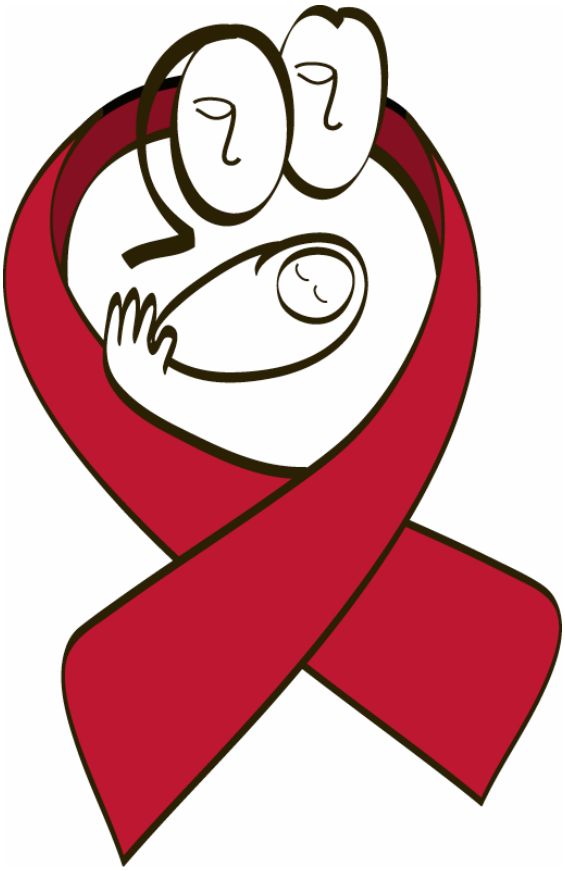
Prevention of Mother-to-Child Transmission of HIV



Generic Training Package

Training Programme and Course Director Guide

WORLD HEALTH ORGANIZATION

TREAT 3 million by 5 2005

CDC CENTERS FOR DISEASE CONTROL AND PREVENTION

DEPARTMENT OF HEALTH & HUMAN SERVICES-USA

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The WHO/CDC *Prevention of Mother-to-Child Transmission of HIV Generic Training Package* is a comprehensive approach to the training of healthcare workers. The other components in this package are

- Participant Manual
- Trainer Manual
- Presentation Booklet
- Pocket Guide
- Wall Charts
- CD-ROM containing MS® Word and Adobe Acrobat® (PDF) files for each programme component

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Abbreviations and Acronyms

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
HAART	Highly active antiretroviral therapy
HIV	Human immunodeficiency virus
IMCI	Integrated management of childhood illness
MAC	*Mycobacterium avium complex*
MCH	Maternal and child health
MTCT	Mother-to-child transmission of HIV
NGO	Non-governmental organisation
NVP	Nevirapine
OI	Opportunistic infection
PCP	*Pneumocystis carinii* 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/I	Sexually transmitted disease/infection
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)

Section 3
Appendices

Appendix 1 Developing the national training plan

First meeting	
Preparation	▪ Agree on meeting goal and objectives. ▪ Decide who will chair the meeting. ▪ Develop agenda. ▪ Agree on participant list. ▪ Set dates according to participants' schedules. ▪ Agree how suggestions from meeting will be incorporated into the final document. ▪ Decide how proceedings of meeting will be recorded. ▪ Choose meeting site. ▪ Send out invitations with agenda.

Sample Meeting Agenda	**Title of meeting—Date/Time/Location**
	▪ Welcome and introductions
	▪ Overview of the goal to develop the National Training Plan for PMTCT services
	▪ Presentation on PMTCT
	  ▪ Overview and rationale of PMTCT
	  ▪ Overview of PMTCT services
	  ▪ Funding
	  ▪ National Goals for PMTCT training
	▪ Presentation on PMTCT training
	  ▪ Current status of training (numbers trained, numbers needing training)
	  ▪ Introduce the PMTCT Generic Training Package.
	▪ Discussion of National PMTCT Training Plan:
	  ▪ Target audience
	  ▪ Number of participants
	  ▪ Learning needs/training content/topics
	  ▪ Length of training
	  ▪ Responsible entity
	  ▪ Training infrastructure
	  ▪ Timeline, budget and funding source
	  ▪ Overview and timeline for the evaluation plan
	  ▪ Process and timeline to review and update plan
	▪ Next steps
	▪ Discussion of process of adaptation of Generic Training Package
	▪ Date/time/site of next meeting to review draft plan and draft of adaptation of package

Second planning meeting	
Preparation	▪ Draft agenda for Chair's approval. ▪ Send out minutes from previous meeting, draft of national plan, and reminder of date, time and location of the next meeting.
Sample Meeting Agenda	**Title of meeting—Date/Time/Location** ▪ Welcome and overview of objectives ▪ Summary of work since the first meeting ▪ Presentation of draft National Training Plan ▪ Discussion of document ▪ Action on approval ▪ Review of adaptation of Generic Training Package ▪ Action on approval ▪ Next steps

Appendix 2 Sample evaluation tools

Course Evaluation Form

Course Evaluation

PMTCT Training Course — (Insert) Dates/Location

What is your discipline?

☐ Physician	☐ Nurse	☐ Midwife	☐ Social Worker
☐ Outreach Worker	☐ Counsellor	☐ Other (please state: _____)	

Please place a check in the box that best describes your level of understanding or ability for each of the following items (with "1" being the lowest level and "5" being the highest):

		Low 1	2	3	4	**High** 5
1. Understanding of PMTCT in the context of an antenatal setting	Before Training	☐	☐	☐	☐	☐
	After Training	☐	☐	☐	☐	☐
2. Ability to provide HIV testing and counselling in line with national policy	Before Training	☐	☐	☐	☐	☐
	After Training	☐	☐	☐	☐	☐
3. Ability to advise and support women on ARV treatment/prophylaxis	Before Training	☐	☐	☐	☐	☐
	After Training	☐	☐	☐	☐	☐
4. Ability to provide women who are HIV infected with information, counselling and support around infant feeding	Before Training	☐	☐	☐	☐	☐
	After Training	☐	☐	☐	☐	☐
5. Understanding of Universal Precautions as it applies to your work setting	Before Training	☐	☐	☐	☐	☐
	After Training	☐	☐	☐	☐	☐
6. Understanding of the management of occupational exposure to HIV (including post-exposure prophylaxis)	Before Training	☐	☐	☐	☐	☐
	After Training	☐	☐	☐	☐	☐
7. Understanding of PMTCT programme monitoring and the role you have to play	Before Training	☐	☐	☐	☐	☐
	After Training	☐	☐	☐	☐	☐
8. Ability to implement the PMTCT programme as described in national policy	Before Training	☐	☐	☐	☐	☐
	After Training	☐	☐	☐	☐	☐

1. What is the most important information you learned at this training course?

   _____

   _____

2. What did you like least about this training course?

_____

_____

3. What did you like most about this training course?

_____

_____

4. What information/topics should be included in future trainings?

_____

_____

_____

5. Will you change your practice after attending this activity? ☐ Yes ☐ No
If you answered "YES", please indicate what you will change in your practice.

_____

_____

If you answered "NO", please indicate why you do not expect to change your practice.

_____

_____

Please rate the following aspects of the training course.

	Strongly Agree	Agree	Disagree	Strongly Disagree
1. Meeting facilities were adequate for this training				
2. Participant Manual and other handouts were helpful				
3. There was enough time to cover all material				
4. Ideas were communicated clearly				
5. Presenters gave personal attention to participants when necessary				
6. Questions were answered to my satisfaction				

Additional Comments:

_____

_____

_____

Thank you for your time!

Appendix 2 Sample evaluation tools

Sample Pre- and Post-Test Knowledge Questionnaire

Note to Course Director:
This Knowledge Questionnaire contains content taught within each of the nine modules in the Participant Manual. You may select questions that apply to the these nine modules and simplify or substitute language depending upon participant experience with multiple choice testing. The question stem and correct choice may be redesigned into a true and false format.

PMTCT Training Course
Sample Knowledge Questionnaire

***Directions**: Please read each question carefully and circle the letter of the **most accurate** response to the question.*

1.	What is the most common route of HIV transmission worldwide? a) Blood transfusions b) Heterosexual contact c) Intravenous drug use d) Mother-to-child transmission
2.	According to the adult WHO Staging System of HIV infection, a clinical symptom of Stage II is a) Chronic diarrhoea lasting more than one month b) Normal activity level without symptoms c) Recurrent upper respiratory tract infections d) Kaposi's sarcoma
3.	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
4.	Primary prevention of HIV infection includes all of these, ***except*** a) Correct and consistent use of condoms b) Excluding male partners from HIV education programs c) Delaying the age of first sexual intercourse d) Being faithful to one uninfected partner who is faithful as well
5.	Screening and treatment for tuberculosis (TB) should be available to a) Women who are HIV-infected who are not receiving antiretroviral treatment b) All women presenting for ANC services with a cough of more than 2 weeks c) HIV-infected women with recent exposure to tuberculosis d) All the above
6.	The ***first choice*** WHO-recommended mother-infant regimen for antiretroviral prophylaxis in PMTCT is a) Single dose nevirapine b) Zidovudine (ZDV) and nevirapine (NVP) c) Zidovudine (ZDV) and lamivudine (3TC) d) Zidovudine (ZDV), lamivudine (3TC) and saquinavir/ritonavir (SQV/r)

Appendix 2 Sample evaluation tools *(continued)*

7.	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
8.	When exclusive breastfeeding with early cessation is the chosen infant-feeding option, at what age should cessation take place? a) Eight months b) Within four months c) As soon as safely possible given local circumstances d) Twelve months
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.	International human rights declarations include the rights of persons living with HIV/AIDS (PLWHA) to a) Reduce the number of working hours b) Socially isolate themselves within their communities c) Access antiretroviral treatment and be free from HIV/AIDS related discrimination d) Disclose their diagnosis within a specified period of time to employers
11.	Before HIV testing, pre-test information may include the following a) Confidentiality b) Benefits of partner testing c) Safer sex practices d) All of the above
12.	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
13.	Standard diagnosis of HIV infection in infants according to WHO guidelines occurs a) Within 48 hours of birth using HIV-DNA PCR testing b) At 12 months using the Western Blot c) At 18 months using antibody testing d) At 12 months using the ELISA
14.	Prophylaxis for *Pneumocystis Carinii Pneumonia* (PCP) with cotrimoxazole is recommended for a) Persons with symptomatic HIV b) Adults/adolescents with CD4 cell counts less than 500/mm^3 c) All HIV-exposed infants until HIV infection is ruled out d) All of the above
15.	PLWHA have a 40% lifetime risk of becoming co-infected with a) Malaria b) Helminth infection c) Tuberculosis d) Cytomegalovirus

16.	The first step in making contaminated instruments and equipment safe to handle is a) Cleaning with soap and hot running water b) Sterilisation using heat or steam c) Boiling for 20 minutes d) Decontamination by soaking in a bleach solution for 10 minutes
17.	Protocols for managing occupational exposure to HIV infection include antiretroviral prophylaxis administered to the worker a) As soon as rapid testing confirms HIV diagnosis of the source b) Within 2 hours after the exposure c) Once clearance from the medical supervisor is obtained d) Within 24 hours after the exposure
18.	Which of the following describes the routine assessment of ongoing activities through record keeping and regular reporting? a) Situation assessment b) Implementation c) Monitoring d) Evaluation
19.	Which of the following represents a health facility indicator that can be monitored to determine programme activity? a) Percentage of orphans linked to mothers who are HIV-infected in Asia b) Nationwide statistics on HIV prevalence in pregnant women between 15 and 25 years or age c) Percentage of women receiving pre-test information in ANC clinic who are tested for HIV d) Number of PLWHA who are co-infected with tuberculosis worldwide
20.	Collection of usable data in programme management requires a) Understanding the data to be collected b) Standardising collection tools and terms used c) Recording the data each time in the same way d) All of the above

Correct answers: 1(b), 2 (c), 3(a), 4(b), 5(d), 6(b), 7(c), 8(c), 9(c), 10(c), 11(d), 12(b), 13(c), 14(c), 15(c), 16(d), 17(b), 18(c), 19(c), 20(d)

Appendix 2 Sample evaluation tools

Participant Long-term Outcome Interview Guide
PMTCT Training Course

Thank you for agreeing to participate in this interview. We are talking with those who attended the PMTCT Training Course to improve future courses. Your responses will be anonymous. Findings of the survey will be reported as aggregate (as a group) only; there will be no way anyone can trace back a particular response to you.

1. Date _____

2. What is your discipline?

☐ Physician ☐ Nurse ☐ Midwife ☐ Social Worker
☐ Outreach Worker ☐ Counsellor ☐ Other (please state: _____)

3. When did you attend the PMTCT training course?

_____

4. Are you currently working in a setting that provides PMTCT services?

_____

	Not at all valuable	Not very valuable	Somewhat valuable	Extremely valuable
5. How valuable did you find the PMTCT training course?				

	No	Maybe	Yes
6. Would you recommend (or have you recommended) this training to others?			

7. How did the training influence the way you provide the following services:
   a. HIV testing and counselling

   _____
   _____
   _____

   b. Helping HIV-infected patients deal with stigma and discrimination

   _____
   _____
   _____

   c. Infant-feeding counselling and support

   _____
   _____
   _____

   d. ARV treatment and prophylaxis

   _____
   _____
   _____

e. Caring for HIV-infected women during labour and delivery

_____

_____

_____

f. Answering questions and referring patients to local agencies that provide treatment, care and support for mothers and families with HIV

_____

_____

_____

g. Providing or ensuring follow-up care and HIV testing of infants

_____

_____

_____

8. In thinking back to the course, which part was the most valuable to your work?

_____

_____

_____

9. Which was least valuable?

_____

_____

10. What suggestions do you have for improving the course?

_____

_____

_____

11. In what areas related to PMTCT do you feel you would like additional training?

_____

_____

_____

12. What other comments or suggestions do you have about the training?

_____

_____

_____

Thank you for your time!

Appendix 2 Sample evaluation tools

Facility Supervisor Long-term Outcome Interview Guide
PMTCT Training Course

Thank you for agreeing to participate in this interview. We are talking with the supervisors of those who attended the PMTCT Training Course to improve future courses. Your responses will be anonymous. Findings of the survey will be reported as aggregate (as a group) only; there will be no way anyone can trace back a particular response to you.

Date _____

1. What is your job title?

   _____

2. What are the names of the facilities (PMTCT) for which you have responsibility?

   _____

3. When did your staff attend the PMTCT training?

   _____

   _____

4. How did the training affect the way staff provide the following services:

   a. HIV testing and counselling

   _____

   _____

   _____

   b. Helping HIV-infected patients deal with stigma and discrimination

   _____

   _____

   _____

   c. Infant-feeding counselling and support

   _____

   _____

   _____

   d. ARV treatment/prophylaxis

   _____

   _____

   _____

   e. Care to women who are HIV-infected during labour and delivery

   _____

   _____

   _____

f. Refer women to local agencies that provide treatment, care and support for mothers and families with HIV

_____

_____

_____

g. Follow-up care and HIV testing of infants

_____

_____

_____

5. What were the strengths of the training?

_____

_____

_____

6. What were the weaknesses of the training?

_____

_____

_____

7. What suggestions do you have for improving the course?

_____

_____

_____

8. What are the additional PMTCT-related training needs of staff that attended the course?

_____

_____

_____

9. What other comments or suggestions do you have about the training?

_____

_____

_____

Thank you for your time!

Appendix 2 Sample evaluation tools

PMTCT Refresher Course
Course Needs Assessment

A training workshop is being planned for providers at all PMTCT sites. Your input will help to design a training that meets educational needs. Please complete the following survey and return it to <person>_____ by <date>_____

Date _____

1. What is your discipline?
☐ Physician ☐ Nurse ☐ Midwife ☐ Social Worker
☐ Outreach Worker ☐ Counsellor ☐ Other (please state: _____)

2. Did you attend a PMTCT training course? No_____ If yes, when and where?

_____

I would like to know more about:

_____

Please circle one choice:	**1 Very important to include**	**2 Important to include**	**3 Unsure if Needed**	**4 Probably NOT necessary**	**5 Does NOT need to be included**
Educating/counselling pregnant women about HIV testing	1	2	3	4	5
Giving pregnant women HIV test results	1	2	3	4	5
Referring women with HIV infection for specialty medical care	1	2	3	4	5
Assessing for symptoms of HIV in women with HIV infection	1	2	3	4	5
Laboratory follow-up of women with HIV infection	1	2	3	4	5
Family planning for women with HIV infection	1	2	3	4	5
Patient/family education for families with HIV infection	1	2	3	4	5
Nutritional assessment of women with HIV infection	1	2	3	4	5
Caring for women who are HIV- infected during labour and delivery	1	2	3	4	5
ARV treatment and prophylaxis to PMTCT	1	2	3	4	5
Infant-feeding counselling and support	1	2	3	4	5

Appendix 2: Sample evaluation tools *continued*

Continued from previous page	**1 Very important to include**	**2 Important to include**	**3 Unsure If Needed**	**4 Probably NOT necessary**	**5 Does NOT need to be included**
Infant feeding for HIV exposed infants	1	2	3	4	5
Diagnosis of infants born to mothers with HIV infection	1	2	3	4	5
Counselling parents about HIV testing of HIV-exposed infants	1	2	3	4	5
Immunisation schedule for HIV-exposed infants	1	2	3	4	5
Assessing for symptoms of HIV in HIV-exposed infants	1	2	3	4	5
Psychosocial assessment of families living with HIV infection	1	2	3	4	5
Psychosocial support for families living with HIV infection	1	2	3	4	5
Helping families cope with grief and loss	1	2	3	4	5
Helping families cope with chronic illness	1	2	3	4	5
Disclosure of HIV status to family and others	1	2	3	4	5
Community agencies for support services	1	2	3	4	5
Support for healthcare providers caring for families with HIV infection	1	2	3	4	5
Stigma and discrimination related to HIV/AIDS	1	2	3	4	5
Infection control in the workplace	1	2	3	4	5
PMTCT programme monitoring	1	2	3	4	5

What are the three areas in which you **most** want training?
(Choose from the list above or add your own topics)

1. _____

2. _____

3. _____

Thank you for your time!

Appendix 3 Generic training package adaptation process

STEP	DESCRIPTION
Step 1: Adapt initial Participant Manual, consult with stakeholders.[1]	▪ See Appendix 4 for a listing of the policies to be added and text that should be considered for adaptation. ▪ Develop policy summaries, if appropriate. ▪ Modify the text of the Participant Manual where necessary. ▪ Consult with stakeholders on the initial draft of the adaptation.
Step 2: Revise adaptation.	▪ Make the revisions to Participant Manual as suggested by the stakeholders.
Step 3: Approve Participant Manual.	▪ Obtain final approval of the Participant Manual.
Step 4: Adapt clinician support materials.	▪ Adapt the Presentation Booklet, Pocket Guide, and Wall Charts. Follow process of approval as agreed at stakeholders meeting.
Step 5: Adapt Trainer Manual.	▪ See Appendix 5 for guidance on adapting the Trainer Manual.
Step 6: Plan initial training course.	▪ This process can be started while working on Steps 3-5.
Step 7: Develop evaluation plan.	▪ Develop the plan to monitor and evaluate the training effort. This process can be started while working on Steps 1-6.
Step 8: Implement initial training course.	▪ Organise and implement the initial training course.
Step 9: Revise national training curriculum.	▪ Revise as suggested by the evaluation of the initial course.
Step 10: Implement revised national PMTCT curriculum	▪ Proceed with training strategy on district/state and local level using the new PMTCT national training curriculum. ▪ Monitor and evaluate training activities.
Step 11: Review training curriculum annually	▪ Revise the curriculum to include updates in the generic product, lessons learned in the field, and modifications in national policy.

[1] The Participant Manual should be translated either before Step 1 (ie if the generic document is to be translated) or after Step 3: “Final Approval of Participant Manual” (ie if the adapted version will be translated). The remaining components of the package may be translated after the Participant Manual has been adapted, translated and approved.

Appendix 4 Adapting the Participant Manual

Note: The middle column lists the national policies that may influence the content in the PMTCT Generic Training Participant Manual. Some text will not need revision or a policy on a particular topic may not be available. The column entitled "Adapt/Revise" lists the sections for potential revision to harmonise with national policy and local terminology.

MODULE	INSERT:	ADAPT/REVISE
Introduction: Prevention of Mother-to-Child Transmission of HIV		**After Module 1-9 are revised, update the following:** ▪ Table of Contents ▪ "Abbreviations and Acronyms" to include any local/national abbreviations; delete any that were deleted from the text ▪ "Course syllabus for PMTCT Generic Training Package"
1: Introduction to HIV/AIDS	**Session 1** ▪ Brief summary of local/national/regional epidemiology of HIV ▪ If available, a graph illustrating HIV prevalence among pregnant women at antenatal clinics (a local variation on Figure 1.2)Session 1	**Session 2** ▪ "Natural history (or course) of HIV infection" section: ensure technical information in "Seroconversion" corresponds with information in national policies/guidance ▪ "Staging systems for HIV" note which of the two (WHO or CDC) is used more often

2: Overview of HIV Prevention in Mothers, Infants, and Young Children	**Session 3**
	▪ Element 3: Prevention of HIV transmission from women infected with HIV to their infants
	  ▪ Local/national/regional summary of epidemiology of MTCT
	  ▪ Brief introduction to local/national PMTCT policy and programme including PMTCT targets
	▪ Element 4: Provision of treatment, care, and support to women infected with HIV, their infants, and their families"
	  ▪ Local/national PMTCT-Plus targets
	Appendices
	▪ Appendices: copies of patient brochures on personal risk reduction strategies (if available)
		Session 3
		▪ "Element 4:Provision of treatment, care, and support to women infected with HIV, their infants, and their families"
		  ▪ Summary of services available locally

Appendix 4 Adapting the Participant Manual *continued*

MODULE	INSERT:	ADAPT/REVISE
3: Specific Interventions to Prevent MTCT	**Session 1** ▪ National policy/guidelines on antiretroviral treatment and prophylaxis for the prevention of MTCT (PMTCT) **Session 2** ▪ National guidelines on ANC care/management of HIV-infected women and women with unknown status ▪ ANC/PMTCT confidentiality policy, policy on recording HIV status in patient's medical record (if not in above) **Session 3** ▪ National policy on management of labour and delivery of women infected with HIV and women with unknown HIV status ▪ National policy on testing and counselling in labour **Session 4** ▪ National guidelines on immediate postpartum care of women who are HIV-infected and women with unknown HIV status **Session 5** ▪ National guidelines on immediate newborn care of infants who are HIV-exposed and infants with unknown HIV status	**Session 1** ▪ Review entire session to ensure compatibility with national policy/guidance **Session 2** ▪ "Preventing opportunistic infections" list any common opportunistic infections that cause adverse outcomes in pregnant women ▪ "Recurrent or chronic infection" add any other common infections that are not already included in the listing of examples ▪ Table 3.1 "Essential Package of Integrated Antenatal Care Services" to reflect the ideal package of care for ANC patients **Session 3** ▪ "Considerations Regarding Mode of Delivery" to reflect national policy on vaginal delivery versus elective cesarean section ▪ "Strategies to reduce MTCT risk in women with unknown HIV status" including "Testing and counselling during labour" and "Providing ARV prophylaxis without testing" to reflect national policies
4: Infant Feeding in the Context of HIV Infection	**Session 2** ▪ National HIV infant-feeding policy and recommendations **Session 3** ▪ National guidelines on infant-feeding counselling and support	**Session 2** ▪ "Feeding Options During the First 6 Months" Revise this entire session to reflect the infant-feeding options covered in national policy (delete options that are not appropriate or practised) ▪ "Table 4.1 Commercial infant formula" cost of Commercial Infant Formula (if applicable) ▪ "Option2: Home-modified animal milk" cost of micronutrient supplements and sugar (if applicable) **Appendices** ▪ "Appendix 4-C Complementary feeding from 6—24 months" to reflect local guidelines, customs and foods

Appendix 4 Adapting the Participant Manual *continued*

MODULE	INSERT	ADAPT/REVISE
5: Stigma and Discrimination Related to MTCT	**Session 1** ▪ National policies on discrimination, equal rights, and human rights ▪ National policies on discrimination, equal rights, and human rights relevant to people with HIV ▪ Local or national policies regarding patient rights within PMTCT and ANC services	**Session 2** ▪ "Examples of stigmatisation and discrimination" to include local examples **Session 3** ▪ "Dealing with Stigma and Discrimination in Healthcare Settings and Communities" (entire session) to include relevant national, local, site-specific or individual interventions to address HIV/AIDS-related stigma
6: HIV Testing & Counselling for PMTCT	**Session 1** ▪ National HIV testing policy ▪ National confidentiality policy ▪ National policy on opt-in vs. opt-out, informed consent & disclosure recommendations (if not included in above) **Session 2** ▪ Algorithm for HIV testing (eg, rapid test and/or ELISA) ▪ Policy on diagnostic testing of the infant exposed to HIV, including HIV antibody or viral testing ▪ Algorithm(s) for diagnosing HIV infection in an infant born to a mother with HIV **Session 3** ▪ National pre-test Information and counselling policies or guidance **Session 4** ▪ National post-test counselling policies or guidance for both women who test HIV-positive and women who test HIV-negative	**Session 2** ▪ "HIV Testing" (entire session) to reflect the tests used ▪ "All testing follows the same basic steps:" (under "Overview of HIV testing") to ensure that the guidance on "window period" agrees with national local guidance. **Session 3** ▪ "Pre-Test Information and Counselling" (entire session) to reflect national guidelines **Session 4** ▪ "Post-Test Information and Counselling" (entire session) to reflect national guidelines **Appendices** ▪ "Appendix 6-E Post-test counselling checklist, HIV-negative result" to reflect national guidelines ▪ "Appendix 6-F Post-test counselling checklist, HIV-positive result" to reflect national guidelines

Appendix 4 Adapting the Participant Manual *continued*

MODULE	INSERT	ADAPT/REVISE
7: Linkages to Treatment, Care, and Support for Mothers and Families with HIV Infection	**Session 1** ▪ Listing of local agencies providing clinical and social support services for mothers and families with HIV **Session 2** ▪ Guidelines on postpartum care of the mother with HIV Infection ▪ Guidelines on prevention and treatment of opportunistic infections such as PCP and TB ▪ National guidelines on HIV care and treatment for adults, including ARV treatment ▪ Any other national guidelines on treatment of symptoms and palliative care, nutritional support, and social and psychosocial support (if not included in above) **Session 3** ▪ Guidelines for follow-up visits and immunisation schedule for the infant/child exposed to HIV ▪ Clinical guidelines on the care and treatment, including ARV treatment, of infants/children who are HIV-exposed or HIV-infected	**Session 2** ▪ "Treatment, Care, and Support of the Mother with HIV Infection" (entire Session) to reflect local/national follow-up guidelines and services for the mother with HIV **Session 3** ▪ "Treatment, Care and Support of the Infant and Young Child Exposed to HIV" (entire session) to reflect national guidelines and services for infants and young children **Appendices** ▪ Appendix 7-A "Tuberculosis (TB)" with local recommendations for prevention and treatment of TB ▪ Appendix 7-C "*Pneumocystis carinii* pneumonia prophylaxis in adults and infants" with national guidelines for PCP prophylaxis in adults and infants ▪ Appendix 7-D "Suggestions to maximise food intake" review the "Suggested Strategies" to ensure they reflect locally available and acceptable foods
8: Safety and Supportive Care in the Work Environment	**Session 1** ▪ National guidelines, policies, standards of procedure on Universal Precautions in MCH/ANC settings **Session 2** ▪ National guidelines, policies, standards of procedure on handling and decontamination of equipment and materials if not included previously in Session 1 ▪ National policy on risk reduction in the obstetric setting	**Session 1** ▪ "Universal precautions" to reflect national guidelines/policies/standards of procedure **Session 2** ▪ "When it is necessary to recap, use the single-handed scooping method:" and "One-handed recap method:" delete these sections including diagrams if recapping is NEVER practised ▪ "Sharps containers" to reflect national guidelines/ policies/standards

Appendix 4 Adapting the Participant Manual *continued*

MODULE	INSERT	ADAPT/REVISE
8: Safety and Supportive Care in the Work Environment *continued*		**Session 2** *continued* ▪ "Personal protective equipment", "Decontamination of equipment", "Safe work practices" and "Risk reduction in the obstetric setting" to reflect national guidelines and practices **Session 3** ▪ "Post-exposure prophylaxis" and "Guidelines for providing PEP" to reflect local/national policy. If a PEP policy does not exist either locally or nationally, consider deleting or revising this session. **Session 4** ▪ "Signs & symptoms of burnout" and "Tips for managing burnout" to reflect local risks and local tips to prevent burnout **Appendices** ▪ "Appendix 8-A Guidelines for cleaning, sterilisation, and disposal of infectious waste materials" to reflect local/national policy ▪ "Appendix 8-B Managing occupational exposure to HIV" to reflect local/national policy
9: PMTCT Programme Monitoring	**Session 2** ▪ National indicators for PMTCT programmes ▪ Health Facility indicators for PMTCT programmes **Appendices** ▪ Full set of forms used in the PMTCT programme	**Session 3** ▪ Table 9.1 "Flow of Record Keeping Data" to reflect national flow of data **Appendices** ▪ Replace or revise Appendix 9-B "Sample PMTCT Columns to Add to Standard ANC and Maternity Ward Registers" to reflect local forms
Field Visit		▪ "Timing and objectives of field visit" to reflect locally/nationally agreed objectives ▪ "Field visit interview guide" to reflect locally/nationally agreed objectives
Glossary	▪ Any key terminology added to text	▪ Revise definitions or spelling as appropriate
Resources	▪ National/local resources	▪ Add national/local resources as appropriate

Appendix 5 Adapting the Trainer Manual

Include all the insertions, adaptations, revisions from the Participant Manual. In addition, consider the cultural relevance and appropriateness of the following exercises.

MODULE	ADAPT/REVISE
Course Overview and Introduction	**Introduction exercise 2: Determining the ground rules for the course** ▪ Consider any other ground rules that may be necessary
1: Introduction to HIV/AIDS	**Exercise 1.2 HIV 1, 2, 3 Knowledge interactive game** ▪ Review for difficulty level and adjust questions if necessary
2: Overview of HIV Prevention in Mothers, Infants and Young Children	**Exercise 2.2 Local terminology: interactive discussion** ▪ Ask colleagues working in the HIV prevention and care field to tell you the local terms and phrases used to discuss sex, STIs, HIV disease or condoms.
3: Specific Interventions to Prevent MTCT	**Exercise 3.1 Antenatal care: case studies** **Exercise 3.2 Labour and delivery ARV prophylaxis: case studies:** **Exercise 3.3 Immediate postpartum care of women who are HIV-infected and women with unknown HIV status: case studies** **Exercise 3.4 Immediate postnatal care of infants who are HIV-exposed: Case studies** ▪ Discuss all case studies with local clinicians. Adapt the circumstances, names and ages of the characters and debriefing questions to reflect local situations and issues. Add or drop scenarios to make them more locally appropriate.
4: Infant Feeding in the Context of HIV Infection	**Exercise 4.2 National and local policies on infant feeding: large group discussion** ▪ Discuss with local PMTCT staff the degree to which national infant-feeding policies or protocols are reflected in current feeding practices. **Exercise 4.3 Infant-feeding counselling and support: role play** ▪ Discuss all role plays with local clinicians. Adapt the circumstances and names to reflect local situations and issues. Add or drop roles to make them more locally appropriate.
5: Stigma and Discrimination Related to MTCT	**Exercise 5.1 Labels: interactive game** ▪ Consider the “Labels” as listed in the “Advance Preparation” section for Session 1; modify as appropriate. Choose labels of groups that are subject to HIV-related stigma and discrimination. **Exercise 5.2 Examples of stigma and discrimination: large-group discussion** ▪ Ask local PLWHA for examples of stigma and discrimination that they have heard or witnessed. Find out from local PMTCT facility managers the policies and procedures that are in place to protect staff and patients from discrimination. **Alternative Exercise 5.3 Stigma and discrimination: case study** ▪ Similar to the case studies in Module 3, if using the alternative Exercise 5.3, review the case with local clinicians. Adapt the circumstances, names and ages of the characters and debriefing questions to reflect local situations and issues. Add or drop scenarios to make them more locally appropriate.

Appendix 5 Adapting the Trainer Manual *continued*

MODULE	ADAPT/REVISE
6: HIV Testing and Counselling for PMTCT	**Exercise 6.1 Confidentiality role play** ▪ Ask clinicians for ideas to make the role-play appropriate and find out about adherence to local confidentiality policies. Adapt the situation and names to make it relevant to participants. **Exercise 6.4 Post-test counselling: small group role play** ▪ Ask clinicians to ensure that the scenarios for HIV-negative and HIV-positive test results are typical of your area; edit the situations, names and ages or add/drop scenarios as necessary.
7: Linkages to Treatment, Care and Support for Mothers and Families with HIV Infection	**Exercise 7.2: Postpartum case study** ▪ Ask clinicians to ensure the scenarios are typical of your area. Adapt the scenario, name and age of the main character as well as the debriefing questions to reflect local situations and issues. **Exercise 7.3 Clinical presentation of HIV in infants** ▪ Ask paediatric HIV clinicians about the common presentation of HIV in infants and young children.
8: Safety and Supportive Care in the Work Environment	**Exercise 8.1 Reducing HIV transmission risk in MCH settings: case study** ▪ Edit the scenario, name and description of care provided to reflect local situations and guidelines. **Exercise 8.2: Promoting a safe work environment: resource list** ▪ Liaise with a local control of infection nurse to find out if the resource list is appropriate; find out safe ways to be flexible in the extraordinary situations or in situations where some equipment or materials are not available. **Exercise 8.3 PEP case study: small-group discussion** ▪ Ask clinicians to ensure scenario is typical of your area. Adapt the scenario, name and the debriefing questions. **Exercise 8.4 Compassion fatigue/burnout in PMTCT programmes: large group discussion** ▪ Discuss compassion fatigue/burnout with local clinicians working in the HIV field. If they don't recognize it, then describe the symptoms and enquire if they have seen these signs/symptoms in themselves, staff or colleagues. Find out a bit more about how compassion fatigue presents and how it is being managed.
9: PMTCT Programme Monitoring	**Exercise 9.1 Understanding indicator requirements: small group discussion** ▪ Ask a PMTCT facility supervisor if the scenario is typical. Adapt the scenario, name and the debriefing questions to reflect local and national monitoring requirements and practices. **Exercise 9.2 Using indicators: small group discussion** ▪ Talk with national PMTCT Coordinator to obtain information on the number and percentage of pregnant women receiving ARV treatment/prophylaxis. If the information on treatment/prophylaxis is available, choose an indicator targeted for reporting/improvement and change the scenario accordingly. **Exercise 9.3 Completing local PMTCT forms (optional)** ▪ Have available local PMTCT Forms to present to trainees. Consider inviting PMTCT coordinator to discuss how the forms are completed.

Appendix 6 Course Director checklists

Activity Checklist

ACTIVITY CHECKLIST: Course Director orientation (before the first course)	
✓ when complete	**Activity**
	Familiarise yourself with national PMTCT Strategy.
	Familiarise yourself with national PMTCT//HIV Training Plan.
	Familiarise yourself with the PMTCT generic training package and all of its components.
	Familiarise yourself with the Evaluation Plan and materials.
	Participate in local activities around package adaptation.
	Assess if Participant Manual is expected to be adapted locally or if the adaptation process was completed at a national level.
	Liaise with local PMTCT clinicians, HIV providers, PLWHA and others to make any necessary adaptations to the exercises in the Trainer Manual.
	Liaise with local PMTCT clinic managers/supervisors to promote training and ensure that your training supports their clinical work.
	Verify local training budget.

ACTIVITY CHECKLIST: before each training course	
✓ when complete	**Activity**
	Verify budget for this training.
	Finalise course syllabus.
	Finalise names of trainers.
	Finalise names of panellists/guest speakers.
	Identify site, confirm dates of availability for both the Trainer Preparation Days and the PMTCT Training Course. (See site checklist.)
	If course is residential, secure block of rooms for participants in same site as training or nearby site; if nearby site, consider daily transportation to/from hotel and training.
	Finalise dates for course.
	Agree on maximum number of participants.
	Agree on arrangements such as sitting fees, per diem.
	Identify speakers for Opening and Closing Sessions.
	Identify site and contacts for field visit.
	Finalise dates and agenda for Trainer Preparation Days.
	Send letter of confirmation to trainers.
	Send letter of confirmation to panellists/guest speakers.
	Send letter of confirmation to presenters (for opening ceremony or closing session).
	Send letter of confirmation to hosts of field visit site(s).
	Develop course flyer and registration materials.
	Promote the course: liaise with PMTCT clinic supervisors, Labour & Delivery staff and others as appropriate. Target participants as suggested by national training plan.
	Set agenda for Opening Ceremony and Course Introduction.
	Set agenda for Closing Session.
	Set agenda and interview guides for field visit.
	Assure supply of Participant materials including Manual, Pocket Guide, Wall Charts and Presentation Booklet.
	Start registering participants, send out letters of confirmation on a rolling basis.
	Confirm site for Trainer Preparation Days.
	Arrange for food for training and Trainer Preparation Days.

Appendix 6 Course Director checklists *continued*

ACTIVITY CHECKLIST: before each training course	
✓ when complete	Activity
	Conduct Trainer Preparation Days.
	Identify and confirm availability of equipment for training (projector, extension cords/leads and flipchart and/or white/black board).
	Purchase or identify materials for training, see "Equipment and Supplies Checklist" below for a comprehensive list.
	Ensure copies of evaluation materials are ready.
	Prepare certificates of course completion.
	Make name tags (optional, alternatively have participants write out their own name tags at the beginning of the opening ceremony).
	Identify staff to check-in participants on first day of training.
	A day or two before the training, check on training room, ensure room will be appropriately set up for the Opening Ceremony.

ACTIVITY CHECKLIST: site planning checklist	
✓ when complete	Activity
	Identify sites for both the Training Preparation Days and the PMTCT Training Course, confirm dates of availability.
	Obtain written directions for those walking, driving or taking public transportation to training site.
	Enquire about car parking, including cost.
	Enquire about access for disabled participants.
	Obtain cost estimates for food/refreshments. ▪ Menu and cost of breakfast/lunch ▪ Refreshments (mid-morning or mid-afternoon snack, coffee/tea, water) ▪ How cost of food will be billed ▪ If outside catering can be brought into site
	Choose a vendor for food and refreshments.
	Obtain extra table to register participants on first day.
	Obtain cost estimates for renting training equipment such as projector and flipchart and whether equipment can be brought in for the training days.
	Finalise arrangements for equipment.
	Obtain names and phone number of on-site contact people: ▪ Technical person affiliated with the site (in case of difficulty such as temperature of room) ▪ Logistical person affiliated with the site (in case refreshments are late) ▪ Audiovisual person, if equipment is rented
	In the training room, enquire about: ▪ Unlocking the door in the morning and afternoon? ▪ How to turn on/off the lights? ▪ Is there a projection screen? ▪ Are there blinds/curtains to darken the room? ▪ Are there enough table/chairs and space to set up for break-out groups (so that chairs do not have to be re-arranged each time)? ▪ Is placement of electrical outlets adequate and whether extension cords/leads will be necessary? ▪ Is the lighting adequate? ▪ Check temperature and how to adjust it if needed

Appendix 6 Course Director checklists *continued*

ACTIVITY CHECKLIST: after each training course	
✓ when complete	Activity
	Draft and send out thank you letters to guest speakers, panellists and presenters (for opening ceremony and closing session).
	Document observations and evaluation results that require action when planning for the next training course.
	Update check lists and planning list for the next training course.
	Compile summary of evaluation data; submit evaluation data if requested.
	Set date to meet with PMTCT Clinic Mangers and trainers a couple of weeks after the training to get their feedback.
	Ensure that all fees and reimbursements have been processed and paid.
	Prepare report of the training course for submission to supervisor or manager.

Equipment and Supply Checklist

EQUIPMENT/SUPPLIES CHECKLIST: equipment/supplies needed every day of the training		
✓ when complete	Quantity	Equipment
	1	Flipchart and/or Whiteboard and/or Blackboard
	2 or 3	Pads of flipchart paper (only if using Flipchart)
	2-10	Flipchart markers and/or Whiteboard markers and/or chalk
	1 roll/pack	Tape or blue tack to hold flipchart paper on wall (eg, masking tape) and for Labels Game (Module 5)
	1	LCD Projector and laptop computer OR Overhead Projector, if available
	1	Extension cord/lead
	One (1) per participant	Participant Manual
		Copies of national PMTCT policies, if not already in Participant Manual
		Presentation Booklet
		Pocket Guide
		Wall Charts
		Copies of Course evaluation form (for the last day)
		Pens
	One (1) per person present	Name tags for participants, trainers, observers, guest speakers, presenters and other present
	Two (2) per participant	Copies of Pre-test and Post-test (optional) (for Opening Ceremony/Course Introduction and last day)
	~ 200 sheets	Paper (8.5” x 11” or A4)
	20–100	Small prizes, such as sweets or condoms, to give to small groups that have performed well
	1	Large envelope (to fit the sheet of paper or card unfolded) or bowl for the Anonymous Question Exercise bag, box, or basket

Appendix 6 Course Director checklists *continued*

EQUIPMENT/SUPPLIES CHECKLIST: Course Overview and Module 1		
✓ when complete	Quantity	Supplies/Materials
	1 per participant	12 x 20 cm cards (or plain paper)

EQUIPMENT/SUPPLIES CHECKLIST: Module 2		
✓ when complete	Quantity	Supplies/Materials
	2 per participant	Strips of paper approximately 5 x 8 cm marked as described in Session 3
	1	Bag, box or basket

EQUIPMENT/SUPPLIES CHECKLIST: Module 3		
✓ when complete	Quantity	Supplies/Materials
	1 per participant	Copies of summaries of national or local policies on antenatal care (ANC) and PMTCT of HIV, if not already in Participant Manual
	1 per participant	Copies of summaries of national or local policies on testing and counselling in labour, if not already in Participant Manual
	1 per participant	Copies of summaries of national or local policies on ARV prophylaxis protocol for PMTCT, if not already in Participant Manual
	1 per participant	Copies of summaries of national or local ARV treatment guidelines for pregnant women, if not already in Participant Manual
	1 per participant	Copies of summaries of national or local postnatal care policies, if not already in Participant Manual

EQUIPMENT/SUPPLIES CHECKLIST: Module 4		
✓ when complete	Quantity	Supplies/Materials
	1 per participant	Copies of summaries of national or local infant-feeding policy or protocol, if not already in Participant Manual
	N/A	Information about local cost of the following: ▪ Commercial infant formulas ▪ Sugar (for home-prepared formulas) ▪ Multivitamin syrups or powders used to supplement home-prepared formulas
	1	Tin of commercially prepared infant formula
	2 or 3	Measuring spoons
	2 or 3	Feeding cups
	1 set	Equipment to correctly make home-prepared infant formula (if used in your area)
	1	If available, model of a breast to demonstrate correct position during breastfeeding

EQUIPMENT/SUPPLIES CHECKLIST: Module 5		
✓ when complete	Quantity	Supplies/Materials
	1 per participant	Sheets of paper (8.5 x 11” or A4) for Labels game

Appendix 6 Course Director checklists *continued*

EQUIPMENT/SUPPLIES CHECKLIST: Module 6		
✓ when complete	Quantity	Supplies/Materials
	1 per participant	Copies of summaries of national or local HIV testing and counselling policies, if not already in Participant Manual
	1	Rapid HIV test kit and supplies including alcohol wipes, lancets, test materials, adhesive bandages

EQUIPMENT/SUPPLIES CHECKLIST: Module 7		
✓ when complete	Quantity	Supplies/Materials
		No additional equipment or supplies are required for Module 7

EQUIPMENT/SUPPLIES CHECKLIST: Module 8		
✓ when complete	Quantity	Supplies/Materials
		No additional equipment or supplies are required for Module 8

EQUIPMENT/SUPPLIES CHECKLIST: Module 9		
✓ when complete	Quantity	Supplies/Materials
	1 set/participant	Full sets of national and local PMTCT forms
	1 set	(Optional) Copies of PMTCT forms photocopied onto overhead transparencies (assuming an Overhead Projector is available)
	1 per participant	Small pieces of paper or index cards
	1	Basket or envelope

EQUIPMENT/SUPPLIES CHECKLIST: Field Visit		
✓ when complete	Quantity	Supplies/Materials
		No additional equipment or supplies are required for the field visit

Appendix 7 Sample documents

Course announcement and covering letter

<Date>

<Name, PMTCT Facility Supervisor>
<Address>
<Address>

Dear <Name>,

The <sponsoring agency> is sponsoring a training course for the Prevention of Mother-to-Child Transmission of HIV Infection (PTMCT). You and your staff are invited to attend the PMTCT Training Course, which will be held from <dates> at the <site and address>. This course is targeted to doctors, nurses, midwives, social workers, counsellors and outreach workers.

The goals of the PMTCT course are to:

- Provide healthcare workers with the knowledge and skills to deliver core PMTCT services
- Provide an overview of the fundamental principles of a sustainable PMTCT programme.

The course syllabus is attached for your information. Also attached are flyers advertising the course; please post and distribute these notices to assist in informing staff of the upcoming course.

The course is residential. The Health Authority will reimburse participants for travel and accommodation expenses. Breakfast and lunch will be provided from the <dates>, but there will be no participant per diem. Registration forms are also attached: please encourage your staff to sign-up before <deadline date for registration>.

Do not hesitate to contact me if you have any questions; my phone number is: <phone number>. Again, thank you for this opportunity to work with you. I look forward to you and your staff's participation on the upcoming PMTCT course.

Yours truly,

<Name>
<Job Title>

Attachments: Course syllabus
Flyers advertising course
Registration forms

Appendix 7 Sample documents

Course announcement

Prevention of Mother-to-Child Transmission of HIV Course

When: <Start date and time> to <Course completion date and time>

Where: <Site and address>, (Residential Course)

For Whom: PMTCT Clinic staff, including: Doctors, Nurses, Midwives, Social workers, Counsellors and Outreach workers

Goals:

- Provide healthcare workers with the knowledge and skills to deliver core PMTCT services
- Provide an overview of the fundamental principles of a sustainable PMTCT programme.

Topics: Introduction to HIV/AIDS; Overview of HIV prevention in mothers, infants and young children; Specific interventions to prevent mother-to-child transmission of HIV; Infant feeding; Stigma and discrimination; HIV testing and counselling; Linkages to treatment, care, and social support; Safety and supportive care in the work environment including universal precautions and post-exposure prophylaxis; Supportive care for the caregiver; and PMTCT programme monitoring.

Travel and accommodation expenses will be reimbursed.
Breakfast and Lunch will be provided from <dates>.
For more information, see your supervisor or call <phone number>.

Sponsored by the <name of sponsor>

Appendix 7 Sample documents

Covering letter

Registration
PMTCT Training Course

When: <Date and time> to <Date and time>

Where: <Site and address>

Mail, fax or e-mail completed form to:
<Name and title>, <address>
Tel/Fax: <phone, fax numbers> Email: <e-mail address>@address.org

Surname:_____ First Name:_____

Credentials:_____

Institution Affiliation and Department
_____

Work mailing address: _____

_____

Postal Code _____ Phone _____

E-mail _____ Fax_____

What is your discipline?
☐ Physician ☐ Nurse ☐ Midwife ☐ Social Worker
☐ Outreach Worker ☐ Counsellor ☐ Other (Please state: _____)

Do you now work in a PMTCT service? ☐ Yes ☐ No If "YES" since when? _____

If you prefer that course confirmation and communication be directed to your home address, please write your address below:

Home mailing address: _____

_____

Postal Code _____ Phone _____

Home E-mail _____

Appendix 7 Sample documents

Participant letter of confirmation

<Date>

<Name, Title>
<Address>

Dear <Name>,

I am pleased to confirm that you are registered for the Prevention of Mother-to-Child Transmission of HIV Course, which will take place <date> at <site, address and phone number>. Directions to the <name of site> are attached.

The goals of the PMTCT course are to:

- Provide healthcare workers with the knowledge and skills to deliver core PMTCT services
- Provide an overview of the fundamental principles of a sustainable PMTCT programme.

You should check into the <name of site> by <time> on the morning of the <date> so that you have time to settle into your room before the Opening Ceremony and Course Introduction. The Course Syllabus is attached and course times are as follows:

- <List day, date and time of opening ceremony and course introduction>
- <List days, dates of the rest of the course>
- <If appropriate also list day, dates of field visit and closing session>

<Insert information regarding fees and reimbursements>. Breakfast and lunch will be provided from the <dates>, but there will be no participant per diem. Do not hesitate to contact me if you have any questions; my phone number is: <list phone number>. Again, thank you for your interest in the PMTCT Course; I am looking forward to your participation.

Yours truly,

<Name>
<Job Title>

Attachment: Course Syllabus
Directions to <name of training site>

Appendix 7: Sample documents

Trainer invitation/confirmation

<Name, Title>
<Address>

Dear <Name>,

Thank you in advance for your participation in the upcoming PMTCT training course. The PMTCT training course supports the national training strategy and the national scale-up of PMTCT services through training of Maternal-Child Health and Antenatal Care staff in this area.

The goals of the PMTCT course are to:

- Provide healthcare workers with the knowledge and skills to deliver core PMTCT services
- Provide an overview of the fundamental principles of a sustainable PMTCT programme.

We expect a total of 20 attendees, more than half will be midwives or nurses, the remaining attendees are outreach workers and counsellors. All of them are from the Antenatal clinics in <name of geographic area/health district>.

As a trainer, you will be expected to attend the three Trainer Preparation days and the entire PMTCT course. Date, times and sites of both are as follows:

	Date/times	**Site**
Trainer Preparation Days	<list times and dates>	<name of site> <name of training room> <address> <phone number>
PMTCT Training	<list times and dates>	<name of site> <name of training room> <address> <phone number>

Directions to either of the above sites are available on request. You will be reimbursed for mileage or other travel and hotel expenses. You will also be provided with a per diem and honorarium as per <name of sponsoring agency> policy.

Appendix 7 Sample documents

Trainer invitation/confirmation *continued*

Your responsibilities as a trainer are to:

- Attend and participate in all of the Trainer Preparation Days and the entire PMTCT training course.
- Fully prepare and present the material for assigned modules.
- Assist participant learning by facilitating the exercises accompanying their modules, answering questions, getting back to participants on questions that cannot be answered during the training.
- Help to support small group work during all modules, not just those you will teach.
- Attend the Daily Trainer Meetings, which are scheduled every evening after each PMTCT Course training day, including the last day of training.
- Feedback to the Course Director on how well the training met its goals and objectives; and how the training, Trainer Preparation Days and training materials (such as the Participant Manual) can be improved.

The objectives of the Trainer Preparation days are to:

- Thoroughly review technical content.
- Learn how to use the course materials.
- Practise the exercises in the Trainer Manual.
- Explore strategies that will maximise interactive participation.
- Discuss the course, how the course fits into the overall national PMTCT strategy and how the course is managed, implemented, monitored and evaluated on the local levels.

Your module assignments are:

- <list module number and name>
- <list module number and name>
- <list module number and name>

Please refer to the Trainer Manual that was mailed to you last week for technical support, training exercises and teaching guidance and be prepared to present these three modules on the Trainer Preparation days. Please do not hesitate to contact us with any questions at <list phone number>.

We very much look forward to working with you in the coming month. Thank you again for your commitment to the PMTCT programme.

Yours truly,

<Name, Title>
Course Director

Appendix 7: Sample documents

Guest speaker letter of invitation/confirmation

<Date>

<Name, Title>
<Address>

Dear <Name>,

I would like to thank you in advance for your participation as a guest speaker in the PMTCT training course. As you know from our conversation you will be presenting <list name of presentation and any important points that should be included> from <time> to <time> on <day and date>. Attached you will find an outline of the presentation and a copy of the entire module of which your presentation is a part. Please note that your presentation should be about 40 minutes long. As our agenda is very tight, my timekeeper may gently remind you to conclude your presentation as your time ends.

The PMTCT training course supports the national training strategy and the national scale-up of PMTCT services through training of Maternal-Child Health staff in this area. The goals of the PMTCT course are to:

- Provide healthcare workers with the knowledge and skills to deliver core PMTCT services
- Provide an overview of the fundamental principles of a sustainable PMTCT programme.

The course syllabus is attached so that you can see the breadth of topics included on the course. We expect a total of 20 attendees, more than half will be midwives or nurses, the remaining attendees are outreach workers and counsellors. All of them are from <name of geographic area/health district>.

Directions to the training site are included. You will be reimbursed for <insert mileage or other travel expenses>. I very much look forward to your presentation; do not hesitate to contact me if you have any questions. Thank you again for your commitment to the PMTCT programme.

Yours truly,

<Name, Title>
Course Director
<Contact Info>

Attachments: Draft presentation outline
Copy of Module X <list number and name of relevant module>
Course Syllabus
Direction
Course Announcement

Appendix 7: Sample documents

Thank you letter to presenters

<Date>

<Name, Title>
<Address>
<Address>

Dear <Name>,

I would like to express our gratitude for the presentation you gave at the Opening Ceremony of the Prevention of Mother-to-Child Transmission of HIV Training Course on the <date>. Your contribution to the course, particularly your depth of knowledge around mother-to-child transmission of HIV in this country, was greatly appreciated. The discussion that you facilitated was a thought-provoking start to the training.

Again, thank you for your time and willingness to share your expertise and knowledge at the PMTCT training course. Your input was essential to the success of the opening day and important to the overall effort to provide healthcare workers with the knowledge and skills to deliver core PMTCT services.

Yours truly,

<Name>
<Job Title>

Appendix 7: Sample documents

Thank you letter to PLWHA panellist

<Date>

<Name, Title>
<Address>
<Address>

Dear <Name>,

I would like to sincerely express our gratitude for your participation on the PLWHA panel at the training on the <date>. Your contribution to the Prevention of Mother-to-Child Transmission of HIV Training Course was not only greatly appreciated but it was also memorable and thought provoking.

Again, thank you for your time and willingness to share your experiences and perspectives. You have provided those of us at the training a perspective on living with HIV that we didn't have prior to hearing your talk. Your input was essential to the success of the PMTCT course and to the overall effort to provide healthcare workers with the knowledge and skills to sensitively deliver PMTCT services.

Yours truly,

<Name>
<Job Title>

Appendix 7: Sample documents

Course completion certificate

(Sponsor)
PMTCT Training Group

This is to certify that

_____

successfully completed the

Prevention of Mother-to-Child
Transmission of HIV Training Course

<Country> National PMTCT Training Programme

<Course dates>

<Course site>

_____

Course Director

_____

Director of (sponsor)

Appendix 8: Trainer preparation

Trainer Preparation Days planning checklist

Trainer Preparation Days	
✓ when complete	**Activity**
	Assign a primary and secondary trainer to each module according to expertise and experience. Note that trainers with nursing/medical experience are recommended to teach the clinical modules: ▪ Module 3: Specific Interventions to Prevent MTCT of HIV ▪ Module 4: Infant Feeding in the Context of HIV Infection ▪ Module 6: HIV Testing & Counselling for PMTCT ▪ Module 7: Linkages to Treatment, Care, and Support for Mothers and Families with HIV Infection and ▪ Module 8: Safety and Supportive Care in the Work Environment
	Send trainers their confirmation as previously described (see also Appendix 7).
	Distribute copies of the following materials to each of the trainers at least a week before the first Trainer Preparation Day: ▪ Trainer Manual ▪ Participant Manual ▪ Presentation Booklet ▪ Training Programme and Course Director Guide ▪ PMTCT Course Syllabus (if not already in the Trainer Manual) ▪ Training assignments (including a copy of the completed Table 3.1) ▪ Agenda for the Trainer Preparation Days
	Request that each trainer read through their modules and come prepared to discuss how they would conduct the training given the guidance in the Trainer Manual.
	Confirm the site for the Trainer Preparation Days.
	Ensure training equipment and materials as described in the course are available.

Appendix 8: Trainer preparation *continued*

Checklist of training skills[2]	
Movements	☐ Take centre stage – do not get stuck in a corner or behind a desk ☐ Face the audience – do not face the board or screen when speaking ☐ Make eye contact with people in all sections of the audience ☐ Use natural gestures and facial expression – (but try to avoid mannerisms) ☐ Move around the room – approach people to get their attention & response ☐ Avoid blocking the audience's view – watch for craning necks
Speech	☐ Slow and clear and loud enough for everyone to hear ☐ Natural and lively – varied ☐ Write difficult new words on the board or flipchart, pronounce and explain them
Continuation Interaction	☐ Try to interact with all participants – use names as appropriate ☐ Ask the questions suggested in the text – ask different participants ☐ Allow time for the participant to answer – don't give the answer too quickly – drop hints ☐ Respond encouragingly and positively to all answers – correct errors gently ☐ Involve all participants – include quiet ones – control talkative ones ☐ Avoid discussions which are off the point or distracting ☐ Try to give satisfactory answers to questions from participants
Visual aids	☐ Have the required aids and equipment ready – check and arrange them before the session ☐ Make sure that everyone can see clearly – arrange the room so that they can ☐ Point to what you are talking about on the projector or on the screen ☐ Cover, turn off, or remove aids that are not in use ☐ Let people handle aids used for demonstrations ☐ Write large and clearly on the board – arrange words carefully so that there is enough room ☐ Put slides and overheads away at end of session
Use of materials	☐ Prepare thoroughly – read the text and obtain any aids that you need before ☐ Prepare your helpers (eg, for role-play) before the session – practise if possible ☐ Follow the session plan accurately and completely – use your Trainer Manual ☐ Do not learn the session by heart – follow the Manual but talk in your own style ☐ Emphasise important and key points – do not leave important points out ☐ Do not introduce too much extra material – but give a few local examples ☐ Try to avoid repetition unless really useful ☐ If you find it necessary to read from the Manual, look at the audience occasionally
Time management	☐ Keep to time – not too fast or too slow; don't take too long with the early part of a session ☐ Don't lose time between sessions (eg, going to Clinical Practice) – explain clearly what to do

[2] *Breastfeeding Counselling: A Training Course, Trainer's Guide*, Part Four, Sessions 31-34, World Health Organization CDD Programme, UNICEF, (WHO/CDR/93.4; UNICEF/NUT/93.2), Pages 32-33. Available online: http://www.who.int/child-adolescent-health/New_Publications/NUTRITION/Breastfeeding/Trainers_Guide_Part4.pdf

Appendix 8: Trainer preparation *continued*

Sample trainer assignment

Day	Module	Primary Trainer	Secondary Trainer
Pre-training Day	Introduction, course overview, ice breakers, ground rules	Course Director	N/A
Day 1	1: Introduction to HIV/AIDS		
	2: Overview of HIV Prevention in Mothers, Infants and Young Children		
Day 2	3: Specific Interventions to Prevent MTCT		
	4: Infant Feeding in the Context of HIV Infection		
Day 3	5: Stigma and Discrimination Related to MTCT		
	6: HIV Testing and Counselling for PMTCT		
Day 4	7: Linkages to Treatment, Care and Support for Mothers and Families with HIV Infection		
	8: Safety and Supportive Care in the Work Environment		
Day 5	9: PMTCT Programme Monitoring		
	Closing Exercises	Course Director	N/A
Day 6	Field Trip		

Appendix 9: Field visit

Field Visit Planning Guide

The goal of the field visit is to provide participants with an experience in a PMTCT setting to reinforce the classroom learning.

PLANNING AND CONDUCTING A FIELD VISIT	
1– 4 weeks before the training	
Organise the visit or visits to a local PMTCT site	Contact one or more local health centres to gain permission for participants to visit and meet with several members of staff. The staff with whom participants will meet can be determined by the field visit objectives. If there are a number of PMTCT services near to the training site, the participants may be divided into special interest groups and visit different sites. If necessary, the visits could be staggered over the course of a day.
Write and send confirmation letter	Once you have commitments from staff at the PMTCT facility, follow up with a letter confirming the date and timing of the visit and the visit objectives. It may be a good idea to also include the following in the letter: ▪ Brief description of the training; you may want to attach a copy of the overall PMTCT training agenda, goals/objectives ▪ Information on length of the visit.

1– 4 weeks before the training	
Develop Observation Guide	Finalise the visit guide for participants. See the sample guide below.

1, 2, or 3 days before the training	
Confirm the meetings	Telephone (or send another letter to) the people with whom the participants will be meeting to reconfirm. Provide the healthcare workers with the final number of visitors.

On the morning of the Field Visit	
Team Leader, name tags and time for debrief	Ensure that at least one trainer will accompany each group of participants. Ask the participants to return to the training room at the designated time for debriefing.

Appendix 9: Field visit *continued*

At the Site	
The meeting	Once participants arrive at the PMTCT service/clinic, the Trainer should ask for the healthcare worker scheduled for the first meeting.
Thank the healthcare workers	Thank each healthcare worker upon conclusion of each observation or meeting.

At the end of the Field Visit	

Debrief	▪ When everyone has returned, allow approximately 30 minutes for debriefing.
	▪ The following questions may be helpful in directing group response:
	  ▪ How did their observations compare with what they had learned in a given area? What was the same? What made it different?
	  ▪ Did the visit meet their expectations?
	  ▪ Is there something that could have made the visit more beneficial?
	  ▪ Did they observe any practice that they felt could be improved?
	▪ Ask each participant to summarise their experience in a sentence or two.

Within a week after the Field Visit	
Send out thank you notes	Follow up with thank you notes to the clinical facilities staff that took time to meet with the participants.

Document Order Form

WHO/CDC Prevention of Mother-to-Child Transmission of HIV (PMTCT) Generic Training Package

The World Health Organization (WHO) and the United States Centers for Disease Control and Prevention (CDC) have collaborated to develop the *Prevention of Mother-to-Child Transmission of HIV (PMTCT) Generic Training Package*. The package is a comprehensive, evidence-based generic PMTCT training course that was field tested in Guyana, Ethiopia, Cambodia, and Mozambique. It is intended to be adapted to include the policies, guidelines, and realities of the specific country setting.

DOCUMENT ORDER FORM:

Name _____

Address_____

_____

_____

City_____

Country_____

Telephone_____

Email_____

NUMBER OF COPIES: **QUANTITY**

Training Programme and Course Director Guide.....____

Trainer Manual .....____

Participant Manual and Presentation Booklet .....____

Pocket Guide.....____

Wall Chart.....____

CD-ROM containing all components listed above in Microsoft® Word and Adobe® Acrobat PDF files ..... ____

Complete PMTCT Generic Training Package.....____

World Health Organization
Department of HIV/AIDS
20, Avenue Appia, CH-1211 Geneva 27
Switzerland
E-mail: hiv-aids@who.int
http://www.who.int/hiv/en

For further information, please contact:

World Health Organization
Department of HIV/AIDS
20, Avenue Appia, CH-1211 Geneva 27, Switzerland
E-mail: hiv-aids@who.int
http://www.who.int/hiv/en

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