

Developing an Integrated MIYCN/PMTCT Counseling Package in Rwanda: From Harmonization to Implementation



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ACKNOWLEDGMENTS

The Elizabeth Glaser Pediatric AIDS Foundation is grateful to the many institutions and individuals who assisted in the development of this integrated MIYCN/PMTCT counselling package.

This package was developed under a strategic collaboration between the Ministry of Health Rwanda and its key partners in MIYCN and PMTCT. It was based on the *UNICEF Community Infant and Young Child Feeding (IYCF) Counselling Package*, developed through a collaboration between UNICEF New York, Nutrition Policy Practice, and University Research Co., LLC/Center for Human Services (URC/CHS), and adapted for the Rwanda context.

We would like to thank the following institutions and partners for their critical inputs, including consultation and participation in numerous design and technical review meetings and workshops, field testing and validation of the package.

Government of Rwanda: Ministry of Health / Rwanda Biomedical Center / Institute of HIV/AIDS, Disease Prevention and Control / PMTCT and Nutrition Technical Working Groups

Original source of materials: United Nations Children's Fund / University Research Co. LLC / Center for Human Services

Funder and implementing partners: United States Agency for International Development / Elizabeth Glaser Pediatric AIDS Foundation / Program for Appropriate Technology in Health

Nutrition stakeholders: Expanded Impact Project, Rwanda Network of People Living with HIV/AIDS, World Vision International, Population Services International, United Nations Children's Fund Rwanda, World Health Organization Rwanda, Catholic Relief Services, World Food Program, International Center for AIDS Care and Treatment Programs, FHI 360, IntraHealth, Maternal and Child Health Integrated Program

Field testing of materials: Health workers, community health workers, and mothers

Graphic designers

LIST OF ABBREVIATIONS

AIDS	Acquired Immunodeficiency Syndrome	TRAC Plus	Center for Treatment and Research on AIDS, Malaria, Tuberculosis and Other Epidemics
ART	Antiretroviral Therapy		
ARV	Antiretroviral	TWG	Technical Working Group
BCC	Behavior Change Communication	UNICEF	United Nations Children's Fund
CBNP	Community Based Nutrition Program	USAID	United States Agency for International Development
CHW	Community Health Worker	WHO	World Health Organization
CMAM	Community-based Management of Acute Malnutrition		
EGPAF	Elizabeth Glaser Pediatric AIDS Foundation		
HIV	Human Immunodeficiency Virus		
IHDPC	Institute of HIV/AIDS, Disease Prevention and Control		
IYCF	Infant and Young Child Feeding		
MCHIP	Maternal and Child Health Integrated Program		
M&E	Monitoring and Evaluation		
MIYCN	Maternal, Infant, and Young Child nutrition		
MoH	Ministry of Health		
PATH	Program for Appropriate Technology in Health		
PEPFAR	President's Emergency Plan for AIDS Relief		
PMTCT	Prevention of Mother-To-Child Transmission of HIV		
Q&A	Question and Answer		
RBC	Rwanda Biomedical Center		

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RWANDA



INTRODUCTION

Since 2007, the Elizabeth Glaser Pediatric AIDS Foundation (EGPAF) has been providing technical assistance to the Rwanda Biomedical Center (RBC) / Institute of HIV/AIDS, Disease Prevention and Control (IHDPC) (formerly known as the Center for Treatment and Research on AIDS, Malaria, Tuberculosis and Other Epidemics [TRAC Plus]) and to HIV clinical services partners in the HIV-exposed infant and young child feeding (IYCF) / prevention of mother-to-child transmission (PMTCT) program funded by the President's Emergency Plan for AIDS Relief (PEPFAR). Technical support related to nutrition has been provided under a sub-agreement with the Program for Appropriate Technology in Health (PATH).

EGPAF's technical assistance has included the development of a variety of program tools, such as counseling cards, training curricula, and training aids; the planning, funding, and facilitation of training at all PEPFAR-funded PMTCT sites; the development of monitoring and evaluation (M&E) tools, including an infant monitoring form; and the collection and analysis of relevant data. In 2009, EGPAF expanded its technical assistance to address maternal nutrition for HIV-positive pregnant and breastfeeding women, developing a one-day training program on maternal nutrition and delivering it to all PEPFAR-funded PMTCT sites.

In 2010, EGPAF again expanded its support to the Rwandan Ministry of Health (MoH) when the national PMTCT guidelines were revised. The revised guidelines reflected Rwanda's adoption of PMTCT Option B and revised IYCF practices in accordance with the revised WHO 2010 guidelines.¹ Also in 2010, to address high rates of malnutrition throughout the country, the MoH developed the National Multi-sectoral Strategy to Eliminate Malnutrition in Rwanda (MoH 2010). One of the key strategies outlined was "to strengthen and scale up community-based interventions to prevent and manage malnutrition in children under the age of five years, with particular focus on those aged less than two years, and in pregnant and lactating mothers." In that same year, the United Nations Children's Fund (UNICEF) released a global generic integrated package of capacity building and counseling tools, which addressed issues of interest to both the Rwanda PMTCT program and nutrition strategy. Intended to strengthen community-based IYCF, the package included a facilitator guide, participant materials, training aids, counseling cards, a key messages booklet, take home brochures, and a planning and adaptation guide.

Rwanda's adoption of the Option B PMTCT guidance, combined with the RBC/IHDPC's need to revisit the original IYCF in the context of HIV-counseling tools, the government's commitment to eliminating malnutrition, and the recent release of the generic UNICEF community IYCF counseling package presented a strategic opportunity. All stakeholders could now come together to develop an integrated package that would support the government in its efforts to strengthen and scale-up maternal, infant, and young child nutrition (MIYCN) counseling interventions at the community level, as well as address infant feeding in the context of HIV. EGPAF proposed its support to the MoH for a systematic review of the generic package, and its subsequent adaptation for Rwanda.

1. For pregnant HIV-positive women whose CD4 count is over 350, Option A involves (1) a daily dose of AZT (an antiretroviral [ARV] drug) during pregnancy and (2) a combination of several ARVs during labor, during delivery, and one week postpartum. Option B and Option B+ call for the administration of triple combination antiretroviral therapy (ART). Under Option B, ART would be stopped after the breastfeeding period for women with CD4 counts above 350, while Option B+ calls for lifelong treatment for HIV-positive pregnant and breastfeeding mothers regardless of CD4 count.

Over the past two years, EGPAF and PATH have worked closely with the Nutrition Desk of the Maternal and Child Health Department of the MoH and members of both the Nutrition and PMTCT Technical Working Groups (TWGs) to adapt and expand the generic UNICEF package while harmonizing it with the existing MIYCN tools. This effort has resulted in a single national package of MIYCN behavior change communication (BCC) tools, described below. A complementary question-and-answer (Q&A) guide for facility health workers, a take-home brochure, and a poster on the new PMTCT/IYCF guidelines were also designed as part of the expanded package

GOALS FOR THE MIYCN PACKAGE

Rwanda's integrated MIYCN/PMTCT counseling package was developed to achieve four goals:

1. Promote social and behavior changes in the population related to MIYCN, including the following:
 - Improved maternal diet during pregnancy and breastfeeding, early initiation of breastfeeding, exclusive breastfeeding during the first six months of life, timely introduction of complementary feeding, and feeding of the sick child
 - Kitchen gardens and small animal husbandry to promote dietary diversity
2. Promote social and behavior changes related to safe water and hygiene, PMTCT and IYCF in the context of HIV, family planning and healthy timing and spacing of children, kangaroo mother care, and other preventive health areas
3. Facilitate social and behavior changes in the population related to health-seeking behaviors, including immunization, growth monitoring and promotion, and recognition of danger signs
4. Improve the interpersonal communication and counseling skills of both community and facility health workers by providing specific interpersonal communication training and a comprehensive, integrated set of counseling tools

KEYS TO SUCCESS

The following elements contributed to the success of this effort:

- Package was developed as a national tool with involvement of all major national stakeholders, including the MoH, national TWGs, nongovernmental organizations, United Nations agencies, facility health care providers, community health workers (CHWs), and clients.
- Training materials included in the package use a variety of interactive and adult-learning training methods, including the use of counseling materials, visual aids, demonstrations, group discussion, case studies, role plays, and practical exercises.
- BCC tools included in the package feature high-quality graphics and are designed to be easily understood by everyone, regardless of language skills or literacy level (usability was determined during pre-testing of materials). Every message is accompanied by a graphic illustration. All BCC tools, counseling cards, take home brochures, and posters were translated into the local Kinyarwanda language.



Stakeholders meeting, held at EGPAF offices in Kigali

CONTENTS OF THE PACKAGE

The package includes the following tools:

- 28 counseling cards for CHWs
- 31 counseling cards for facility health care providers
- 4 take-home brochures for mothers and other caregivers
- 3 posters
- A facilitator's manual and training aids, intended for use in training CHWs, including technical content related to key MIYCN practices and essential counseling skills, with a focus on the effective use of counseling tools and other job aids
- Participant materials, including training handouts and monitoring tools
- A question and answer guide


Counseling Cards: Two sets of counseling cards were developed for use by both facility health care providers and CHWs. These counseling cards will help health care providers and CHWs ensure accuracy and consistency of messages and provide quality counseling to mothers, fathers, and other caregivers.


Take-Home Brochures: The package of materials contains take-home brochures, including “Nutrition During Pregnancy and Breastfeeding,” “How to Breastfeed Your Baby,” and “How to Feed a Baby After Six Months.”

Posters: Also included in the package are brightly colored posters to be displayed in health facilities and other strategic places in the community such as local administration offices, churches, or schools. There are two posters—one on the importance of exclusive breastfeeding and one on the importance of antenatal care.


Training Materials: A set of training materials was created for trainers who are working to improve the interpersonal skills of community health workers and facility-based health care workers. These materials include a facilitator's guide, participant materials, and training aids. The participant materials include key technical content presented during the training (handouts from the facilitator's guide) and tools for assessment of mother/father/caregiver and child counseling, growth monitoring and promotion, and supervision activities. The facilitator's guide is also supported by aids that complement the training sessions by providing visuals to help participants grasp and retain technical information and concepts.


INDIVIDUAL COUNSELING CARDS, REFLECTING SPECIFIC MESSAGES


Maternal, Infant and Young Child Nutrition



National Counselling Cards for Health Workers


Maternal, Infant and Young Child Nutrition



National Counselling Cards for Community Health Workers

Nutrition for pregnant and breastfeeding woman



Card 1

Immediate breastfeeding after birth



Card 2

During the first 6 months, give ONLY breast milk



Card 3

Exclusive breastfeeding during the first 6 months



Card 4

Breastfeed on demand, both day and night



Card 5

There are many breastfeeding positions



Card 6

Good attachment is important



Card 7

Care and feeding of a low birth weight baby



Card 8

How to hand express and cup feed



Card 9

Give breast milk, even when away from home



Card 10

Good hygiene practices prevent disease



Card 11

Use safe water and ensure good compound hygiene

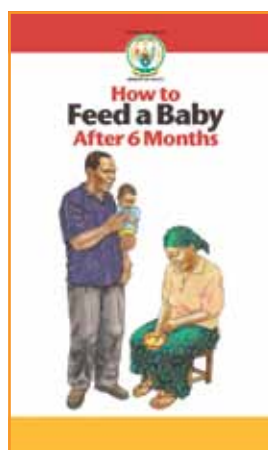
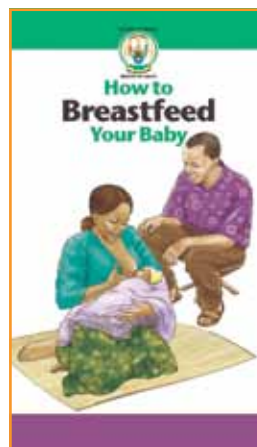
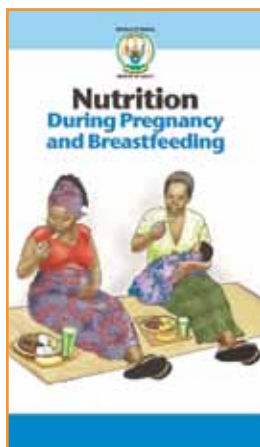


Card 12

INDIVIDUAL COUNSELING CARDS, REFLECTING SPECIFIC MESSAGES, CONTINUED



TAKE-HOME BROCHURES



A SPECIAL PMTCT GUIDELINES PACKAGE

A set of tools was created to support the dissemination of the new PMTCT guidelines for Option B.

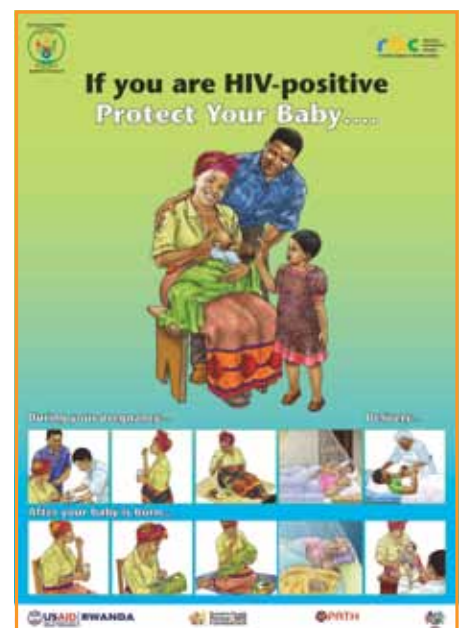
The tools include a Q&A guide on the new PMTCT and IYCF guidelines, a take-home brochure, and a poster on PMTCT, with the latter two translated into Kinyarwanda.

1. **The Q&A Guide** is designed to be a quick reference tool for health care providers in PMTCT and maternal and child health programs in Rwanda when counseling mothers, fathers, and other caregivers. The Q&A guide for IYCF was originally developed by the MoH in Uganda, with technical support from University Research Co. LLC. Rwanda adopted the package but expanded it to reflect the new PMTCT protocol, Option B Plus, and the latest recommended infant feeding practices in the context of HIV. It provides accurate, easy-to-understand answers to some of the most commonly asked questions that HIV-positive mothers, their families, and communities are asking about the new national PMTCT protocol, ARV drugs, and IYCF guidance. The Q&A guide was translated into French.
2. **A brightly colored poster** is included in the package, to be displayed in health facilities and other strategic places in the community such as local administration offices, churches, or schools. The poster reinforces messages relating to the new PMTCT guidelines.
3. **A take-home brochure** for mothers and other caregivers reinforces the same messages as the Q&A guide but provides the mother or caregiver with the opportunity to discuss some of the key messages at home with family members or friends.

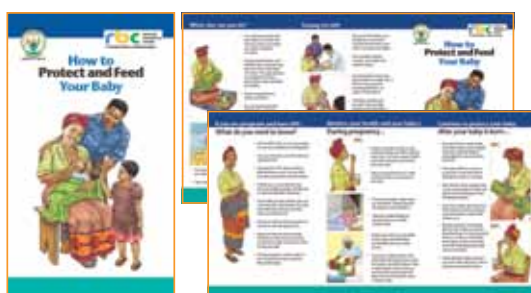
THE Q&A GUIDE



POSTER



TAKE-HOME BROCHURE



PROCESS FOR HARMONIZATION, PRE-TESTING, AND DEVELOPMENT OF THE PACKAGE

Under the leadership of the Nutrition and PMTCT TWGs and with support from EGPAF and PATH, a series of stakeholder meetings was held in 2010–2011 to review existing materials from Rwanda and abroad and to adapt the generic UNICEF community IYCF counseling package to the Rwandan context. The additional BCC tools (posters, take-home brochures, Q&A guide) were developed, and the entire package was harmonized with existing national nutrition counseling materials and other training manuals. The package was subsequently translated into Kinyarwanda and reviewed by technical experts. The TWGs reviewed the materials several times. The final draft materials were field tested in all regions of the country with end users (mothers, CHWs, and facility health care providers). The field test teams were led by the MoH, with the participation of all key technical stakeholders. Consensus was reached on proposed changes/adjustments and next steps, and a timetable for completion was negotiated.

PRE-TESTING THE MATERIALS

Following the development of the MIYCN counseling package, a field test protocol and instruments were developed and reviewed during a two-day training of field test teams facilitated by the EGPAF and PATH nutrition team. Health centers in six districts were selected and asked to participate in field testing, representing both rural and peri-urban populations in the Northern, Southern, Eastern, and Western Provinces and Kigali City. EGPAF coordinated the field testing orientation and recruitment process and facilitated the arrangements for administrative and logistical support of the teams. Four groups were identified as primary audiences: (1) pregnant women and mothers of children under two, (2) pregnant women and mothers of children under two participating in PMTCT programs, (3) community health workers, and (4) facility health workers who interact with women and children.

The field test in each of the districts consisted of three distinct focus group discussions with primary audiences, averaging 12 participants each (for a total of 36 participants), and two to five in-depth interviews or focused discussions with facility health workers (totaling 19). Because of the large amount of material to review, the integrated package was divided between the four groups. There were a total of 234 respondents nationwide. The results of the field testing were documented in team reports, which were consolidated and reviewed by the MoH, field test teams, and TWG members.



Community health workers and mothers during field testing sessions

In March 2011, the EGPAF and PATH nutritionists attended a one-week training session in Nairobi organized by UNICEF to orient teams from the region on the generic IYCF counseling package and to provide them with the skills to train colleagues on the same package using adult-learning principles.

In May 2011, the MoH organized a workshop in which the generic UNICEF IYCF facilitator's guide and participant materials were adapted to the local context and harmonized with the existing Community Based Nutrition Program (CBNP) training manual and the community-based management of acute malnutrition (CMAM) protocol. The EGPAF and PATH nutrition team facilitated the workshop while the main nutrition stakeholders participated in this important milestone.

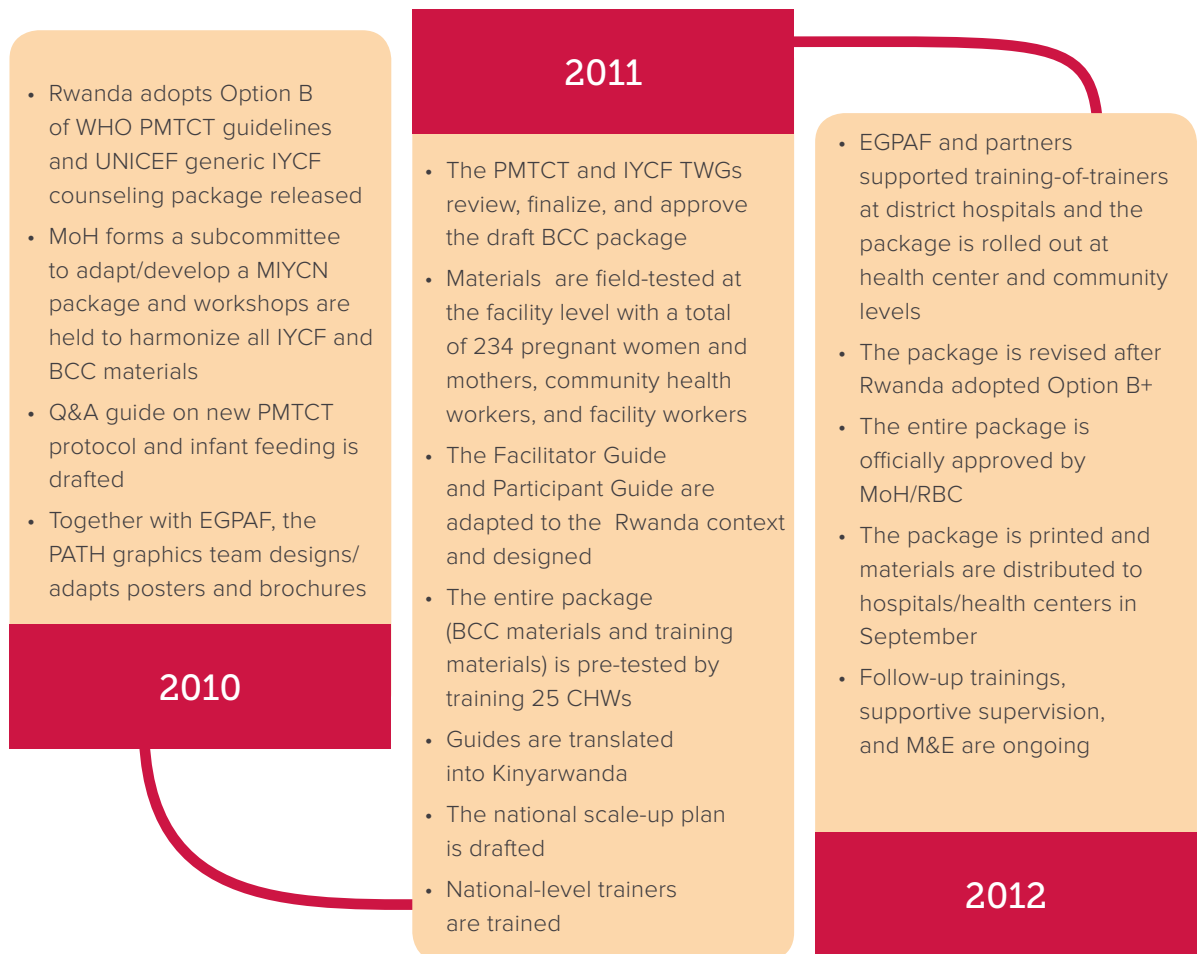
The EGPAF and PATH nutrition team continued to fine-tune the materials to ensure that training materials and BCC tools were well interlinked, and the participant material was translated into Kinyarwanda in preparation for the final pre-testing.

During June and July 2011, the entire package was pre-tested at Masaka Health Center by training 25 CHWs. The package was very well received by the CHWs and by the MoH and implementing partners who came to observe some of the sessions.



Training of 25 CHWs at Masaka Health Center

MIYCN COUNSELING PACKAGE DEVELOPMENT TIMELINE, 2010–2012



NATIONAL SCALE-UP, TRAINING, AND ROLL-OUT

With the package nearly finalized, EGPAF and PATH began drafting a national scale-up plan outlining the cascade of training sessions that needed to take place from the national level down to the community level, with a corresponding budget and proposed timeline. This draft was discussed by the Nutrition TWG, and several implementing partners started allocating funds in their budgets to support the roll-out of these training sessions. The plan included identifying and training 24 master trainers at the national level, 130 trainers/supervisors in district and referral hospitals, and 1,335 trainers/supervisors at 445 clinics in the 30 districts (who are training 30,000 CHWs covering 15,000 villages).

The first training took place in December 2011, establishing a pool of national trainers that included government officials from the national level and implementing partners. This training was organized by the MoH, with technical support from EGPAF and PATH.

From January 2012 onward, EGPAF and other partners supported the training of trainers at the district hospital level, and various partners started to roll out the package at the health center and community levels. The training sessions made use of a unique participatory, adult-learning approach described above.

To date, 19 of 30 districts have trained facility-based trainers and 12 districts have trained CHWs. Follow-up to the training, including supportive supervision and M&E, is ongoing.

In February 2012, Rwanda changed the PMTCT protocol from Option B to Option B+, and EGPAF revised certain sections of the training materials as well as key messages on some of the brochures and counseling cards.

By April 2012, the entire MIYCN package plus PMTCT posters and brochure were officially approved by the MoH and RBC/IHDPC. The Q&A guide is still being revised to incorporate the changes related to Option B+.

The MoH and development partners also negotiated the quantities of materials to be printed and who would support the costs of printing and training. EGPAF supported the printing of all the BCC tools (posters, brochures, and counseling cards). By September 2012 the BCC materials had arrived in Kigali and were distributed through hospitals and health centers across the country, and to the first trained CHWs.

Following is a brief timeline of the steps involved in the development and adaptation of the UNICEF IYCF community counseling package in Rwanda, field testing the integrated set of materials, and rolling out the package nationwide.

CONCLUSION

Throughout the entire process, leadership by the MoH and the PMTCT and Nutrition TWGs was essential to ensuring country ownership and the highest-level support for moving the adaptation process forward. Multiple development partners committed resources to supporting the MoH in rolling out the MIYCN counseling and training package, including UNICEF Rwanda and several organizations funded by the United States Agency for International Development (USAID)—EGPAF, IntraHealth, FHI 360, Jhpiego / Maternal and Child Health Integrated Program (MCHIP), and Population Services International (PSI).

The responses to malnutrition and pediatric HIV/AIDS constitute key priorities for the Rwandan government. National-level implementation of this integrated package will make a significant contribution to capacity building at both the facility and community levels. It is anticipated that improved counseling by 30,000 CHWs and more than 1,000 health facility workers in all 30 districts will lead to better maternal, infant, and young child feeding and other related nutrition practices, and ultimately to a reduction in undernutrition, anemia, stunting, and mother-to-child transmission of HIV.

LESSONS LEARNED AND RECOMMENDATIONS

A key lesson learned during the process of developing this integrated package was the importance of having strong local leadership and good technical oversight. The MoH coordinated and oversaw the entire process and ensured that all partners supported the package's development and roll-out. With good communication, advocacy, and technical support, partners were willing to join hands and support the government in the creation of a single, comprehensive package.

Another lesson learned was that developing an integrated package together with all relevant stakeholders was a cost-effective approach. The same processes and personnel were used to develop BCC tools for both nutrition and PMTCT, and since all partners were involved from the beginning, duplication of efforts was eliminated.

Although reaching consensus with multiple stakeholders was a tedious and time-consuming process, it was a worthwhile investment. The illustrations and key messages were pre-tested with different audiences, agreed upon by all stakeholders, and will continue to serve as a primary resource for future BCC programs and campaigns.

Regarding capacity building at the district, facility, and community level, it is recommended that all partners continue supporting the MoH and RBC in the roll-out of the community MIYCN counseling package. Other sectors in Rwanda should commit to using the same materials to ensure consistency of messages across programs and to complement their activities related to preventing anemia and reducing stunting in infants and young children. Additionally, follow-up supervision and support of both facility and community health workers was found to be critical to the successful scale-up of the package and should remain a priority. Investments should also be made in monitoring and evaluating the impact of the training and counseling tools through the use of tailored surveys and formal research.

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