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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 to the Trainer Manual

This Trainer Manual is designed to support the implementation of the Nigerian National Prevention of Mother-to-Child HIV Transmission (PMTCT) Training Curriculum. The Trainer Manual contains the same material found in the Participant Manual, supplemented with specific instructions for the trainer.

The Trainer Manual contains the following materials:

- Information on how to prepare, plan, and organise each module
- Training tools and tips on scheduling, training activities, and time management

Keep the Trainer Manual with you each day for use as a reference, but avoid reading directly from it during sessions.

Icon key

The Trainer Manual includes symbols (icons) in each section to direct you in conducting the sessions.



Trainer Instructions: Notes specific trainer tasks



Make These Points: Draws attention to key concepts for emphasis

Text that appears in the Participant Manual is surrounded with a dashed border to help the trainer keep track of the materials available to the participants.

Before you offer this course

Teaching the course

Familiarise yourself with the learning platform, described later in this section, and review training guidelines. Ensure that trainers and participants have clear and accurate expectations about the course.

Trainers play a unique role in helping their audiences confront the dynamics of the HIV/AIDS epidemic. Although you might be an expert in technical content and training, your role in this course extends beyond lecturing or providing information. Trainers need to inform, support and acknowledge implementation issues within the social and cultural context of the existing training setting to ensure a successful experience for all PMTCT training participants.

This section will review the principles of adult learning generally and within the specific context of training to provide HIV/AIDS treatment, care and support.

Principles of adult learning

Principles to keep in mind when working with adult learners:

- Create a supportive learning environment and establish safe training practices, e.g., be sure that learners feel confident their contributions will be received respectfully.
- Build trust with learners by demonstrating that you are committed to the course and are willing to share your own experiences.
- Provide opportunities for learners to practise what they are learning and to address feelings and ideas that arise.
- Build teamwork and a sense of group belonging by encouraging active participation.
- Be accountable. Explain how you know what you know.
- Create a culturally sensitive and respectful learning environment by becoming familiar with local customs and values.

The role of the trainer in adult learning

The trainer's role is to facilitate the learning experience of the adult learner. To that end, you should create a climate in which participants can accomplish course outcomes and explore their life experiences to help them to learn.

Trainer tips

- Emphasise the immediate usefulness and applicability of material presented. Adult learners are particularly receptive to information that will make a difference in their daily practice.
- Elicit personal experiences that are culturally sensitive and appropriate. Adult learners can bring a reservoir of experience to the course, and their contributions are an important resource for training programmes.
- Encourage group interaction and participation early in each session. During the first day or two, interact at least once with each participant, and encourage them to interact with you.
- Make an effort to learn participants' names early on and to use their names whenever possible.
- Instead of talking with other trainers during breaks, remain in the classroom and talk with participants.

- Be available after each session to answer questions and discuss concerns.
- Consult with participants throughout each presentation to gauge their comprehension and attentiveness. Generally, the more side conversation and noise in a room, the less the participants are focused on the material. Pay attention to nonverbal cues to gauge learners' attentiveness.
- Praise or thank participants when they perform an exercise well, participate in a group discussion, ask a question or help other participants.

Strategies for educating adults

Presentations and discussions

Use didactic training methods (as directed on the following page) to present scientific and technical content. Avoid reading directly from the overheads or slides. Instead, supplement them with examples, practical problems, and discussion questions. Elicit feedback from the audience at critical junctures; encourage discussion.

Role-plays

Engage trainees in problem-solving by having them act out situations they are likely to encounter in real life. Role-playing can be scripted or improvised.

Small group discussions

Facilitate small group discussions to foster team coherence. Those discussions provide trainers with an opportunity to validate or modify learners' perceptions and knowledge.

- Assign a topic, issue, or question that participants can address in small groups.
- Designate a leader to facilitate and summarise the group's findings.
- Consider the task objective as you determine how to constitute groups. You might divide participants according to discipline (nurses or midwives) or by region (clinic X or clinic Y). If you want the groups split up randomly you could ask participants to count off by threes (or any small number): the first person is in group 1, the second is in group 2, the third is in group 3, the fourth is group 1 and so on.

Story telling

Use culturally appropriate stories from learners to illustrate critical points. Weave cultural beliefs and personal experiences into stories to convey information vividly.

Case studies

Present culturally relevant, actual or hypothetical clinical situations. Ask learners to propose solutions.

Interactive exercises and games

Use interactive exercises to facilitate team building and reinforce learning.

- Invite learners to consider a specific topic.
- Pose questions, allowing time for learners to record their answers.

- Encourage participants to discuss their answers and exchange ideas.
- Record responses on the flipchart and encourage learners to respond to the group's feedback.

Panel discussions

Use panel discussions to help participants gain insight into the physical, emotional, and financial impact of HIV/AIDS. Panels with persons infected or affected by HIV can be a powerful tool for influencing the attitudes and behaviours of healthcare workers. Other panels that may be considered include:

- Healthcare workers panel: to share ideas for handling the emotional challenges of caring for patients with HIV infection.
- Ministry of Health leaders and staff member panel: to provide information about national policies and strategies for fighting HIV/AIDS.
- Nongovernmental organisation (NGO) employees panel: to share information about the important role of NGOs in providing PMTCT services and support for people living with HIV/AIDS (PLWHA).

The flow of training

Flow and pacing

Pay attention to the order and flow of activities to ensure that new information is assimilated at an appropriate pace. Make sure that learners complete the course with a clear action plan for applying their knowledge.

Didactic training

Didactic training progresses from the simple to the complex. The trainer first reviews and outlines fundamental concepts to establish a shared understanding of the basics. New material is integrated gradually and illustrated with practical examples when possible. Remember that learners can absorb and integrate only five or six new pieces of information at a time.

Interactive/experiential learning

In interactive or experiential learning, the trainer might start with a group activity. The learners then use this new, shared experience as a starting point for discussion.

Begin with a group activity or interaction. When the activity is over, the group should share observations about the experience and examine themes or patterns that have emerged. Focus on generalising, drawing inferences from the shared experiences and linking to practice (the “why” of learning). Training should focus on the practical application of new insights, information, and skills.

Trainer skills

Facilitating the group

A facilitator helps participants learn through individual and group discussions. As a trainer, you are the facilitator.

You should be thoroughly familiar with module content. Preparation is the key to conducting a successful training course. Complete the following before starting each module:

- Read module objectives and teaching exercises.

- Prepare for each of the exercises.
- Obtain and organise the materials needed.
- Read the text and overhead materials.
- Ensure that you understand national policies.
- Read and understand key points at the end of each module.

Responsibilities of the facilitator include the following:

- Introduce each module and key concept.
- Lead group discussions and training exercises.
- Answer questions.
- Explain ideas and clarify issues.
- Discuss how learners can apply the information to their own work.
- Give constructive feedback.

You are encouraged to go beyond formal lecturing. It is your job to answer questions, talk with participants about exercises, lead group discussions and give participants any help they need.

Familiarity with the local cultural environment is essential to effective group facilitation. Training strategies could require modification to respect various cultural standards. For example, in some areas, cultural norms dictate acceptable eye contact or physical proximity of the trainer and learners.

Managing challenging participants

Throughout training, continually assess the interpersonal dynamics of the group. Occasionally, the learning environment might be disrupted by individual participants. A challenging participant might be overly talkative or dominating in discussions. He or she may be disrespectful to other participants and, as a result, other participants may be hesitant to express their opinions. Depending on the situation, the trainer should address such behaviours either in public or privately. It can be helpful to remind participants of the norms established at the beginning of the programme and to reinforce the ground rules throughout the course.

Eliciting participation from all participants

HIV/AIDS is a controversial subject in many communities that is likely to prompt fervent debate. To tackle key underlying issues and foster discussion, the trainer should actively engage participants who express disparate viewpoints. In some settings, the group might accept the position or approach presented in the curriculum. In others, the group could need additional time to reach consensus on complex issues.

Managing time

Times allocated for each section in the curriculum are guidelines only. All of the curriculum content is important; however, the trainer should acknowledge the particular needs, knowledge and experience level of the group and make adjustments accordingly.

Each trainer may re-allocate time provided that the key concepts of each module are addressed and the programme presented as a comprehensive PMTCT package within the overall time limit.

Trainer preparation checklist

Daily preparation

Each day arrive with enough time to set up the materials and equipment and arrange the furniture and audiovisual equipment in a way that fosters learning and teamwork. An informal arrangement is more comfortable than an auditorium style, which creates a formal “lecture” atmosphere.

Climate setting

Ensure that the physical environment is comfortable, well lit, and adequately equipped. Create a psychological environment where learners feel accepted, respected, and supported.

Room setup

Because this course uses a combination of didactic, interactive, and experiential techniques, the classroom should have tables and chairs that can be rearranged easily. For didactic presentations, the room should be set up so that all participants can see the slides or overhead projections. For interactive activities, more informal arrangements work best. In either case, you might need to arrive early to organise the room.

Goals and objectives

Review the course goals and objectives.

Course content

Review existing resources to ensure you have all background materials related to the course content. Although you will not be able to answer every question, try to master the curriculum content, related support materials and relevant examples.

Course materials and teaching aids

Be sure that all educational materials (overheads, flipcharts, markers) are available and that equipment is in good working order.

Course schedule

The course schedule is outlined in the Participant Manual. It is recommended that each training day begin with a recap of key points covered the previous day. This can be done in approximately 15 minutes. Strategies to review the previous day’s learning points might include:

- The trainer or participant presents the previous day’s key points using a lecture and question/answer format. If possible, write the key points on the board or flipchart paper in the morning before participants arrive.

- Large group discussion— the trainer may start by asking the group, “What were the most important points from the previous day’s presentations?” The trainer should then add any additional key points that the group may have missed.
- Small group discussion—trainees break into four small groups (or even pairs) and take five minutes to come up with the three most important points from the previous day’s presentations.

Once the key points have been summarised, ask trainees whether they have questions from the material covered during the previous day’s presentations.

Endnote to Trainer Manual Introduction

As a trainer, you are a facilitator of learning, not merely an instructor. Encourage participants to identify their aims and objectives for the course. As a trainer, you will help them accomplish those aims and objectives. Remember that all members of the group respect and learn from each other's unique skills, perspectives, and life experiences.



Introduction



Total Time: 110 minutes (1 hour, 50 minutes)

SECTION 1 Introduction

Activity/Method	Resources Needed	Time
Introduce course structure and organisation (including background information about the National PMTCT programme) Review course syllabus and give overview of materials	None other than those listed below	30 minutes

SECTION 2 Ice Breaker and Ground Rules

Activity/Method	Resources Needed	Time
Introduction Exercise 1: "Getting to know each other" card game Explanation of anonymous question bowl or envelope	12 x 20 cm (approximately) cards or plain paper, divided into three columns labelled: "Concerns," "Objectives," and "Strengths" Tape Bowl or large manila envelope	30 minutes
Introduction Exercise 2: Determining the ground rules for the course	Tape	20 minutes

Pre-test /Post-test

Activity/Method	Resources Needed	Time
Explain and distribute course pre-test	Copies of the Pre-test: one per participant	30 minutes

Also have available the following:

- Flipchart or whiteboard and markers or blackboard and chalk
- Pencil or pen and notepaper for each participant

NOTE: The guiding principle for facilitating this curriculum emphasises team training with the trainer commitment to participation for the duration of the training. Facilitators for training of each module/unit in the course should be conversant with the material

SECTION 1 Introduction



Advance Preparation

The trainer should be completely familiar with the course materials and be prepared to address participants' questions.



Total Section Time: 30 minutes

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.

Note: Whenever possible, conduct all of the sessions in the Introduction as part of the Opening Ceremony. If there is no Opening Ceremony, the Course Overview and Introduction may be incorporated into Day 1 of the training.



Trainer Instructions

Provide an overview of MTCT and PMTCT using the information below as a guide. Discuss the course's function in the context of PMTCT. This information may be presented by the trainer or a guest speaker during the Opening Ceremony or it may be presented by a trainer on the first day of training.

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:

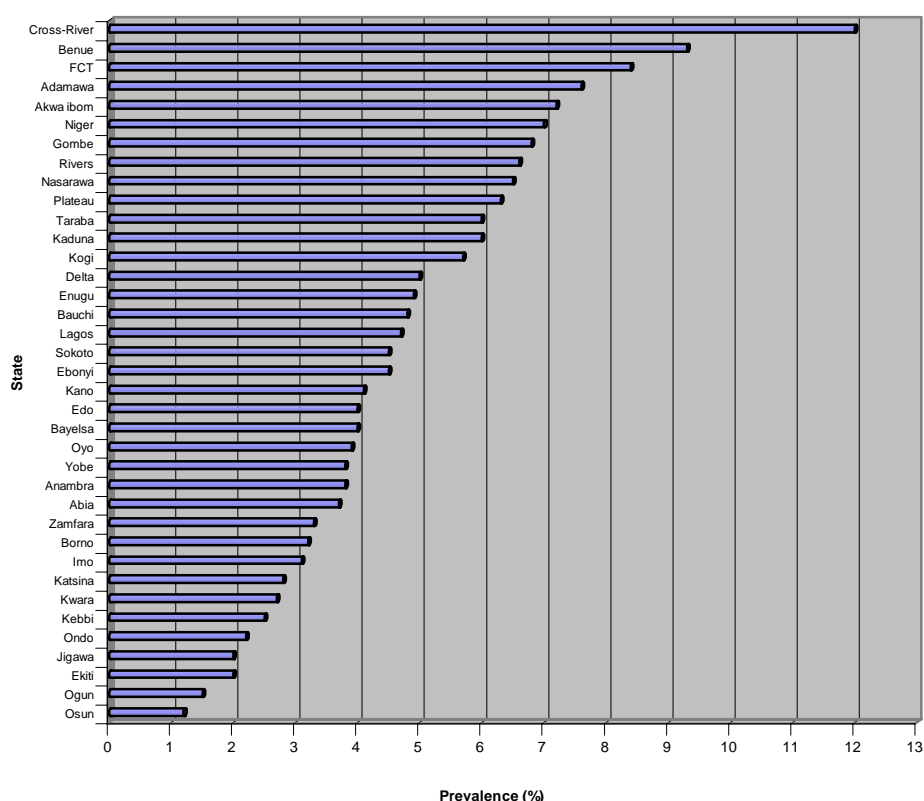
HIV/AIDS has become a major public health problem in Nigeria. In 2003, it was estimated that 3.8 million Nigerians were living with the virus, the third highest number in the world. AIDS is now among the leading causes of death among men and women of the reproductive age group in the country. Since the first case of AIDS in Nigeria was reported in 1986, the epidemic has continued to rise at an alarming rate, with the national HIV sero-prevalence 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 unsterilized 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.

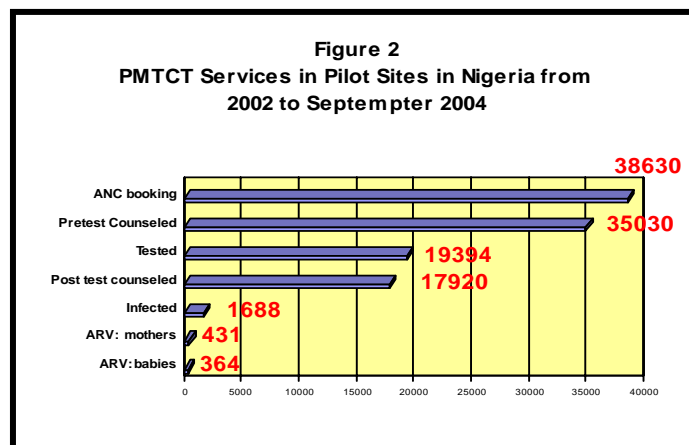
National scale-up

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.



Make These Points

- Ensure all participants are familiar with the syllabus. Note that the course is designed to span for 7 days with an optional field visit. Reiterate key organisational and logistical details, including daily start times, end times, and breaks.
- Stress the importance of group interaction and participation.
- Ensure that participants understand the structure and purpose of all course materials. Point out that the Participant Manual includes an instruction sheet for each group activity. Explain that the support tools should serve as handy references for use in the healthcare setting.
- Remind participants to bring the Participant Manual with them each day and to be prepared to use it throughout the course.



Trainer Instructions

As necessary, clarify terminology used in the course, as explained below

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.



Trainer Instructions

- Explain the key feature of the course. Feel free to refer participants to the following paragraphs in the introduction to the Participant Manual rather than covering them in detail.
- Provide an outline of the course by reviewing the Participant Manual with the group, pointing out the target audience, the expectation for the course, title of each module, the appendices associated with each session, the overheads or slides, the Pocket Guides, and the Wall Charts.

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.



Make These Points

- Healthcare workers are encouraged to pursue additional training to expand the expertise available in their region or facility.
- There is no substitute for hands-on experience when providing both clinical and social support. All participants are encouraged to view this curriculum as providing a foundation on which to build and develop additional skills.
- This can be done through specialised training in areas such as HIV counselling, infant feeding, or networking within local communities. Many of these skills require practice to develop proficiency and participants can benefit by actively seeking opportunities for becoming comfortable with all aspects of programme implementation.

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 Module 4 Specific Interventions to Prevent MTCT of HIV
Day 3	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 FMOH/NASCP to acknowledge their participation in the National PMTCT Training.

Section 2 Ice Breaker and Ground Rules



Trainer Instructions

- Discussing or teaching about HIV/AIDS can be difficult, and can trigger feelings about a range of issues, including sexuality, illegal drugs, stigma, fear, and distrust. Those issues are viewed within the context of the cultural and religious beliefs of those who are affected and the communities in which they live. Be aware that addressing HIV/AIDS in the clinical setting may raise an even higher level of fear in healthcare workers.
- Once you have completed the introduction of the course and materials, it is important to set the appropriate tone. Create an atmosphere in which participants feel comfortable expressing fears and concerns.
- Use the “Getting to know each other” card game to elicit introductions, create a comfortable and non-threatening atmosphere, and confront conflicting or inaccurate opinions.



Make These Points

- Acknowledge that you realise that HIV/AIDS is a frightening disease for which science does not have all the answers. Doing so will give participants permission to share his/her own fears and concerns.

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
Introduction	Welcome participants to the training course and explain that this introductory exercise will help them to: <ul style="list-style-type: none">▪ Explore their individual concerns as providers of HIV/AIDS care▪ Establish their individual goals and objectives for the course▪ Realise the value of their professions and acknowledge the personal strengths they bring to their work.
Activities	Distribute one card or sheet of paper to each participant. Explain that they will not be collected. Ask participants to spend 5 minutes thinking about the following questions and then to write their responses on their card or paper. <ul style="list-style-type: none">▪ <i>Concerns:</i> What concerns you about taking care of women and children with AIDS?▪ <i>Objectives:</i> What do you want to learn or take away with you at the end of the course?

Introduction Exercise 1: “Getting to know each other” card game	
	<ul style="list-style-type: none"> ▪ <i>Strengths:</i> What three strengths do you bring to your work as a healthcare provider? <p>While they complete their answers, write each question on a separate piece of flipchart paper and tape it to the wall, or divide the blackboard into sections and write one question at the top of each.</p> <p>Ask for responses and write each on the flipchart paper or blackboard. Allow for some discussion while documenting the concerns. Limit discussion about objectives; you will be discussing them later in the day. Discuss the participants' strengths and the role they play in the care of women and children—with and without HIV/AIDS.</p>
Debriefing	<p>Acknowledge that many healthcare workers must confront HIV/AIDS not only at work, but also at home and in their communities. This training aims to support the participants in their efforts to cope with the wide-reaching impact of HIV disease.</p> <p>Validate the individual concerns they have as healthcare workers in HIV/AIDS.</p> <p>Acknowledge the importance of professional affirmation.</p> <p>Support the strengths they bring to their work.</p> <p>Close by affirming their experiences and by acknowledging that:</p> <ul style="list-style-type: none"> ▪ Healthcare workers often are insufficiently recognised for their efforts. ▪ Busy schedules can prevent them from sharing their time and ideas with colleagues.



Trainer Instructions

Anonymous question bowl or envelope

- Some questions are difficult to ask in a group. Set up a question bowl or envelope along with paper and a pen or pencil. Place those materials, if possible, in an inconspicuous but accessible location. When participants have a question that they do not want to ask in the group setting, they can write it down and place it in the bowl or envelope.
- Tell participants about the bowl, show them where it is, and invite them to submit questions about HIV/AIDS at any time. Explain that the questions may include concerns about themselves, their families, co-workers, or patients.
- Check the bowl each day before lunch and read the questions aloud to the group. Explain that you will give the group time to think about the questions and that after the afternoon break, you will ask for their responses so the group can learn together. Set aside a few minutes after the afternoon break to allow the participants to share their thoughts.
- Ensure that participants leave the session knowing the correct answers to the questions. If an incorrect or misinformed response is offered, provide the correct answer in a clear but tactful way.



Make These Points

- Explain that although the course is interactive, it can be difficult or uncomfortable to ask questions in the group setting. If a question concerns a topic that is to be covered later in the course, tell the participants that you will wait to address the question until that time.



Trainer Instructions

For participants to meet their expectations and the course objectives, the group should establish standards for group interaction. Establishing ground rules provides an opportunity for participants to discuss their previous training experiences and to share examples of effective approaches to training.

Facilitate Introduction Exercise 2 to help the group establish ground rules for the course and shared norms for conduct.

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
Introduction	In order to achieve teamwork and create an environment that is conducive to learning, the group needs to agree on some ground rules. Ask the group what ground rules would make them feel more comfortable about contributing to discussions.
Activities	<p>If the group is slow to offer suggestions, consider the following examples:</p> <ul style="list-style-type: none"> ▪ We will respect others, in our language, posture, and tone of voice. ▪ It is up to the individual whether he or she wants to contribute during an activity. ▪ Participants will raise their hands to ask questions or make comments. ▪ Anyone may contribute ideas, but the trainer may set limits on speaking time. ▪ We will speak one at a time and avoid whispering or side conversations. ▪ We will protect each other's confidentiality ("What's said here, stays here.") and use general rather than specific examples. ▪ Each member of the group will attend to his or her own comfort needs (refreshment, restroom, stretching breaks). ▪ We will be on time for each session.
Debriefing	<p>Ask what other ground rules participants would like to add to the list.</p> <ul style="list-style-type: none"> ▪ Make sure everyone agrees on the rules. ▪ Write the rules and post them on the wall. ▪ Keep the ground rules visible throughout the entire training session.



Trainer Instructions

- The overview and introduction will conclude with the pre-test in Appendix 2.
- Distribute the test to participants. Comparing the answers to the pre- and post-test questionnaire will measure the changes that occur in the group's (not an individual's) knowledge between the beginning and the end of the course. The results will provide some indication of whether the material and teaching methods have been successful. This questionnaire will be re-administered just before the closing session (as the post-test).

- Keep track of the time. After 20 minutes, remind participants that you will be collecting the tests in about 10 more minutes. Assure participants that if they need more time, you will provide it.
- Collect the completed tests (after about 30 minutes).
- Address questions or concerns about the course.



Make These Points

- Tests will be anonymous.
- Participants will be tested again after the course to measure how much the group learns. After the post-tests are collected (on the last day of training) the test questions will be reviewed.
- Remind participants of the next session's starting time.
- Remind participants to bring their Participant Manual to every session.

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. _____

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.	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"/>

ID _____

PMTCT Knowledge Post-Assessment

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9. Postnatal infant-feeding counselling and follow-up are required
 - a) Mainly during the first few months of breastfeeding
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		1	2	3	4	5	
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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"/>