REPORT OF THE TRAINING WORKSHOP ON HIV COUNSELLING AND TESTING (HCT)

ORGANIZED BY:
THE NIGERIAN INSTITUTE OF MEDICAL RESEARCH (NIMIR)

12TH – 22ND NOVEMBER, 2007

TABLE OF CONTENT **PAGE**

ACRONYMS

AIDS - Acquired Immune Deficiency Syndrome

ARV - Antiretroviral

FMOH - Federal Ministry of Health

HCT - HIV Counselling and Testing

HIV - Human Immuno-deficiency Virus

MTCT - Mother to Child Transmission

NIMR - Nigerian Institute of Medical Research

PEPFAR - President's Emergency Plan for AIDS Relief

PLWHA - People Living with HIV/AIDS

PMTCT - Prevention of Mother to Child Transmission

SFH - Society for Family Health

STD - Sexually Transmitted Diseases

TB - Tuberculosis

UNAIDS - United Nation Joint Action Against AIDS

VCT - Voluntary Counselling and Testing

INTRODUCTION

The number of people living with HIV continues to increase, as well as deaths due to AIDS. A total of 39.5 million people were estimated to be living with HIV in 2006. Unfortunately, only about 10% of infected people know their HIV status. National HIV prevalence is 4.4%. People remain frightened of testing due to access, stigma, ignorance etc. Knowing one's positive status in the past meant inevitable death due to lack of treatment and access to support services.

However, access to antiretroviral treatment is being scaled up and offers opportunity to simultaneously expand access to HIV prevention especially counselling and testing, which as created global demand for HCT services.

In order to meet this demand and equip Health care providers with HCT skills,the Nigerian Institute of Medical Research (NIMR) in collaboration with the Society for Family Health (SFH) and the Global fund organized a National Training Workshop on HCT for Health care providers from the new sites benefiting from the Global Fund ARV scale-up.

Ninety six health care providers – Doctors, Nurses, Laboratory scientists and Social workers at the training workshop were drawn from health facilities in the **South-East and South-South** Zones of Nigeria

The 10-days training workshop was held from 12th – 22nd November, 2007, at the Nigerian Institute of Medical Research, Lagos.

GOAL AND OBJECTIVES

GOAL: The goal of the training workshop is to build the capacity of trainees to provide HIV Counselling and Testing (HCT) services according to the National HCT Guidelines.

OBJECTIVES OF THE TRAINING

1. Define HCT
2. Communicate accurately facts on HIV and AIDS in relation to HCT.
3. Apply counselling skills in providing Pre and Post – test counselling.
4. Conduct HIV rapid testing
5. Display ability to use National HCT guidelines for service delivery.
6. Apply counsellor self-care skills.

PARTICIPANTS EXPECTATIONS

The participant's expectations were summarized as follows:

1) To acquire adequate knowledge on HIV/AIDS
2) To be trained as good counselor with confidence and without prejudice.
3) To be trained on the new techniques on HIV testing.
4) To be able to communicate to and, educate people on health education and HIV/AIDS
5) To learn about the interventions on prevention, management and control of HIV/AIDS (e.g. PMTCT, STI, VCT services etc.).
6) To update knowledge on HIV/AIDS information
7) To be able to talk confidently about sensitive issues i.e. sex and sexuality issues.
8) To be able to keep proper record as regards HIV and AIDS for reference.

VENUE AND DURATION OF THE TRAINING

The training took place at the Nigerian Institute of Medical Research in Yaba, Lagos, Nigeria. The duration was 10 days (12th – 22nd s November, 2007).

PARTICIPANTS AND RESOURCE PERSONS

(Appendix ii-for list of participants/resource persons).

The participants were selected from the Southern Nigeria. They were drawn from fields of Health profession – Health educators, Doctors, Nurses, Laboratory personnel, Nutritionist, Social workers etc.

METHODOLOGY

An interactive and participatory approach was used in the conduct of the training workshop. The sessions were a mix of lecture/discussions, case studies, laboratory practical demonstrations, group work/participation and presentations (Visual Aid) as well as role-play exercises.

(Appendix 1: training agenda). And provision of materials and manuals.

1) Lecture Methods: This involves presentation of topics using Microsoft power point application through the projector. It also involves participation and interaction through Questions and Answer.
2) Plenary Session: This involves allowing the participants to give a feedback on their experience from the practical sessions or work.
3) Role Play: 95% of the participants learnt through role play of scenario. Their involvement in this session avail them the opportunity to practice and explore the possible issues and challenges during HIV counseling and testing session.

4) Also, from the daily evaluation, majority of the participants indicated that the role play is a good method of learning.
5) Group Discussion: This session involves participants forming groups, interacting and discussing issues centered around HCT and HIV. Each group had a representative to make a presentation on their findings/conclusion at the end of the group discussion. Also members of the group participated effectively through supervision from all facilitators.
6) Practical Work: There were sessions involving practical on HIV counseling and testing. Participants witnessed a counselling session in the HCT units in NIMR and they made some evaluations on the challenges of HCT. They also went to the laboratory and made use of the different HIV rapid techniques.
7) Demonstration method: These involve condom demonstration (both male and female condom). The penile and vaginal models were provided for participants as well as condoms to demonstrate and discussed on how they felt.

PARTICIPANTS ASSESSMENT

a) In order to identify gaps and areas that should be emphasized during the training as well as determine the knowledge level of the participants a pre training workshop assessment was conducted. A post-test was also done on the last day after the completion of the training. Comparative analysis was made on the performances of each participant on the pre and post test assessment scores. (Appendix 4: Assessment results).
b) Daily workshop evaluation was done to obtain the views and comments of participants on the presentations and other concerns so that it can assist in adjusting and explaining issues that were not clear to them.
c) In addition, a final overall workshop evaluation was also conducted to assess participant's perception regarding the content and organization of the workshop.

DAILY TRAINING ACTIVITIES

DAY ONE – 12th November, 2007

The workshop commenced with participants registration at 8am. In a brief opening, the training was officially declared open at 9.45am by the Director General of the Nigerian Institute of Medical Research (NIMR) Lagos, represented by Dr. …….
The training session commenced with introduction to training and each other, this was followed by pre-training assessment of the participant.

SELF-INTRODUCTION
The guidelines used were:

- Name & workshop name
- Place of work and designation
- Experience with HIV/AIDS management and care
- Expectations from the workshop

REQUIREMENTS FOR THE TRAINING & GROUND RULES

The participants discussed and agreed on ground rules that would be adhered to during the training and these include:

1. All handset to be switched off
2. Punctuality before 8.30am
3. Should be recognized before talking
4. Respect for each other view
5. No side talks
6. Orderliness

THE SESSIONS
Basic facts on HIV/AIDS including Global and National situation of the epidemic

The trend of the epidemic globally as well as the situation in Nigeria was given. According to the presenter, about 40 million people are infected globally and that 1/3 of this population are between ages 15-24 years. The most affected area is the sub-Saharan Africa region. In Nigeria, the National prevalence is estimated to be 4.4% according to national sentinel survey conducted by FMOH in 2005 while the zonal and state variations were also explained.

Out of the six Geo-political zones in Nigeria, Benue State in the North Central Zone ranks highest with prevalence rate of 6.1% followed by Akwa Ibom State in the South-west zone with 5.3% prevalence, prevalence in Kaduna State was reported to be 5.6% - the highest in the zone in 2005.

The Human Immune System and Natural Progression of HIV infections as well as the difference between HIV and AIDS the two types of HIV virus (Types I &

II), which are both transmitted through the same routes were explained. HIV infection was described as when a person is infected with the virus and there is presence of antibodies in the blood when tested. The person may look healthy but can infect others even during the window period when the antibodies are yet to show in the blood. Transmission will occur if the individual engages in risky behavior, donates blood for transfusion etc. AIDS on the other hand was explained to be the terminal stage of the infection when the body immune system of the infected person is weakened and cannot resist infection.

Modes of transmission include –

- Unprotected sexual intercourse with an infected person. This accounts for over 80% of infections.
- Transfusion of infected blood and blood products, as well as use of unsterilized skin piercing instruments (e.g. IVDUs, shaving, circumcision, tattooing, scarification, needle stick accidents (health workers), etc
- Transmission from an infected mother to child during pregnancy, labor and delivery as well as through breast-feeding.

The 'Window Period' was explained as the time between infection and the production of antibodies to the blood. This period may be between 6 weeks – 3 months or 6 months after exposure and infection can only be confirmed through HIV testing.

Signs and symptoms of AIDS were discussed and participants were informed that the presence of sexually transmitted infections (STIs) increases a person's vulnerability to acquiring HIV.

Issues related to Prevention of Mother to Child Transmission (PMTCT) and treatment education were discussed. The presenter emphasized that 80% of HIV transmission in Nigeria is through heterosexual sex, and that 4.4% of child bearing women in Nigeria are HIV positive. He said 60-75% of infants born to HIV infected women will not get infected if breast fed exclusively. He also said that mother to child transmission (MTCT) occurs during pregnancy, labour, delivery and breast feeding because viral load is very high at these period. He concluded by saying that prevention of mother to child transmission is centered on HCT, ART safer delivery and infant feeding practices.

The four elements of comprehensive prevention of mother to child transmission discussed and these are:

Element 1 - Primary prevention of HIV infection among women of child bearing age

Elements 2 - Prevention of uninfected pregnancies among women infected with HIV

Element 3 - Prevention of HIV transmission from women infected with HIV to their infants.

Element 4 – Treatment, care and support for women infected with HIV, their infants and their families

It was stressed that antiretroviral therapy is never an emergency while the importance of adherence counselling prior to treatment commencement and after commencement was discussed.

After the presentation, participants were divided into groups. They discussed and presented their deliberations on a flip chart on the following topics.

a) Factors driving the epidemics of HIV infection

b) Impact of the epidemic (economically, psycho-socially and medically.

c) Factors that help reduce the epidemics.

SELF-AWARENESS AND TALKING ABOUT SENSITIVE ISSUES

The goal of the session was to enable participants explore, acknowledge and understand themselves so as to be more genuine in dealing with clients during counseling session.

The session commenced with a brainstorming session during which participants took time to make an introspective assessment of self and also look at their personal challenges in talking about self and sensitive issues. They explored their strengths and weakness and other personal challenges they feel can influence their job performance.

Following these self assessment, the Johari's windows which categories an individual into four was presented and discussed –

- Known to all – open part of us we freely display
- Hidden part – private part of us we know but choose not to share e.g. our secret
- Blind part - blind spot part of ourselves we cannot see but others can
- Unknown to all - part of us which others and we are unaware of may include our motivation.

The purpose of this session was to allow participants to explore, acknowledge and understand themselves and how this can influence their counseling relationship.

It is important that these should be recognized and necessary action taken to minimize the negative influence they can have during counseling.

There were discussions on issues related to talking about sensitive issues, which is usually embarrassing, and participants were able to acknowledge the challenge of talking about themselves in relation to their sexual life thereby relating it to the emotions and feelings/reactions of clients when such issues are raised. It was also identified that men usually do not disclose result easily like women. Some fear related to disclosing test results or bad news were highlighted and discussed.

- At the end of the session participants were to identify other languages and slangs used to describe the following sexual terms **in an interactive session**;
- Vagina
- Vaginal intercourse
- Anal intercourse + homosexuality
- Clitoris
- Penis
- Breasts
- Testicles
- Oral sex on a male/female
- Condoms

Before the end of day one's activities, participants were divided into **three** groups.
Day one sessions ended with the evaluation of the day's activities with a closing prayer by one of the participants.

GROUP WORK BY PARTICIPANTS

DAY TWO

TUESDAY 13th November, 2007

The day's activities began with prayers said by one of the participants **followed by** recap of day one activities given by assigned rapporteurs from among the participants.
Review of same day evaluation forms **filled by the participants** was done by one of the resource persons.

THE SESSIONS

INTRODUCTION TO COMMUNICATION

Communication was defined as exchanging information and involves transmitting information, thoughts, and opinion through speech or sign. For a health worker/counselor to impact the message there is need for effective communication.

The communication process consists of the:

- Message
- Source
- Channel
- Receiver
- Feedback

The qualities of effective communication and types of communication - verbal – expression by spoken words and non-verbal – body language were discussed.

Factors affecting communication include:

- Incomplete or distorted message
- Language
- Beliefs
- Sex, etc.

The qualities of effective communication were discussed and they include:

- Command attention
- Clarify the message
- Communicate a benefit
- Create trust
- Convey a consistent message
- Cater to the heart and head
- Call for action

The difference between the health education and HIV Counseling was elaborately discussed since it is always a source of confusion among health care providers.

INTRODUCTION TO COUNSELLING

The session focussed on counselling and what it is and what it is not. HIV Counseling and testing (HCT), its key elements and the challenges involved in the process were discussed. Counselling and testing was defined as an intervention that gives the client/patient opportunity to confidentially discuss his/her HIV risk and status for the purpose of prevention, treatment and support. It therefore involves the counseling and testing and can be client or provider initiated. HIV counseling according to WHO is defined as a confidential dialogue between the counselor and a person aimed at helping the person cope with stress and make personal decisions related to HIV/AIDS.

The three steps of counseling which includes helping the person to tell their story, helping the person to consider options and helping the person make a plan were discussed. It was further explained that counseling is not a conversation, an interrogation, a confession, and a search for a diagnosis, 'information giving' or praying.
It is also helpful to begin counseling interactions by allowing the client to define his/her priorities, agenda and needs; and for the counselor to find out what is most important to the client.

The group work on qualities of a good counselor, where counseling should be provided and who should provide it as well as who needs it were discussed in relation to the session and participants acknowledged that some of the things they did in their workplace was inappropriate and identified how best it could be improved upon.

It was concluded that counselors should not be judgmental, should have the ability to cope with emotional demands of the counseling process, make use of and reflect upon life experience, form a helping relationship and be self-critical as well as use both positive and negative feedback to improve themselves.

BASIC ELEMENTS AND PRINCIPLES OF COUNSELING

The session discussed and explained the basic elements of counseling which include:

- Time
- Acceptance
- Accessibility
- Consistency and accuracy
- Trust and confidentiality

Other elements such as respect for clients, unconditional positive regard and genuineness were also highlighted and discussed. The factors to consider in counseling such as informed consent and socio-cultural context as well as factors that may affect counseling were discussed.
The principles of counseling were extensively discussed and these include – confidentiality, being non-judgmental, individualism, self-determination, controlled emotional involvement and purposeful expression of feelings.

COUNSELING SKILLS – APPROACHES, ELEMENTS

The session explained the aims of counseling as helping an individual to take charge of his or her own life. Counseling was explained to involve communicating knowledge, attitudes and options. Counseling skills required for HIV counseling include: relationship building skills, information gathering skills, and listening skills.

Counseling skills are listening and expressive. Listening skills include - attending skills, encouragers, reflection on facts and feelings, summarizing and verbal following.

Expressive skills include – open and closed ended questions. How to question effectively involves use of tone that shows interest, concern and friendliness, use of words that the client understands, asking one question at a time and waiting with interest for the answer and asking questions that encourage clients to express their feelings and needs, etc.
Other skills discussed include:

- Reflecting feelings
- Third person or impersonal statements
- Polite imperative
- Use of silence
- Specific or probing questions

PRE-TEST COUNSELING
Pre-test counseling was explained to be a dialogue between the client and care provider aimed at discussing the HIV test and the possible implications of knowing one's sero-status. It is simply the stage in the counseling process prior to blood tests for HIV antibodies. The purpose of pre-test counseling include – to assess the level of knowledge of client on HIV/AIDS and correct misconceptions or misunderstanding, review of client's risk of infection, to explain the test and clarify its meaning, explain the limitations of the test result and caution the client about potential misuse of results (e.g. a negative result remains negative as long as no exposure to risk occurs).

The steps in pre-test counseling were explained and role- played, with emphasis on the EUA model (exploration – understanding – action), the importance of risk assessment, individualized risk reduction plan and informed consent for HIV testing.
It was stressed that a counselor must never assume that all clients that come to the counseling center are willing and ready to take an HIV test. Furthermore, it was stressed that counselors should remember that the first contact with a client is important. A proper pre-test counseling would prepare a client well and counselors usually encounter fewer difficulties during post-test counseling session.

Day two sessions ended with the evaluation of the day's activities with a closing prayer by one of the participants.

DAY THREE

WEDNESDAY 14th NOVEMBER, 2007

The day's activities started with opening prayer led by a participant followed by day two rapporteurs' recap and daily evaluation review read.
The first session was on Post-test counselling, counseling techniques and skills, psychological reactions to HIV positive result, counselling check list and crisis counselling were presented.

POST - TEST COUNSELING
The presentation focused on post-test counseling including psychological reactions to the test result. Issues centered on: Steps for giving results, fears about giving results, disclosure of test result – negative, positive and indeterminate, outcome of test results and its implications and positive living. It was explained that it is important to help client to accept their test result and that results should only be given if the counselor feels that the client has received adequate counseling.

Crisis Counselling was also discussed during the session. Crisis can induce feelings of fear, hopelessness and lost of control. It is important that counselors do not say "you are over reacting" but rather listens carefully and comments on the strength of their feeling. Crisis exists when:

- Effort to resolve the crisis seem to be hopeless;
- Client is emotionally disturbed as a result of loss of control;
- Emotionally handicapped because there does not seem to be any solution to the situation.

Element of Crisis Counselling – blow, recoil, withdrawal and acceptance were discussed.

Other issues discussed were psychological reactions to HIV test result. This is due to the fact that going through HIV test creates considerable psychological pressures, especially for those who receive HIV positive result. The reaction of clients usually revolves around uncertainty and adjustment. A wide range of psychological reactions to positive test result was also discussed and these include – shock, disbelief, anger, fear, depression, anxiety, suicidal thoughts etc. The need for appropriate referral for positive clients was thereafter stressed. Role play exercises was carried out to put into practice some of the skills already learnt.

ROLE PLAY EXERCISE BY PARTICIPANTS IN TRIADS

COUPLE COUNSELING (SERO CORCORDANT AND SERO DISCORDANT RESULTS) INCLUDING GROUP COUNSELING

The session focused on issues relating to couple counseling no matter the configuration they may come in – married, live in lovers, sexual partners, intending couples, same sex partners etc.
For concordant HIV-negative couple the issues to be discussed with them should include the possibility of one (or both) of them being in the window period, and if the couple are not in an exclusive monogamous relationship, the need for appropriate risk reduction plan must be discussed.

For concordant HIV positive couple – they need help in the following areas; - communication with each other, communication with the extended family, communication with their children, reconciliation and managing anger. The need for positive living and to ensure prompt management of symptoms and access to ART if necessary should also be emphasized.

For sero-discordant Couples - This is when couples are found to have differing HIV results – one partner is HIV-positive and the other is HIV-negative – they are also known as "Sero-discordant". The counselor should assist the couple to develop a long–term plan not only to protect the sero negative partner from infection but also to help the HIV-positive partner to live positively with the infection. It is also important to discuss with the couple the possibility that the sero negative partner may be in the window period.

Group counseling was described to be adopted where individual counseling is not feasible such as in centres where there is a high volume of clients and in ANC clinics were client turnout on booking days are high. It was however identified that time provided for counseling on booking days is usually very limited since other issues are also discussed with clients on that same day. It was agreed that after the general health information provided the following guideline should be adopted to ensure that clients have better opportunity to understand issues involved in PMTCT in relation to HIV counseling and testing:

- Maximum number to be counseled at a time should preferably 10.
- Consider gender mix, preferably same sex, but if mixed sexes then have equal numbers.
- Be sensitive to the cultural practices in the area.

The presentation was followed by role-plays exercises during which each group focused on the counseling for different needs during pre and post test counseling. The issues and practical challenges shared were used during the role-play. For instance, the case of intending couple who had a discordant result and

the positive one refusing to let the other partner know and also one that was on medication and refused to inform his spouse of his sero status.

ROLE PLAY EXERCISE

Day three sessions ended with the evaluation of the day's activities with a closing prayer by one of the participants.

DAY FOUR

THURSDAY 15TH NOVEMBER, 2007

Day four activities started with an opening prayer by one of the participants. This was followed by a review of the previous day activities. The evaluation revealed that participant needed more clarification on counselling concordant and discordant couples; this was followed by role plays on couple counselling.

PRESENTATION

ISSUES IN COUNSELING INCLUDING CONDOMS AND CONDOM DEMONSTRATION

The session focused on issues that arise during counseling some of which may be related to cultural and religious beliefs and the perception of the community/individuals about HIV/AIDS. Some practices in the community that could influence an individual's acceptance of the disease and readiness to disclose their status were also highlighted.

Condoms and its uses as well as demonstrations were done. Condoms was said to be one of the preventive methods for HIV transmission when used consistently and correctly. After the discussions which also covered the effectiveness of condoms, failure rate and factors that may make condoms to fail and use of oil based vs. water based lubricants participants did demonstrations to sharpen their skills in this area.

DISCLOSURE AND PARTNER NOTIFICATION

The session commenced with a brainstorming session to define disclosure after which it was defined as - to reveal, make known, to share etc. The different issues one may want to disclose include: partner's problem, rape, HIV in the family, lack of enough food/money and abandonment by partner, promotion, employment, pregnancy etc. The kinds of people that one may disclose to were also discussed and this differed in situations of good and bad news.

Goals of disclosure counselling include:

1. To give information to client whether or not to disclose HIV status
2. To provide support after disclosure

The role of the counselor in the disclosure process was discussed. It was pointed out that the disclosure process may take weeks, months or years and should not be rushed. In the process the counselor is expected to remain calm and in control. The Client should think about whether or not to disclose based on the context of their life situation.

Some disclosure terms discussed include:

- Non disclosure; Client does not want to disclose HIV Status
- Partial disclosure: Client tells certain people her problem
- Fully disclosure: Client reveals status to any person
- Voluntary Disclosure: Client may reveal partial or fully to any one
- Shared Confidentiality; disclosure upon condition that the person will not tell other people without permission of the client
- Involuntary disclosure: client's status is revealed without his/her approval

Levels and barriers to disclosure were extensively discussed as well as the advantages and disadvantages of disclosure. Factors that influence disclosure were also highlighted and some of these include: Culture, religion, counsellor's attitude, personal/environmental factors etc.

The principles of confidentiality and trust must be observed and disclosure should be non-coercive and must be gender sensitive (studies reveal that disclosure rates are low and women fear abandonment or abuse if found to be sero positive).

Partner notification focused on the process of informing the sexual partner(s) of the infected partner about outcome of the test result. Sharing and notifying partner(s) is very important for HIV prevention, care and treatment particularly in the long term. It helps in achieving success in limiting the transmission especially to women.

The aim is to:

• Provide counseling and testing to sexual partner(s) of client
• Provide psychosocial support to the partner(s)
• Provide referral and linkage to other support services, where available and when necessary.

Positive Living

The next session focused on positive living, which will begin with the counselor's attitude and the language employed in discussing with the client. Accepting

client and encouraging them to avoid blame and negative ideas will promote this. It was emphasized that positive living entailed the client living in a manner as normal as the situation allows, avoiding everything that may accelerate the continuation of infection in your body, embracing all that are beneficial and improves quality of living among others. The steps to positive living include:

1. Knowledge about HIV infection and correct misconception
2. Acceptance of status without blaming anybody
3. Positive attitude of sharing worry with trusted one
4. Proper nutrition- encourage balanced diet and intake of water
5. General health – avoid self medication and to seek for appropriate treatment of ailment
6. Stress management take enough rest and avoid work over load
7. Ensuring proper personal hygiene

REFERRAL AND NETWORKING

Networking which is a means of linking people together to allow the sharing of ideas/efficient utilization of resources was discussed as an approach to promote positive living. Examples of how people network are through meetings, seminars, conferences, emails etc. In the context of HIV counseling and testing, referral is the process by which immediate client needs for prevention, care and support services are assessed and prioritized and clients provided with assistance (e.g., setting up appointments, provided transportation) to access these services.

Referral should also include the basic follow-up efforts necessary to facilitate initial contact with care and support service providers. In making referrals, the following issues should be considered; Clear, specific, and up-to-date information; confidentiality; safe and easy accessibility; a multi-sectoral/multi-disciplinary approach with several referral options.

A system for clear communication between the HCT center and the services to which the client has been referred was explained to be necessary as well as the need for absence of discriminatory practices by service providers; documentation of referral and follow-up.

Available support systems in the community were identified and participants were encouraged to continually update their information on available services in order to provide optimal service to their clients.

NUTRITION AND HIV/AIDS

It was explained that the nutritional status of PLWHA affect their morbidity and mortality hence the importance of early nutritional interventions was considered as fundamental in the early stages and ongoing periods of management.

The presentation therefore focused on the interaction between HIV and nutrition, the influence of infectious diseases on nutritional status and the cycle of micronutrient deficiencies. Other issues discussed were causes of poor nutrition, the vicious cycle that leads to weight loss and wasting, the role of vitamins and minerals in the body and locally available sources of these nutrients. The benefits of good nutrition in HIV/AIDS and benefits of nutritional management in HIV/AIDS were also discussed. The components of a good mixed diet which includes the different classes of food – carbohydrates, protein and fats/minerals was highlighted as well as the need to ensure that culturally available local food are promoted to produce a complete meals which are beneficial to PLWHA. Examples of locally available food items were given by participants.

ROLE PLAY BY PARTICIPANTS AT PLENARY
(After practicing in triads, two participants come out to role play at plenary to enable the entire group observe and provide comments on what has gone well and those that need to be improved on to make the counsellor more effective)

Day four sessions ended with the evaluation of the day's activities with a closing prayer by one of the participants.

DAY FIVE

FRIDAY 16TH NOVEMBER, 2007

The day's activities commenced with prayers said by a participant followed by rapporteurs' recap of the previous day's activities as well as the previous day's evaluation reviewed.
The session commenced at 8.30 a.m. on self care for counsellors, it centered on how counsellors can identify, prevent and manage issues of stress and burnouts that can arise from HIV/AIDS counselling. answered all the questions that came up from the sessions.

The next session which was on **Supervision and Support for Counsellors**, centered on how newly trained HIV/AIDS counsellor can build on their skills thus increasing their experiences, confidence and professional quality.
The next session was on **HCT in Family Planning (FP) and HCT in STIs** commenced at 10.4 a.m. The benefits of FP services and contraceptive method options wee outline. She also stressed that STIs is co-factor of HIV/AIDS.

STIGMA AND DISCRIMINATION
The session commenced with some stigmatizing and discriminatory behavior that goes on in communities even before the advent of HIV/AIDS. It was agreed that stigma is something that dates even to biblical times and its various

implications were highlighted and discussed. After the discussions a brief presentation on the topic was made. It was said that stigma reflects an attitude while discrimination is an act or behavior. Determinants of stigma were discussed and these include - Ignorance, religious/cultural influences, attitude of the community and health care workers, etc.

Various forms of manifestations of stigma and discrimination in the health care setting (unplanned discharge, being kept at end of ward, denial of treatment); the workplace (denial of employment/promotion/dismissal), family (rejection, abandonment/divorce) and community were highlighted and discussed. The importance of respect of the fundamental human rights of everybody irrespective of their HIV status and the need for counselors to be friendly, patient, show empathy to clients was emphasized.

The need to ensure confidentiality and involvement of PLWHA in CT was also discussed. The presentation also gave some key points that counselors should bear in mind - stigma breeds isolation and reduces access to services, international/national human rights declarations affirm that all people have the right to be free from discrimination, HCT program can minimize stigma through its various interventions and awareness activities as the negative attitude of the community can impact on the success of the program.

ETHICS IN HIV AND AIDS COUNSELLING

The session discussed ethics in relation to HIV/AIDS. Counselling code of ethics was defined as a set of fundamental values and set of professional ground rules against which the counsellor uses to monitor his/her work to ensure appropriate service delivery to clients. Some ethical issues discussed among many were confidentiality, privacy and competence. Confidentiality was defined as means of providing the client with safety and privacy, treating all information about the client whether obtained directly or indirectly or by inference with absolute confidence. Discussions with client should be purposeful and not be trivialized. Other issues discussed include consent, client safety and autonomy, responsibility of counsellor to self and colleagues. Some counselling dilemmas such as refusal by clients to disclose their status to partner were identified and discussed

The session on Overview of National HCT guidelines came up at 3.15 p.m. The purpose of the guidelines is to provide national standards that must be adhered to, by all institutions, organizations and individuals for the provision of high quality HIV counselling and testing in Nigeria.

Immediately after the session, a PLWHA came in and shared her experiences with the participants. This helped to bring to fore most of the issues that had been discussed with the group. It also helped to remove most of their fears and

offered them the opportunity to better understand the challenges of living with the infection and disclosure. Other issues were stigmatization (self and from others), discrimination, loss of job, fear of death, emotional disturbances, and rejection from colleagues.

Participants thereafter went into role-play exercises displaying the various counseling skills they have acquired.

Day five sessions ended with the evaluation of the day's activities with a closing prayer by one of the participants.

DAY SIX

SATURDAY 17th NOVEMBER, 2007

On the sixth day of the training workshop all the participants were brought together in a plenary in the auditorium, this continued till end of the training. Morning prayers was said, recap of the previous day's activities was done with the daily evaluation.

At 9.00 a.m. the day's first presentation, Overview of HIV testing technologies and HIV testing algorithms in Nigeria. Following the learning objectives, the presenter gave examples of settings where HIV testing occur such as HCT A.N.C. clinics, blood banks, TB clinics, STI clinics as well as the use of HIV testing technologies in continuum of care. She further explained that HIV rapid tests, provides excellent tool for expansion of services. The Rapid test kits recommended and approved in Nigeria were stated.

She moved into the next session, which was on HIV testing strategies and Algorithms i.e. ensuring quality of HIV testing and safety issues on quality control and quality assurance. HIV testing strategies were all outlined. She stressed on the use of national testing algorithms at all levels and advantages of the national testing strategies and algorithms were listed. Exercise interpreting HIV testing out-comes using parallel algorithms was shown. Participants were stimulated with questions randomly to explain the importance of some tests well as the testing algorithm adopted by FMOH etc.

She moved into the next session on 'Equipment required for HIV testing and identification of supplies and kits needed. She highlighted the rationale for using properly maintained equipment and emphasized that functioning equipment is vital for quality service as it produces reliable test results, lowers repair cost, prevent delays in testing, maintains productivity and achieves total quality and client satisfaction.

At the end of the day, participants were given tips on report writing. Evaluation forms were filled and submitted, while handouts on the day's presentations and other resources were made available to participants.

Day six session ended with the evaluation of the day's activities with a closing prayer by one of the participants.

DAY SEVEN

MONDAY 19th NOVEMBER, 2007

After the prayers at 8.30 a.m., followed by rapporteurs' recap of day 6, the day's evaluation was reviewed by one the resource persons, clarifying participants' misunderstanding and difficulties.

This was followed by a presentation on Monitoring and Evaluation in HCT. The presenter defined the two terms and identified four types of M & E – formative assessment and research; monitoring; evaluation and cost effectiveness analysis. He stressed the use of HCT data, one of which is to monitor performance with which to demonstrate progress towards the stated program goals and objectives. Furthermore, he discussed the tools capturing HIV counseling and testing data generally classified into: forms, registers, work sheets and cards. Samples of these tools were given to each participant for easy learning.

INVENTORY MANAGEMENT, RECORD KEEPING, DOCUMENTATION, LOGISTICS AND SUPPLIES

Thereafter, the presenter moved into the next session on inventory management, record keeping, documentation, logistics and supplies. Participants were made to develop hypothetical data which they used as their inventory; they recorded them and were made to make requisition for the next month. Every logistic issue was addressed. Questions came up and were answered.

The next session on preparation for supplies and materials needed for HCT testing was presented. Following the detailed explanations, the presenter went on to discuss the professional ethics, explaining the importance of professional ethics, using four scenarios which demonstrated how ethical issues arise, the challenges and different implications. The importance of maintaining confidentiality especially in HIV rapid testing sites was stressed.

The next session on Blood Collection by finger prick was presented. According to the presenter, the method can be conveniently used in facilities without

functional cold-chain technology. It was stressed that all hand-sets should be switched off for maximum concentration while they should still apply universal precautions during testing. Participants' questions were answered. The last session of the day discussed issues related to testing and the types of tests recommended in the National Algorithm. It was stressed that one test result alone cannot be used to certify that one is infected. Two different types with different antigenic properties must be used and a different one should be use in case of an indeterminate result. Examples of test kits shown include:

- Determine test
- Stat-Pac

HIV testing including interpretation of results. She explained that following blood collection, the next thing is testing following the national strategies and algorithms available. Questions wee answered. Daily evaluation forms were filled and submitted and the day ended with closing prayer and wrap up of facilitators at 6.30 p.m.

Day seven session ended with the evaluation of the day's activities with a closing prayer by one of the participants.

DAY EIGHT

TUESDAY 20th NOVEMBER, 2007

The day's activity started with an opening prayer, followed by recap on day seven activities.

At 9.15am, the supervised practical session on **HIV counselling and testing** commenced with a pre- training assessment on HIV testing. The practical sessions were done after other issues such as the under listed were discussed:
Some instruments needed for carrying out the procedures e.g. EDTA bottle for specimen taking, syringes, pipette etc.
Personal protective equipment: Hand gloves, aprons, eye and foot wears for protecting self was advised

Hand Hygiene: Soap and water, hand washing using friction under running water and hand rubs.
Handling and disposal e.g. sharp instrument using syringes needles used once only. Avoid recapping and bending or breaking needles. Use puncture proof containers for disposal.

Risk Reduction: cover broken skin with water tight dressing. Wear proper protective clothing. Dispose waste according to local protocol.

Exposure Risk: Splashes of blood on broken skin from HIV clients, body fluids etc.

Safe work practice: Develop safety standards and protocols.

The participants were grouped into **six**, twelve participants in groups one and two and eleven participants in groups three to five. Participants in groups 1, 2, 4 and 6 were exposed to HIV Rapid Testing using stat pack and double check gold. Participants in groups 1, 2 and 5 were exposed to pre and post test counselling sessions in the clinic. Other participant were in the auditorium role playing various scenerios. The counselling sessions were carried out by counsellors at the counseling centre at NIMR, while the Rapid Testing sessions took place at NIMR laboratory, under the supervision of the laboratory scientists at NIMR.

The participants carried out HIV rapid testing using stat pack and double check gold. Every participant practiced with serum or plasma and whole blood. Some participants used the opportunity to check their HIV status.

A role play on youth counselling was demonstrated at plenary session conducted. Issues generated were discussed and clarified in order to correct any misconception.

Before the end of the day, participants were encouraged to share their experiences and knowledge gained during the practical sessions.

Day eight session ended with the evaluation of the day's activities with a closing prayer by one of the participants at 6pm.

TESTING PRACTICALS BY PARTICIPANTS

DAY NINE

WEDNESDAY 21st NOVEMBER, 2007

Day nine activities started at 8.30 a.m. with an opening prayer the review of daily evaluation. Thereafter, the participants in groups 2 & 3 were accompanied to the counselling rooms and laboratory to experience for the practical sessions. Others in the auditorium were encouraged to engage themselves by briefly interacting with one another i.e. net-working among themselves and then settling down to read up their handouts in preparation for post test.
Practicum continued up till 5.00 p.m. as participants of 1, 4 & 5 groups of day eight who did practice HIV rapid testing with certain kits were called back for more practice..

At 5.00 p.m., participants from all the groups came back to plenary and asked to seat according to their facilities to deliberate and present a contact person for each of the twenty facilities. The forms given were later filled with the names of the contact person, the name and address of the facility. Participants from groups 2 & 3 were asked to give the report of their practicum sessions and the issues that emanated from them were discussed. They were also reminded to always maintain the professional ethical codes of HIV counselling Daily evaluation forms were thereafter collected and the day's activities ended with closing prayer at 6.30 p.m.

PARTICIPANTS IN THE LABORATORY

Day nine session ended with the evaluation of the day's activities with a closing prayer by one of the participants.

DAY TEN

THURSDAY 22nd NOVEMBER 2007

The last day's activities started at 8.30 a.m. with prayers, followed by review of daily evaluation for day nine by one of the resource persons. Issues were clarified and participants encouraged to practice what they have learnt to better the lives of the patients/ clients.

An overview of the Global fund was presented, with focus on HCT and the key players – NACA, SFH, FHI, NIMR etc

With the presence of all the resource persons for the training, participants were opportune to ask questions in plenary. The questions and answers are as follows;

Q: What is the difference between ARV and the oral contraceptive pills as regards to HIV?

A: Oral contraceptive is used in a double manner (using a contraceptive usually involves condom and any other pill), but ARV is aimed at reducing the Viral Load in the human body.

Q: What is the life-span of HIV outside the human body?

A: It survives in dry – stale blood for only few minutes. However, the virus needs to be in the blood system to infect other people, so the universal precautions should be adhered to e.g. cleaning the work bench in the lab with 10% hypochlorite.

Q: What are immune booster/enhancers?

A: Immune boosters could be extracted from the naturally available food/fruit but, these don't help the drug (ARV).

Q: Can you throw more light on discordant couple – baby during conception?

A: A determinant of a baby being HIV positive from a positive mother is the viral load, so during pregnancy of a positive mother, PMTCT program should be put in place to safe guard the life of the child in labour, delivery and breast feeding. If the man is positive and the woman is negative, there is a high risk of HIV infection (in the women), so when the man's viral load is un-detectable, then they can initiate sex (also depending on the woman's ovulation period).

Q: How can a baby get infected through the ruptured membrane?
A: The membrane serves as a protective shield between infected pregnant mothers and, if the membrane is ruptured – the shield is off and this means the baby stands a chance to be infected through the vaginal fluids.

Q: Can HIV be transferred through wet rashes from one infected partner to another even when condom is used?
A: The surest thing that protects against HIV aside Abstinence is condom. So it is very remote to infect people through wet legion.

Q: Different testing method requires different solutions.
A: The 10% Jik is used to clean the workbench and the kits used while the 1% hypochlorite is used to clean the floor of the Lab.

Q: What are receptors – CCR5?
A: Some people don't have the odd receptor CCR5 which the virus needs to bind to the human cells, and the absence of this receptor makes it impossible for the HIV to bind unto the cells because the CCR5 are important in HIV infection.

Q: What is the relationship between HIV and sugar intake in relation to nutrition.
A: Yes! There is a relationship when a person is positive they need energy because the virus uses up energy. But as the disease progress, some drugs counter-react with sugar and a patient is counseled on how to reduce sugar intake.

At the end of the question and answer session, Post training assessment was conducted. This was followed by a presentation by the representative of SFH, on the immediate scaling up of HCT services the various facilities.

The Director General of NIMR, while closing the training workshop encouraged the participants to use the skills they have acquired to benefit their facilities, clients and communities at large. Certificates were presented to the participants.

CHALLENGES

The major challenge of the training workshop was that not all participants arrived by end of the first day, which resulted in going all over the previous' day presentations and other logistic distractions.

It was also surprising that most of the participant saw a female condom for the first time.

CONCLUSION AND RECOMMENDATIONS

The training workshop was highly informative, educative and well organized. The participants expressed appreciation for the opportunity granted them to attend such an intensive but important training. The training was considered timely since most of them have **never** attended any HCT related training before.

However, the following are recommended for consideration:

- It is important to give participants the opportunity to practice the acquired skills immediately they return to their facilities, this could be achieved by;
    - proper placement in relevant units, prompt and regular supply of test kits and other necessary materials.

- On – going mentoring and technical guidance as well as follow- up is very important for trained counsellors

- Conduct refresher training for practicing counsellors as there is usually improvement in the trend of HIV service delivery.

- Strengthening partnerships & providing Referral and Linkages, for example,
    - Provide opportunities for interaction for organizations within same locality
    - Standardize referral forms and monitor feedback

Group Photographs

Participants and Resource Persons in Group 1

APPENDIX 1
GLOBAL FUND / SFH TRAINING FOR HCT COUNSELORS IN SOUTHERN NIGERIA (12TH - 22ND NOVEMBER 2007)

PROGRAMME

Day 1		
Time	**Session**	**Presenter**
8:30 – 9.00am	Registration /Welcome	
9:00 – 11.00am	Session 1: • Introduction to training and each other • Including setting the ground rules/workshop norms • Selection of rapporteurs for each day • Participants expectations & workshop objectives • Pre – training assessment	
11.00 – 11.30am	**BREAK**	
11.30 – 12.30pm	Session 2: HIV& AIDS situation globally, Nigeria & the State	
12.30 – 1.30pm	Session 3: • : Basic facts on HIV & AIDS • Introduction to PMTCT • Difference between HIV & AIDS • Disease progression plus treatment education	
1.30 – 2.30pm	Group work: • Factors driving the epidemic • Impact of the epidemic (Economic, Psycho social,& Medical) • Factors that help reduce the epidemic Feedback from group work	
2.30- 3.30pm	**LUNCH**	
3.30 – 5.00pm	Session 4: Self awareness, value clarification, counsellors' strengths & weaknesses • Talking about sensitive issues – sex & sexuality, self awareness exercises Feedback from exercises	
5.00 – 5.30pm	**BREAK**	
5.30 – 6.00pm	Wrap –up/End of the day evaluation	

DAY 2

TIME	SESSION	PRESENTER
8.30 – 9.00am	Prayers, Recap of Day 1 activities & admin	
9.00 – 11.00am	Session 5: • Introduction to Communication • Difference between health education and HIV and AIDS counseling • Introduction to counselling • What is Counselling & what it is not Group work & feedback • Qualities of a good counselor • Who is counselling for? Where counseling should be provided and who should provide counseling?	
11.00 – 11.30am	**BREAK**	
11 30 - 12.30pm	Session 6: Basic elements in counselling and principles of counseling	
12.30-1.30pm	Session 7: Counseling skills Activities for Basic Counselling skills	
1.30 - 2.30pm	**LUNCH**	
2.30 – 3.30pm	Session 9: Pre – test Counselling • Counselling techniques and skills • Counselling checklist	
3.30 – 5.00pm	Role play exercises on pre-test counseling Feedback from exercises	
5.00 – 5.30pm	**BREAK**	
5.30 – 6.00pm	Wrap –up/End of the day evaluation	

DAY 3

Time	Session	Presenter
8.30 – 9.00am	Prayers, Recap of Day 2 activities & admin	
9.00 – 10.30am	Session 10: • Post – test Counselling • Counseling techniques and skills	

	• Psychological reactions to HIV positive result • Counselling checklist • Crisis counseling	
10.30 – 11.00am	**BREAK**	
11.00 – 1.30pm	Role play exercises on post-test counseling Feedback from exercises	
1.30 – 2.30pm	**LUNCH**	
2.30 – 4.00pm	Session 11: Other HIV CT situations – special needs populations • Couple counselling – sero concordant (negative and positive) • Sero – discordant • Counselling young people • Group counselling/information • Women • Children	
4.00 – 4.30pm	**BREAK**	
4.30 – 5.30pm	Role play exercises on couple counseling Feedback from exercises	
5.30 – 6.00pm	Wrap –up/End of the day evaluation	

Day 4		
Time	**Session**	**Presenter**

8.30 - 9.00am	Prayers, Recap of Day 3 activities & admin	
9.00 -11.00am	Session 12: Issues in HIV & AIDS counselling & condom issues including condom demonstrations	
11.00 –11.30am	BREAK	
11.30- 12.30pm	Session 13: Disclosure and Partner notification	
12.30- 1.30pm	Session 14: Positive living with HIV & AIDS – identifying support & formation of support groups Referral and Networking	
1.30 - 2.30pm	LUNCH	
2.30 – 3.30pm	Session 15: Nutrition and HIV & AIDS	
3.30 – 5.00pm	Role play exercises & feedback	
5.00 – 5.30pm	BREAK	
5.30 – 6.00pm	Wrap –up/End of the day evaluation	

Day 5		
Time	Session	Presenter
8.30 – 9.00am	Prayers, Recap of Day 4 activities & admin	
9.00–11.00am	Session 16: • HCT in PMTCT • HCT in FP • HCT in STI	
11.00-11.30am	BREAK	
11.30 –12.30pm	Session 17: Stigma and discrimination	
12.30 – 1.30pm	Session 18: Ethics in counseling and ethical dilemma	
1.30 – 2.30pm	**LUNCH**	
2.30 – 3.30pm	Session 19: Counsellors' self care	
3.30 – 4.15pm	Session 20: Supervision & support for Counsellors	
4.15 – 4.45pm	**BREAK**	
4.45 – 5.45pm	Session 21: Overview of National HCT Guidelines	
5.45 – 6.00pm	Wrap –up/End of the day evaluation	

TIME 8:30 – 9:00am	**DAY 6** **Recap of Day 5**	**DAY 7** **Recap of Day 6**	**DAY 8**	**DAY 9 Supervised Practical Assessment C&T** .	**DAY 10 Feedback of experiences**
9:00 – 10:30am	Overview of HIV testing, examples of other programmes using HIV rapid testing	Inventory management, record keeping and documentation			
	T		A		
11:00 – 12:00pm	Equipment required for HIV testing and identification of supplies and kits needed	Monitoring and Evaluation including data management Logistics and supplies	Supervised Practical Assessment C&T	Supervised Practical Assessment C&T	Way Forward: Attachment arrangements, Expectations Placement areas Supervision. Evaluation and Closure
12:00 – 1:00pm	Ensuring Quality of HIV testing and safety issues Quality control and quality assurance	Overview of HIV testing technologies and HIV Testing algorithms in Nigeria			
	L	U	N	C	H
2:00 – 3.00pm	Blood Collection by Finger prick	Dried Blood Spot applications and Professional ethics in HIV testing	Supervised Practical Assessment C&T	Supervised Practical Assessment C&T	Course evaluation Post-course test Way forward Wrap – up and Closure
3:00 – 5:00pm 5.00 – 6.00pm	HIV testing including interpretation of results WRAP -UP	Plenary session, discussions and closing WRAP -UP	WRAP-UP	WRAP -UP	

APPENDIX 2

LIST OF ATTENDANCE FOR GLOBAL FUND TRAINING FOR HCT COUNSELLORS

REGISTRATION FOR GLOBAL FUND TRAINING FOR HCT COUNSELORS IN SOUTHERN NIGERIA
12th – 22nd NOVEMBER, 2007

EDO STATE

World Hospital Alliance

S/N	NAME	ORGANIZATION	LOCAL GOVT.	E-MAIL ADDRESS	PHONE NUMBER	SIGNATURE
1.	Mrs. Doris Nwamara				08035653145	
2.	Igbinovia Osagie			Ekecolorante@yahoo.com	08037121978	

PPFN Clinic, Oredo

S/N	NAME	ORGANIZATION	LOCAL GOVT.	E-MAIL ADDRESS	PHONE NUMBER	SIGNATURE
1.	IDEHEN BLESSING G.	PPFN	OREDO	southbenin@yahoo.com	08057242500	
2.	ASAH OHIREIME	PPFN	OREDO	loveohis@yahoo.com	08067567669	

PHC Igara

S/N	NAME	ORGANIZATION	LOCAL GOVT.	E-MAIL ADDRESS	PHONE NUMBER	SIGNATURE
3	ESTHER ALAKE	PHC IGARA	AKOKO EDO		08034192929	

4	OMOZUAFO MARGARET	PHC IGARA	AKOKO EDO		08067140599	
5	BALOGUN CAROLINE	PHC IGARA	AKOKO EDO		08037539895	

General Hospital, Igara

S/N	NAME	ORGANIZATION	LOCAL GOVT.	E-MAIL ADDRESS	PHONE NUMBER	SIGNATURE
6	JUDITH Y. YAYA	GEN HOSP IGARA	AKOKO EDO		08030687412	
7	OKHUOSAMI SEIDU	GEN HOSP IGARA	AKOKO EDO		08055459571	

PHC Abudu

S/N	NAME	ORGANIZATION	LOCAL GOVT.	E-MAIL ADDRESS	PHONE NUMBER	SIGNATURE
8	MRS. FELICIA E. OMORUYI	ABUDU PHC	ORHIONMWON L.G.		08058773037	
9	PAMELA EDOIMIOYA	ABUDU PHC	ORHIONMWON L.G.		08034474408	

PHC Oza

S/N	NAME	ORGANIZATION	LOCAL GOVT.	E-MAIL ADDRESS	PHONE NUMBER	SIGNATURE
10	OMAMOR F. N. (MRS.)	OZA PHC	ORHIONMWON L.G.		08057173260	
11	OKUNKOBO H. A. (MRS.)	OZA PHC	ORHIONMWON L.G.		08024190901	

General Hospital, Abudu

S/N	NAME	ORGANIZATION	LOCAL GOVT.	E-MAIL ADDRESS	PHONE NUMBER	SIGNATURE
12	MRS. T. E. AIRIAVBEBE	GEN HOSP ABUDU	ORHIONMWON L.G.		08033610815	
13	MRS. G. J. OBAKPOLOR	GEN HOSP ABUDU	ORHIONMWON L.G.		08055275296	

LAGOS STATE

Baptist Medical Centre, Obanikoro

S/N	NAME	ORGANIZATION	LOCAL GOVT.	E-MAIL ADDRESS	PHONE NUMBER	SIGNATURE
14	OLADAYO ADESHINA	BMC OBANIKORO	SHOMOLU	adeoladiyo@yahoo.com	08032078900	
15	ABIMBOLA E. ADEYOYIN	BMC OBANIKORO	SHOMOLY	seilabimbola@yahoo.com.uk	08036169343	

Unilag Medical Centre

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Jolad Hospital, Gbagada

S/N	NAME	ORGANIZATION	LOCAL GOVT.	E-MAIL ADDRESS	PHONE NUMBER	SIGNATURE
17	MRS. M. A. AFOLAYAN	RJ HOSPITAL	SHOMOLU		08023236069	
18	MRS. M. O. OLORUNFEMI	RJ HOSPITAL	SHOMOLU		08028366295	

PPFN Clinic Isolo

S/N	NAME	ORGANIZATION	LOCAL GOVT.	E-MAIL ADDRESS	PHONE NUMBER	SIGNATURE
19	IKHALEA GLORIA	PPFN	ISOLO	giikhalea@yahoo.com	08034731367	
20	ABIODUN JANET	PPFN	ISOLO	jabodun@RAFA	08028309325	

Holy Family Hospital, Festac

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21	ONYEMACHIAMAKA L.	HFCMC	FESTAC TOWN	2ND Ave. 22nd Rd.	08025316114	
22	OREFUWA C. YINKA	HFCMC	FESTAC TOWN	tina-ore@yahoo.com	08023859039	

OYO STATE

PPFN Clinic Ibadan

S/N	NAME	ORGANIZATION	LOCAL GOVT.	E-MAIL ADDRESS	PHONE NUMBER	SIGNATURE
23	ODUOLA TAYO	PPFN	IBSW		08025918205	
24	ADETORO R. B.	PPFN	IBSW		08034295013	

PHC Alafara

S/N	NAME	ORGANIZATION	LOCAL GOVT.	E-MAIL ADDRESS	PHONE NUMBER	SIGNATURE
25	FAKUNLE E. T.	GOVT.	IBNE		08053530489	
26	ODUGBEMI R.S.	GOVT.	IBNE		08034737127	

Our Lady of Apostles Catholic Hospital, Ibadan

S/N	NAME	ORGANIZATION	LOCAL GOVT.	E-MAIL ADDRESS	PHONE NUMBER	SIGNATURE
27	ODEBUNMI AGNES	OLA CATH HOSP	IBNE		08050628646	
28	ADESINA E. A.	OLA CATH HOSP	IBNE		08033984344	

PHC Mokola

S/N	NAME	ORGANIZATION	LOCAL GOVT.	E-MAIL ADDRESS	PHONE NUMBER	SIGNATURE
29	MRS. ADELEKE ADENIKE		SAKI WEST		08023418886	
30	MISS OLADEJI CHIRSTIANA		SAKI WEST		08024587759	
31	MRS. E. R. OHIJIMI		SAKI WEST		08056532684	

PHC Sango/Saki

S/N	NAME	ORGANIZATION	LOCAL GOVT.	E-MAIL ADDRESS	PHONE NUMBER	SIGNATURE
32	ADEDOKUN AMINATO		SAKI WEST		08066189924	

State Hospital, Saki

S/N	NAME	ORGANIZATION	LOCAL GOVT.	E-MAIL ADDRESS	PHONE NUMBER	SIGNATURE
33	MRS. ADELAKUN B. F.		SAKI WEST		08025848341	

PHC Alata

S/N	NAME	ORGANIZATION	LOCAL GOVT.	E-MAIL ADDRESS	PHONE NUMBER	SIGNATURE
34	ADETUNJI W. R.		OGBOMOSHO SOUTH		08035301315	
35	AJIBOYE O. M. (MR.)		OGBOMOSHO SOUTH		08033662973	

PHC Baaki

S/N	NAME	ORGANIZATION	LOCAL GOVT.	E-MAIL ADDRESS	PHONE NUMBER	SIGNATURE
36	FATOKI F. H.		OGBOMOSHO NORTH		08052202417	
37	ADEBAYO E. Y.		" "		08033735706	

Baptist Medical Centre, Ogbomosho

S/N	NAME	ORGANIZATION	LOCAL GOVT.	E-MAIL ADDRESS	PHONE NUMBER	SIGNATURE
38	A. O. ADENIJI	BMC OGBOMOSHO	OGBOMOSHO LG.	adeniji@yahoo.co.uk.	08027383985	
39	MRS. M. O. IJEDIMMA	" "	" "		08052158048	

PHC Oba Adeyemi

S/N	NAME	ORGANIZATION	LOCAL GOVT.	E-MAIL ADDRESS	PHONE NUMBER	SIGNATURE
40	MRS. O. M. AKINYEMI	PHC OBA ADEYEMI	OYO EAST		08032201947	
41	MRS. A. A. LAGBERU	" "	" "		08050764835	

PHC Aafin

S/N	NAME	ORGANIZATION	LOCAL GOVT.	E-MAIL ADDRESS	PHONE NUMBER	SIGNATURE
42	MR. O. AJAKAIYE	PHC AAFIN	ATIBA L.G.		08033932060	
43	MRS. O. O. BIYI AWOJOBI	PHC AAFIN	ATIBA L.G.		07033154288	

IMO STATE

PPFN Clinic, Owerri

S/N	NAME	ORGANIZATION	LOCAL GOVT.	E-MAIL ADDRESS	PHONE NUMBER	SIGNATURE
44	OCHIEGBU IJEOMA	PPFN	OWERRI		08035561016	

Mgbidi Health Centre

S/N	NAME	ORGANIZATION	LOCAL GOVT.	E-MAIL ADDRESS	PHONE NUMBER	SIGNATURE
45	OKOROCHA DORRIS N.	MGBIDI HELATH CENTRE	ORU WEST		08037578109	

PHC Umuokwe

S/N	NAME	ORGANIZATION	LOCAL GOVT.	E-MAIL ADDRESS	PHONE NUMBER	SIGNATURE
46	NNADI EVELYN ADAKU		ORU EAST		07039848124	

General Hospital, Awo Omamma

S/N	NAME	ORGANIZATION	LOCAL GOVT.	E-MAIL ADDRESS	PHONE NUMBER	SIGNATURE
47	NWANNE CALISTA C.		ORU EAST		08037814626	

PHC Okigwe

S/N	NAME	ORGANIZATION	LOCAL GOVT.	E-MAIL ADDRESS	PHONE NUMBER	SIGNATURE
48	DIM SALOMY	PHC	OKOGWE		08027756150	

PHC Ezinachi

S/N	NAME	ORGANIZATION	LOCAL GOVT.	E-MAIL ADDRESS	PHONE NUMBER	SIGNATURE
49	ONYEMAECHI JOSEPH	PHC	OKIGWE		07032564395	

General Hospital, Okigwe

S/N	NAME	ORGANIZATION	LOCAL GOVT.	E-MAIL ADDRESS	PHONE NUMBER	SIGNATURE
50	CHIJIOKE I. UGBOAJA	GEN. HOSP.	OKIGWE		08055787907	

Health Centre, Orlu

S/N	NAME	ORGANIZATION	LOCAL GOVT.	E-MAIL ADDRESS	PHONE NUMBER	SIGNATURE
51	OBI IFEOMA L.	HEALTH CENTRE ORLU	ORLU		08054692407	

St. Damian Catholic Hospital, Orlu LGA

S/N	NAME	ORGANIZATION	LOCAL GOVT.	E-MAIL ADDRESS	PHONE NUMBER	SIGNATURE

52	REV. SR. PRESIMA IBE		ORLU	NIL	08035602564	
53	AKUEBUKA OGECHI		ORLU	NIL	08069320030	

BAYELSA STATE

TBL Referral Centre Igbogene, Yenogoa

S/N	NAME	ORGANIZATION	LOCAL GOVT.	E-MAIL ADDRESS	PHONE NUMBER	SIGNATURE
54	OMONS INNOCENT					

PHC Agudama Epie

S/N	NAME	ORGANIZATION	LOCAL GOVT.	E-MAIL ADDRESS	PHONE NUMBER	SIGNATURE
55	Suama o. promise				08087060749	

General Hospital, Okolobiri

S/N	NAME	ORGANIZATION	LOCAL GOVT.	E-MAIL ADDRESS	PHONE NUMBER	SIGNATURE
56	BRIGHT E. SHADRACK				08032155487	

General Hospital, Odi

S/N	NAME	ORGANIZATION	LOCAL GOVT.	E-MAIL ADDRESS	PHONE NUMBER	SIGNATURE
57	OMOH U. EGOGHOTU				08030845620	

Cottage Hospital, Kaiama

S/N	NAME	ORGANIZATION	LOCAL GOVT.	E-MAIL ADDRESS	PHONE NUMBER	SIGNATURE
58	ISAAC INNE IKI				08037752702	

OGUN STATE

PHC Obantoko

S/N	NAME	ORGANIZATION	LOCAL GOVT.	E-MAIL ADDRESS	PHONE NUMBER	SIGNATURE
59	ET. OGUNLEYE				08033508161	

PHC Itori

S/N	NAME	ORGANIZATION	LOCAL GOVT.	E-MAIL ADDRESS	PHONE NUMBER	SIGNATURE
60	ADEJUMO NI		EWE KORO		08033799613	

State Hospital, Sokenu Road, Abeokuta

S/N	NAME	ORGANIZATION	LOCAL GOVT.	E-MAIL ADDRESS	PHONE NUMBER	SIGNATURE
61	MRS C.O OLANIYAN				08039437022	

PHC Obada Ijebu North

S/N	NAME	ORGANIZATION	LOCAL GOVT.	E-MAIL ADDRESS	PHONE NUMBER	SIGNATURE
62	MR YB HASSAN		IJEBU NORTH		08055913621	

PHC Ishara

S/N	NAME	ORGANIZATION	LOCAL GOVT.	E-MAIL ADDRESS	PHONE NUMBER	SIGNATURE
63	PM LIADI				08033477640	

PHC Ota

S/N	NAME	ORGANIZATION	LOCAL	E-MAIL	PHONE	SIGNATURE

			GOVT.	ADDRESS	NUMBER	
64	**MRS G I AJAYI**				**08034457596**	

PHC Ado Odo

S/N	NAME	ORGANIZATION	LOCAL GOVT.	E-MAIL ADDRESS	PHONE NUMBER	SIGNATURE
65	**MRS A O ONIGBOGI**				**08023427330**	

State Hospital, Ota

S/N	NAME	ORGANIZATION	LOCAL GOVT.	E-MAIL ADDRESS	PHONE NUMBER	SIGNATURE
66	**MRS I E OYALOWO**				**08037193637**	
67	**MRS O.M IDOWU**				**08029734614**	
68	**MRS O.B ONAFONOKAN**				**07031584466**	

LIST OF RESOURCE PERSONS FOR THE GLOBAL FUND/SFH HCT TRAINING FOR COUNSELLORS IN SOUTHERN NIGERIA: 12TH - 22ND NOVEMBER, 2007

S/N	NAME	ORGANIZATION	TELEPHONE	E-MAIL ADDRESS
1	Funmi Doherty	LUTH/SWAAN, Lagos.	08033311474	funmidotj@yahoo.com
2	Alhaja. Fausat O. Onikoyi	Private Consultant	08034544543	
3	Akinola	LSACA, Lagos	08058152701	atoigbo_cT@ahoo.com
4	Dr. Abimbola Akin-Oke	LUTH, Lagos.	08023007060	mailbimbo@yahoo.com
5	Olakunle Opeloyeru	SWAAN	08035666948	kunzula2002@yahoo.com
6	Haruna Y. Alli	SWAAN - Lagos	08023527964	
7	Prof Wole Alakija	LASUCOM, IKEJA.	08023433439	

APPENDIX 3

GLOBAL FUND/SFH TRAINING FOR HCT COUNSELLORS IN SOUTHERN NIGERIA. 12th – 22nd NOVEMBER, 2007

TRAINING ASSESMENT

Name_____ Date_____
(All questions area worth 5 points each)

TRUE or FALSE? Circle the correct response: T for TRUE; F for FALSE.

1. T F HIV makes the body defense system of an infected person weak.

2. T F The only way some one can transmit HIV is through sexual intercourse.

3. T F Condoms if used consistently and correctly, greatly reduce the risk of HIV transmission

4. T F A positive test result means an individual has AIDS

5. T F Clients that test negative for HIV should not receive counseling.

6. T F Giving good advice is a key counseling skill.

7. T F A positive HIV result means a person has HIV antibodies in their blood.

8. T F According to UNAIDS, most children born to HIV infected women will be infected them selves.

9. T F Most HIV-positive babies become infected before birth.

10. T F Sexually transmitted infections increase the risk for contracting HIV.

AIDS or HIV? Circle one.

11. AIDS HIV Which can be transmitted from an infected person to another person?

12. AIDS HIV Which is a doctor's diagnosis, not a specific illness?

13. Give the full meaning of "AIDS"
    A_____
    I_____
    D_____

S_____

14. Name the three major ways that HIV can be transmitted:
    a._____
    b._____
    c._____

15. Give the full meaning of "HIV"
    H_____
    I_____
    V_____

16. Positive living Consist of

    a. Staying well and living longer
    b. Obtaining support.
    c. Medical care and follow-up
    d. Illness and suffering
    e. Isolating self from others
    f. All of the above

17. Benefit of the HIV rapid test include:

    a. Clients can get their results on the same day.
    b. The tests need to be done in the laboratory.
    c. Only one HIV test is needed to give an accurate HIV result.
    d. All of the above.

18. Before a client leaves the session, it is important to have helped the client identify a resource for referral.
    True False

19. The HIV HCT Counseling session should be focused and structured.
    True False

20. The counselor should talk more than the client.
    True False

APPENDIX 4 : PRE AND POST TRAINING ASSESSMENT RESULT

1ST BATCH PRE & POST TEST RESULTS 12TH – 22ND NOVEMBER, 2007.

	Pre	Post
1. MRS. DORIS NWAMARA	51%	66.3%
2. IGBINOVIA OSAGIE	76%	75%
3. IDEHEN BLESSING G.	50%	66.3%
4. ASAH OHIREIME	43%	80%
5. ESTHER ALAKE	58%	66%
6. OMOZUAFO MARGARET	53%	62%
7. BALOGUN CAROLINE	58%	70%
8. JUDITH Y. YAYA	65%	66%
9. OKHUOSAMI SEIDU	54%	55%
10. MRS. FELICIA E. OMORUYI	74%	82.5%
11. PAMELA EDOIMIOYA	32.5%	57.5%
12. OMAMOR. F.N. (MRS)	68%	87.5%
13. OKUNKOBO H.A. (MRS)	48%	74%
14. MRS. T.E. AIRIAVBERE	27.5%	75%
15. MRS. G.J. OBAKPOLOR	55%	82.5%
16. OLADAYO ADESHINA	65%	76.7%
17. ABIMBOLA E. ADEYOYIN	63%	75.8%
18. VICTORIA OFOHA	66%	87.5%
19. MRS. M.A. AFOLAYAN	46%	80%
20. MRS. M.O. OLORUNFEMI	55%	
21. IKHALEA GLORIA	70%	80%
22. ABIODUN JANET	70%	80%
23. ONYEMA CHIAMAKA L.	60%	70%
24. OREFUWA C. YINKA	65%	81.3%
25. ODUOLA TAYO	58%	67.5%
26. ADETORO R.B.	70%	82.5%
27. FAKUNLE E.T.	55%	64%
28. ODUGBEMI R.S.	40%	64%
29. ADEBUNMI AGNES	63%	70.4%
30. ADESINA E.A.	62.5%	71.5%
31. MRS. ADELEKE ADENIKE	57%	71.3%
32. MISS OLADEJI CHRISTIANA	60%	74%
33. MRS. E.R. OLUJIMI	55%	75.25%
34. ADEDOKUN AMINATO	56%`	87%
35. MRS. ADELAKUN B.F.	53%	82.5%
36. ADETUNJI W.R.	72%	66.3%
37. MR.AJIBOYE O.M.	63%	72.5%
38. FATOKI E.H. ADEBAYO E.Y.	65%	72.5%

39.	A.O. ADENIJI	74%	77.4%
40.	MRS. M.O. IJEDIMMA	65.5%	85%
41.	MRS O.M. AKINYEMI	67%	89.5%
42.	MRS. A.A. LAGBERU		60%
43.	MR. O. AJAKAIYE	43%	72.5%
44.	MRS. O.O. BITI AWOJOBI	49%	64.2%
45.	OCHIEGBU IJEOMA	65%	65%
46.	OKOROCHA DORRIS N.	60%	75%
47.	NNADI EVELYN ADAKU	35%	55%
48.	NWANNE CALISTA C.	59%	60%
49.	DIM SALOMY	75%	95%
50.	ONYEMAECHI JOSEPH	62.5%	75%
51.	CHIJIOKE I. UGBOAJA	66%`	86%
52.	OBI IFEOMA L.	37.5%	67%
53.	REV. SR. PRESIMA IBE	75%	76.7%
54.	AKUEBUKA OGECHI	70%	75%
55.	OMONS INNOCENT	57%	74%
56.	SUAMA O. PROMISE	57%	87.5%
57.	BRIGHT E. SHADRACK	67%	88.5%
58.	OMOH U. EGOGHOTU		69%
59.	ISAAC INNE IKI	65%	67.5%
60.	E.T. OGUNLEYE	66%	72%
61.	ADEJUMO NI	71%	67.5%
62.	MRS. C.O. OLANIYAN	60%	76.7%
63.	MR. Y.B HASSAN	65%	73%
64.	P.M LIADI	69%	80%
65.	MRS. G.I AJAYI	67%	74%
66.	MRS. A.O ONIGBOGI	68%	74.2%
67.	MRS. I.E OYALOWO	56%	64%
68.	MRS. O.M IDOWU	62%	69%
69.	MRS. O.B ONAFONOKAN	58%	85%

APPENDIX 5

GLOBAL FUND / SFH TRAINING FOR HCT COUNSELLORS IN SOUTHERN NIGERIA 12TH – 22ND NOVEMBER, 2007

DAILY EVALUATION

1. What did you enjoy most about today?

2. What did you learn during today's sessions that you would use in your work?

3. Were the training methods useful? Which method did you like most?

4. What did you not understand during today's sessions?

5. Please provide specific examples.

6. What other comments do you have? Please be specific.

APPENDIX 6

OVERALL WORKSHOP EVALUATION
HIV COUNSELLING AND TESTING TRAINING WORKSHOP

PLEASE TICK EXCELLENT, GOOD, AVERAGE OR POOR WHERE APPLICABLE AND YES OR NO AS APPLICABLE

1. How well did the training meet your expectations?
   Excellent
   Good
   Poor
2. What aspect of the programme did you enjoy most?
   _____
   _____
3. What aspect of the programme was of least interest to you?
   _____
   _____
4. How would you rate the facilitators
   Excellent
   Good
   No response
5. How do you rate the course content
   Excellent
   Good
   Poor
6. How do you rate the venue
   Excellent
   Good
   No response
7. How do you rate the organization of the training?
   Excellent
   Good
   No response
8. Is the time frame of the training adequate
   Yes
   No
9. Would you require additional training
   Yes
   No
10. **Any other comments**