

- 6 months

### 1. Introduction and ice breaker

Welcome clients to the PNC & introduce yourself and the PNC nurse:

- *“There are nine sessions in total. This is the fifth session. The next sessions will be every three months until 18 months.”*
- Remind members of the purpose and facts of the PNC. Emphasise *“if you or your baby is sick do not to wait for the next club visit, but come to the clinic as soon as possible.”*
- Ask if members still remember ‘ground rules’ and emphasise confidentiality.

Ice breaker “Common ground”

- Make 2 groups (including the facilitator). Have each group come up with five things they have in common and have them share these with the entire group.

Check in with all the mothers:

- *“How has it been with you and your baby since the last time we saw you?”*
- *“Is there anything you would like to report or share?”*

### 2. Adherence Check-in

Check-in on adherence of both Mom and baby:

- *“How are you doing with taking your treatment? Any difficulties with taking medication/ARVs? Any difficulties with giving your baby his/her dose of Bactrim?”*
- *If anyone reports problems, ask the other participants for suggestions to support or share their story. Ups and downs of taking medication are common, but we are here to support each other*
- *How are you ensuring that you and your child come to the clinic for appointments? Do you have someone to help or remind you?*
- *“Are there still people in your life that you need to disclose to?”*
- *“If you are having difficulty and we haven’t answered your specific challenge/barrier, let’s talk about it 1 on 1 later in the session.”*

**Key message:**

*“It is important to take your treatment every day as recommended by your clinician.*

*We are humans, and sometimes we forget and sometimes we find it difficult to take our treatment. The most important thing to remember is to start again and continue.*

*It is important that your baby receives his/her dose of Bactrim every day to protect the baby from infections. If you are experiencing any difficulties in giving your baby Bactrim, please share this with your clinician.”*

### 3. Health talk – Complementary feeding

Start with stating: *“Every session we have been asking about your infant feeding. Because eating well during pregnancy and after birth for both you and your baby is important: it has a big impact on how your baby grows, learns and develops.”*

Continue with asking: *“At roughly six months old, growing babies need more than just breast milk to keep them healthy. Can you tell me what usually happens with babies in your family? Or community? (explore common practices amongst mothers of different culture/age/families) “*

Unpack the facts on complementary feeding:

- *Show mothers the steps to start complementary feeding in the RTHC*
- *“After 6 months your baby needs to eat different kinds of foods to make sure they get a balanced diet. (Fruit and vegetables of different colours, meat, milk, eggs).*
- *“Foods should be soft and easy to swallow for example mashed foods, soups, and should not contain too much water. Don’t add extra salt or sugar.”*
- *“At this stage breast milk is still a very important part of their diet. A baby still needs up to 2 cups (500ml) of milk each day.”*
- *“It is important to prepare food safely to avoid illness (wash your hands before you prepare the food and wash you and your baby’s hands before eating/feeding). You should also eat food as close to the preparation time as possible or store it in suitable conditions and use clean spoon/ utensils when feeding.”*
- *“Feed your child slowly and patiently, and try to avoid other distractions during meals. “*
- *“If your child is not interested in this new stage, try different combinations, textures and flavors.”*

Ask mothers about what food they are starting to introduce to their babies

Conclude this topic with **key messages**:

*“At the age of six months, the baby is ready to have soft solid food in addition to breast milk. This will complement nutrition they need.”*

*“Food should be soft and easy to swallow, such as mashed food or soup.”*

*“Breast milk is still a very important part of their diet and it is recommended for mothers to continue breastfeeding for up to two years.”*

Give members a chance to ask questions

*“We discussed feeding issues. Do you have any questions?”*

### 4. Health Talk – Mental health

Engage members by asking a question – *“What do you remember about maternal mental health from the previous session?”*

- *Remind them of the basic fact of maternal mental health; “Anybody can get mental illness, but post-natal women are at higher risk of getting depression.”*

Check how they understand depression by asking; *“Does anybody know the symptoms of depression?”* Create awareness around identifying if you are struggling with depression

- *Loss of interest in activities once found enjoyable*
- *Feeling tired*
- *Anxiety and restlessness*
- *Loss or gain in appetite and weight*
- *Sleeplessness or excessive sleeping*

- Loss of sexual drive
- Loss of self-confidence and feeling helpless and hopeless
- Physical complaints with no identifiable cause e.g. headaches, aches and pains
- Thoughts of suicide are very common

Talk about coping mechanisms: *“Although there is no absolute way to prevent depression, releasing yourself from daily stress may help you. What type of activities/ what situation or moment can help you release your stress?”*

Facilitator can share her coping mechanism as a start. (E.g. *“I feel released when I am in a salon for my nail care. A friend of mine does ...when she is stressed.”*) Share some other ideas: Talk to close friends and share/ vent, go to church and engage in the community, music, exercise/ walk/ dance.

*“In our first session together, we completed a mental health assessment, which we will be completing every six months. This means that today, you will complete a questionnaire with me (the facilitator) again. The outcome will be reviewed with the clinician, and a referral will be made if necessary.”*

Conclude this topic with **Key messages:**

- *“Anybody can get mental illness, but post-natal women are at high risk of getting depression”.*
- *“It is important to engage yourself in stress releasing activities from time to time.*
- *“It can be normal to feel a bit low sometimes. It often happens with new mothers after they have given birth to their baby and experience a lot of change in their lives. Even though this is normal, sometimes it continues for longer, affecting the way you interact with your child. We can support you, and the clinician can guide you to the right referral and support by a trained professional.”*

## 5: Health talk 2 - Pre-test information and Viral load test

Pre-test: Start the talk with stating; *“As you know, the chance that your baby becomes infected is very small if you take the right precautions, but it is still possible. Even though this can be stressful (re-testing your baby each time), it is important to know as soon as possible if your baby is HIV+ so that he/she can start to take treatment. The earlier a baby starts treatment the better he/she does.”*

*“Today we will be doing a PCR HIV test for each one of your babies.”*

- *“What is a PCR test? If you recall when your baby was first tested after birth and at 10 weeks, your baby was pricked on the heel and the blood was collected in a little tube and sent to the lab.*
- *“If the PCR result is negative, it means that there is no sign at the moment that your baby has HIV. We advise that you continue taking your ARVs well and breast feeding, and we will need to do a repeat HIV test at 18 months again.”*
- *“If your baby’s PCR test is positive, it is very likely that your baby has HIV and we will need to do another PCR test to confirm. Whilst waiting for the second PCR result, the nurse will discuss with you in more details about starting ARV treatment for your baby as soon as possible.*
- *“If you stop breast feeding over the next few months – please make sure that you come to the clinic to retest your baby 6 weeks after you stop breastfeeding. It is only after you have stopped breastfeeding that you will have the final HIV test to check your baby.”*
- *Are there any questions so far?*

**Key messages:**

*“It is important to re-test your baby for HIV again at 18 months and six weeks after you finished breast feeding.”*

Give members a chance to ask questions

*“We discussed PCR blood tests. Do you have any question?”*

Now you are also having your Viral Load test today

In the last session we spoke about VL. Let us review what we discussed:

- Can you tell me what VL is?
- What is your goal with your VL? (detectable/undetectable)
- Why is it so important to know your VL?

**Key messages:**

*“Your VL will tell us if you are doing well on your ARV treatment”*

*“It will also help us support you better if you are struggling with adherence /to take your treatment”*

*“You need to know your viral load to ensure that breastfeeding is safe and the risk of transmission of HIV to your baby is low.”*

## **6. Early Childhood Development**

Encourage mothers to continue with tummy time and refresh from the last session. *“Tummy time is still important even though many babies are sitting by now, as this is how they learn to crawl.”*

### Early milestones

- *“All babies are different and meet milestones at their own pace. If you have any questions at all about your baby’s development, ask your clinician.*
- *Most babies start rolling between three to six months. You can place toys at their side to encourage your baby to roll over.*
- *Most babies can sit on their own between six to eight months. This is an important milestone.*
- *To encourage your baby to crawl, place him/her on his tummy and press the palms of your hands against the soles of his feet. As he/she pushes against your hands (perhaps by accident at first), he/she will move forward – more and more, as he/she learns the consequences of his/her actions. If he’s already up on all fours and rocking back and forth, encourage him/her to crawl by holding or placing favorite objects just beyond his reach.”* Demonstrate this to the mother.

### Language

*“Talking to your baby is important for their language development. No matter how silly you might feel, try to talk through everything you’re doing with your baby, for example, count the stairs as you climb, show them the leaves on the trees and give everything around you a name. Repetition is the key. It all gets stored away in their brain for later use! Speak to your baby in your home language, the language that you know the best.”*

## **7. Clinical visit**

Mother: *“Today you will be **receiving a three-month supply** of treatment. It is important to remember that although you are only required to attend the group in three months time, should you have any concerns for you and/or for your baby, please come to the clinic as soon as possible.”*

- Weight and symptom check, review depression questionnaire, ART adherence, family planning. Draw VL. Three-month supply ART.

Baby: Plot weight, immunisations, draw PCR blood, complementary feeding, Vitamin A.

## 8. Conclude and close the session

Ask exit question

- “What were new things you learned from this session?”
- “Could anybody summarize the key messages from this session?”

Close the session

- “We are about to finish the session, how did you feel about this session?”

Thank participants and remind them that every time they come back to the health facility for services, they increase the odds of staying healthy and having a healthy child.

**NB:** Remind the group about next meeting date, in three months and that the babies will be re-tested for HIV. In case the mother cannot attend to send a caregiver with a written authorization to allow the baby to be tested.

Refer and escort MIPs to clinical services.

Complete any registers and/or tools.

**NOTE:** Remember as a facilitator you will be required to review VL results and recall any mothers with high VLs.

While the MIPs are with the clinician, continue to engage with the waiting MIPs

### Activity: Stacking

**Resources:** plastic cups, small plastic dishes, or containers

#### Directions

- Prop your baby up in seated position (with a cushion.)
- Use any plastic cups, or small Tupperware or leftover plastic containers from yoghurt etc.
- Take turns stacking the cups on top of each other and follow this with knocking them down
- You can also have a ‘race’ when you are both stacking the cups at the same time.
- This encourages fine motor skills development and hand-to-eye coordination

## Session 6

### Key topics in health talk: Intimate partner violence/ Pre-test information

**Objectives:**

At the end of the session,

1. Participants will obtain basic facts on intimate partner violence and what to do in case they become victims
2. Participants will receive pre-test counselling for baby's rapid test

**Age:**

- 9 months

### 1. Introduction and ice breaker

Welcome clients to the PNC & introduce yourself and the clinician

- *"This is the sixth session. There are three more sessions at 12 months, 15 months and 18 months."*
- Remind members of the purpose and facts of the PNC. Emphasise: *"if you or your baby is sick, do not to wait for the next club visit but come to the clinic as soon as possible."*
- Ask if members still remember 'ground rules' and emphasise confidentiality.

Ice breaker "Paired sharing"

- Make pairs (including the facilitator). In each pair, interview each other about favourite hobby. After that, everybody presents pair buddy's favourite hobby to the entire group.

Check in with all the mothers:

- *"How has it been with you and your baby since the last time we saw you?"*
- *"Is there anything you would like to report or share?"*

### 2. Adherence Check-in

Check-in on adherence of both Mom and baby after receiving a three-month supply of medication:

- *"How are you doing with taking your treatment? Any difficulties with taking medication/ARVs? Any difficulties with giving your baby his/her dose of Bactrim?"*
- *"Are there still people in your life that you need to disclose to?"*
- *If anyone reports problems, ask the other participants suggestions to support or share their story. Ups and downs of taking medication are common, but we are here to support each other.*

**Key message:**

*"It is important to take your treatment every day as recommended by your clinician."*

*"We are humans, and sometimes we forget and sometimes we find it difficult to take our treatment. The most important thing to remember is to start again and continue."*

*"It is important that your baby receives his/her dose of Bactrim every day to protect the baby from infections. If you are experiencing any difficulties in giving your baby Bactrim, please share this with your clinician."*

### 3. Infant feeding – complementary feeding

Start with stating: *"Every session we have been asking about your infant feeding methods. Because eating well during pregnancy and after birth for both you and your baby is important as it has a big impact on how your baby grows, learns and*

develops.”

“At roughly six months old, we recommended introducing other foods into your child’s diet.” Ask the mothers “How did the introduction of other foods go and would anyone like to share? Can someone give examples of what they fed their child? Have any mothers experienced any difficulties?”

#### Reinforce the **key messages**

- Your child now *needs more than just breast milk to grow and keep them healthy. By now they should be eating a variety of foods including fruit, vegetables, porridge, meat, yoghurt or eggs.*
- *Always remember good hygiene for you and your baby and eating utensils to avoid illness.*
- *If your child is not interested, try different combinations, textures and flavors.*
- *It is recommended for all mothers to breastfeed for up to two years.*
- If you stop breast feeding over these months – please make sure that you come to the clinic as your baby will need a final HIV test six weeks after you stop breastfeeding.

## 4. Health Talk – Intimate partner violence/ domestic violence”

Start the talk with stating; “Today, we will discuss violence that can happen in a couple. It may be a sensitive topic, but it is important to know about it and what to do if it happens to you”

- Check how members feel about the topic and make sure that they feel secure to talk about it. They are not obliged to share their experience and if they do share, members will keep it confidential.

Start the discussion by asking; “According to your understanding, what kinds of behaviours are considered as intimate partner violence (IPV)?”

Unpack the facts on IPV:

“IPV refers to any behaviour within an intimate relationship (couples/ married couples) that causes physical, psychological or sexual harm to those in the relationship” This includes:

- **Acts of physical violence** such as slapping, hitting, kicking and beating.
- **Sexual violence** including forced sexual intercourse and other forms of sexual coercion.
- **Emotional (psychological) abuse** such as insults, belittling (looking down), constant humiliation, intimidation (e.g. destroying things), threats of harm, threats to take away children.
- **Controlling behaviours** including isolating a person from family and friends; monitoring their movements; and restricting access to financial resources, employment, education or medical care.

Continue the discussion by asking; “Do you think emotional (psychological) abuse or controlling behaviours can affect your health?”

- “Yes. Health is not all physical but also mental. People that suffer under abuse can develop depression and feel isolated or worthless.”

Continue the discussion by asking; “Do you think sexual violence exist within intimate partnership?”

- “Yes. If someone did not actively consent (agree) to sex or any other sexual activity, then it is sexual violence. Even between intimate partners/ married couples, these behaviours are considered as sexual violence. - This is defined by South African laws.”
- *Forced sex or forced sexual activities can cause the following consequences:*
- HIV and other STI infections through penetration
- Wounds
- Unwanted pregnancy through penetration
- Ill mental health



Conclude this topic with **Key messages:**

- *“IPV is any behaviour within an intimate relationship (couples/ married couples) that causes physical, psychological or sexual harm to those in the relationship”*
- *“Emotional (psychological) abuse or controlling behaviours can affect your mental health.”*
- *“Sexual violence can exist within intimate partnership. Sexual behaviours or sex without consent (agreement) should be considered as sexual violence.”*
- *“It is very important to seek medical care to minimize physical and mental health damage.*
- *Within 72 hours is ideal in case of rape but more importantly it’s highly recommended to seek medical care ANYTIME”. Remember you can get medical care even if you decide not to report the incident.*

Give members a chance to ask questions

*“We discussed violence issues. Do you have any questions?”*

## **6. Early Childhood Development**

### Motor Games

*“A baby of this age is increasingly curious and active. You need to watch your babies at all times and be aware of their safety.”*

*“Encourage your baby to move in and out of many positions, especially a sitting position by placing toys or objects around the baby where they must move to reach them.”*

*“You can also play with your baby sitting or reaching over your legs. You can move your legs about and encourage them to pull up to a standing position while holding onto you.”*

### Sensory stimulation:

*“Give your baby space to explore the environment and introduce new textures”. Bring a scotch brit sponge or face cloth to demonstrate. “Use a variety of sponges/face cloth, soap and lotion during bath time, allowing for plenty of skin-to skin contact with you as the parent or caregiver. Encourage play with toys or objects of various sizes, colours and shapes.”*

## **7. Clinical visit**

Mother: three-month supply of treatment. Baby: Plot weight, Immunisations, Bactrim

## **8. Conclude and close the session**

Ask exit questions

- *“What were new things you learned from this session?”*
- *“Could anybody summarize the key messages from this session?”*

Close the session

- *“We are about to finish the session, how did you feel about this session?”*

Thank participants and remind them that every time they come back to the health facility for services, they increase the odds of staying healthy and having a healthy child.

**NB:** Remind the group about next meeting date in three months in which the VL of the mother will be taken, so the mother needs to attend.

**NOTE:** Follow up any PCR results and contact the patients.

Ask mothers to bring magazines and if possible a ball with to the next session.

Refer and escort MIPs to clinical services.

Complete any registers and/or tools.

**Activity: Look whose here! / hide and seek**

Your baby is starting to understand cause and effect, for example, if I cry my mom (or person looking after me) will come to help me. Cause and effect are important skills, such as object permanence – if the ball isn't there, it still exists.

**Resources:** something to hide behind, light scarf

**Directions:**

*“Sit your baby facing you. Duck down or hide behind something where she can't see you, then, pop up with a big smile or round-eyed "surprise face". Watch your baby's reaction and see if you get a giggle or a big grin for your efforts. If the baby seems nervous, just try a different expression. Repeat it with a different silly expression on your face each time you reappear.*

*To make this game extra interesting, you can also change where your head pops up every time. Try coming from above or either side of a chair, or your hands. You can also play by poking your head out from around doorways and corners in the house. You can also place a very light scarf over your baby's head for her to pull off herself.”*

**Activity: Clap with me!**

**Directions:** around 6-8 months of age your child will learn to clap, so encourage him/her with this rhyme and play

*Clap, clap, one, two, three*

*Clap, clap, clap with me.*

*Clap, clap, four and five.*

*Clap, clap, clap, we are alive.*

*Clap, clap, six, seven, eight.*

*Clap, clap, clap, you are great.*

*Clap, clap, nine and ten.*

*Clap, clap, let's do it again.*

*Note: You may use an alternative song that you can sing in your language of choice.....*

## Session 7

### Key topics in health talk: Infant feeding - Nutrition for children

**Objectives:**

At the end of the session,

1. Participants should know how to give their children a balanced diet
2. Participants should understand the importance of language development

**Age:**

- 12 months

### 1. Introduction and ice breaker

Welcome clients to the PNC & introduce yourself and the clinician

- *“This is the seventh session. There are two more sessions at 15 months and 18 months.”*
- Remind members of the purpose and facts of the PNC. Emphasise: *“if you or your baby is sick, do not to wait for the next club visit but come to the clinic as soon as possible.”*
- Ask if members still remember ‘ground rules’ and emphasise confidentiality.

Ice breaker “Paired sharing”

- Make pairs (including the facilitator). Have each pair interview each other by asking *“If you were an animal, what would you be and why?”* After that, everybody presents what pair buddies said to the entire group.

Check in with all the mothers:

- *“How has it been with you and your baby since the last time we saw you?”*
- *“Is there anything you would like to report or share?”*

### 2. Adherence Check-in

Check-in on adherence of both Mom and baby:

- *“How are you doing with taking your treatment? Any difficulties with taking medication/ARVs? Any difficulties with giving your baby his/her dose of Bactrim?”*
- *“Are there still people in your life that you need to disclose to?”*
- *“If anyone reports problems, ask the other participants suggestions to support or share their story. Ups and downs of taking medication are common, but we are here to support each other”*

**Key message:**

*“It is important to take your treatment every day as recommended by your clinician.”*

*“We are humans and sometimes we forget or find it difficult to take our treatment. The most important thing to remember is to start again and continue.”*

*“It is important that your baby receives his/her dose of Bactrim every day to protect the baby from infections. If you are experiencing any difficulties in giving your baby Bactrim, please share this with your clinician.”*

### 3. Mental health

*“Today, we are completing the mental health assessment questionnaire again. The outcome will be reviewed by the clinician, and a referral will be made if necessary.”*

**Key message:**

*“It can be normal to feel a bit low sometimes. It often happens with new mothers after they have given birth to their baby and experience a lot of changes in their life. Even though this is normal, sometimes it continues for longer, affecting the way you*

*interact with your child. We can support you, and the clinician can guide you to the right referral and support by a trained professional. It is important to know you can talk to your nurse or your facilitator.”*

#### **4. Viral Load education**

“We will be doing VL testing again today. Just to review.”

- “Is everybody happy that they understand what a VL is?”
- “Why is it so important to know your VL?”

#### **Key messages:**

Your VL will tell us if you are doing well on your ARV treatment

It will also help us to support you better if you are struggling with adherence /to take your treatment

You need to know your viral load to ensure that breastfeeding is safe and the risk of transmission of HIV to your baby is low.

#### **5. Health Talk – Infant feeding – nutrition for children**

Start the talk with stating *“We have talked about introducing foods. Now, at 12 months your baby should be able to:”*

- Finger feeding him/herself
- Eating an increasing variety (different types) of food
- Ready to try soft cooked vegetables, soft fruits, finger foods, small biscuits, cooked pasta –but without adding salt or sugar
- Might be able to start self-spoon feeding, and enjoys a wider variety of smells and tastes
- Has better control of tongue and lips and has more teeth
- Begins to use an open cup. – with being careful of hygiene of utensils to avoid illness  
(Refer to feeding guidelines in the RTHC)

Engage members by asking some questions and let them share their experiences with each other;

*“How are things going with your feeding? Would anyone like to share?”*

*“Can someone give examples of what they fed their child? Any difficulties?”*

*“Do you have any good recipe you would like to share with other members”*

Conclude this topic with **Key messages:**

- *Your child needs a balanced diet to stay healthy.*
- *“Solid food is now more important than breastmilk but it is recommended for all mothers to continue breastfeeding for up to two years.”*
- *“You need to know that your viral load is suppressed to ensure that breastfeeding is safe.”*
- *“If you stop breast feeding over these months – please make sure that you come to the clinic as we need to re-test your baby six weeks after you have stopped breast feeding. This will be your baby’s final test. Once you have fully stopped breastfeeding, you can no longer transmit the HIV virus to your baby.”*

Give members a chance to ask questions

*“We discussed feeding issues. Do you have any question?”*

#### **6. Health Talk – Risk of Treatment Failure**

Start the talk with stating *“It is very important for people living with HIV to be adherent to ARVs. However, there are situations which make it difficult for us to be adherent to the treatment. Not being adherent causes a high VL and high VLs will increase chances of HIV transmission from you to your baby if you breastfeed. Not being adherent may also cause drug resistance.”*

Engage members by asking some questions;

*“What if you miss a dose of ARVs?”*

*“What would you do when you feel tired of taking ARVs?”*

Unpack ways forward in problematic situation

- If you miss your time to take your ARVs, please take your ARVs as soon as you remember, no matter how late it is. It is better to take your ARVs later than to skip the whole day. The next dose must then be taken at the usual time. When you start ARVs, we ask you to choose a dosing time to help you establish a habit of taking your ARVs, so that you do not forget to take them. However, ARVs will still work if they are taken at a different time. You can set your cell phone alarm to go off permanently at the dosing times. If you are a shift worker, speak with your nurse to organize a schedule for taking your ARVs that fits with your work.
- We understand that it is difficult to keep taking ARVs every day. It is a difficult thing for everyone. This is called treatment fatigue. It can help to think of the positive things in your life and the things you still want to accomplish in your future. Taking your ARVs will help you stay well and healthy so that you can achieve these goals. Treatment fatigue can also be caused by the time it takes to get your ARVs each month at the clinic, the cost of coming to the clinic and other demands that are made on your time such as work and family responsibilities. By being in an ART adherence club (such as PNC), you can reduce time at the clinic and improve your adherence.
- There are lots of different situations where people can struggle from being adherent. We are happy to discuss with you individually ways forward.

## 7. Early Childhood Development

### Motor Games

- Make an obstacle course using boxes, chairs or mats. Encourage the babies to be active and explore.
- *“Is your child crawling well? Pulling up? Cruising or walking? Pointing? Making eye contact and responding to his/her name? Use these skills in different activities! For example, place a ball just out of reach for him/her to fetch, or call your child to get their attention and give them an instruction “come fetch the ball” (while pointing to the ball).*
- *“While playing with a ball can also practice taking turn.”*

### Language development:

Communication or language development in your baby:

- o They may say one or two words, are meaningfully able to use ‘mama’ and/or ‘dada’
- o They respond to ‘no’
- o They can follow very simple instructions/directions ‘come here’
- o They are communicating in their own language/ long strings of sounds in their communication with you, with sound and rhythm of speech
- o They imitate or try to repeat certain speech sounds

“Continue to stimulate language development. Now you can start to use basic instructions. It is important to always talk to your baby. Encourage communication by engaging in real conversation with your child and responding to their sounds and ‘talking’ with him/her.”

*“Read to your child! He/she is soaking up so much information. If possible, aim for at least 10-20 minutes of reading per day. A good idea would be to do this before bedtime if your time is limited.”*

- Show the moms how to read to their babies and how to get their babies to interact with books *“While looking at the book or magazine point to pictures and ask questions “Where is the teddy bear?” You can be creative and tell your own stories.”*
- Encourage mothers to buy cheap picture books or go to the local library. They can also cut out pictures from magazines and make their own picture books.

## **8. Clinical visit:**

Mother: Weight and symptom check, review depression questionnaire, ART adherence, family planning. Draw VL. three-month supply ART

Baby: Plot growth, immunisations, Bactrim

## **9. Conclude and close the session**

Ask exit question

*“What were new things you learned from this session?”*

*“Could anybody summarize the key messages from this session?”*

Close the session

*“We are about to finish the session how did you feel about this session?”*

Thank participants and remind them that every time they come back to the health facility for services, they increase the odds of staying healthy and having a healthy child.

Remind the group about next meeting date, in three months.

Ask the mothers to bring small lids or bottle tops and a big container like a yoghurt tub to the next session.

Refer and escort MIPs to clinical services.

Complete any registers and/or tools.

While the MIPs are with the clinician, continue to engage with the waiting MIPs:

**Activity: Read Magazines with the children and could cut out pictures to make a picture book**

## Session 8

### Key topics in health talk: Caregiver and Child relationship/ Intro Adherence Club

**Objectives:**

At the end of the session,

1. Participants will understand importance of “interactions” between mother/caregiver and child
2. Participants will get information about adult adherence clubs

**Age:**

- 15 months

### 1. Introduction and ice breaker

Welcome clients to the PNC & introduce yourself and the clinician

- *“This is the eight session. The next visit will be the last session at 18 months.”*
- Remind members of the purpose and facts of the PNC. Emphasise *“if you or your baby is sick do not to wait for the next club visit, but come to the clinic as soon as possible.”*
- Ask if members still remember ‘ground rules’ and emphasise confidentiality.

Ice breaker “Paired sharing”

- Make pairs (including the facilitator). Have each pair interview each other by asking what the highlights were in the past months? After that, everybody presents what pair buddies said to the entire group.

Check in with all the mothers:

- *“How has it been with you and your baby since the last time we saw you?”*
- *“Is there anything you would like to report or share?”*

### 2. Adherence Check-in

Check-in on adherence of both Mom and baby:

- *“How are you doing with taking your treatment? Any difficulties with taking medication/ARVs? Any difficulties with giving your baby his/her dose of Bactrim?”*
- *“Are there still people in your life that you need to disclose to?”*
- *If anyone reports problems, ask the other participants suggestions to support or share their story. Ups and downs of taking medication are common, but we are here to support each other*

**Key messages:**

*“It is important to take your treatment every day as recommended by your clinician.”*

*“We are humans and sometimes we forget/ we find it difficult to take our treatment. The most important thing to remember is to start again and continue.”*

*“It is important that your baby receives his/her dose of Bactrim every day to protect the baby from infections. If you are experiencing any difficulties in giving your baby Bactrim, please share this with your clinician.”*

### 3. Infant feeding – complementary feeding

*“As you know eating well during pregnancy and after birth for both you and your baby is important as it has a big impact on how your baby grows, learns and develops.”* Ask mothers how things are going with the feeding and would anyone like to

share?

*“Now, at 15 months, your toddler can eat the same food as the rest of the family.”*

- *“Remember to cut up foods up into finger feeding sizes that they can handle themselves.”*
- *“Eating an increasing variety of food, different tastes and textures are good.”*
- *“Encourage your child to enjoy fresh food and vegetables, and not process/fast food.”*
- *“Remember too much salt and too much sugar isn’t good for your child.”*

### **Key Messages:**

- *“Your child needs a balanced diet to stay healthy.”*
- *“It is recommended for all mothers to continue breastfeeding for up to two years.”*
- *“You must know your viral load to ensure that breastfeeding is safe.”*
- *“Please come back to the clinic when you have stopped breast feeding to re-test your baby at six weeks after stopping breastfeeding for their final HIV test.”*

## **5. Health Talk – Caregiver and child relationship**

*Start the talk with stating “Babies need to be fed, clothed and looked after. But it is also important to smile and talk to the child, to cuddle him/her, to show him/her that he/she is loved. When the baby is a little older and wants to explore his/her environment, the baby needs to be guided by someone he/she trusts – ideally the mother /caregiver. The mother needs to point out to the baby and the things in his/her environment, name them for him/her. She needs to play with the baby, share his/her joy when he/she manages to do something, explain to the baby what he/she has learnt and praise him/her for learning well. The baby also needs to be told what he/she can and cannot do.*

*In this way, the child grows up feeling loved and secure. The child knows he/she can trust his/her mother and later the child learns to trust and relate to others.*

*Improving the mother-child interaction enables the child to attain optimum psychosocial development.”*

Engage members by asking: “How do you usually express feeling of love and approval of your child?”

Let the members share their practices/ experiences.

Continue the talk with stating:

- *“Expressions of love may vary from person to person, some smile, establish eye-contact and have a loving exchange with the child face-to-face; others touch the child gently, embrace or kiss him/her. There are different ways of expressing love, but it is important to show it in a way that the child appreciates and understands. Therefore, the caregiver should be sensitive to what kind of loving expressions the child receives well and responds to positively”.*
- *“The caregiver must also remember that a child needs approval for what he/she does well. This gives him/her a feeling of self confidence and trust in his/her own capacity to act. This is also a way of guiding the child. By approving what the child does well and ignoring what is not permissible, the caregiver guides the child towards behaving in ways that are acceptable.”*

*Start another dialogue with stating: “Even shortly after birth it is possible to get an emotional dialogue going with the baby through eye contact, smiles and expressions of pleasure. When the caregiver comments positively on what the child is doing, he/she ‘answers’ with happy noises. A usual way of doing this is for the caretaker to just imitate the expression and noises that their child makes. Usually the baby responds by repeating it, and so the ‘dialogue’ begins. This early emotional ‘conversation’ is important for the child’s future relationship with the caregiver and for his speech development.”*

- Ask members: “How do you usually ‘interact’ with your child?”, “Could you do it in front of the other members? So that the members can learn from each other.”
- The facilitator should have some examples of his/her own interactions to start the discussion if necessary. The



facilitator should be alert and praise the caregivers for any interventions that indicate they have understood. At the same time, the facilitator should encourage others to comment positively on the examples shared in the group.

Conclude this topic with **Key messages:**

*“It is important to show your feeling of love and approval to your child. The ways of doing so varies from one mother to another. Showing such feelings enables your baby to attain optimum psychological development.”*

*“Even a small child can do emotional dialogue. This early emotional conversation is important for the child’s future relationship with the caregiver and for his speech development.”*

Give members a chance to ask questions

*“We discussed relationship between you and your child. Do you have any question?”*

## **6. Health Talk – Introduction of adherence club**

Start the talk with stating *“You have come a long way in this club, you can be proud of that. Today, we are going to start preparing for what happens after your last session at 18 months”.*

Explain how the adult clubs work:

- *“Once we have reached the 18-month milestone and your VL is still undetectable, you will be eligible to join a regular adult adherence club.”*
- *“Adherence clubs take place either in the health facility or in the community.”*
- *“Adherence clubs are just like this club, but for any stable HIV + person.”*
- *“Your child will no longer be required to attend visits at the clinic, apart from routine health assessments.”*
- *“What is a community club? The group meets either in a patient’s home or a community venue close to your home. Because this group knows each other well and have formed special bonds, it would be a good idea to join a club together. In this group, they will continue to align the blood and clinical visits for all, so once a year you will have your blood drawn in the clinic, and once a year you will have your overall clinical visit. The session will only be 45 minutes long.”*
- *“If you do not want to join a facility or community club, and want to continue to be in normal clinic care – that is also an option.”*
- *“Are there any questions? Does everyone feel comfortable with that? Feel free and open to share.”*

## **6. Early Childhood Development**

Your baby is now developing more fine motor control. Start giving your baby smaller objects to pick up and play with.

- Get the babies to pack and unpack different lids and bottle tops into containers.
- Can also use tongue depressors and get the babies to slot them into a tight container.
- Mothers can also get their babies to pour water or sand from one container into another at home.

## **7. Clinical visit:**

Mother: Weight and symptom check, three-month supply ART

Baby: Plot weight

## **8. Conclude and close the session**

Ask exit questions

*“What were new things you learned from this session?”*

*“Could anybody summarize the key messages from this session?”*

Close the session

*“We are about to finish the session how did you feel about this session?”*

Thank participants and remind them that every time they come back to the health facility for services, they increase the odds of staying healthy and having a healthy child.

Remind the group about next meeting date in 3 months.

At the next visit we will be repeating the HIV test on your baby. If you are still breastfeeding you will need to check your viral load at the next visit, so please come in person.

“The next group meeting will be the last session together”. Please remember we will have a small celebration!

Refer and escort MIPs to clinical services.

Complete any registers and/or tools.

While the MIPs are with the clinician, continue to engage with the waiting MIPs:

**Activity:            How to make a lid sorter**

**Resources:** A big plastic container like a yoghurt tub and lots of small lids or bottle tops, scissors

- Cut a shape or slot out of the lid of a yoghurt container. Can use more than one lid for more shapes. Then get the babies to put the small lids/bottle caps into the hole of the yoghurt container lid.

## Session 9

### Key topics in health talk: Pre-test Information/ Club graduation

**Objectives:**

At the end of the session,

1. Participants will receive pre-test counselling for baby's rapid test
2. Participants will feel accomplishment from completing the whole program.

**Age:**

- 18 months

### 1. Introduction and ice breaker

Welcome clients to the PNC & introduce yourself and the clinician

- *"This is the last session."*
- Remind members of the purpose and facts of the PNC.
- Ask if members still remember 'ground rules' and emphasise confidentiality.

Ice breaker "Paired sharing"

- Make pairs (including the facilitator). Have each pair interview each other by asking goals they would like to achieve in their life. After that, everybody presents what pair buddies said to the entire group.

Check in with all the mothers:

- *"How has it been with you and your baby since the last time we saw you?"*
- *"Is there anything you would like to report or share?"*

### 2. Adherence Check-in

Check-in on adherence of both Mom and baby:

- *"How are you doing with taking your treatment? Any difficulties with taking medication/ARVs? Any difficulties with giving your baby his/her dose of Bactrim?"*
- *"Are there still people in your life that you need to disclose to?"*
- *If anyone reports problems, ask the other participants suggestions to support or share their story. Ups and downs of taking medication are common but we are here to support each other*

**Key messages:**

*"It is important to take your treatment every day as recommended by your clinician."*

*"We are humans, and sometimes we forget/ find it difficult to take our treatment. The most important thing to remember is to start again and continue."*

*"It is important that your baby receives his/her dose of Bactrim every day to protect the baby from infections. If you are experiencing any difficulties in giving your baby Bactrim, please share this with your clinician."*

### 3. Mental health

*"We are completing our final check in on your mental health today. You will complete a questionnaire with me (the facilitator) again, the outcome will be reviewed with the clinician, and a referral will be made if necessary."*

**Key message:**

*“It can be normal to feel a bit low sometimes. It often happens with new mothers after they have given birth to their baby and experience a lot of changes in their life. Even though this is normal, sometimes it continues for longer, affecting the way you interact with your child. We can support you, and the clinician can guide you to the right referral and support by a trained professional. It is important to know you can talk to your nurse or your facilitator.”*

**4. Infant feeding – complementary feeding**

*“Eating well during pregnancy and after birth for both you and your baby is important as it has a big impact on how your baby grows, learns and develops.”* Ask mothers how things are going with the feeding and would anyone like to share?

*“Now at 18 months, your toddler is far more independent and maybe even saying ‘more’ or ‘finished’”*

- *“Your toddler can eat the same food as the rest of the family and sharing meals together is good for social development”*
- *“Your toddler is maybe using a spoon at this age, and can drink from a cup by himself”*
- *“Because their molars (back big teeth) are growing, they will be better at chewing!”*
- *“Remember they are growing lots, so healthy snacks between meals are good. Try things like: raw vegetables, carrots, pieces of tomato, cucumber”*

**Key Messages:**

- *“Your child needs a balanced diet to stay healthy”*
- *“It is recommended for all mothers to continue breastfeeding for up to 2 years”*
- *“You must know your viral load to ensure that breastfeeding is safe “*
- *“Please come back to the clinic when you have stopped breast feeding to re-test your baby at 6 weeks after stopping breastfeeding for their final HIV test.”*

**5. Health talk - Pre-test information**

Start the talk with stating; *“As you know, the chance that your baby becomes infected is very small if you take the right precautions, but it is still possible. Even though this can be stressful (re-testing your baby each time), it is important to know as soon as possible, if your baby is HIV+ so that he/she can start to take treatment. The earlier a baby starts treatment the better they will do.”*

*“Today we will be doing a rapid HIV test for each one of your babies.”*

- *“What is a rapid test? If you recall when you first tested, you were pricked on your finger for a drop of blood to check whether you were positive or not. This is the same test we will do on your baby. The test involves drawing a small amount of blood from pricking your baby’s heel or finger, enough to drop on the test strip. The blood will remain on the strip for a few minutes. If there is one line on the strip after the wait, the result is negative. If there are two strips then your baby’s test is positive.”*
- *“If your baby’s rapid is positive, it does not mean for sure that your baby has HIV, but rather that antibodies from the mother (the mother’s defence to fight HIV) might still be present in the blood due to breastfeeding (repeat this to the group). Then we will do another blood test: a PCR that will be sent to the lab. Only if this second test is positive, does it mean that your baby has HIV.”*
- *“If the result is negative and you have stopped breast feeding more than six weeks ago, congratulations! Your child is effectively free from HIV. Well done for looking after him/her so well and for taking your ARVs well. Keep taking your treatment well so that you can stay a healthy mother.”*
- *“If the result is negative and you are still breastfeeding, this means there is no sign at the moment that your baby has HIV. We advise that you continue with taking your ARVs well. You will need to repeat the test 6 weeks after stopping breast feeding. Only then will we know for sure that your baby is HIV free”*

- Are there any questions so far?

Conclude this topic with **Key messages:**

- *“A positive rapid does not mean that your baby has HIV at 18 months as there are still maternal antibodies from breastfeeding. These babies will have a second PCR test to check if they have HIV or not.”*
- *“If your baby tests negative and you have stopped breastfeeding for more than six weeks then this is the final confirmation test that your baby does not have HIV.”*
- *“If your baby tests negative and you are still breast feeding or stopped less than six weeks ago, you will need to come back to the clinic to re-test your baby six weeks after you have stopped breastfeeding for their final HIV test. Because there is a chance during breast feeding that you baby can still get infected, it is only after you have stopped breastfeeding that you will have the final rapid test to check your baby.”*
- *“It is important to know: whatever the outcome, we are here to support you”.*

Give members a chance to ask questions

*“We discussed rapid tests. Do you have any question?”*

## - **Early Childhood Development Neurodevelopment**

Refresher and encourage mothers to do what they have learnt in these sessions at home.

**Key messages:**

- *“Play with your child and have fun”.*
- *“Be creative with activities to do with your child at home. Teach them how to do things and how things work.”*
- *“Talk to your child all the time and read to them as much as possible.”*

## **7. Graduation ceremony**

*“You have come so far! 18 months in this program! You can feel very proud of what you have achieved. It has not been an easy road, but you have walked it with your child. You should be proud of where you are and what you have managed to complete.”*

*“We want to thank you for your commitment. You are a very strong mother and parent. Today, we celebrate this.”*

Give a certificate to every member with individualized words for appreciation.

Close the session by stating;

*“Whether you have decided to join a community club together, chosen to join a facility club, or to just remain as a patient in the clinic, we want to encourage you to continue to see each other as a support network.”*

*“You have come to know one another, and sometimes parenting is difficult and sometimes taking your treatment becomes difficult even after a long time of taking it – here is a group of people who are always willing to support you.”*

*“Remember the doors of this clinic are always here to support you.”*

## **8. Clinical visit**

Mother: Weight and symptom check, review depression questionnaire, ART adherence, family planning. May need VL if still breastfeeding. Give enough treatment supply until their next club date or clinic appointment.

Baby: Plot growth, immunisations, rapid test

## 9. Conclude and close the session

Ask exit question

*"What have you learnt from your time in these sessions?"* Ask the mothers how they have found the sessions and if they have any feedback.

Close the session

*"We are about to finish our last session together, how are you feeling?"*

Thank participants and remind them that every time they come back to the health facility for services, they increase the odds of staying healthy and having a healthy child.

Remind the group that their next consultations date will depend on their choice of care.

Remind mothers that if they are still breastfeeding, or stopped breastfeeding less than six weeks ago, then they will need to come back to the clinic for their baby's final HIV test six weeks after they stop breastfeeding.

Refer and escort MIPs to clinical services.

Complete any registers and/or tools.

While the MIPs are with the clinician, continue to engage with the waiting MIPs:

**NB:** for facilitators, we will try to hold a small graduation, with certificates for the mothers and their infants

## 10. Graduation Activity

Each group to decide what they would like to do:

Bring and share eats

Make certificates

Children: Dance to music, story-telling, singing, play with bubbles, make or draw something