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Abbreviations and Acronyms

3TC	Lamivudine
AIDS	Acquired immunodeficiency syndrome
ANC	Antenatal care
ARV	Antiretroviral
ART	Antiretroviral therapy
CDC	United States Centers for Disease Control and Prevention
CMV	Cytomegalovirus
ELISA	Enzyme-linked immunosorbent assay
FAO	United Nations Food and Agricultural Organisation
FMOH	Federal Ministry of Health
HAART	Highly active antiretroviral therapy
HIV	Human immunodeficiency virus
IMCI	Integrated management of childhood illness
MAC	<i>Mycobacterium avium</i> complex
MCH	Maternal and child health
MTCT	Mother-to-child transmission of HIV
NGO	Non-governmental organisation
NVP	Nevirapine
OI	Opportunistic infection

PCP	<i>Pneumocystis jiroveci</i> (formerly <i>Pneumocystis carinii</i>) pneumonia
PEP	Post-exposure prophylaxis
PLWHA	People living with HIV/AIDS
PMTCT	Prevention of mother-to-child transmission of HIV
RCHS	Reproductive and child health services
STD	Sexually transmitted disease
STI	Sexually transmitted infection
TC	Testing and Counselling
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNFPA	United Nations Population Fund
UNGASS	United Nations General Assembly Special Session
UNICEF	United Nations Children's Fund
USAID	U.S. Agency for International Development
VCT	Voluntary Counselling and Testing
WHO	World Health Organization
ZDV	Zidovudine, the generic name for azidothymidine (AZT)



Introduction

SECTION 1 Introduction

After completing the introduction, participants will:

- Analyse the structure and organisation of the course.
- Be acquainted with other participants in the course.
- Verbalise concerns about HIV/AIDS in the healthcare setting.
- Identify the ground rules for the course.
- State expectations for the course.
- State general objectives for the course.
- Complete the pre-test.
-

Background on mother-to child transmission (MTCT) of HIV programmes

The global epidemic of the human immunodeficiency virus (HIV) infection continues to expand, adding about 5 million new HIV-infected individuals each year. Over the years, the epidemic has shifted from one dominated by infected males to one with a preponderance of HIV-infected females, particularly in sub-Saharan Africa where 75% of the global disease burden resides. As more women become HIV infected, there is a growing HIV/AIDS epidemic in children who acquire the infection through mother-to-child transmission (MTCT). There will also be a significant increase in orphaned children, now estimated to number approximately 12 million in sub-Saharan Africa alone.

HIV transmission to children can occur by three main routes:

- 1) MTCT, during three different time periods: pregnancy, labour/delivery, and postnatally through breast-feeding;
- 2) exposure to contaminated blood or other body fluids, eg, through transfusions of infected blood products or through contact with needles or other instruments contaminated with infected blood or other body fluids; and
- 3) sexual abuse.

Without interventions to prevent transmission, the risk of MTCT of HIV ranges from 15-30% among non-breast-feeding populations, and from 30-45% among breast-feeding populations.

The implementation of interventions to prevent MTCT of HIV has dramatically reduced the number of children who become infected with HIV each year in industrialised countries. With more widespread availability and acceptance of interventions to prevent MTCT of HIV, the estimated incidence of HIV infection among children of HIV-infected

mothers in the United States has declined from an estimated peak of approximately 1,800 per year to less than 200 per year. This contrasts with the estimated 1,800 infants who acquire HIV infection each day in sub-Saharan Africa as a result of MTCT.

Nigeria:

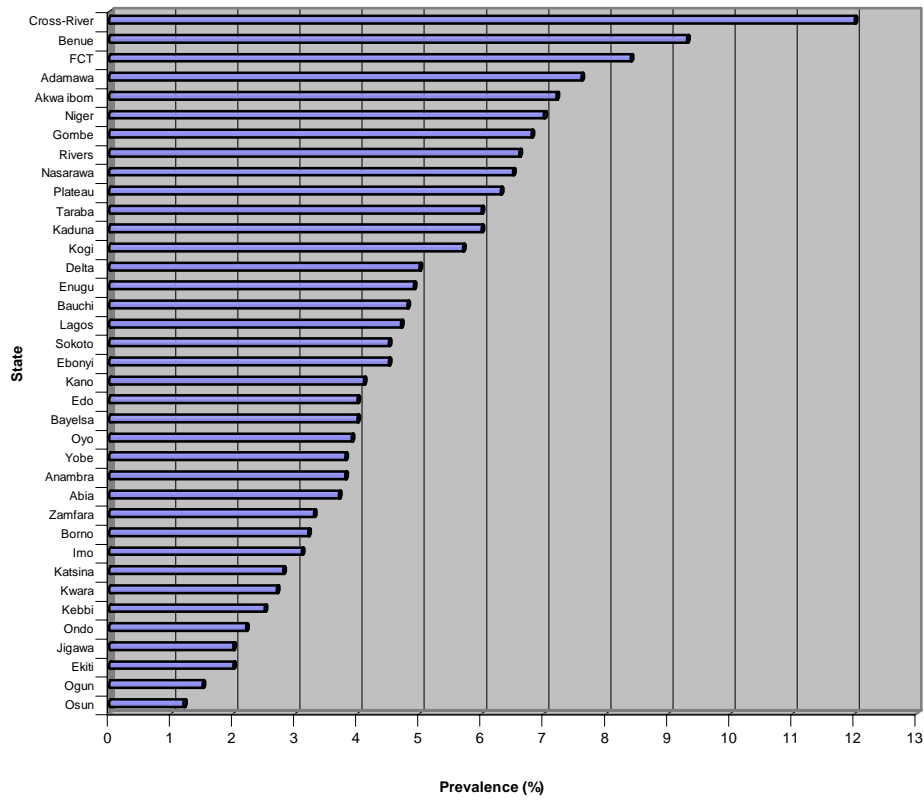
HIV/AIDS has become a major public health problem in Nigeria. In 2003, it was estimated that 3.8 million Nigerians were living with the virus, the third highest number in the world. AIDS is now among the leading causes of death among men and women of the reproductive age group in the country. Since the first case of AIDS in Nigeria was reported in 1986, the epidemic has continued to rise at an alarming rate, with the national HIV seroprevalence rate among pregnant women attending antenatal clinics rising from 1.8% in 1991 to 5% in 2003. The 2003 Nigeria Seroprevalence survey, shown in figure 1, denotes seroprevalence rates for each state in Nigeria.

Heterosexual intercourse is the dominant method of transmission, estimated to account for about 80% of the total transmission. About 10% is spread from mother-to-child, while another 10% is spread through the use of unsterilised needles and surgical implements, infected blood transfusions, or occupational exposure. The high prevalence of HIV in the general population, the high fertility rates of Nigerian women, the high prevalence of home deliveries under the supervision of untrained birth attendants and the cultural practice of prolonged breast feeding, mixed feeding of infants and wide spread ignorance about HIV infection, are factors that can substantially contribute to the transmission of HIV to infants in this country. It is estimated that about 100, 000 infants contract the infection from their HIV infected mothers annually in Nigeria (Table 1). In the absence of intervention, MTCT of HIV and the attendant high under 5 mortality threaten to reverse the gains of child survival efforts in the last two decades.

Table 1: Estimated magnitude of MTCT in Nigeria

Population (2004)	130 million
Birth rate per annum	42/ 1000
Birth per annum	5,400,000
HIV prevalence in ANC women	5%
Total number of infants exposed to the risk of MTCT assuming no multiple pregnancy	270,000
Estimated vertical transmission rate	25% - 40%
Number of HIV positive infants per annum	67,500 to 125, 500

Figure 1: HIV prevalence by State in Nigeria, HSS 2003



Because PMTCT programmes have broad access to the sexually active adult population and address key issues of family health, they provide an important foundation for national HIV prevention and treatment programmes. Beginning with primary prevention, PMTCT programmes recognise the importance of knowing one's HIV status and keeping parents-to-be HIV-negative. Testing and counselling in antenatal clinics and maternities allow for early identification of HIV infection. These settings serve as a gateway to comprehensive PMTCT services, including ARV treatment and prophylaxis, safer delivery practices, and safer infant-feeding practices for mothers who are HIV-positive and their infants, who are HIV-exposed.

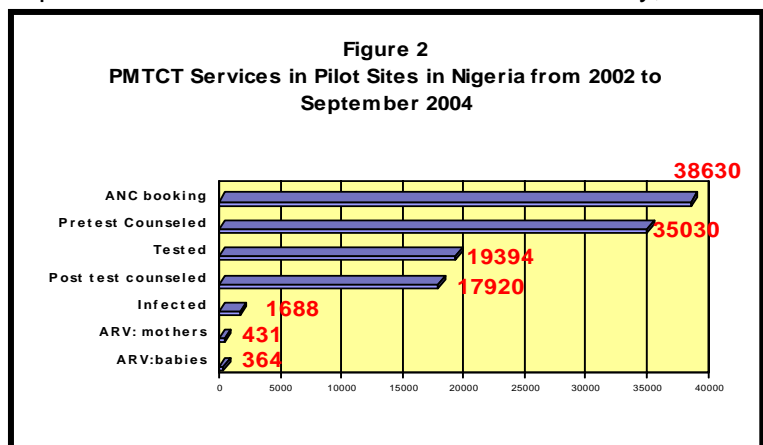
National scale-up

PMTCT pilot sites were located in tertiary health facilities with the belief that these facilities would be able to serve as nodal centers for the expansion of services to lower levels of care in their vicinities and also, generate credible data for the monitoring and evaluation of the pilot programme. Available data from the 11 pilot PMTCT sites as at September 2004 showed that 38630 women were booked in the antenatal clinics in these facilities (fig. 2). Of these, 90.7% were counselled while 51.5% were tested for HIV. Of those tested, 1688 were found to be HIV positive, giving a sero-positivity rate of 8.5%. Only 28.5% (481) and 21.6% (364) of HIV positive women and their infants respectively were given nevirapine. From the national estimates, interventions at these pilot sites reach less than 1% of HIV positive pregnant women in Nigeria. This underscores the need for a rapid expansion of the programme to secondary and primary health care facilities.

The national PMTCT program has focused attention on public health facilities. For a variety of reasons, these facilities are underutilized. Increasingly, many people are resorting to faith-based and private hospitals for care. It is estimated that Christian Health Association of Nigeria (CHAN) is responsible for providing health care for up to 40% of the total population in the country. Additionally, Moslem organizations, such as FOMWAN are becoming involved in the provision of health care services. Unfortunately, there has been little effort to forge partnership with these organizations in expanding the national PMTCT program.

The following criteria among others, are recommended to guide the site selection and sequencing of the scale up process at the state levels:

- The relative magnitude of the PMTCT epidemic
- The state of preparedness of the health facility in terms of structures and human resources
- Geographic balancing



- Presence of viable civil society organizations involved in PMTCT works
- Availability of support from Development Partners
- Other ongoing HIV/AIDS activities e.g. ARV programmes

In the section of this training manual dealing with the setting up of new PMTCT sites, some national scale up targets for 2005 to 2009 are discussed.

International support

PMTCT remains central to global HIV/AIDS initiatives. Currently, scale-up of PMTCT programmes is recognised as an important gateway for scale-up of broader HIV prevention and care programmes. With the commitment of the international community to increasing access to treatment for persons living with HIV/AIDS, PMTCT programmes are seen as a central rallying point for enhanced treatment, care and support services for women, their children and families. This has resulted in growing support for PMTCT and new international initiatives to combat HIV/AIDS. The Global Fund for AIDS, TB and Malaria (GFATM) has provided significant international support for HIV/AIDS programmes in Nigeria. The “3 by 5” World Health Organization (WHO)-led UNAIDS initiative aims to treat 3 million people in developing countries by 2005. In addition, the U.S. government now offers unprecedented support in the fight against HIV/AIDS with the President's Emergency Plan for AIDS Relief (PEPFAR). The Emergency Plan provides large-scale funding to treat 2 million people, prevent 7 million infections, and provide care for 10 million people. Nigeria is one of the major beneficiaries of PEPFAR.

Key programme elements for all of these international efforts include increasing access to HIV testing and counselling, strengthening prevention interventions linked to treatment services, enhancing access to PMTCT programmes, and fostering community participation.

Training and capacity development

To achieve these goals, initiatives to combat HIV/AIDS need to address the challenge of human capacity building at all levels of the health system. Globally, up to 100,000 people need to be trained for the “3 by 5” initiative to reach the target. Meeting that training goal will require strong collaboration among communities, nations, and international organisations.

The rapidly growing HIV/AIDS pandemic requires global and in-country collaborative efforts to maximise the use of existing human resources and develop strengthened human capacity. Training is a key part of this strategy.

This PMTCT training manual is designed to strengthen the national curriculum and training plan using the WHO PMTCT generic training package as a template. It would be an invaluable resource in providing appropriate information and training for the cadres of health workers at national, state, and local government levels. Giving appropriate information and training at these levels is an important step for scale-up and sustainability of the national PMTCT programme.

A word on terminology

In these course materials, the term “healthcare worker” is intended to be synonymous with “healthcare provider.” It includes all staff working in the

PMTCT service system (doctors, pharmacy staff, nurses, midwives, laboratory personnel, community health officers, social workers, outreach workers, counsellors, programme managers, medical records personnel). “Maternal and child health” (MCH) is used to refer to a variety of services, including maternal and newborn child health services and reproductive and child health services (RCHS). MCH encompasses the system of treatment, care, and support that aims to protect and improve the health of women of reproductive age and their infants, as well as young and adolescent children, and families.

Target audience

This training course is targeted to staff working in (or intending to work in) PMTCT programmes or healthcare settings that provide PMTCT services:

- Doctors
- Pharmacy staff
- Nurses
- Midwives
- Laboratory personnel
- Community health officers
- Social workers
- Outreach workers
- Counsellors
- Programme managers
- Medical records personnel

Every setting that provides PMTCT services can maximise the effectiveness of their programmes by involving staff in specialised training and encouraging other healthcare workers to expand their existing knowledge, defining them as key members of the PMTCT programme team.

Hands-on clinical training is strongly recommended. Where feasible, complementary onsite or offsite clinical training—especially in HIV testing and counselling and infant-feeding counselling—will greatly improve the capacity of healthcare workers to use their new knowledge.

Course Content

This course offers basic information and introductory skills development in the following areas:

- Module 1: Introduction to HIV/AIDS
- Module 2: Overview of PMTCT of HIV
- Module 3: Testing and Counselling for PMTCT
- Module 4: Specific Interventions to Prevent MTCT
- Module 5: Infant feeding in the context of HIV Infection
- Module 6: Linkages to Treatment, Care and Support for Mothers and Families with HIV Infection
- Module 7: Safety and Supportive Care in the Work Environment
- Module 8: Communication for PMTCT
- Module 9: PMTCT Programme Monitoring
- Module 10: Establishing a PMTCT Site

This PMTCT training course is designed to provide healthcare workers with the basic information and skills necessary to deliver core PMTCT services in an integrated manner.

Course syllabus

Day	Content
Pre-course session (2 hours)	Opening Ceremony and Introductions
Day 1	Module 1 Introduction to HIV/AIDS Module 2 Overview of PMTCT of HIV
Day 2	Module 3 HIV Testing and Counselling for PMTCT
Day 3	Module 4 Specific Interventions to Prevent MTCT of HIV Module 5 Infant feeding in the context of HIV Infection Module 6 Linkages to Treatment, Care and Support for Mothers and Families with HIV Infection
Day 4	Module 7 Safety and Supportive Care in the Work Environment Module 8 Communication Issues in Stigma and Discrimination
Day 5	Module 9 PMTCT Programme Monitoring Module 10 Establishing a PMTCT Site Closing
Day 6 (Optional half day session)	Field Visit and de-briefing

RESPONSIBILITIES OF PMTCT SERVICE PROVIDERS

The course offers healthcare workers (HCWs) basic information and introductory skills development in PMTCT in order to implement core PMTCT activities in an integrated manner. The HCW will be able to undertake the following responsibilities:

- To provide core PMTCT services.
- To facilitate the reduction of HIV-related stigma and discrimination.
- To provide comprehensive and appropriate care and support for HIV-infected and affected women and children.
- To establish community-based linkages among individuals and groups, health facilities, communities, organisations, and other agencies for continued care of HIV/AIDS clients.
- To implement PMTCT programme logistics, monitoring and evaluation.

See Appendix 1 for a listing of the competencies related to each of these responsibilities.

Certificate of Participation

The course participants will be awarded a certificate signed by MOH/NASCOP to acknowledge their participation in the National PMTCT Training.

Section 2 Ice Breaker and Ground Rules

Introduction Exercise 1: “Getting to know each other” card game	
Purpose	Explore participants’ concerns about taking care of women and children with HIV and introduce objectives for this training. Provide an opportunity to get to know each other.
Duration	30 minutes
Activities	<ul style="list-style-type: none"> ▪ Review the card you have just received; the card has 3 columns labelled “Concerns,” “Objectives,” and “Strengths.” ▪ Think for a few minutes about your responses to each of the following questions: <ul style="list-style-type: none"> Concerns: What concerns you about taking care of women or children with AIDS? Objectives: What do you want to ensure you learn about PMTCT before the end of this course? Strengths: What three strengths do you bring to your work as a healthcare worker? ▪ Write your responses in the appropriate columns. Share your responses in the large group discussion.

Introduction Exercise 2: Determining the ground rules for the course	
Purpose	Develop and agree on a set of ground rules that will guide the development of an environment that facilitates learning.
Duration	20 minutes
Activities	<ul style="list-style-type: none"> ▪ Participate in a discussion on the ground rules necessary to ensure a training environment that would make you feel more comfortable talking about the prevention of mother-to-child transmission of HIV. These ground rules will help guide the development of norms within this training.

APPENDIX 1 COMPETENCIES FOR PMTCT HEALTHCARE WORKERS

Competencies for PMTCT Healthcare Workers

To provide core PMTCT services

- HIV counselling and testing
 - Provide HIV counselling and testing services in MCH/FP clinic and maternity/post-natal ward(s).
- Safer infant feeding
 - Counsel mothers on safer infant feeding practices
 - Demonstrate safer breastfeeding practices to mothers.
 - Advise women on early cessation of breastfeeding, replacement feeding (if appropriate) and the introduction of nutritious complementary feeds.
- Healthy living
- Provision of prophylaxis
 - Provide ARVs, other drugs and supplements and instructions on their use for both mother and infants.
- Safer obstetric procedures
 - Prevent HIV infection and HIV-related complications in labour, delivery and in the postnatal period.
 - Provide care and support to women in labour through safer delivery practices.
 - Provide care for the newborn.
- Integrated care
 - Provide packages of integrated care for HIV-infected women and their infants, e.g., psychosocial support, nutrition, family planning, OI prophylaxis and treatment.

APPENDIX 1 COMPETENCIES FOR PMTCT HEALTHCARE WORKERS *(continued)*

To facilitate the reduction of HIV-related stigma and discrimination

- Advocate for PMTCT services at the health facility, community, state, and national levels.
- Educate individuals, groups and communities on care and support needs of HIV/AIDS clients.
- Explain mitigating gender issues on HIV/AIDS.
- Mobilise communities and identify resources for HIV/AIDS individuals.
- Communicate and undertake preventive and control strategies for HIV/AIDS in community and healthcare settings.

To provide comprehensive and appropriate care and support for HIV-infected and affected women and children

- Assess needs of HIV-infected and affected individuals.
- Describe WHO criteria for HIV/AIDS diagnosis.
- Make clinical diagnosis for HIV/AIDS.
- Carry out laboratory diagnosis for HIV/AIDS.
- Explain the principles for ARV therapy.
- Prescribe and dispense antiretroviral (ARV) drugs for PMTCT.
- Prevent and treat opportunistic infections.
- Provide psychosocial support for HIV/AIDS clients.
- Initiate and facilitate the activities of community support groups on HIV-related issues.
- Promote safer infant feeding practices.

To establish community-based linkages among individuals and groups, health facilities, communities, organisations, and other agencies for continued care of HIV/AIDS clients

- Establish follow-up plans for mother and baby including proper referral channels.
- Develop collaboration and teamwork with stakeholders to promote PMTCT services at both the community and facility level.

To implement PMTCT programme logistics, monitoring and evaluation

- Understand the effect of HIV/AIDS in national development.
- Design, develop and utilise ANC cards, registers and reporting forms for PMTCT.
- Assess the quality of PMTCT activities.
- Collect, analyse and use data in PMTCT services to monitor and evaluate interventions in both the health settings and in the community, and advise on appropriate action.

APPENDIX 2 Pre-Assessment/Post-Assessment

ID _____

PMTCT Knowledge Pre-Assessment

Thank you for attending the Nigerian PMTCT National Training Curriculum course. The PMTCT Knowledge Assessment is given at the beginning and end of the course to assess the usefulness of this training.

Your responses are anonymous. You should not put your name on this form. In the ID blank at the top of this page and the next page, please fill in a 3 digit number that you will remember. You will use this number on the Knowledge Post-Assessment as well.

Please circle the **number (1 – 4)** below that best represents your PMTCT training and experience **BEFORE** this training.

1	2	3	4
Trained in PMTCT and providing PMTCT services	Trained in PMTCT and not providing PMTCT services	Not trained in PMTCT and working in a PMTCT facility	Not trained in PMTCT and working in a facility not providing PMTCT services

Please complete ALL of the following questions.

A. Please read each question (1 - 10) carefully and circle the most accurate response.

1. What proportion of Nigerian adults was infected with HIV in 2003?
 - a) About 14% of all adults
 - b) About 5% of women and 9% of men
 - c) About 5% of all adults
 - d) About 9% of women and 5% of men
2. Which body fluids transmit HIV infection?
 - a) Semen, blood, vaginal secretions
 - b) Semen, saliva, breast milk
 - c) Blood, semen, tears
 - d) Vaginal secretions, saliva, breast milk
3. How do the HIV rapid tests measure HIV serostatus?
 - a) Detecting the presence of HIV antigen
 - b) Detecting the presence of HIV antibody
 - c) Determining the quantity of HIV
 - d) Detecting the presence of viral DNA
4. The risk of mother-to-child transmission of HIV infection increases when
 - a) Breastfeeding is continued over time
 - b) Non-invasive delivery procedures are used
 - c) Maternal viral load is low
 - d) Sexually transmitted infections are treated early
5. What is one advantage of using commercial infant-feeding formula?
 - a) It provides all the nutrients and antibodies a baby may need
 - b) It is always available
 - c) Other family members can help feed the baby
 - d) It carries very little risk of causing diarrhoea or bacterial infections

6. If two rapid HIV tests are performed and one test is positive and one test is negative
 - a) The patient is HIV positive
 - b) The patient is HIV negative
 - c) The patient is in the process of seroconversion
 - d) The patient's HIV status needs to be confirmed

7. Interventions to minimise the risk of HIV transmission during breastfeeding include all of the following **except**
 - a) Teach mothers good breastfeeding technique
 - b) Support mothers to use exclusive breastfeeding
 - c) Instruct mothers to supplement breast milk with other milks to reduce exposure
 - d) Encourage mothers to obtain early treatment of breast problems

8. When Nevirapine is used to prevent mother-to-child transmission of HIV it should be given
 - a) To the mother during pregnancy
 - b) To the mother at onset of labour and to the baby within 72 hours of birth
 - c) To the mother immediately postpartum
 - d) To the mother during pregnancy and to the baby for 7 days

9. Postnatal infant-feeding counselling and follow-up are required
 - a) Throughout the breastfeeding period
 - b) When replacement feeding is the chosen option
 - c) Whenever a mother decides to change her feeding practice
 - d) At selected intervals based on clinic protocols

10. A positive HIV antibody test in an infant born to a HIV positive woman indicates that the baby is HIV infected when it is done at or after what age?
 - a) 12 months
 - b) 18 months
 - c) 6 months
 - d) All of the above

B. Indicate whether the following statements (11-20) are True (T) or False (F).

11. HIV exposed infants should receive Cotrimoxazole preventive therapy (CPT) _____ beginning at 6 weeks of age.
12. One of the most commonly seen presenting symptoms of HIV infection in children is growth faltering. _____
13. Nigerian guidelines recommend exclusive breastfeeding with cessation at 6 months of age as an appropriate infant-feeding option for HIV positive women. _____
14. A woman of unknown HIV status who presents to the health care facility in early labour should be tested for HIV immediately after delivery. _____
15. HIV post-test counselling for HIV negative women does not include advice about safer sex. _____
16. Dual protection means contraceptive methods that will protect against HIV/STIs as well as protect against pregnancy. _____

17. The actions of staff in PMTCT programmes can play an important role in reducing the stigma and discrimination related to HIV. _____
18. Support for exclusive breastfeeding is not a priority in the immediate postpartum period. _____
19. A person with HIV infection may or may not have AIDS. _____
20. Nigeria national guidelines do not support opt-out HIV testing in antenatal care. _____

Self-Rating Regarding PMTCT Services

Please rate your perception of your understanding and ability on the following items related to perinatally transmitted HIV infection.

Place a check in the box that best describes your level of understanding or ability for each item with “1” being the lowest level and “5” being the highest. Please leave blank if not applicable.

		Low				High	
		1	2	3	4	5	
1.	Knowledge about family-centered services for the prevention of mother-to-child transmission of HIV.	Before Training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Your ability to describe the healthcare worker’s role in PMTCT services.	Before Training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Ability to provide HIV testing and counselling in line with Nigeria guidelines.	Before Training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Ability to advise and support women on antiretroviral prophylaxis for PMTCT.	Before Training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Ability to provide women who are HIV infected with information, counselling and support about infant feeding.	Before Training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	Understanding of antiretroviral treatment for HIV infected adults and children.	Before Training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	Understanding of programme monitoring for PMTCT services and the role you have to play.	Before Training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PMTCT Knowledge Post-Assessment

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 - b) Semen, saliva, breast milk
 - c) Blood, semen, tears
 - d) Vaginal secretions, saliva, breast milk

3. How do the HIV rapid tests measure HIV serostatus?
 - a) Detecting the presence of HIV antigen
 - b) Detecting the presence of HIV antibody
 - c) Determining the quantity of HIV
 - d) Detecting the presence of viral DNA

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 - a) Teach mothers good breastfeeding technique
 - b) Support mothers to use exclusive breastfeeding
 - c) Instruct mothers to supplement breast milk with other milks to reduce exposure
 - d) Encourage mothers to obtain early treatment of breast problems

8. When Nevirapine is used to prevent mother-to-child transmission of HIV it should be given
 - a) To the mother during pregnancy
 - b) To the mother at onset of labour and to the baby within 72 hours of birth
 - c) To the mother immediately postpartum
 - d) To the mother during pregnancy and to the baby for 7 days

9. Postnatal infant-feeding counselling and follow-up are required
 - a) Mainly during the first few months of breastfeeding
 - b) When replacement feeding is the chosen option
 - c) Whenever a mother decides to change her feeding practice
 - d) At selected intervals based on clinic protocols

10. A positive HIV antibody test in an infant born to a HIV positive woman indicates that the baby is HIV infected when it is done at what age?
 - a) 12 months
 - b) 18 months
 - c) 6 months
 - d) All of the above

B. Indicate whether the following statements (11-20) are True (T) or False (F).

11. HIV exposed infants should receive Cotrimoxazole preventive therapy (CPT) beginning at 6 weeks of age. _____

12. One of the most commonly seen presenting symptoms of HIV infection in children is growth faltering. _____

13. Nigerian guidelines recommend exclusive breastfeeding with cessation at 6 months of age as an appropriate infant-feeding option for HIV positive women. _____

14. A woman of unknown HIV status who presents to the health care facility in early labour should be tested for HIV immediately after delivery. _____

15. HIV post-test counselling for HIV negative women does not include advice about safer sex. _____

16. Dual protection means contraceptive methods that will protect against HIV/STIs as well as protect against pregnancy. _____

ID _____

- 17. The actions of staff in PMTCT programmes can play an important role in reducing the stigma and discrimination related to HIV. _____
- 18. Support for exclusive breastfeeding is not a priority in the immediate postpartum period. _____
- 19. A person with HIV infection may or may not have AIDS. _____
- 20. Nigeria national guidelines do not support opt-out HIV testing in antenatal care. _____

Self-Rating Regarding PMTCT Services

Please rate your perception of your understanding and ability on the following items related to perinatally transmitted HIV infection.

Place a check in the box that best describes your level of understanding or ability for each item with “1” being the lowest level and “5” being the highest. Please leave blank if not applicable.

		Low				High
		1	2	3	4	5
1.	Knowledge about family-centered services for the prevention of mother-to-child transmission of HIV. After Training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Your ability to describe the healthcare worker’s role in PMTCT services. After Training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Ability to provide HIV testing and counselling in line with Nigeria guidelines. After Training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Ability to advise and support women on antiretroviral prophylaxis for PMTCT. After Training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Ability to provide women who are HIV infected with information, counselling and support about infant feeding. After Training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	Understanding of antiretroviral treatment for HIV infected adults and children. After Training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	Understanding of programme monitoring for PMTCT services and the role you have to play. After Training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>