

**REPORT OF THE GLOBAL FUND  
TRAINING FOR HEALTH WORKERS  
MARCH 2007**

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# **Chapter 1: Executive Summary**

## **1.0 Background**

The Federal Government of Nigeria initiated a national ART program in 2002 and by the end of 2006; a total of 100,000 people had been placed on ART. The 2005 national sero-prevalence survey estimated that about 2.8million people were living with the virus and that as at June 2006, about 400,000 of these would will require ART. To scale-up access, the President of Nigeria gave a directive to cover 250,000 by the end of June 2006. The Federal Government of Nigeria adopted the IMAI strategy developed by WHO for scaling up HIV/AIDS services in the country, and had piloted this process in Benue State (October 2006) selected for its high HIV prevalence. The Benue State IMAI training also built local capacity (Facilitators' TOT) that will subsequently cascade the training to the rest of the country. Generally, the pilot training in Benue was commended for the simplicity of course content, training materials and successful outcome.

The Federal Ministry of Health had applied for and obtained the Global Fund Round 5 grant for the training of health care providers in 39 sites (health facilities) in 12 states of the Federation using the IMAI strategy as a means of scaling up ART coverage through expanding access to comprehensive HIV/AIDS treatment, care and support services in Nigeria and also scaling down by expanding access at the primary and secondary health care delivery levels and thereby achieving the target of Universal access to ART by 2010. The thrust of the Global Fund Round 5 grant is aimed at providing ART at peripheral levels through the training of health care workers at the primary and secondary levels of care facilities with the skills and knowledge for delivering ART at the peripheral levels.

Under the Global Fund Round 5 arrangement, certain institutions were nominated as Principal or Sub Recipients of the grant. The Nigerian Institute for Medical Research (NIMR) is a sub-recipient and is responsible for the conduct of the training. Prior to the award of the Global Fund Round 5 Grant, NIMR had conducted ART training for health care providers from tertiary health facilities using the NIMR training modules. However with the current round five grant, the emphasis is on the use of the IMAI approach in training the primary and secondary health care providers with some modifications in the advanced course for doctors, nurses and pharmacists.

Various stakeholders are involved in the GFATM Round 5 IMAI - HIV/AIDS training in NIMR. The stakeholders include- NASCP (FMOH), WHO, FHI-GHAIN, Aids Relief and HYGEIA (which is an HMO and a sub-recipient responsible for the private sector involvement in ART service delivery).

## **1.1 Selection of participants**

Training participants were identified and invited by NASCP. The participants were identified and selected from institutions recommended to provide ART service within the project year. The result of the 2005 conducted evaluation of the NIMR conducted training programme noted that the most productive cadre of trained health care workers were those in their middle age (30 – 44 years) and their productivity was independent of gender. Efforts would be made during these training programmes to select the right personnel, which would make significant impact at these centres.

Also, the selection process ensured that a core service provision team from each identified ART centre is trained. This includes a doctor, nurse, pharmacist, adherence counsellor, laboratory scientist or technician and a record clerk from each ART service centre.

## **1.2 Preparatory Activities**

The first week of the training programme was dedicated to bringing the facilitators up to date with the training objectives and course content. Two capacity building activities were carried out concurrently between Thursday 17<sup>th</sup> and 19<sup>th</sup> March 2007. The first was the training of the Expert Patient Trainers (EPTs) from the 15<sup>th</sup> -17<sup>th</sup> March 2007; this was followed by the facilitators orientation on the 16<sup>th</sup> and 17<sup>th</sup>, March 2007.

**1.2.1 Expert patient trainers (EPT) orientation (15<sup>th</sup>-17<sup>th</sup> March 2007):** As earlier alluded to, the IMAI approach emphasizes the use of Expert Patient Trainer (EPT) in the training of health care workers in comprehensive HIV care, treatment and support. The EPTs are people living with HIV/AIDS who are trained to portray specific HIV cases that are often but not necessarily similar to their own life experiences. They were also taught to assess the important skills that the health worker should have acquired from the classroom course. Through the skill stations sessions during the course, health workers practiced clinical skills learned in the classroom with the “expert patient-trainer,” who then provided a non-judgmental assessment of the health worker by giving feedback through a case-specific checklist.

**1.2.2 IMAI Basic ART course facilitators’ orientation (16<sup>th</sup> - 17<sup>th</sup> March 2007):** The facilitator’s orientation was designed to familiarize new facilitators who were to facilitate in the Global Fund Round 5 ART scale-up training for health care workers from 39 sites in 12 states of the Federation using the IMAI approach. It was divided into two components; the Basic ART Clinical Course and the ART Aid Course.

The IMAI training preparatory orientation exercise was anchored by the WHO-NPO for HIV/AIDS based in the South west zone with support from two of the NIMR staff (a doctor and nurse).that have been trained. The participants training manual for the

Basic ART Course was reviewed and some corrections were made in line with the goal of adapting and customizing the training modules for the Nigerian context.

The objectives of the training were to introduce new facilitators to the IMAI training package and to correct and customize the participants manual for the IMAI Basic ART training course.

Methods used include reading of the training manuals and modules; plenary discussing of issues in the manuals; and making corrections where appropriate.

At the end of the training, all participants were adequately prepared for the facilitation exercise. Facilitators were then assigned to their respective classes

### **1.3 Training programmes proper**

#### **1.3.1. IMAI Basic ART clinical training course for Adherence counselors/Pharmacists/Nurses/CHOs/Doctors (March 19<sup>th</sup> – 23<sup>rd</sup> March 2007):**

Twenty six community health officers, 30 PLWHA, 48 nurses, 45 doctors and 62 adherence counsellors from the 39 selected sites in 12 states across the country participated in the training. The Adherence counselors were trained in 3 groups, the nurses were trained in 4 groups, the PLWHA were trained as expert patient trainers in one group and the doctors were trained in two groups. The IMAI training was conducted for days 3 days (19<sup>th</sup> – 21<sup>st</sup>) for doctors.

The objectives of the training were to build the capacity of the health care providers working in primary and secondary health facilities in the 39 selected sites to enable them deliver comprehensive HIV/AIDS prevention, treatment, care and support services; Provide HIV/AIDS care including ART, Patient preparation and adherence support and patients education on prevention, positive living, disclosure, ongoing support and self management; to scale up comprehensive HIV/AIDS service delivery in Nigeria through decentralizing services to the primary and secondary health care levels; and to develop a team approach to HIV care involving all health care workers including lay providers.

The method used for training during the programme were participatory reading of the training manuals and module; Mini lectures, demonstration by EPTs, interactive question and answer sessions, brain storming sessions, role plays, songs and rhymes.

There was a daily facilitators meeting to review the training process and identify gaps and challenges to be addressed to improve the quality of the training and also make the necessary adjustments as well as plan for the next day.

**1.3.2. Team building session for Adherence counselors/Pharmacists/Nurses/CHOs/Doctors (March 24<sup>th</sup> 2007):** Team building is considered a key component of the IMAI process; and qualitative HIV/AIDS service delivery is best provided as a holistic package, with each member of the team performing their assigned roles. The clinical teams for HIV/AIDS service delivery as developed within the context of this programme comprise medical officers or clinicians, nurses, pharmacists, laboratory scientists, counselors, social workers and record officers.

Efforts focused on development of facility based work plan for each health institution and team building. Participants were divided into groups according to their health facilities. Each group comprised of a medical officer/clinician, nurses, a pharmacist and a counselor from the district or General hospitals. For Primary Health Care facilities where there were no clinicians, the clinical teams were comprised of community health officers, nurses and counselors.

### **1.3.3. Second level training courses**

**1.3.3.1. IMAI acute care second level training course for Nurses and CHOs (26<sup>th</sup> - 27<sup>th</sup> March 2007):** The objectives of the training were to build the capacity of the Nurses and CHOs to enable them participate effectively in the delivery of comprehensive HIV/AIDS prevention, treatment, care and support services within the clinical ART team framework; and to impart skills and knowledge to enable the Nurses and CHOs fulfill their complementary nursing roles at ART Service Delivery Points.

The two day course made use of the IMAI Acute Care Course and the NIMR developed ARV training module for nurses. The second training curriculum was used to complement the IMAI Chronic and Acute Care Courses.

The methodology used included the reading of the Acute Care Course which cross referenced the IMAI palliative Participant manual which cross referenced the Palliative Care Guide and the Patients Education flip charts. There was also a visit to the NIMR Out-patient Clinic for clinical hands-on experience and didactic teaching of the some subjects in the NIMR developed ART training module.

**1.3.3.2. Advanced level clinical course for doctors (21<sup>st</sup> – 27<sup>th</sup> March, 2007):** The NIMR developed training module for doctors was used as the training materials for this course. Training method was mainly didactic. Participants also continued to visit the skills stations and had sessions EPTs. They also engaged in card sort exercises which helped with the identification of HIV related lesions.

**1.3.3.3. Advanced level training for pharmacists (26<sup>th</sup> – 30<sup>th</sup> March 2007):** Twenty four Pharmacists had participated in the IMAI training as adherence counselors. They now undertook an advanced level training at the conclusion of the IMAI training. his

training was based on the NIMR training module for Pharmacists, which aims at training pharmacists who provide clinical care and support to patient living with HIV in healthcare settings. The objectives of the training were prepare pharmacists to be integral members of the clinical care team for patients living with HIV/AIDS, empower pharmacists to be able to provide support to PLWHA and empower pharmacists with basic knowledge in logistic management to advert stock-out in ARVs and related commodities required in the care of PLWHA.

The methods used included interactive lecture sessions with group activities at the end of each day and practical sessions. The practical sessions entailed visiting the NIMR ARV pharmacy to see the layout, dispensing and documentation of ARVs and related commodities. There was also a visit to the Harvard-PEPFAR warehouse which is an example of a drug store.

There was a remarkable improvement in the post-training assessment test showing that the training had impacted on the knowledge of the participants. The highest score in the post test was 100% as against 75% in the pre test. The least score in the post test was 58% as against 33% in the pre test. The most improved participants had the difference of 50% in the pre and post test scores.

**1.3.3.4. Three day IMCI complimentary course on HIV/AIDS for Nurses/CHOs/Doctors (28<sup>th</sup> -30<sup>th</sup> March 2007):** The objectives of the training were to train one Doctor, one Nurse and one Community Health Officer from each of the 39 new sites (in 12 states) benefiting from the Global ARV scale up plan, in skills for assessment, classification, treatment and referral of children less than five years of age with HIV infection, promote the development of family-based care and treatment in HIV clinical management, expand the core of future trainers for rolling out combined IMAI and IMCI complementary courses in HIV Nigeria and to strengthen partnership towards universal access for HIV treatment and care in Nigeria.

The course comprised of classroom work; reading of four WHO self instructional booklets-modules, video exercises, group discussions, role plays, and hands on skills session at the health facility. The four modules were on IMCI including the recent updates; Assessment and classification of a child for HIV infection and treatment and prevention of illness in children born to HIV positive women; Counselling of HIV positive women and Chronic care and follow up of children born to HIV positive women. The 120 participants were divided into six groups of 18 - 22 participants each for ease and effective training.

There was some improvement in the post-training assessment test showing that the training had impacted on the knowledge and skills of the participants. The highest score in the post test was 88% as against 74% in the pre test. The least score in the post test was 39% as against 32% in the pre test.

#### **1.4. Outputs / Outcomes:**

**1.4.1 Pre and post test outcomes:** Pre tests were conducted to ascertain the baseline knowledge of the participants and also determine the areas that would require emphasis or special attention during the training; Post tests were given to measure the value added or knowledge gained as a result of the training. (The pre and post test results are attached as annex Y)

**1.4.2. Daily evaluation outcomes:** Daily evaluations by the participants of the training course showed a steady rise in the number of participants who strongly agreed that the training materials were simple and easy to understand, and that the exercises, drills, and skill station were helpful, and reinforced the learning process.

**1.4.3. Developed workplan:** Each team drafted work plans for comprehensive HIV/AIDS service delivery in their sites. These shall serve as reference documents during the project evaluation and on site technical support programme.

**1.4.4. Building capacity of health care personnel for team HIV/AIDS care:** All participants completed the training course successfully. The training objective of building their capacity and equipping health care personnels in the 39 selected sits in 12 states of the federation with the requisite knowledge and skills in managing HIV/AIDS was achieved.

**1.4.5: Building capacity of facilitators to train health care personnel using the IMAI:** the capacity of more facilitators in the use of the IMAI was a secondary achievement of this project. The facilitator trainee programme helped with the development of a new crop of IMAI facilitators that would serve as future resource persons for trainings in the years to come.

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## **Chapter 2: Detailed report of activities**

### **2.0 REPORT OF TRAINING FOR LABORATORY SCIENTISTS FROM 12<sup>TH</sup> - 17<sup>TH</sup> MARCH, 2007**

#### **INTRODUCTION:**

This training for Laboratory Scientists was necessitated by the need to scale up HIV/AIDs treatment in the country. This training was aimed at updating the laboratory Scientists knowledge and give them practical exposure on the monitoring tests for HIV/AIDs management. The training modules developed by NIMR for Laboratory Scientists was used. For the first time the training lasted for 6 days as against the 5 days for previous trainings. This was because the participants were introduced to logistic management information system on the 6<sup>th</sup> day.

#### **Participants**

In all 40 participants were expected from 12 states but 38 were able to participate in the training. Each states was represented. The list of participants is found on appendix .....

**Facilitators** There were 6 facilitators that anchored the practical sessions while 6 others handled the lectures sessions.

#### **Method**

The methods used for the training included 2 hours of daily lectures and for the rest of the day they had practical sessions each day started with a recap from a participant of the previous days lecture. More time was given for the practical sessions to enable enough time for hands on. The participants were broken into 5 groups of 7 or 8 per group for the practical sessions. A copy of the program is found in appendix ....

The practical sessions were conducted on the following:

1. Rapid test or HIV using Determine, Bundi, and Doublecheck Gold
2. ELISA test for HIV using Genscreen
3. CD4 test by Cyflow
4. CD4 test by FACScount
5. TB diagnosis by microscopy

#### **Pre & Post test Evaluation**

	<b>Pre - test</b>	<b>Post - test</b>
Lowest	25	50
Highest score	92	92





this interactive IMAI approach of engaging EPTs, it has been found that through feedback from the participants that expert patient-trainers add value to the quality of training and instruction on HIV care and ART service delivery in an efficient manner in resource-limited settings, thereby contributing to the goal of intervention scale-up. This has proved beneficial to the health workers being trained, as well as the course facilitators and the patients themselves.

The IMAI TOT training took place in Benue state in October 2006 and subsequently Health Care Workers were trained in Port Harcourt in February 2007. As part of the effort of the Federal Government of Nigeria to scale up ART services with support from the Global fund, health care workers from 12 states were trained on Comprehensive HIV Care treatment and Support using the IMAI approach from March 18-31, 2007. In preparation for the health care workers training, PLWHAs were trained as Expert Patient Trainer from March 15-17, 2007.

The core facilitators for this session include Dr Olusoji Daniel (WHO), Dr Bashir Oyeyemi (AIDS RELIEF) and Dr Deborah Bako (FMOH). They were supported by Expert Patient Trainers including Mrs Eunice Peters (Benue State), Ms Favour Ojeh (Lagos State) and Mr Ezieme Naco (Lagos State)

**2.1.1.1. Opening Ceremony:** The EPT training was declared opening by the Director General of NMR on March 15, 2007. He welcomed the participants to the training and assured the continued support of NIMR in building the capacity of PLWHAs.

**2.1.1.2 Participants:** 35 PLWHAs were invited for the training but only 33 reported for the training. They were mainly from the NIMR support group. A few of them were from MSF and LASUTH. (see attached appendix 1 -EPT list)

#### **2.1.1.3. Objectives**

To train the 33 PLWHAs as expert patient trainers with adequate skill and knowledge in the following areas:

- (1) Basic communication
- (2) Basic facts on HIV/AIDS
- (3) Simulation of specific cases that will be used in the practical session of the health care workers training.

**2.1.1.4. Method:** The methods used in achieving the objectives include didactic lectures, role play drills and practical exercises. Each PLWHAs was assigned two cases and with the help of the facilitators took turns in role play demonstration. The group evaluated the role play using the check list provided. This was discussed in group session and corrections were effected. All participants were involved with several practice sessions. The facilitators from Benue shared their experiences with the group.

**2.1.1.5. Skills Stations:** The skills stations were commenced on March 19, 2007 with each EPTs manning his/her station. The first day at the skill station was used to practice the assigned cases 1-10. The EPT practiced their cases in groups of two and gave feedback to each other. Those with difficult issues raised such and it was discussed in group sessions. On day 2 and 3 of the skill station, a total of 30 EPT stations were available for interaction with health care workers including doctors and nurses. Each of the EPTs attended to an average of 8 health care workers. Each health care worker interacted with 2 EPT. The participants also carried out card sort exercises on WHO clinical staging, ARVs and side effects of ARV. On day 4 and 5 we also had 30 skill stations. In addition to doctors and nurses, ART Aid group also attended the skill station. The doctors and nurses had one encounter each with the EPT while the ART Aid group had two encounters each day. In addition to the EPT encounters health care workers had experience at the card sorts which was designed to reinforce the activities carried out in class. Supervision of the skills station activities was carried out by Dr Deborah Bako (FMOH), Dr Bashir Oyeyemi (AIDS Relief) and Dr Olusoji Daniel (WHO) with the assistance of three EPT facilitators. At the end of each day facilitators met to discuss the challenges of the day, proffer solutions and plan for the following day.

**2.1.1.6. Output:** At the end of the EPT trainee 30 PLWHAs were identified as suitable to continue in the second phase of exercise. Three EPTs dropped out of the training.

**2.1.1.7. Recommendations:** PLHAs who are to be trained as EPTs for future IMAI training should be adequately screened to eliminate those who lack the capacity to act as EPTs early enough so that they can be replaced as soon as possible so as to forestall the problem of discovering their incompetence much later.

**2.1.1.8. Closing Ceremony:** A closing ceremony for the EPTs took place on March 23, 2007. It was attended by the management team of NIMR, the facilitators, ART Aid and EPT participants. The training was declared closed by the DG NIMR DR Oni Idigbe.

**2.1.2 IMAI basic ART course facilitators' orientation (18<sup>th</sup> - 19<sup>th</sup> MARCH 2007):** The facilitator's orientation was designed to familiarize new facilitators who are to facilitate in the Global Fund Round 5 ART scale-up training for health care workers from 39 sites in 12 states of the Federation using the IMAI approach. It was divided into two components; the Basic ART Clinical Course and the ART Aid Course.

A similar training had been held in Port Harcourt, Rivers State in February 2007, to which six (6) core trainers from NIMR comprising 2 doctors, 2 nurses, 2 pharmacists as well as 2 PLHAs were invited to participate in the Port Harcourt IMAI training with a view to equipping them with the necessary knowledge and skills about the IMAI concept and acquainting them with training modules / manuals ahead of the envisaged Global Fund Round 5 sponsored IMAI training that was scheduled to hold in NIMR- Lagos in the month of March 2007. The thrust of which is to build the capacity of

an estimated 201 health care providers from 12 states of the Federation in the management of HIV/AIDS using the IMAI approach.

16 participants registered for the 2-day facilitators' orientation / training program to facilitate the IMAI Basic ART Clinical Course. Among the participants were the NIMR contingent of 2 doctors and 2 nurses from NIMR who had undergone the IMAI training in Port Harcourt in February 2007 as well as 5 new NIMR staff; there were also two doctors and a nurse from the Lagos University Teaching Hospital (LUTH); two staff from FHI-GHAIN; one person from the Community Health Practitioners Registration board of Nigeria (CHPRBN). Other facilitators include one person from the National Hospital -Abuja; a retired Chief Nursing Officer; an official from National HIV/AIDS and STI Control Program (NASCP); and the WHO -South West zone; National Professional Officer for HIV/AIDS. (See attached appendix 2 for details)

The IMAI training preparatory orientation exercise was anchored by the WHO-NPO for HIV/AIDS based in the South west zone with support from two of the NIMR staff (a doctor and nurse) that have been trained. The participants training manual for the Basic ART Course was reviewed and some corrections were made in line with the goal of adapting and customizing the training modules for the Nigerian context.

The NIMR Director General Dr Oni Idigbe attended the orientation session during which he welcomed facilitators to the preparatory session. The NASCP Director from the Federal Ministry of Health was also on hand to congratulate facilitators for their commitment to ensuring that HIV/AIDS services in the country were up-scaled.

#### **2.1.2.1 Objective:**

1. To introduce new facilitators to the IMAI training package
2. To correct and customize the participants manual for the IMAI Basic ART training course.

#### **2.1.2.2. Methodology:**

1. Reading of the training manuals and modules
2. Plenary discussing of issues in the manuals; and making corrections where appropriate.

#### **2.1.2.3. Output:**

1. All participants were adequately prepared for the facilitation exercise
2. Facilitators were assigned to their respective classes

**2.1.3. Facilitators orientation for ART AID Course (17/03/07):** This training took place on Saturday, 17<sup>th</sup> March 2007 with 6 persons. The orientation session which was basically to review the ART Aid training modules was anchored by Dr Lan from FHI-

GHAIN. He was assisted by the 2 pharmacists Mrs Herbertson and Ms Sabdat from NIMR trained as ART Aids (counselors) in Port Harcourt. The other trainee facilitators included a third NIMR staff, one person from Harvard-PEPFAR; and a lecturer from Obafemi Awolowo University, Ife - Osun State.

#### **2.1.3.1. Objective:**

The objective of the ART Aid facilitator's orientation was to prepare them for their collective and individual roles in both the Expert Patient Trainers (EPT) and health workers training sessions.

Specifically the facilitators are to

- (1) Read through the ART Aid facilitator's manual and participant's handouts and other relevant study aids and make necessary corrections.
- (2) Discuss the different manuals guides and tools with a view to familiarizing with them and preparing for use in the training.
- (3) Organize and prepare for their respective sessions during the training.

#### **2.1.3.2. Method:**

1. Reading of the facilitator's training manual in plenary
2. Round table discussions of issues of interest or concerns with respect to the facilitation process.

#### **2.1.3.3. Output:**

- Updated Facilitators Guides
- Facilitators updated and prepared for the Course

**2.1.3.4. Challenges:** The WHO focal person for the ART Aid course, Dr Ogundiran was expected from a mission in Brazzaville by the weekend on Sunday -18/03/07. Dr Lan from GHAIN who was expected on Friday 16/3/07 did not arrive as scheduled. The Facilitators from NIMR Mrs Herbertson and Ms Sabdat -anchored the facilitator training until Dr Lan arrived on Saturday.

#### **2.1.3.5. Recommendations:**

- Request for facilitators from collaborating partners should be made ahead of time to enable the management of the organizations release their staff on time to participate in future trainings.
- The updated facilitators guide should be finalized, printed and disseminated ahead of time for future training.

## **2.2 Week 2: Training activities**

**2.2.1 The Basic ART Aid Course:** This course is designed using the IMAI strategy to build the capacity of health care providers working in the secondary and primary health facilities who may have very little clinical background. It has been developed to

also prepare PLHA, lay providers and others to be an integral part of a chronic HIV care team at the health facility and to be responsible for patients' education, psychosocial support and ART preparation, initiation, monitoring and support.

The course builds the skills of the ART Aids to enhance their effectiveness in the team and educates them specifically about their roles and limitations. Pharmacists are also put through the course to equip them with necessary skills for patients education and adherence support in order to help clients live positively.

The teaching approach involves having less lecture-based sessions, more practice/problem-based learning and fully participatory sessions. Thus, participants interact with the experts patients trainers during the various training sessions and also at the skill station. This allows the ART Aids to practice skills learned in class through role plays among participants and with the expert patients.

A total of 62 ART Aids were trained during the 5 day course. Participants were divided into 3 groups. Each class was handled by different set of facilitators. This allowed for better interaction and enhancement of knowledge transfer as well as better coordination of class work. However, the course content, teaching methods and course materials were the same for all the groups.

**Materials for the course:**

1. Facilitators guide for the WHO BASIC ART Aid training course.
2. Handout for the WHO BASIC Aid training course.
3. Facilitators guide for the WHO Basic ART expert patient trainers course.
4. Patient education flip chart- covers areas of prevention, positive living, disclosure and ART.
5. Patient treatment cards.
6. Chronic HIV care / ART card.
7. Wall charts (WHO clinical staging, the 5A's, general principles of good chronic care, adherence preparation, initiation and monitoring and support).
8. Chronic HIV care module.

**Course content** was divided into 11 sections as follows

1. Introduction to the basic ART Aid course
2. Roles and responsibilities of the ART Aid as part of the clinical team.
3. Care for HIV/AIDS
4. Communication skills
5. Adherence preparation
6. Adherence initiation
7. Prevention in the context of clinical care
8. Disclosure
9. Post test counseling and ongoing support

10. Positive living

11. Triage.

**2.2.1.1 Day 1--ART Aid course (19-03-2007):** The training for ART Aids started at about 10.30 am after the opening ceremony. Ground rules to guide the conduct of group members were set. Participants had an introduction to the course (section 1) which highlighted the imperativeness of the IMAI strategy vis-à-vis the desire of the FGoN to decentralize and expand HIV/AIDS care with a view to ensure that more clients gain access to services. Participants were made to know that training materials, by design are simple but very comprehensive. They were also introduced to the training methods which include reading from training materials, role plays, drills, experience sharing by participants and EPTs', as well as practical sessions at the skills station.

The principle of the pretest exercise was explained to participants. They were told that it is not an examination. However, the assessment helps the facilitators in adopting specific strategies to carry every participant on board during the training. It also gives the participants an idea of the areas to be covered by the course. It was clear to all that every one of the questions in the pretest will be addressed during the training. A pretest was then administered (see results attached below for the different groups). Sections 2 and 3 were also covered during the day.

In section 2, participants were educated on their roles in the clinical team which includes patients education, post-test and ongoing support, adherence preparation, initiation, monitoring and on-going support. They understood also that decisions such as ARVs prescription, change of regimen, management of side effects and treatment of OIs were not the responsibility of the ART Aid. They were also reminded about the various modes of HIV transmission, disease progression which represents immune depression with CD4 decline and occurrences of OIs. They were reminded about the difference between HIV and AIDS. Participants were also put through the WHO clinical staging of HIV and cross references in the chronic HIV care module. There were drills and exercises to aid the understanding of the information.

Section 3 covered the aspect of care for HIV/AIDS. The various aspects and levels of care for PLHA were itemized. The different resources that could be mobilized to care for PLHA at the family, health facility and community levels were also enumerated. Participants shared experiences and came up with a list of resources available for HIV/AIDS care in their various communities. These were noted by as places were clients could be referred to access specific services provided by those facilities.

Two expert patient trainers (EPT) shared experiences with participants about HIV disease progression, self management and the value of peer groups in HIV/AIDS care and support.

Participants were also introduced to the patient education flip chart and they all appreciated its value as an important tool for patient education, particularly as it provides essential information and direction to the ART Aid when attending to clients. An assignment was given to participants to read through the patient education flip chart

**Feed back for the day:** Participants were happy about training materials and methods. They were generally satisfied with the knowledge they gained on that day. Specifically, mention was made of WHO clinical staging, clarity about their roles in the clinical team, how to form peer groups and skills to encourage clients to benefit from such groups. Participants were also excited about learning from the EPTs. Some participants complained about the state of their hotel rooms. All issues and challenges concerning the group were discussed during the facilitators meeting on that day and necessary actions were taken.

**2.2.1.2. Day 2 (20/03/2007):** The day started at about 8.30 am with a prayer and then a recap of previous day activities. Thereafter, a review of the assignment given the previous day was done.

Sections 4, 5 and part of 6 were covered on that day. Section 4 educated the participants on communication skills which is central in the discharge of their roles as patient educators and supporters. Participants understood the qualities of an ART Aid as been a good listener, a friendly person, one who is interested in the client, well informed, non-judgmental and empathetic. The principle of 5A's (Access, Advise, Agree, Assist, Arrange) as a guideline for patients' education was enumerated and drills were carried out to allow for proper understanding.

Section 5 covered information about the treatment available for HIV/AIDS. Participants were put through on the benefits of CTX prophylaxis, ARV drugs as well as the basis/criteria for commencement. They were however reminded that it is not their duty to decide what and when client should be commenced on drugs.

Section 6 covers the aspect of adherence preparation. Participants were informed that commencement of ARV is not an emergency and as such, clients must be prepared adequately through education and provision of necessary support to ensure that they understand clearly the importance of strict adherence to ARVs before commencement of the drugs. An EPT was invited to speak to the group about what clients expect of health care worker and how communication skill can affect adherence.

**Feed back for the day:** Participants felt they gained good knowledge. The most liked activities were the 5A's, treatment available for HIV/AIDS including cotrimoxazole



prophylaxis and concept of treatment supporter. Generally, they were satisfied with the day's training. Furthermore, some participants commented that they were happy that most of their complaints the previous day were attended to.

**2.2.1.3. DAY 3 (21/03/2007):** The day started at 8.30am with an opening prayer and recap of day 2 activities by one of the participant. Others also contributed. The remaining part of section 6 as well as sections 7, 8 and 9 were covered. The concluding aspect of section 6 built the skills of participants on how to prepare the clients for ARVs.

Section 7 was about adherence initiation. Participants were educated on the use of 5As to determine the willingness and readiness of clients to commence ARVs. Patient education and support to overcome challenges to adherence were emphasized. Participants were made to understand that some information given to clients during adherence preparation may have to be repeated several times to ensure that clients understand and comply appropriately.

Section 8 was about ongoing support. Participants were taught that patient education and support is long term because HIV is a chronic illness. It was made clear to participants that only those clients, who are well informed, adequately motivated and are receiving support whenever necessary will adhere.

Under section 9, participants were trained on prevention in the context of care. They were informed that HIV/AIDS care should not just be about the patients as an individual. It is pertinent that at every visit to the facility, clients should be educated on prevention to avoid transmission to others, including PMTCT. This is important because clients need to be informed that even when they are doing well on ARVs, they can still pass infection to others, get re-infected as well as acquire other infections. Thus, clients must understand that prevention is actually for their benefit and also that they have a duty to the community to prevent HIV transmission.

Participant had role plays on use of patients flip chart to educate clients on prevention. They were also introduced to the pill box and its use in helping clients to take drugs at the right dose as well as reminding them of any missed dose. There was a talk about condoms and with a penile model, condom use was demonstrated. Participants also had an opportunity to practice condom use/insertion individually.

**Feed back for the day:** Participants were generally satisfied with the experience they gained on that day. The most liked activities were condom demonstration, the principle of prevention, particularly as regards to PMTCT. Others were happy with the use of 5As and flip chart to guide them during interaction with clients.

**2.2.1.4. DAY 4 (22/03/2007):** The day's activities started at 8.35am with recap of day 3 sessions by a participant. Other group members also contributed. Sections 10 & 11 were covered on that day.

Section 10 covered in details the issues around disclosure. Participants were empowered with necessary skills to help clients to make a decision and plan on when, how and who to disclose to. Participants were reminded that they are not to decide for the patients but rather should provide education and support. Post-test support is the support given following an HIV + test result while ongoing support is the support given after a client has come to terms with being HIV+ and include lifetime medical care, education and psychological support for the patient. These and many more related issues were covered under section 11. Participants went through exercise and drills to acquaint themselves with skills to be able to assist patients who may present with diverse peculiarities.

Two EPTs shared experience to buttress the challenges of disclosure and as well as emphasize the fact that all PLHA need ongoing support. At about 3pm, the group visited the skills station. Participants had one case each and also went through card sorts.

**Feedback for the day:** It was a general feeling of participants that so much was learnt on that day. Every member was very satisfied with the experience at the skills station. They were so impressed with the wealth of knowledge of the EPTs at the skill station and expressed their desire to have more time to interact with, and learn from the EPTs. Most were optimistic that they will do better with respect to use of flip charts and principle of 5As in subsequent interactions with the EPTs.

**2.2.1.5. DAY 5 (23/03/2007):** The day started at 8.35 am with a prayer and then a recap of activities of day 4. Section 12 and relevant aspects of section 13 were covered.

Under section 12, participants were trained on the principle of positive living. It was explained to them that PLHA can prolong their lives by making positive choices to care for their own mental and physical health. It is the duty of ART Aid to educate patients on an ongoing basis and support them to have a positive outlook to live and as such live responsibly with HIV. The message of prevention was to be provided and re-enforced on an ongoing basis also.

As part of their supporting roles, participants were advised to always commend and congratulate clients for their efforts and achievements. In situations where behavioral changes are difficult or slow, it could be indications that more support and education is needed and not condemnation or disparagement. Participants visited the skills station and each person interacted with 2 EPTs. They also went through card sorts to appreciate some of the symptoms/OIs using pictures of patients.

The group returned to class to review the skills station experience, address questions on any aspect of the materials covered during the training. The post test was done by the participants. The group then discussed the answers of the assessment tests.

**Feedback for the day:** Participants were generally very satisfied with the training and felt the training materials and methods were appropriate. They were particularly very satisfied with the skills station experience which deepened their understanding of the class work and helped to build their skills. Discussion of the answers for the assessment test was very useful to some participants and they commented as such.

On the all, the participant felt their capacity has been developed greatly and they were very grateful to their facilitators who took them through the training as well as the organizers who worked so hard to put the training together.

#### **Lessons learnt.**

- The skills station is very central for the participants to acquire practical skills.
- Role plays and the drills aid learning and allows for full participation by all the participants.
- Knowledge transfer is better if the class is of a manageable size.
- Participants feel very satisfied with the fact that they have an opportunity on daily basis to air their view about the training and other related issues. They are even more happy with the fact that such comment receives urgent and appropriate attention.
- Some participants who have attended same or related trainings in the past do not gain so much. Most of them score high in the pretest and are generally not so enthusiastic about class activities because they have a knowledge of most of the materials been covered.

#### **Recommendations**

- Participants should be empowered and supported in their various facilities to commence ART services.
- Selection of participants in future training should be streamlined to eliminate duplication of trainings for a particular person.
- As much as possible, future trainings should be residential for all participants to ensure that attendance is uniform and timely.

**2.2.2. Report of the IMAI basic Art clinical training course for Nurses and CHOs:** 69 participants comprising Nurses and Community Health officers from the 39 selected sites in 12 sites in 12 states across the country constituted the Nurses group. They were divided into four groups of between 16-18 participants. Each of the group was assigned facilitators.

**Group 1:** Consisted of 19 participants; and were facilitated by Dr Ebi Akogu (FHI-GHAIN) and Mr Shiornor Bennibor ( National PHC Registration Board).

**Group 2:** Was made up of 18 participants, and was facilitated by Mrs Eva Amadi; (NIMR); Chief Mrs Rose Okpara (NIMR Consultant) and Dr Philip Bassey (WHO). Mrs Okpara had no prior IMAI training; as such was an IMAI facilitator-trainee. Mrs Amadi was at the Port Harcourt IMAI training.

**Group 3:** Had 16 participants; and was facilitated by Dr Towolawi Adetayo (FHI-GHAIN); Mrs N. N. Nelson (LUTH) and Mrs Deborah Oladipo (NIMR).

**Group 4:** There were 16 participants in this group; and it was facilitated by Mrs Ruth Onwukwe (NIMR) and Dr Okey Osuji (WHO). Mrs Onwukwe also had no prior IMAI training and was therefore an IMAI facilitator-trainee.

### **Training Objectives:**

1. To build the capacity of the nurses and community health officers working in primary and secondary health facilities in the 39 selected sites to enable them deliver comprehensive HIV/AIDS prevention, treatment, care and support services in the country.
2. Provide HIV/AIDS care including ART, Patient preparation and adherence support and patients education on prevention, positive living, disclosure, ongoing support and self management
3. To scale up comprehensive HIV/AIDS service delivery in Nigeria through decentralizing services to the primary and secondary health care levels.
4. To Develop team approach to HIV care involving all health care workers including lay providers.

### **Methodology:**

The following training methods were used during the Basic ART Clinical Training Course:

Participatory reading of the training manuals and module; Mini lectures, demonstration by EPTs, interactive question and answer sessions, brain storming sessions, role plays, songs and rhymes.

There was a daily facilitators meeting to review the training process and identify gaps and challenges to be addressed to improve the quality of the training and also make the necessary adjustments as well as plan for the next day.

### **Course Materials:**

- Facilitators guide for the WHO Basic ART Clinical & Acute Care training courses.
- Participant Manual for the WHO Basic ART Clinical Training Course.
- Facilitators guide for the WHO Basic ART Expert patient trainers Course.
- Flip Chart for Patient Education: HIV Prevention, treatment and care
- Patient treatment cards.
- Chronic HIV Care with ARV Therapy Module.
- Acute care module
- Palliative Care module
- General Principles of good chronic care module
- Cards for card sorts
- HIV Care/ART Card
- Wall Charts: WHO clinical staging, the 5A's,
- General principles of good Chronic for Care, Adherence preparation, initiation and
- monitoring and support.
- Training manual for Nurses on the use of Antiretroviral drugs in Nigeria.
- GUIDELINES for the Use of ANTIETROVIRAL (ARV) DRUGS IN NIGERIA
- TB/HIV infection co-management

### **The Course content was divided into 17 chapters as follows**

- Introduction to Chronic care including ARV Therapy
- Introduction to HIV/AIDS and Opportunistic infections
- HIV and Antiretroviral drugs
- Adherence and resistance
- Assess (clinical review of symptoms and signs, medication use, side effects, complications) and provide clinical care.
- Using the HIV care/ART card
- Prophylaxis
- Adherence preparation
- Initiate first line ARV regimen at first-level facilities in patients without complications
- Four first-line ARV regimen
- Managing side effects and other causes of new symptoms and signs in patients on the four first-line ARV regimens.
- Support ART initiation, then monitor and support adherence.
- Integrating prevention with treatment
- Special considerations for ART in pregnant and post-partum women.
- Special considerations in children
- Is ART working
- Arrange-dispense, record data, schedule follow-up

**2.2.2.1. DAY ONE (Monday 19<sup>th</sup> March, 2007):** The day started with self introduction of participants and facilitators of the groups. This was followed by a brief overview of the course. Thereafter, the participants had a pre-test. The essence of the test was explained to the participants as being essentially to stimulate their minds about the issues the training will address and also to help the facilitators in delivering the materials appropriately. Participants were reassured that all the questions will be answered during the training as much as possible. They were then introduced to the Basic ART course proper. Participants were also introduced to the use of flipcharts as an important tool they will need often times for patients' education and counseling.

The sessions were very participatory. Participants shared their experiences and all the issues raised were attended to accordingly. Chapters 1 to 4 of the WHO Basic ART course were covered. The exercises in the various chapters were adequately done.

Participants were given take home assignments after which they did the course evaluation for the day.

**Challenges:** The training materials like wall charts were not available on the first day of training.

**The days evaluation:** Participants felt they learnt new things that day but a few did not like the fact that the time allocated for the training was too short. Some were not satisfied with the presentation on drug regimen. With regards to the ratings, 10 strongly agreed with all the parameters while a few did not like the Pre-Test and a small proportion did not like the fact that we started late. Additional comments: IMAI trainings should be extended to all Military hospitals.

**2.2.2.2. DAY 2 (20<sup>th</sup> March, 2007):** The program started at 9.10am with a recap of the previous day's activities. Chapters 5 to 9 were covered on this day. Case studies, photo cards demonstrations and improvised wall charts were used in the study. The health workers were introduced to the skill station where they interacted with the expert clients. They also participated in the card sort's sessions. Participants were educated on how to perform the following roles. Cross references to the chronic care and acute care modules were made to emphasize care. Participants also learnt how to use the HIV care/ART card. The chapters also dealt with prophylaxis (CTX/INH and prevention of opportunistic infections).

Preparation for adherence in respect to initiation of ART and support was also dealt with using the 5As. The concept of 5A's which represents a simplified and yet an exhaustive series of steps used in various aspects of patient's management was introduced and explained. There were role plays to help participant understand the training.

The highlights of the Chronic HIV Course included the following: - Sequence of care-involving Partnership with the patient; Focus on patients concerns and priorities; Use of the 5 A's Assess, Advise, Agree, Assist, Arrange; Supporting patient's self management; Organizing patient follow-up; Involving Expert Patients, Peer educators and Support staff in the health facility; Linking the patient to Community based resources and support:

Participants were also trained on Chronic HIV care including ARV therapy; opportunistic infections; the use of Registers; ART cards and on the need to work as a clinical team, and to ensure continuity of care. The various groups learnt about the relationship between HIV/TB, and how to describe and recognize atypical presentation or TB in HIV/AIDS.

**Daily evaluation report:** 13(68.3%) enjoyed the skill station most. 3(15.7%) said the most important information was the use of cotrimoxazole prophylaxis, 1 person (5.5%)found the diagnosis and clinical staging of HIV/AIDS most important. 1 person found the use of the 5A's most important while one had no comments.

**2.2.2.3. Day 3 (21<sup>st</sup> March, 2007):** 2 Facilitators and 19 Participants. ( Dr. Edna Iroha of LUTH, one of the Facilitators was recalled. She is to continue with IMCI complementary Course). The session started at 8.45am with a recap of the previous days activities after which corrections were made. The materials for the days activities were adequate. Chapters 8 to 11 were covered

Participants learnt how to determine ART eligibility, the need for decentralization of ART, Know how to treat and stabilize OIs before initiating ART and requirement to initiate ART at the first level health facility. The four first Line ART regimens were dealt with (dose, advice, side effects.). Managing side effects and providing advice to patients concerning side effect. To support ART initiation, monitor and support adherence to ART, how to use simple charts, patient education, treatment supporter including home based care and support groups. There were cases, drills and role play to reinforce learning. The participants also spent two hours at the Skill station. They were divided into two groups. While one group reviewed the TB Status using different case presentations and matching ARV drugs against the corresponding abbreviations (Card Sorts), the second group worked with the EPT's. Each group had a feel of all the activities at the skill station.

**Achievements:**

- Participants are very familiar with the names of the various drugs and their abbreviations
- Participant now appreciate the training better and know how to use the various modules

- They were particularly excited about activities at the skill station today

**Challenges:** A few still had problems understanding the TB Dial but this was immediately addressed.

**Daily evaluation:** 11 (59%) preferred first Line ARV drugs/combinations/dosages; 5 (26%) preferred activities at the skill station; 2 (10%) preferred Initiating art and Managing side effects while 1 person said it was the various ways of determining medical eligibility before commencement of ART.

**Most Disliked:**

1. Review of TB status confusing
2. Cannot fill the ART/care card
3. No time to rest
4. Could not sleep at night because of the problems of accommodation
5. Missing pages in my manual
6. 14 had no comments

**Additional Comments:** there's an urgent need to cascade the series of trainings to the levels of the private clinics so as to train auxiliary nurses.

**2.2.2.4. Day 4 (22<sup>nd</sup> March 2007):** Chapters 12, 13, 14 and 16 were covered. Support ART Initiation, then Monitor and support Adherence, Integrating prevention with treatment, explain and demonstrate the most common ways of preventing HIV through sexual transmission, learn to efficiently counsel the patient on prevention. Special consideration for ART in pregnant and postpartum women, to determine eligibility for ART in pregnant women, explain the difference between ART and PMTCT, to make sure women get PMTCT intervention. Is ART working? to recognize treatment success and failure, to explain frequency of CD4 and clinical monitoring and its interpretation, to explain the principles of immune reconstitution syndrome.

**Course Evaluation report:** The participants were satisfied with all the lectures though some still said the time allocated for the training was not enough. There were no dislikes. As regards the ratings, they strongly agreed with all the parameters except the time which a few disagreed with.

**Challenges:** Some of the participants had accommodation problems but they were resolved.

Most of the participants were satisfied with the day's activities and liked everything about the training but a few still disliked activities at the skill station and said the time was too short for the sessions.



As regards the ratings, 11 of the 19 participants strongly agreed with all the parameters; 5 both strongly agreed and agreed. 2 of the participants agreed while 1 participant disagreed with the time (time was too short for the training).

**2.2.2.5. Day 5 (23<sup>rd</sup> march, 2007):** Chapters covered 17 and 18 then 15. Arrange, dispensing, recording data and scheduling follow up. To describe 3 ways ARV drugs interact with other drugs and how to avoid drug interactions. How to dispense according to treatment plans. Follow up schedules and defaulters tracking. Recording drugs dispensed on treatment cards and stock cards. How to work as a clinical team, communication skills and how to consult effectively, case summary and mobile phone consulting. Finally, we introduced the topic on Special considerations in Children even though this will be treated extensively during the IMCI.

**Most Liked:** 9 (50%) felt the Role play regarding communication skills was the most important; 3 each (17%) preferred working as a Clinical Team and Drug Interactions. 2 (11%) preferred how to arrange, Dispense and record Data. 1 (5.5%) preferred how to help patients with low adherence.

**Most Disliked:**

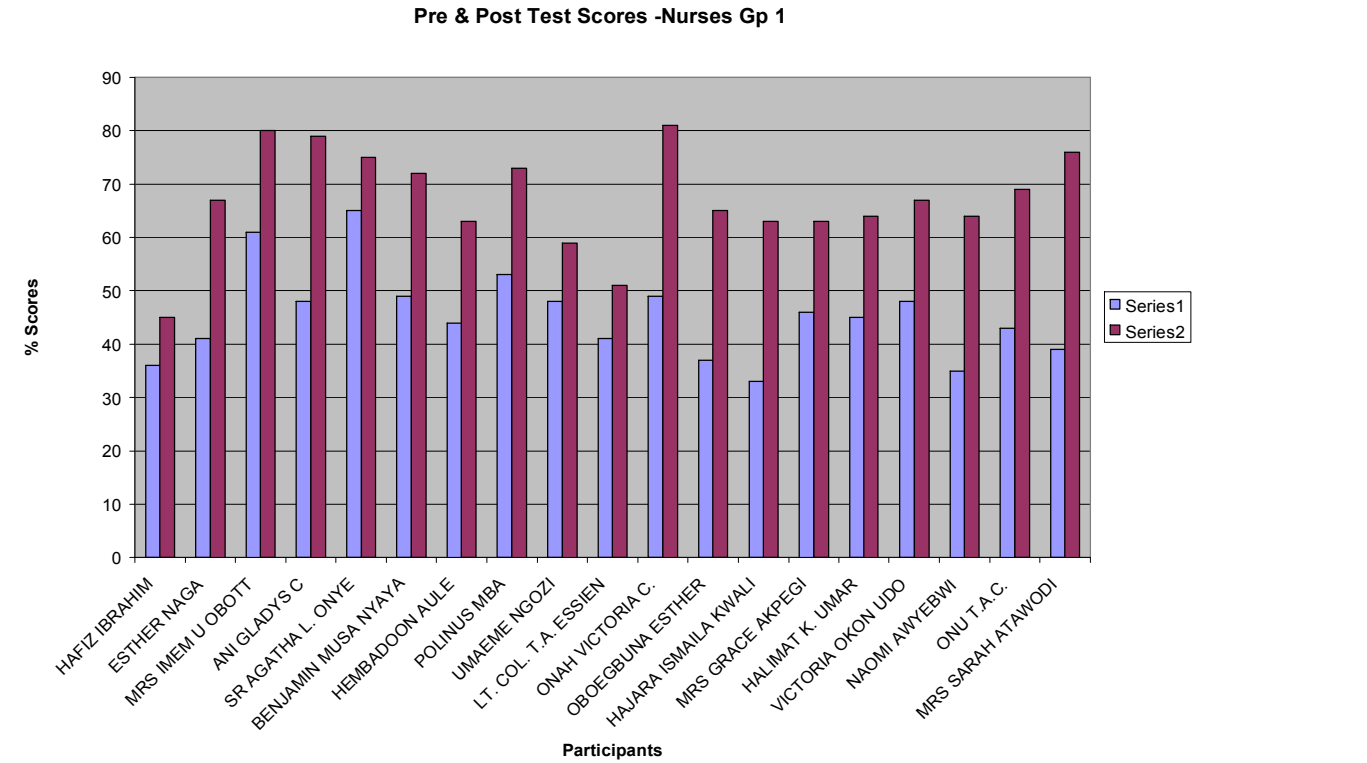
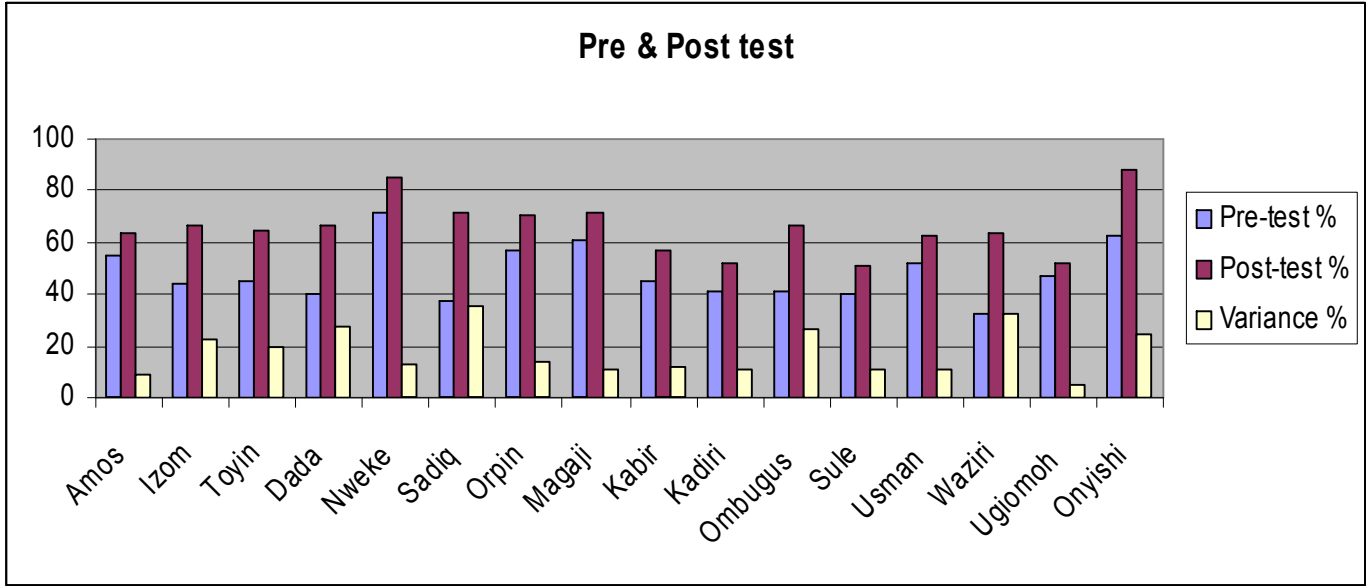
- Activities at the Skill Station
- Drugs that interact were not listed on the flip chart before the exercise on Drug Interactions

**Additional Comments:**

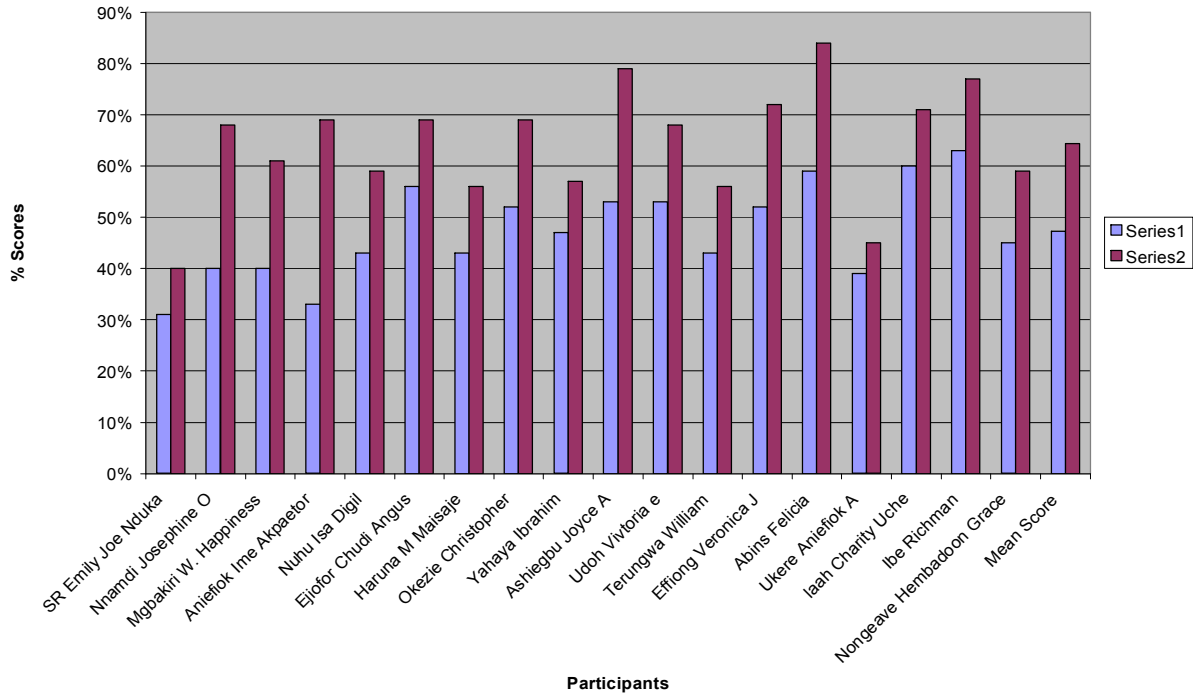
- Create HIV/AIDS Centre at ST. Mary's hospital, Uruakpan, Akwa-Ibom state so that the community can benefit from HIV/AIDS programmes.
- 2 people said the process should continue
- 1 person said the training should be reviewed every six months
- Some said the facilitators should be motivated
- List out Drug Interactions on the Flip chart before any exercise in future
- More time needed for the sessions at the Skill Station.

The Course ended with a Post-Test. Evaluation of the Pre and Post-Test scores revealed that the participants gained much knowledge from the training. They had their capacity built as indicated in the difference in scores in their performance.

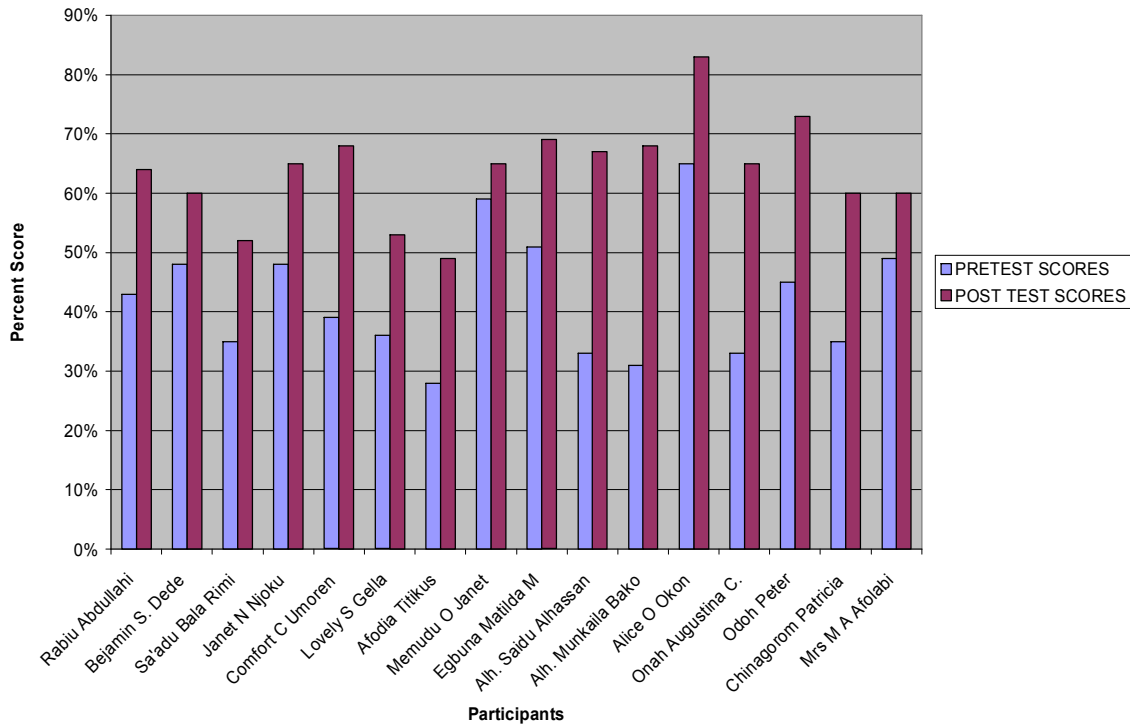
**Analysis of the pre and post test results**



Pre & Post test scores- Nurse/CHO Group 2



Test Scores for Nurses /CHO group 3



**2.2.2.6. Outcomes:** There was remarkable improvement considering the background of some of the Health Care Workers who have limited knowledge about HIV/AIDS. From the results, it can be seen that even some of the Nurses in the secondary Health facilities needed to have their capacity built as indicated in the very low scores in the Pre-Test.

**2.2.2.7 Recommendations from the Nurses/CHO groups:**

1. There is need to step down the IMAI training and capacity building to the primary health care level to ensure that the process takes root.
2. There is need to ensure adequate supply of training materials from the onset of the trainings.
3. Adequate accommodation arrangements should be made for participants to prevent distractions in the course of future trainings.
4. There's absolute need for Re-Training of the Health Care workers and Training of all Health Care workers using the IMAI Modules
5. HIV/AIDS should be integrated into the curriculum at all levels (Primary, Secondary and Tertiary) and should be a Compulsory Course at the Tertiary Level. The School of Nursing and Public Health Department of the Colleges of Medicine should ensure the CHOs are well knowledgeable in the field of HIV/AIDS.

**2.2.3. The Basic ART Clinical course for doctors on March 19-21, 2007.** the training was conducted for 45 doctors for 3 days using the Nigerian adaptation of the WHO IMAI basic HIV course. Four of the participants arrived on day 3 of the course. The participants were drawn mostly from General hospitals and NIMR. Due to the large number, the participants were divided into 3 groups.

Group 1 which had 21 participants had Dr. Oliver Ezechi of NIMR as the lead facilitator and assisted by Dr. David also of NIMR. Group 2 with 20 participants was supposed to have Dr. Dan Onwujekwe of NIMR as the lead facilitator but because he had another meeting running concurrently, Dr. Olusoji Akinleye of WHO filled this role and he was assisted by Dr. Rosemary Adu of NIMR. Group 3 consisted of the 4 latecomers for whom a crash course was organized; the group was facilitated by Dr. Ernest Kolade of UNICEF/FMOH and the course was completed in 1.5 days.

**Training methods:** The training methods utilized included reading by participants, explanations and lecturing by facilitators, drills and practical training and hands on experience at the skills station and the clinics.

**Course materials used for the training:**

- Participants manual for WHO basic ART clinical training course
- Participants manual for IMAI Acute care Training courses
- Handouts for WHO basic ART AID
- Patient education flip chart
- Chronic HIV care with ART module

- Acute care module
- Palliative care module
- General Principles of good chronic care
- National ART guidelines
- National PMTCT Guidelines
- TB HIV co-management module

**2.2.3.1 Day 1 (20<sup>th</sup> March 2007):** While there were 21 participants and 5 facilitators in Doctors group one, group 2 had 20 participants and 4 facilitators. Both groups covered up chapters 1-6 after pretest. The nurse's pretest was mistakenly used and was agreed among the facilitators to use it for the post testing instead of repeating the pretest. Daily evaluation showed majority of the participants strongly agreed or agreed with all the parameters used for evaluation, with one participants strongly disagree with his accommodation at Rita Lori Hotel

**2.2.3.2. Day 2 (21<sup>st</sup> March 2007):** All the 42 participants and 9 facilitators were present except two facilitators that were absent. Though the participants were late, because of heavy traffic, Chapter 7 to 12 was covered. Both groups spent 2 hours at the skill station and found it very useful and looked forward to skill station the next day. Majority of the participants reported that learning ARV side effects, skill station were the most important things learnt for the day and strongly agree/agree with all item evaluated. Some felt that time was short for the sessions.

**2.2.3.3. Day 3 (22<sup>nd</sup> March 2007):** All the participants and 6 facilitators attended the sessions. 4 doctors arrived late for the training and thus a special group was created for them with one facilitator. The first 2 Groups completed the basic course and had the post test evaluation. They also spent 2 hours at the skill station. The new doctors group covered chapters 1-9 and were also at the skills station. Majority of the participants agree/strongly agree with all parameters evaluated describing skill station experience as pleasant and improved performance.

The participant's expectation for the second level course was discussed and topics to be covered from NIMR training module for doctors was agreed upon and time table for the second level course was drawn and circulated.

**2.2.3.4 Day 4(23<sup>rd</sup> March 2007):** 44 participants were at the skills station today, all described it as useful. One of the late commoners did not come today.

**2.2.3.5 Day 5(24<sup>th</sup> March 2007).** 43 participants and 7 facilitators were in attendance. Had a practical session of IMAI acute care at the NIMR clinic using HIV positive patients with acute symptoms. For ease of facilitation the 43 participants were divided into 7 groups.

**2.2.3.6 Course Evaluation:** While the minimum, maximum and mean scores for pretest were 26%, 80% and 51% that of post test were 66%, 93% and 81% respectively with the most improved participant scoring 26% at pretest and 90% at posttest.

a. Majority of the participants agree/strongly agree to all parameters evaluated, with few complaining of time constraints.

**2.2.3.7. Challenges:**

a. Age of some participants: some of the participants were old with a large number above 55 years old. Learning was particularly difficult for these groups and this reflected in their post test performance.

b. Venue: Because of the large number of participants there were challenges as it relates to venue.

c. Some participants arrived the training on the 3<sup>rd</sup> day

**2.2.3.8. Recommendation:**

a. In subsequent trainings, the participants per training should be reduced to about 1/2 of the present number to avoid logistic problems.

b. The age limit for this training should be set at 50 to allow for ease of learning and also to train only people that still have some time in public service.

c. Early information to the participants to allow them makes arrangement early and arrive early for the training.

d. Written reports should be submitted the next day to the secretariat

**2.2.4. Report of the team building session of the global fund IMAI training in NIMR-Lagos on Saturday - 24<sup>th</sup> march 2007:** Team building is a key component of the IMAI process; and qualitative HIV/AIDS service delivery is best provided as a holistic package, with each member of the team performing their assigned roles. Clinical teams for HIV/AIDS service delivery comprise medical officers or clinicians, nurses, pharmacists, laboratory scientists, counselors, social workers etc.

**2.2.4.1 Methodology:** The day's activities commenced at about 9.15 am with a plenary presentation on Drug Logistics Management system by Pharmacist Mrs Herbertson of NIMR. This was followed by a presentation on team building by Dr Ernest Kolade of UNICEF, a Consultant with NASCP. This was followed by a talk on effective team work by Dr Oliver Ezechi of NIMR.

Dr Philip Bassey of WHO made a presentation on workplan development. There was a lunch break that was followed by the group work on facility work plan development and team building.. Participants were divided into groups according to their health facilities.

The groups comprised of a medical officer/clinician, nurses, a pharmacist and a counselor from the district or General hospitals. For Primary Health Care facilities where there were no clinicians, the clinical teams were comprised of community health officers, nurses and counselors. Issues raised by some participants in relation to who is to fund the scale up ARV services in the various facilities were addressed by the representatives from NASCP and HYGIEA- which is an HMO, and a sub-recipient to the Global fund as well as FHI-GHAIN ( a principal recipient of the Global Fund. Round - 5 grant).

Facilitators were assigned to each of the teams to assist the teams develop their centre-specific workplans. (See attached annex 4) After about two hours of group work, participants reconvened in plenary and the workplans of the following selected health facilities were presented discussed and critiqued.- General Hospital Ahoada,-(Rivers State); St Lukes Hospital Anua ( Akwa Ibom State) and General Hospital Mubi (Adamawa State).

At the end of the group workplan presentations, Mr Sigilola of the National HIV/AIDS and STI Control Program (NASCP) -Federal Ministry of Health gave a presentation on PMM and the use of the PMM forms for data capture.

**2.2.4.2. Output:** Draft work plans for comprehensive HIV/AIDS service delivery in the 39 sites represented in the Global Fund IMAI training were developed.

**2.2.4.3 Follow-up Action:** The draft workplans are to be finalized and kept at the various service delivery points. The plans would form the basis for performance monitoring and evaluation when the Global fund appointed monitors / sub-recipients ( FHI-GHAIN, HYGIEA and CHAN) go for their facility assessment. .

## **2.3 Week Three activities**

### **2.3.1 Advanced modules training for pharmacists held from 26<sup>th</sup> - 30<sup>th</sup> march 2007:**

This training was based on the NIMR Training Module for Pharmacists, which aims at training pharmacists who provide clinical care and support to patient living with HIV in healthcare settings. The NIMR Training Module consists of nine training modules to be taught over a period of between six and twelve days. A period of five (5) days was employed for this particular training because the participants had had five (5) days of the Integrated Management of Adult and Adolescent Illness (IMAI) Training for Basic ART Aids. The IMAI Training laid a good foundation for the NIMR Advanced Modules.

The topics in the NIMR Modules include:

- Overview Of HIV/AIDS
- Pharmacotherapeutics Of HIV/AIDS

- HAART And Other Forms Of Therapy
- Identifying The Role Of Pharmacists In The Care Of PLWHA
- Management Of Opportunistic Infections
- Pharmaceutical Care In HIV/AIDS
- Managing Procurement and Logistics of HIV/AIDS Medicines and Related Supplies.
- HCT And Home Based Care

**2.3.1.1 Training objectives:** The objective of the advanced module training for pharmacists is to:

1. Prepare pharmacists to be integral members of the clinical care team for patients living with HIV/AIDS
2. Empower pharmacists to be able to provide support to PLWHA
3. Empower pharmacists with basic knowledge in logistic management to avert stock-out in ARVs and related commodities required in the care of PLWHA.

**2.3.1.2. Core facilitators**

1. Pharm (Mrs.) Ebieri Herbertson - NIMR
2. Pharm (Miss) Sabdat Ozichu Musa - NIMR
3. Pharm (Mrs) Oluremi Olaitan- HARVARD-PEPFAR

**2.3.1.3. Materials used for the training**

1. Training Manuals For Pharmacists On The Use Of Antiretroviral Drugs In Nigeria (1<sup>st</sup> Edition 2005)
2. Background Documents For Training On The Use Of Antiretroviral Drugs In Nigeria.

**2.3.1.4. Methodology:** The method used was interactive lecture sessions with group activities at the end of each day and practical sessions. The practical sessions entailed visiting the NIMR ARV pharmacy to see the layout, dispensing and documentation of ARVs and related commodities. There was also a visit to the Harvard-PEPFAR warehouse which is an example of a drug store.

**2.3.1.5. Output/achievements:** A total of twenty- four (24) pharmacists were trained. The breakdown is as follows:

Serial Num	State	Number of Pharmacists
1	Adamawa	1
2	Akwa Ibom	4
3	Benue	1
4	Delta	1
5	Enugu	3
6	Katsina	2



7	Kogi	2
8	Lagos	4
9	Nasarawa	3
10	Rivers	3
	<b>TOTAL</b>	<b>24</b>

There was a remarkable improvement in the post-training assessment test showing that the training had impacted on the knowledge of the participants. The **highest score in the post test** was 100% as against 75% in the pre test. The **least score in the post test** was 58% as against 33% in the pre test. The most improved participants had the difference of 50% in the pre and post test scores.

At the plenary sessions, participants were able to present their group work with accuracy and confidence with very little help from the facilitators.

In the post-programme analysis, all the patients agreed that the training will improve their performance in their current/planned assignments. 15 participants representing 62.5% also agreed that the training has enhanced their professional interest and growth.

**2.1.3.6. Challenges:** There was no major challenge as participants were enthusiastic and ready to learn.

All participants wanted more lectures on logistic management information system, but they were made to understand that the federal Ministry of Health will send them for a more comprehensive training on logistic.

Some participants wanted a lecture on quality of ARVs. This topic would be included in subsequent trainings if the FMOH finds it to be relevant.

#### **2.1.3.7. Recommendations**

1. The facilities trained should be empowered to commence ART services immediately
2. Provision should be made for on the job assessment of the trained pharmacists once their facilities commence ART services

**2.3.2. IMAI acute care / second level course for nurses and CHOs:** Following the departure of Dr Okey Osuji, (NPO-HIV/AIDS; North-East Zone) after Week 2 for operational reasons, the Nurses / CHO Group 4 which was under his purview, was disbanded and the members integrated into the remaining three Nurses groups. Groups 1, 2 and 3 now had 23; 25 and 20 participants respectively; which all together add up to 68 participants.

On Day 1 and part of Day 2 of Week 3, the 3 reconstituted Nurse/CHO groups undertook the IMAI Acute Care Course. However after the lunch break on Day 2, all

the three groups were merged into one large class of 68 participants for the NIMR Nurses Curriculum, which was to essentially fill in gaps not covered in the IMAI Chronic and Acute Care Courses.

#### **2.3.2.1 Training Objective:**

1. To build the capacity of the Nurses / CHOs to enable them participate effectively in the delivery of comprehensive HIV/AIDS prevention, treatment, care and support services within the clinical ART team framework. .
2. To impart skills and knowledge to enable the Nurses / CHOs fulfill their complementary nursing roles at ART Service Delivery Points;

**2.3.2.2. Methodology:** The methodology used for the Acute Care Course included the reading of the Participants manual which cross referenced the IMAI palliative care Guide and the Patients Education flip charts and illustrations using wall charts. There was also a visit to the NIMR Out-patient Clinic for clinical hands-on experience, whereby the participants in the three groups visited the clinic and practicalized what was taught in the class in the clinic by using the Acute Care clinical recording form to gather information from the patients, make diagnosis of acute presenting symptoms in the HIV patients and also manage the conditions. Each of the groups was sub-divided into three and each sub-group interacted with one HIV patient. The Findings from each sub-group were later discussed in the class.

For the NIMR second level component, all the participants were assembled together in a single hall and lectures were presented using Power Point slides followed by discussions.

#### **2.3.2.3. Course Materials:**

1. Facilitators guide for the National (NIMR) Course for Nurses.
2. Participant Manual for the National (NIMR) Course for Nurses
3. Laptop Computer for the Power Point presentations.
4. Acute Care Module
5. Wall charts

#### **2.3.2.4. Topics Covered by the Nurses groups for the IMAI Acute Care included:**

1. Doing Quick Check for emergency signs
2. Assessing for cough and difficult breathing
3. Assessing for diarrhoea, malnutrition and anemia, as well as skin problems.
4. Management of cough, diarrhoea, dehydration, and fever (malaria); & STIs
5. Management of psychological conditions.
6. PMCTC; and Prophylaxis for Opportunistic Infections

**2.3.2.5. Topics Covered under the NIMR Nurses Training Module:** The following presentations were made in the NIMR Second Level Nurses Course.

1. HIV/ AIDS: Nursing Perspectives
2. Nursing Management Strategies for OIs in Adults and Children

3. Ethical Dilemma in AIDS Care
4. Nutrition in HIV/AIDS
5. Infertility: Sero-Discordant Couples and HIV Infection.

**2.3.2.6. Outputs / Outcomes:** The daily course evaluation by the participants indicates that participants were generally satisfied with the course contents and the teaching methods. Majority of the participants agreed that the Clinical experience in the use of the Patient Care Recording forms was most rewarding, even though the clinic exposure time was short.

**2.3.2.7. Observations:** The participants observed that both the IMAI Acute and Chronic Care Courses were quite comprehensive. Some existing gaps relating to the core responsibilities of nurses in providing qualitative nursing care to HIV/AIDS patients were covered in second level course as encapsulated in the NIMR training modules. The second level nurses course was therefore complementary to the IMAI Acute and Chronic care courses.

The clinic exposure was quite brief and did not allow for much interaction between the trainees and the clients. This was mostly due to the large numerical size of the trainees and the inadequate consulting rooms. The ideal should be no more than five participants per group. More facilitators and more rooms for patient consultation would be required where such a large number of health workers are to be trained.

**2.3.3 Report on second level training for doctors 22<sup>nd</sup> - 27<sup>th</sup> March 2007:** The doctors had the same basic course like the nurses in the first three days of the training. This is to enable all the doctors to be on the same page as it relates to HIV care. Since they will see patients referred by other health workers, there is the need for doctors to know what the other health workers are able to do and what they have learnt. To ensure that the doctors function effectively as supervision there is needed for them to have more depth and also to fill the gaps in the basic course.

**2.3.3.1 Objectives of the training.**

1. To complement the basic knowledge on HIV/AIDS care which participants have acquired during the IMAI basic course.
2. To help doctors provide good quality care to the patients referred by other team members.
3. To help doctors provide continuous support to other members of the clinical team.
4. To help the doctors determine when to refer a patient for expert advice.

**2.3.3.2 Methodology of the training:** On the last day of the IMAI basic course after the end of course evaluation, a tentative time table and course content for the second level course was presented to the participants and facilitators. The needs of the participants,

the gaps in the basic course were incorporated to produce the final time table and course content (see attached)

**Training methods:** The training methods utilized included

1. PowerPoint presentation by resource personnels
2. Case presentations
3. Discussions
4. Explanations and lecturing by facilitators,
5. Drills and practical training and hands on experience at the skills station and the clinics.

**2.3.3.3. Course materials used for the training:**

- Book of abstract – Nigerian contribution in international conference in HIV/AIDS
- Directory of stake holders in HIV treatment care and support in Nigeria
- Background module for ARV training in Nigeria
- Training manuals for doctors on the use of ARV in Nigeria
- Nigerian Journal of clinical and Biomedical research
- Civil society perspectives on TB policy

**2.3.3.4 Daily activities**

**2.3.3.4.1 Day 1 Thursday (22 March 2007):** Started 2<sup>nd</sup> level course with 44 participants and 8 facilitators. Started with pretest and introduction of the objectives and aim of the second level course. Had some challenge with size of the venue. Finished the entire topic scheduled for the day. The group had hands on training at the skill stations. The doctors group 3 completed their basic course and joined the group in the afternoon. Daily evaluation showed that most participants strongly/agreed with all parameters except few that complained about the venue.

**2.3.3.4.1 Day 2 Friday (23<sup>rd</sup> March 2007).** Used a more conducive venue. 40 participants and 7 facilitators in attendance. The group had IMAI practical session at the NIMR clinic. Some resource persons came late however the time were occupied with discussions and presentation on adherence on the request of participants. Completed all lectures planned for the day. Daily evaluation showed most participants agreed with all the parameters evaluated.

**2.3.3.4.2 Day 3 Monday (26<sup>th</sup> March 2007):** 40 participants and 7 facilitators were present. Completed the lectures today on schedule. Most participants strongly agreed with all items evaluated. Some felt that time was short for the sessions.

**2.3.3.4.3. Day 4 (27<sup>th</sup> March 2007):** Started at 9.00am with 40 participants and five facilitators. Completed second level course and had post test and end of course evaluation. All the participants agreed/strongly agreed with all parameters evaluated

describing with most enjoying the lectures on Post exposure prophylaxis and HCT most.

**2.3.3.5 Course Evaluation :** While the minimum, maximum and mean scores for pretest were 24%, 76% and 60.1% that of post test were 61%, 92% and 79.2% respectively with the most improved participant scoring 24% at pretest and 61% at posttest. Majority of the participants agreed/strongly agreed to all parameters evaluated, with few complaining of training being tedious.

#### **2.3.3.6 Challenges:**

- Age of some participants: some of the participants were old with a large number above 55 years old. Learning was particularly difficult for these groups and this reflected in their post test performance.
- Venue: Because of the large number of participants there were challenges as relate to venue.

#### **2.3.3.7 Recommendation:**

- In subsequent training the participants per training should be reduced to about 1/2 of the present number to avoid logistic problems.
- The age limit for this training should be set at 50 to allow for easy of learning and also to training only people that still has some time in public service.
- Participants who came after the 1<sup>st</sup> day should not be admitted into the training.

#### **2.3.4. Three- day complementary IMAI course on HIV/AIDS for doctors, nurses and CHOs (28<sup>th</sup> - 30<sup>th</sup> march, 2007):** The objectives of the training se are to:

1. Train one Doctor, one Nurse and one Community Health Officer from each of the 39 new sites (in 12 states) benefiting from the Global ARV scale up plan, in skills for assessment, classification, treatment and referral of children less than five years of age with HIV infection.
2. Promote the development of family-based care and treatment in HIV clinical management
3. Expand the core of future trainers for rolling out combined IMAI and IMCI complementary courses in HIV Nigeria.
4. Strengthen partnership towards universal access for HIV treatment and care in Nigeria

**2.3.4.1 Participants:** These were 120 in number and comprised of doctors, nurses and community health officers from 12 out of the 36 states (and federal capital territory) of the federation.

**2.3.4.2. Facilitators:** These were 12 senior paediatricians and public health physicians, and a nurse from university teaching hospitals, WHO, UNICEF and FHI/GHAIN

project and private sector with experience in IMCI and IMCI-HIV complementary course.

#### **2.3.4.3. Training sites:**

**2.3.4.3.1. Classroom:** Rooms in Hocal NIMR Suites and Presbyterian Church compound were used for classroom work for the complementary course.

**2.3.4.3.2. Health facilities:** Three health facilities, Massey Children's Hospital which is the oldest children's hospital in Nigeria, the Lagos University Teaching Hospital, and the clinic at the NIMR, were used for the clinical practice.

**2.3.4.4. Course Description:** The course comprised of classroom work; reading of four WHO self instructional booklets-modules, video exercises, group discussions, role plays, and hands on skills session at the health facility. The four modules were on IMCI including the recent updates; Assessment and classification of a child for HIV infection and treatment and prevention of illness in children born to HIV positive women; Counselling of HIV positive women and Chronic care and follow up of children born to HIV positive women.

**2.3.4.5. Proceedings:** The course began with a plenary session during which the participants were introduced to the course and the objectives. There was an introductory presentation which focussed on aims of IMCI Complementary Course on HIV/AIDS, target audience, contents and justification and the structure of the training.

Participants were divided into six groups of 18-22 with two-three facilitators each. Participants read through the modules at their pace with facilitators providing individual and group feed back. Participants completed evaluation form for each day, this daily evaluation was borrowed from the IMAI to enable facilitators have insights into some problems which trainees face and which could be addressed to improve next day's learning process.

Each day ended with facilitators meeting during which each group facilitators presented update of progress and issues needed to be addressed for improving the next day's work.

Participants had a pre and post course test to evaluate the individual knowledge regarding the contents of the training.

**2.3.4.6 Day 1:** The first day was devoted to module 1 which focuses on taking participants through IMCI. During this time, the groups had a video session on assessing and classifying children with common childhood illnesses. Since virtually all the participants had no prior exposure to

IMCI, facilitators had to spent a lot of time to allow them grasp the concept.

**2.3.4.7. Day 2:** After completing module 1, the groups had a three- hour clinical session on assessing, classifying and treating children with common childhood illnesses. Four groups went to Massey Children's Hospital on the Island while the remaining two groups had theirs in LUTH. After a demonstration case, participants in each group had hands on skills practice on the sick children. Most of the cases seen at the outpatient clinics were malaria, pneumonia, diarrhoea with dehydration and malnutrition. In addition however, some participants that had their practice in Massey Children Hospital saw signs of severe illness such as not able to drink, vomits everything, lethargy, severe pallor, convulsion, deep and extensive mouth ulcers and visible severe wasting. In all, only six signs out of the 27 clinical signs taught in the course were not seen during the course. These were, stridor, stiff neck, red eyes, pus draining from the eyes, clouding of the cornea and tender swelling behind the ear. After the clinical session, the groups continued reading on module 2. All the groups except one completed module two and started on module three.

**2.3.4.8. Day 3:** All the groups continued reading and later had the last clinical session for the training.

The participants could not hold the clinical sessions at the health facilities as the day was initially thought to be a public holiday and therefore regular clinics were not expected to hold. Special arrangements were made to get some patients from Massey Children's Hospital to NIMR at Yaba. However, the information about the day being a public holiday, turned out to be incorrect as another day was announced by government. This afforded the participants the opportunity also use patients from the NIMR regular clinic which held that day.

During the clinical session, participants practiced assessing, classifying HIV exposed children or those symptomatic of HIV infection, and clinical staging. A total of 9 patients between the ages of 31/2 months and 5 years were used by the groups. Most of the patients seen did not have the classical signs for possible HIV infection. Participants, however, were able to see a few major clinical signs that included ear discharge, some palmar pallor, and generalised lymphadenopathy. The classifications made by the groups were 1) confirmed HIV infection 2) Confirmed Symptomatic HIV infection 3) Suspected Symptomatic HIV infection and 4) Possible HIV/HIV exposed. It was not possible to make a diagnosis of Symptomatic HIV Infection Unlikely and HIV Infection in any of the groups as all the mothers of the children used had been confirmed positive and were already attending clinic or had just been sent to the HIV clinic.

Finally in the afternoon, participants in all the groups completed modules 3 and 4 with exercises, and had the post test and course evaluation.

The training was brought to an end with an official closing ceremony presided over by the Director General of the National Institute of Medical Research.

**2.3.4.9. Outcome of the training:** One Hundred and Twenty (120) Doctors, Nurses and Community Health Officers from 39 ART sites in 12 out of the 37 states of the federation (including federal capital territory) were successfully trained in the 3 -day IMCI Complementary course on HIV. All the participants completed the prerequisite tasks for the training in class and at clinical sessions.

The pre and post test analysis indicate that all except one participant in the 6 groups had improved over their entry (pre-test) scores at the post test. However only two of the results were available for inclusion as the time of this report. The details of the results from the other four groups were still with NIMR at the time of this preliminary report.

The scores for the two groups are as follows.

Groups	Pre-test			Post- test		
	Highest	Lowest	Average	Highest	Lowest	Average
5	72	32	48.3	88	51	65.9
6	74	37	52.4	82	39	60.3

**2.3.4.10 Key observations and issues:** There is sustained partnership for joint scaling up IMAI and IMCI-HIV courses. WHO, UNICEF and USAID/FHI/GHAIN have collaborated to run three courses beginning from Benue in October 2006, to Port Harcourt in February 2007 and now the training under report.

1. Although the number of trainees for this course, 120, was unusually large for IMCI experience, facilitators were able to adapt especially having trained about 55 each in the two previous courses.
2. The number of facilitators for the IMCI-HIV complementary course is still very few
3. The preparation for the training was palpably inadequate. There was no one with experience in IMCI or IMCI HIV complementary training who assisted in selection and pre-training preparation of sites. As a result, a lot of time was wasted for the clinical exposures. For instance, though Massey children's hospital, one of the clinical sites selected has an impressive outpatient load, there was very little space for practice and the time spent in travelling to and returning from was too much (2hours) for a 3 -day course with very tight agenda. This put the four groups that used the facility under pressure to catch up with the class work.



4. Most of the children used for clinical practice did not have the specific signs for HIV infections. Thus, this limited the trainees' exposure to clinical signs of HIV in children.
5. The video on assessing children with possible HIV infection was not available. This could have bridged the gap in inadequate exposure to sick children with specific signs of HIV and AIDS.
6. The use of generic materials for the IMCI HIV complementary course is making training challenging for the facilitators. In addition, there are a few inconsistencies in the modules, chartbooklet and case recording forms used.
7. The pre and post test do not have clear guidelines on how to complete some sections and there is no scheme for the marking.

#### **2.3.4.11. Recommendations**

1. The IMCI HIV complementary course materials should be adapted as quickly as possible.
2. The Video exercise in the recap module should be modified to provide more information to participants on IMCI since most of them may not have gone through IMCI before. The exercises should be reduced and the video should include demonstrations on how the signs are derived.
3. WHO HQ should assist in developing the Video on assessment and classification of sick children for possible HIV infection urgently to give impetus to the training. This will be very useful especially in situations where there may not be enough HIV infected patients with classical signs for participants to practice on.
4. More facilitators should be trained for IMCI-HIV complementary course to cope with the momentum for rapid scaling up of training of human resource for health in paediatric HIV management in the country.
5. There should be at least two facilitators that have been trained in both IMCI and the IMCI HIV complementary course in each class/group of 18-24 trainees in the future.
6. WHO should assist FMOH to develop mechanism for following up of health workers trained to ensure that they are able to transfer the skills acquired to practice and also monitor the ART services to children.
7. WHO should review the pre and post test and provide marking scheme and other information that would make the test clearer to participants.
8. Facilitators for IMCI HIV complementary course should have a two day pre-training facilitators meeting to prepare for the course.

**2.3.4.12. Next steps:** According to the National AIDS and STIs CONTROL PROGRAMME (NASCP), the following steps shall be undertaken after this training.

- 1) The National Action Committee on AIDS (NACA) would send ART drugs to the 39 sites so that service delivery can commence.

- 2) FMOH would assist participants to develop plan of action to conduct advocacy and sensitise private facilities, community development committees and their colleagues to create demand for ART services in their catchment areas
- 3) USAID/FHI-Ghain Project and HYGIEIA (NGO) would continually monitor delivery of ART services in 27 and 12 ART sites respectively.
- 4) The Federal Ministry of Health would develop a plan to scale up ART services to additional 12 states in the last quarter of the year- 2007.

# APPENDICES

## APPENDIX 1

### 1.1 LIST OF LABORATORY SCIENTISTS: 12<sup>TH</sup> - 17<sup>TH</sup> MARCH, 2007

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23.	Nwajikwa Victoria C.	General Hospital, Onitsha - Anambra State	08056224491	
<b>RIVERS STATE</b>				
24.	Gladys A. Ebeku	General Hospital Ahoada - Rivers State	08068420409	<a href="mailto:gladysoko@yahoo.com">gladysoko@yahoo.com</a>
25.	Joy W. Walker	Bori General Hospital - Rivers State	08054628248	
26.	Sussan Njoku	Health of the Sick Mission Hospital - Rivers State	08056716066	<a href="mailto:chimenjoku@yahoo.com">chimenjoku@yahoo.com</a>
<b>LAGOS STATE</b>				
27.	Fadipe Adebimpe Abidemi	Federal Medical Centre, Ebute-Metta - Lagos State	08034936486	<a href="mailto:tolufadipeng@yahoo.com">tolufadipeng@yahoo.com</a>
28.	Flora Okpohs I. (Miss)	PHCN, Ijora-olopa, Lagos State	08023257684	<a href="mailto:florydanoy2k@yahoo.com">florydanoy2k@yahoo.com</a>
29.	Mrs. Okerekeocha C	Nigerian Institute of Medical Research, Yaba - Lagos	08023705931	
30.	Mrs. Ajayi Alice Olufumilayo	Nigerian Institute of Medical Research, Yaba - Lagos	08037171223	
<b>TARABA STATE</b>				

31.	Markus M. Anna	General Hospital, Zing – Taraba State	08032495694	
32.	Badamasi S. Mohammed	First Referral Hospital, Mutum Biyu – Taraba State	08069099036	
33.	Yavin Bujujen	General Hospital, Wukari – Taraba State	08067889659	
34.	Ephesian P. Goji	Mambila Baptist Hospital – Taraba State	08069507995	
<b>ADAMAWA STATE</b>				
35.	Esther E. Vandu	General Hospital, Mubi – Adamawa State	08059480982	
36.	Fostina Bitrus	Specialist Hospital, Yola – Adamawa State	08057340566	

#### **1.4 LIST OF NURSES AT THE MARCH 2007 TRAINING**

<b>S/N</b>	<b>NAMES</b>	<b>ADDRESS/ORGANIZATION</b>	<b>TELEPHONE NUMBER</b>	<b>E-MAIL ADDRESS</b>
<b>DELTA STATE</b>				
1.	Ugoimoh Victoria	General Hospital, Warri, Delta State	08023298146	
2.	Sr. Agatha Lucy Onye	St. Francis Catholic Hospital, Okpara Inland, Delta.	08024513734	agathluci@yahoo.com
<b>BENUE STATE</b>				
3.	Oboegbuna Esther	Modanna Hospital, Makudi, Benue State	08058472342	
4.	Hembadoon G. Nongoave	NKST Hospital, Mkar, Gboko, Benue State	08068073156	
5.	Esther Naga Matron	NKST Hospital, Mkar, Gboko, Benue State	08026746319	
<b>AKWA IBOM STATE</b>				
6.	Alice Awak Okon	General Hospital, Eket, Akwa-Ibom State	08035727743	
7.	Victoria E. Udoh	General Hospital, Eket, Akwa-Ibom State	08062501058	
8.	Aniefok Ime Akpaetor	General Hospital, Ikot-Abasi, Akwa-Ibom State	08026710145	
9.	Emem Uduak Obott	General Hospital, Ikot-Abasi, Akwa-Ibom State	08028618727	
10.	Veronica J. Effiong	St. Lukes, Anua, Uyo, Akwa-Ibom State	08027038380	
11.	Comfort C. Umoren	St. Lukes, Anua, Uyo, Akwa-Ibom State	08028706949	
12.	Aniefok A. Ukere	St. Marys, Urua Akpan, Essien Udum	08036221317	
13.	Victoria Okon Udo	St. Marys, Urua Akpan, Essien Udum	08061113028	
<b>ADAMAWA STATE</b>				



14.	Hajara Ismaila Kwada	Specialist Hospital, Adamawa State	08052455830	
15.	Felicia Abims	General Specialist Hospital, Mubi, Adamawa State	08054953869	
<b>NASSARAWA STATE</b>				
16.	Mrs. Gloria J. Sule	General Hospital, Obi, Nassarawa State	08036516130	
17.	Mrs. Florence Mageji	General Hospital, Obi, Nassarawa State	08069690572	
18.	Naomi Awyebwi	General Hospital, Nassarawa, Nassarawa State	08022716843	
19.	Amos Allu	General Hospital, Nassarawa, Nassarawa State	08056227896	
20.	Sarah Onubuglus	E.R.C.C. Hospital, Akwanga, Nassarawa State	08065661985	
<b>ENUGU STATE</b>				
21.	Onah Augustina C.	Enugu Ezike District Hospital, Igbo Eze, Enugu State.	08063744574	
22.	Onyishi Francis O.	Enugu Ezike District Hospital, Igbo Eze, Enugu State.	08063593550	
23.	T.A.C. Onu	Agbani District Hospital, Nkanu, Enugu State	08037168712	
24.	Okezie C. C.	Agbani District Hospital, Enugu State	08036765341	
25.	Ani Gladys C.	Udi District Hospital, Udi, Enugu State	08038724133	
26.	Nnamdi Josephine O.	Udi District Hospital, Udi, Enugu State	08050337059	
27.	Onah Victoria C.	Bishop Shanahan Hospital, Nsukka, Enugu State	08033065771	
28.	Odoh Peter	Bishop Shanahan Hospital, Nsukka, Enugu State	08034815321	
29.	Uwaeme Ngozi C.	Ntasiobi Specialist Hospital, Enugu East, Enugu.	08035407987	
30.	Sr. Emily Joe Nduka	Ntasiobi Specialist Hospital, Enugu East, Enugu.	08037652595	
<b>KATSINA STATE</b>				
31.	Hafiz Ibrahim	PHC, Charanch, Katsina State	08060292866	
32.	Kabir A. Anani	General Hospital, Katsina, Katsina State	08036254451	
33.	Rabiu Abdullahi	General Hospital, Funtua, Katsina State	08036380430	
<b>RIVERS STATE</b>				
34.	Janet N. Njoku	General Hospital Ahoada, Rivers State	08036740311	
35.	Chinagoram Patricia	Health for the Sick Mission Hosp., P/H, Rivers.	08065831287	
36.	Nweke Daniel	General Hospital, Bori, Rivers State	08037908822	<a href="mailto:amaeze4success@yahoo.com">amaeze4success@yahoo.com</a>
37.	Mgbakiri W. Happiness	Obio/ Akpor PHC Dept., Rivers State	08036767101	
<b>LAGOS STATE</b>				
38.	Ashiegbu Joyce A.	Federal Medical Centre, Ebute-Metta, Lagos State	08056059042	<a href="mailto:jicad277@yahoo.com">jicad277@yahoo.com</a>

39.	Toyin C. Adebawale	Federal Medical Centre, Ebute-Metta, Lagos State	08068889521	<a href="mailto:yanju_deabour@yahoo.com">yanju_deabour@yahoo.com</a>
40.	Charity Laah	68 Nigerian Army Referral Hospital, Yaba, Lagos	08023814770	<a href="mailto:culaah4v@yahoo.com">culaah4v@yahoo.com</a>
41.	Lt. Col. T. A. Essien	68 Nigerian Army Referral Hospital, Yaba, Lagos	08035440862	
42.	Mrs. M. A. Afolabi	Power Holding Company of Nigeria (PHCN), Marina Clinic, 24/25 Marina Street, Lagos	08028397580	
<b>KOGI STATE</b>				
43.	Yahaya Ibrahim	General Hospital, Ankpa, Kogi State	080362860	
44.	Mrs. Sarah Atawadi	General Hospital, Ankpa, Kogi State	08060441181	
45.	Janet Olaitan Memudu	ECWA Hospital, Egbe, Kogi State		
46.	Janet Tanimowo Dada	ECWA Hospital, Egbe, Kogi State	08053607864	
<b>ANAMBRA STATE</b>				
47.	Ibe Richman	Awka South Local Government, Anambra	08036661069	
48.	Ejiofor Chudi	Angus Model PHC, Umunna Street, Odo-Akpu, Onitsha	08037463316	

**1.5 LIST OF COMMUNITY HEALTH OFFICERS: 19<sup>th</sup> - 29<sup>th</sup> MARCH, 2007.**

S/N	NAMES	ADDRESS/ORGANIZATION	TELEPHONE NUMBER	E-MAIL ADDRESS
<b>KATSINA STATE</b>				
1.	Saadu Balarimi	P.H.C., Batagarawa, Katsina State.	08065576973	
2.	Hafiz Ibrahim	P.H.C., Charanchi, Katsina State	08060292866	
<b>BENUE STATE</b>				
3.	Grace Akpegi	Comprehensive Health Centre, Oju, Benue State.	08053104412	
4.	Mrs. Lydia Orpin	P.H.C., Gboko, Benue State.	08063975363	
5.	Hembadon Aule	P.H.C., Katsina, Ala, Benue State	08069667219	
6.	William Terungwa	NKST H/C Nyadev, Gboko, Benue State	08075370080	

**NASSARAWA STATE**

7.	Halimat K. Umar	Nassarawa Town P.H.C., Nassarawa State	08050602008	
8.	Dije Adamu Waziri	Gudi P.H.C., Nassarawa State.	08069621477	

**NIGER STATE**

9.	Grace E. Kadiri	Maternal & Child Health, Kontagora, Niger State	08036328471	
10.	Abubakar Sadiq Jarmai	Dile Bala P.H.C., Suleja, Niger State	08054182021	
11.	Ahmed Abdul Izom	Basic Health Centre, Dikko, Niger State	08055917869	

**ANAMBRA STATE**

12.	Ibe Richman	P.H.C., Nibo, Anambra State.	08036661069	
13.	Ejiofor Chudi Angus	P.H.C., Odakpu, Onitsha, Anambra State	08037463316	
14.	Egbuna Mathilda M.	Maternal & Child Health, Ogidi, Anambra State	08036670333	

**RIVERS STATE**

15.	Elizabeth C. Kpah	Pope John Paul II Catholic Hospital, Rivers State	08037993356	
16.	Mgbakiri W. Happiness	Obio/Akpor Health Centre, PHC, Rivers State	08036767101	

**TARABA STATE**

17.	Paulinus Mbah	P.H.C., Zing, Taraba State (UMCN RHP Zing)	08060886090	<a href="mailto:look4mba3@yahoo.com">look4mba3@yahoo.com</a>
18.	Alh. Saidu Alhassan	P.H.C. Centre, Mutum-Biyu, Taraba State	08036114168	
19.	Alh. Munkaila Bako	Maternal & Child Health, Tella, Taraba State	08030436486	
20.	Joseph D Usman	Wukari P.H.C., Taraba State.	08024374964	
21.	Benjamin Musa Nyama	P.H.C., Bantaje, Taraba State	08026446312	
22.	Benjamin S. Dede	P.H.C., Ngoroje, Taraba State		

**ADAMAWA STATE**

23.	Haruna M. Malsaje	Major Aminu PHC, Yola, Adamawa State	08036166063	
24.	Lovely S. Gella	Jambutu PHC, Yola, Adamawa State	08036530620	
25.	Nuhu Isa	Lokuwa PHC, Adamawa State	08053520097	
26.	Afodia Titikus	Muva PHC, (Mubi North LGA), Adamawa State		

**1.6 LIST OF DOCTORS: 19<sup>th</sup> - 30<sup>th</sup> MARCH, 2007.**

S/N	NAMES	ADDRESS/ORGANIZATION	TELEPHONE NUMBER	E-MAIL ADDRESS
<b>DELTA STATE</b>				
1.	Dr. Ifode Ajari	Central Hospital Warri - Delta State	08028784615	<a href="mailto:ifode4ever@yahoo.com">ifode4ever@yahoo.com</a>
2.	Dr. Inetianbor Edmund E.	Ekur Baptist Hospital - Delta State	08039363652	<a href="mailto:ineddy.13@yahoo.com">ineddy.13@yahoo.com</a>
<b>BENUE STATE</b>				
3.	Dr. Etu-Efeotor, H.	NKST Hospital, Makurdi, Gboko - Benue State	08035804659	
<b>NIGER STATE</b>				
4.	Dr. Babatunde Joshua A.	General Hospital, Suleja, Niger	08027255164	<a href="mailto:drtundeariyo@yahoo.com">drtundeariyo@yahoo.com</a>
<b>AKWA IBOM STATE</b>				
5.	Dr. Ime Usanga	Emmanuel General Hospital Eket - Akwa Ibom State	08023267953	
6.	Dr. (Mrs.) Josephine Mbreh	General Hospital Eket - Akwa Ibom State	08029845412	
7.	Dr. Ebong G. Idiong	General Hospital Ikot Abasi - Akwa Ibom State	08036762678	<a href="mailto:drebongidiong@yahoo.co.uk">drebongidiong@yahoo.co.uk</a>
8.	Dr. Aniefiok O. Akpasa	St. Luke's Hospital Anua, Uyo - Akwa Ibom State	08020659081	
9.	Dr. (Mrs.) Ogbode Powei	St. Luke's Hospital Anua, Uyo - Akwa Ibom State	08064470078	

10.	Dr. Uchechi Okoronkwo	Mission Hospital, Urua Akpan, Essien Udim - Akwa Ibom State	08036053148	<a href="mailto:uchgabriok@yahoo.com">uchgabriok@yahoo.com</a>
<b>ADAMAWA STATE</b>				
11.	Dr. Rufus Dimas	Specialist Hospital, Yola - Adamawa State	08076507985	
12.	Dr. Vandi P. Kwaya	General Hospital, Mudi - Adamawa State	08054930440	
13.	Dr. A. N. Obi	Rushgreen Hospital, Onitsha	08037255976	rushgreen@yahoo.com
<b>NASSARAWA STATE</b>				
14.	Dr. Anoh Usman	General Hospital Obi - Nassarawa State	08036174011	
15.	Dr. Basil Uguge	General Hospital Obi - Nassarawa State	08067904800	igbajibasil@yahoo.com
16.	Dr. Plang H. Jwanle	General Hospital Nassarawa - Nassarawa State	08033801080	drplangjay@yahoo.com
17.	Dr. Adegbite T. T.	General Hospital Nassarawa	08033829713	
18.	Dr. Joshua Andrew	ERCC Hospital, Akwanga - Nassarawa State	08053789214	<a href="mailto:drjshandrew@yahoo.com">drjshandrew@yahoo.com</a>
<b>ENUGU STATE</b>				
19	Dr. C. O. Eze	District Hospital Enugu Ezike - Enugu State	08034314971	
20.	Dr. S. U. Chukwuemeka	District Hospital Enugu Ezike - Enugu State	08063625789	
21.	Dr. E. I. Umegbolu	District Hospital Agbani - Enugu State	08054893480	
22.	Dr. H. U. Enih	District Hospital Agbani - Enugu State	08034701616	
23.	Dr. N. M. Uzo	District Hospital Udi - Enugu State	08065195234	<a href="mailto:drdozieuzo@yahoo.com">drdozieuzo@yahoo.com</a>
24.	Dr. Mbah Felix Iroulo Mbah	Bishop Shanahan Hospital, Nsukka	08050355537	

25.	Dr. Eze Anthony	Mission Hospital, Enugu East - Enugu State (Ntasi Obi Hosp.)	08065610050	<a href="mailto:chijokes2k2@yahoo.com">chijokes2k2@yahoo.com</a>
26.	Dr. Tagbo Okwuowulu	Mission Hospital, Enugu East - Enugu State (Ntasi Obi Hosp.)	08037067122	<a href="mailto:tagbosky2002@yahoo.com">tagbosky2002@yahoo.com</a>
<b>KATSINA STATE</b>				
27.	Dr. Bashar Abdullahi	General Hospital Katsina - Katsina State	08036317108	<a href="mailto:drbashirau@yahoo.com">drbashirau@yahoo.com</a>
28.	Dr. Muttaka Maude	General Hospital Funtua - Katsina State	08036159362	<a href="mailto:muttagam@yahoo.com">muttagam@yahoo.com</a>
<b>RIVERS STATE</b>				
29.	Dr. H. Benson	General Hospital Ahoada - Rivers State	08037095483	<a href="mailto:hynessb@yahoo.com">hynessb@yahoo.com</a>
30.	Dr. C. N. Nwaneti	Health for the Sick, P/H, Rivers State	08038831316	<a href="mailto:enwaneti@yahoo.co.uk">enwaneti@yahoo.co.uk</a>
31.	Dr. N. M. Nkadam	General Hospital Bori - Rivers State	08037099495	<a href="mailto:nwizor@yahoo.com">nwizor@yahoo.com</a>
<b>LAGOS STATE</b>				
32.	Dr. R. N. Okwudiafor	Federal Medical Centre, Ebute-Metta, Lagos	08033028615	<a href="mailto:okwurose@yahoo.co.uk">okwurose@yahoo.co.uk</a>
33.	Dr. B. A. Ogunbambi	Federal Medical Centre, Ebute-Metta, Lagos	08023402005	<a href="mailto:boonyyamin@yahoo.co.uk">boonyyamin@yahoo.co.uk</a>
34.	Dr. C. Ukaegbu	Nigerian Institute of Medical Research (NIMR), Yaba - Lagos	08033981004	<a href="mailto:chinedui2003@yahoo.com">chinedui2003@yahoo.com</a>
35.	Dr. O. A. Medu	Nigerian Institute of Medical Research (NIMR), Yaba - Lagos	08027160361	<a href="mailto:lanremedu@yahoo.com">lanremedu@yahoo.com</a>
36.	Dr. Asagwara C. A.	68 Military Hospital - Lagos	08037067172	<a href="mailto:casagwara@yahoo.com">casagwara@yahoo.com</a>
37.	Dr. Olatunji K. O.	Gbagada General Hospital	08023102577	<a href="mailto:wasiuolufemi@yahoo.com">wasiuolufemi@yahoo.com</a>

38.	Dr. Adasofunjo Matthew O.	Hygeia HMO, 13B Idejo St. Off Adeola Odeku St., Victoria Island, Lagos	08035840326	<a href="mailto:dradasofunjo@hygeiahmo.com">dradasofunjo@hygeiahmo.com</a>
<b>KOGI STATE</b>				
39.	Dr. Attah Nathaniel	General Hospital Ankpa, Kogi State	08037170724	
40.	Dr. Ebiloma Yahaya A.	General Hospital Ankpa, Kogi State	08039308042	<a href="mailto:sebiloma@yahoo.com">sebiloma@yahoo.com</a>
41.	Dr. Duro Ehalaiye	ECWA Hospital, Egbe - Kogi State	08050736753	<a href="mailto:duroehalaiye@yahoo.com">duroehalaiye@yahoo.com</a>
<b>ABUJA</b>				
42.	Dr. F. O. Anyaeji	Hygeia Nig. Ltd., Abuja	08065269959	<a href="mailto:drodianyayi222@yahoo.com">drodianyayi222@yahoo.com</a>
43.	Dr. Egesimba Ginika	Hygeia Nig. Ltd., Abuja	08051772559	<a href="mailto:dregesimba@hygeiahmo.com">dregesimba@hygeiahmo.com</a> gk200275@yahoo.co.uk
44.	Dr. Thliza E. L.	PHCN Medical Dept., Abuja	08034292899	
<b>TARABA STATE</b>				
45.	Dr. Micah M. M.	St. Monica Hospital, Zing, Taraba State	08032914934	<a href="mailto:mmmadaki@yahoo.com">mmmadaki@yahoo.com</a>

### 1.7 LIST OF PHARMACISTS: 19<sup>th</sup> - 30<sup>th</sup> MARCH, 2007.

S/N	NAMES	ADDRESS/ORGANIZATION	TELEPHONE NUMBER	E-MAIL ADDRESS
-----	-------	----------------------	------------------	----------------

<b>DELTA STATE</b>				
1.	Ukusare O. Stephen	Central Hospital Warri - Delta State	08037238601	<a href="mailto:sukusare2002@yahoo.com">sukusare2002@yahoo.com</a>
<b>AKWA IBOM STATE</b>				
2.	Pharm. Sunday S. Udofia	Immanuel General Hospital, Eket - Akwa Ibom State	08036742560	<a href="mailto:sunnydof2004@yahoo.com">sunnydof2004@yahoo.com</a>
3.	Pharm. Otung O. Otung	General Hospital, Ikot-Abasi, Akwa Ibom State	08029848877	<a href="mailto:otiluxpharma@yahoo.com">otiluxpharma@yahoo.com</a>
4.	Pharm. Ekpe Godwin Polycarp	St. Mary's Hospital, Urua-Akpan - Akwa Ibom State	08028381012	<a href="mailto:polyekpe@yahoo.com">polyekpe@yahoo.com</a>
5.	Pharm. Chigozie C. Udeogu	St. Lukes' Hospital, Anua - Akwa Ibom State	08036651742	<a href="mailto:gozifort@yahoo.com">gozifort@yahoo.com</a>
<b>KOGI STATE</b>				
6.	Pharm. Eric Monday Akoji	General Hospital Ankpa - Kogi State	08075223993 08039588731	
7.	Pharm. G. O. Iyoha	Mission Hospital - Kogi State	08059783666	<a href="mailto:benlahairoi@yahoo.com">benlahairoi@yahoo.com</a>
<b>ADAMAWA STATE</b>				
8.	Rose Mandama	Specialist Hospital Yola - Adamawa State	08034436374	
<b>BENUE STATE</b>				
9.	Akpa Bernard Patrick	NKST Hospital Mkar - Benue State	08036915000	<a href="mailto:bernnnei2003@yahoo.com">bernnnei2003@yahoo.com</a>
10.	Franca Ejembi	Madonna Hospital, Makurdi - Benue State	08055695708	
<b>KATSINA STATE</b>				
11.	Pharm. Abu Mohammed	General Hospital Funtua - Katsina State	08032077683	<a href="mailto:abumohammed@yahoo.com">abumohammed@yahoo.com</a>
12.	Pharm. Aminu Usman	General Hospital Katsina - Katsina State	08035862145	<a href="mailto:aukogwa@yahoo.com">aukogwa@yahoo.com</a>
<b>ENUGU STATE</b>				
13.	Pharm. Nnadi Cyprian O.	District Hospital Agbani - Enugu State	08030917739	
14.	Pharm. R.L.O. Ezugwu	District Hospital, Enugu Ezike -	08030451181	



		Enugu State		<a href="mailto:princemarhea@yahoo.com">princemarhea@yahoo.com</a>
15.	Pharm. Obeta Isaac	District Hospital, Udi - Enugu State	08035506404	
16.	Anyanwu SR. Justin	Mission Hospital - Enugu State	08037102046	
<b>NASSARAWA STATE</b>				
17.	Ajeh O. Peter	General Hospital Obi - Nassarawa State	08036383090	
18.	Pharm. Martina A. Odagboyi	Nassarawa General Hospital - Nassarawa State	08065394259	
19.	Pharm. Kyahar Friday Ishaku	ERCC Hospital - Nassarawa State	08034531378	<a href="mailto:kyahar@yahoo.com">kyahar@yahoo.com</a>
<b>RIVERS STATE</b>				
20.	Amabibi Majack (Pharm.)	General Hospital Ahoada - Rivers State	08036770269	
21.	Pharm. Rachel Okoh	General Hospital Bori - Rivers State	08033136911	<a href="mailto:rachael_okoh@yahoo.co.uk">rachael_okoh@yahoo.co.uk</a>
22.	SR. Josephine Anyaegbunam	Health of the Sick Hospital, Port-Harcourt - Rivers State	08030902572	
<b>LAGOS STATE</b>				
23.	Semola Oluwayemisi Ayoade (Pharm.)	Federal Medical Centre, Ebute-Metta - Lagos State	08027407884	<a href="mailto:adenijiyemisi@yahoo.com">adenijiyemisi@yahoo.com</a>
24.	Pharm. Salifu ahaya Suleiman	Nigerian Institute of Medical Research (NIMR), PEPFAR Project, - Lagos	08036272139	
25.	Pharm. Eghaghara, Henry	PHCN, EEPBU Egbim	08030729777	<a href="mailto:jegahigh@yahoo.com">jegahigh@yahoo.com</a>
26.	Pharm. Okulate Omotayo	Nigerian Institute of Medical Research (NIMR)	08023459959	<a href="mailto:elizabeth81uk@yahoo.co.uk">elizabeth81uk@yahoo.co.uk</a>

## **1.7 LIST OF FACILITATORS**

### **FACILITATORS**

<b>S/N</b>	<b>NAME</b>	<b>FACILITY</b>	<b>TELEPHONE</b>	<b>E-MAIL ADDRESS</b>
1.	Dr. Philip Bassey	WHO - Lagos	08056446816	<a href="mailto:pembassey@yahoo.com">pembassey@yahoo.com</a>
2.	Mrs. Deborah D. Oladipo	NIMR	08023084820	
3.	Dan Onwujekwe	NIMR	08026862061	<a href="mailto:danowujekwe@yahoo.co.uk">danowujekwe@yahoo.co.uk</a>
4.	Rose Opara (Chief)	N&MCN (Rtd.)	08033082996	<a href="mailto:opra_za@yahoo.co.uk">opra_za@yahoo.co.uk</a>
5.	Shiono A. Bennibor	Zonal Officer (S/S), CHPRBN, Port Harcourt	08037029921	<a href="mailto:shionobennibor@yahoo.co.uk">shionobennibor@yahoo.co.uk</a>
6.	Oliver Ezechi	NIMR	08033065683	<a href="mailto:oezechi@yahoo.co.uk">oezechi@yahoo.co.uk</a>
7.	Onwukwe R. N.	NIMR	08051270088	<a href="mailto:ruthonwukwe@yahoo.com">ruthonwukwe@yahoo.com</a>
8.	Amadi E. N.	NIMR	08028030223	<a href="mailto:wangelamedi@yahoo.co.uk">wangelamedi@yahoo.co.uk</a>
9.	Adu Rosemary	NIMR	08055461391	<a href="mailto:rosieadu@yahoo.com">rosieadu@yahoo.com</a>
10.	Iroha E. O.	LUTH	08033203602	
11.	Ebi Akogu	FHI-GHAIN	08063487089	<a href="mailto:ebimiraclebaby@yahoo.com">ebimiraclebaby@yahoo.com</a> , <a href="mailto:gakogu@ghain.org">gakogu@ghain.org</a>
12.	Akinsule A. O.	LUTH	08023531651	
13.	Lawanson A.	FMOH/NASCP	08037886667	
14.	David Nkiruka	NIMR	08033220631	<a href="mailto:teedeeaa@yahoo.com">teedeeaa@yahoo.com</a>
15.	M. O. Ukpong	OAU	08032459256	
16.	R. C. Anyanwu	NIMR	08023140277	
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52	Mr. Joseph Onyewuche	NIMR, Yaba, Lagos	08033291500	
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## APPENDIX 2

### 2.1 TRAINING PROGRAMME FOR MEDICAL LABORATORY SCIENTISTS

#### DAY 1

OPENING CEREMONY 9.00 – 10.30am

- National Anthem
- Opening prayer
- Welcome Address by Director- General, NIMR, - Dr. Oni Idigbe
- Goodwill Message by the Director of Public Health, NASCP, - Dr. Abebe
- Keynote Address by the FMOH
- Formal Opening of the Programme
- Closing Prayer

**Tea Break**                      **10.00 – 10.30am**

**Pre-Test**                        **11.00 – 11.30am**

#### Training Sessions

		<b>Resource Person</b>
12.00-12.40	Testing and Laboratory Fundamentals for Management of HIV	Mr. Salu
12.40-1.20	Diagnosis of HIV in Adults and Children	Dr. Adedeji/Mr. Salu
1.20 – 1.30	Participants break into 5 groups for practical sessions	

<b>Tests</b>	<b>Venue</b>	<b>Resource Persons</b>
ELISA	Human Virology Lab (HVL-P3)	Mr. Salu
CD4 (Cyflow)	HVL (Immunology Lab)	Mrs. Meshack
CD4 (FaCScout)	HVL (Immunology Lab)	Mr. Onyewuche
Rapid Tests	HVL (P3)	Mrs. Aniedobe
TB	TB Lab	Dr (Mrs) Onubogu

Practical

GROUP	1.30 - 2.00pm	2.00 - 3.00pm	3.00 - 6.00pm
1	Facscout	<b>LUNCH</b>	FaCscout
2	Cyflow		Cyflow
3	TB		TB
4	Rapid Tests		Rapid Tests
5	ELISA		ELISA

END OF DAY ONE

DAY 2

Training Sessions

8.30-9.30	Monitoring HIV Disease	}
9.30-10.30	Tests for Toxicity	

Resource Person

Dr(Mrs) Odunukwe

Practical

GROUP	10.30 - 11.30	11.30 - 1.30	1.30 - 2.30	2.30 - 6.00
1	<b>TEA BREAK</b>	ELISA	<b>LUNCH</b>	ELISA
2		Rapid Tests		Rapid Tests
3		Cyflow		Cyflow
4		FaCscout		FaCscout
5		TB		TB

END OF DAY TWO

DAY 3

Training Sessions

8.30-9.30	Biosafety	}
9.30-10.30	Clinical Microbiology, Laboratory Basics	

Resource Person

Dr. N. Idika

Practicals

GROUP	10.30 - 11.30	11.30 - 1.30	1.30 - 2.30	2.30 - 6.00
1	<b>TEA BREAK</b>	TB	<b>LUNCH</b>	TB
2		FaCscount		FaCscount
3		ELISA		ELISA
4		Cyflow		Cyflow
5		Rapid Tests		Rapid Tests

**END OF DAY THREE**

**DAY 4**

**Training Sessions**

8.30-9.30	Occupational Exposure	}
9.30-10.30	Good Laboratory Practice	

**Resource Person**

Mrs. Oparaugo

Practicals

GROUP	10.30 - 11.30	11.30 - 1.30	1.30 - 2.30	2.30 - 6.00
1	<b>TEA BREAK</b>	Cyflow	<b>LUNCH</b>	Cyflow
2		ELISA		ELISA
3		Rapid Tests		Rapid Tests
4		TB		TB
5		FaCscount		FaCscount

**END OF DAY FOUR**

## DAY 5

### Training Sessions

8.30-9.30	Vaccines and Future of HIV/ AIDS
9.30-10.30	<b>LAB. PRACTICALS</b> i. Rapid Tests ii. TB iii. FaCscount iv. ELISA v. Cyflow
10.30 -11.00	TEA BREAK
11.00-2.00	LAB. PRACTICALS
2.00-3.00	LUNCH
3.00-4.00	Post Programme Analysis
4.00-5.00	Closing Remarks
5.00-6.00	Presentation of Certificate

### Resource Person

Dr. Odunukwe

## END OF DAY FIVE

## DAY 6

### Training Sessions

9.00-10.30	The HIV test kit logistic Management System
10.30-11.30	TEA BREAK
11.30-1.30	The HIV test kit logistic Management System
1.30-2.30	LUNCH BREAK
2.30-6.00	The HIV test kit logistic Management System

### Resource Person

Dr (Mrs) Audu & Dr. Adedeji

Dr (Mrs) Audu & Dr. Adedeji

Dr (Mrs) Audu & Dr. Adedeji

## END OF DAY SIX



## 2.3

### 2.3.1

#### BASIC IMAI/ART CLINICAL TRAINING COURSE TIME TABLE

<u>TIME</u>	<u>SESSION</u>	<u>FACILITATOR</u>
	<u>DAY ONE</u>	<u>19<sup>th</sup> MARCH, 2007</u>
10.00 - 10.30a.m.	<i>TEA BREAK</i>	
10.30 - 11.00a.m.	Pre-Test	
11.00 - 2.00p.m.	Introduction to each other, Background of HIV/AIDS & Chapter One	
2.00 -3.00p.m.	<i>LUNCH BREAK</i>	
3.00 - 4.00p.m.	Chapter Two	
4.00 - 5.00p.m.	Chapter Three	
5.00 - 5.30p.m.	Chapter Four	
5.00 - 6.00p.m.	Chapter Five	
	<u>DAY TWO</u>	<u>20<sup>th</sup> MARCH, 2007</u>
8.30 - 9.00a.m.	Recap	
9.00 - 10.00a.m	Chapter Six	
10.00 - 10.30a.m.	<i>TEA BREAK</i>	
10.30 - 11.00a.m.	Exercises/Role Play	
11.00 - 12.00p.m.	Chapter Seven	
12.00 - 12.30p.m	Exercises	
12.30 - 2.00p.m.	Chapter Eight	
2.00 - 3.00p.m.	<i>LUNCH BREAK</i>	
3.00 - 5.30p.m.	SKILL STATION	

**DAY THREE**

**21<sup>st</sup> MARCH, 2007**

<b><u>TIME</u></b>	<b><u>SESSION</u></b>	<b><u>FACILITATOR</u></b>
8.30 – 9.00a.m.	Recap	
9.00 – 11.00a.m.	Chapter Nine	
<b>11.00 – 11.30a.m.</b>	<b>TEA BREAK</b>	
11.30 – 12.00p.m.	Exercises	
12.00 – 1.00p.m.	Chapter Ten	
1.00 – 2.00p.m.	Role Play/Exercises	
<b>2.00 – 3.00p.m.</b>	<b>LUNCH BREAK</b>	
3.00 – 4.30p.m.	Chapter Eleven/Twelve	
4.30 – 6.00p.m.	SKILL STATION	

**DAY FOUR**

**22<sup>nd</sup> MARCH, 2007**

8.30 – 9.00a.m.	Recap
9.00 – 10.00a.m.	Chapter Thirteen
<b>10.00 – 10.30a.m.</b>	<b>TEA BREAK</b>
10.30 – 11.30a.m.	Chapter Fourteen
11.30 – 12.00p.m.	Exercises
12.00 – 2.00p.m.	Chapter Sixteen
<b>2.00 – 3.00p.m.</b>	<b>LUNCH BREAK</b>
3.00 – 5.30p.m.	SKILL STATION

**DAY FIVE**

**23<sup>rd</sup> MARCH, 2007**

<b><u>TIME</u></b>	<b><u>SESSION</u></b>	<b><u>FACILITATOR</u></b>
8.30 – 9.00a.m.	Recap	
9.00 – 9.50a.m.	Chapter Seventeen	
9.50 – 10.00a.m.	Exercises	
<b>10.00 – 10.30a.m.</b>	<b>TEA BREAK</b>	
10.30 – 11.30a.m.	Chapter Eighteen	
11.30 – 2.00p.m.	Review of Chapters	
<b>2.00 – 3.00p.m.</b>	<b>LUNCH BREAK</b>	
3.00 – 4.30p.m.	Role Play	
4.30 – 5.30p.m.	Post Test	

**DAY SIX**

**24<sup>th</sup> MARCH, 2007**

**T E A M**

**B U I L D I N G**

## 2.2

**IMAI TRAINING OF EXPERT PATIENTS AGENDA**  
**March 15th - 17th 2007**

ITEM	TIME/DURATION	RESPONSIBLE
<b>DAY ONE : COMMENCEMENT AND ORIENTATION</b>		
Opening Prayer Welcome Remarks	8.30 - 9.00 AM 30 mins	NASCP/NIMR
Introductory exercise	9.00 - 9.30 AM 30 mins	BASHIR
Participants' expectations	9.30 - 9.50 AM 20 mins	PARTICIPANTS
Ground Rules	9.50 - 10.00 AM 10 mins	UNCLE NICK
<b>TEA BREAK 10.00 - 10.30 AM</b>		
Introduction to IMAI Overview of Agenda	10.30 - 11.00 AM 30 mins	NASCP/FMOH
Experience from Benue State	11.00 - 11.10AM 10 mins	MAMA G
General principles and skills facilitation	11.10 - 11.30 AM 20 mins	SOJI D
<b>Energizer 11.30 - 11.40 AM</b>		
Introduction to the Expert Patient Trainer concept and training	11.40 - 11.55 AM 15 mins	DEBBIE
Introduction to the skill stations	11.55 - 12.10 PM 15 mins	MAMA G

<b>ITEM</b>	<b>TIME/DURATION</b>	<b>RESPONSIBLE</b>	
Communicating as an Expert Patient-Trainer	12.10 – 1.30 PM 1 hr 20 mins	SOJI D/PROF	
<b>LUNCH 1.30 – 2.30 PM</b>			
Communicating as an Expert Patient-Trainer	2.30 – 4.00 PM 1 hr 30 mins	SOJI D/PROF	
Questions/Clarification /Contributions  FEEDACK/EVALUATION	4.00 – 4.30 PM 30 mins	ALL	
<b>TEA BREAK 4.30 – 5.00 PM</b>			
<b>WRAP UP AND CLOSURE</b>			
<b>DAY TWO</b>			
<b>ITEM</b>	<b>TIME</b>	<b>DURATION</b>	<b>FACILITATOR</b>
8.00 a.m. – 8.30 a.m.	Introduction to Day's work	30 mins	DEBBIE
8.30a.m – 9.30a.m	Communicating as an Expert Patient-Trainer	1 hr	SOJI D/PROF
9.30 – 10.30 am	Introduction to 5As	1 hr	PHILIP B
<b>TEA BREAK 10.30 – 11.00 am</b>			
11.00 – 12.00 pm	Anti retroviral therapy and prophylaxis	1 hr	BASHIR
12.00 – 1.00pm	Sharing of personal experience of living with HIV	1 hr	MAMA G/UNCLE NICK

<b>LUNCH 1.00 - 2.00 pm</b>			
2.00 - 3.00pm	Introduction to the checklist	1 hr	DEBBIE
3.00 - 4.00pm	Demonstration of Cases	1 hr	ALL
<b>TEA BREAK 4.00 - 4.30 pm</b>			
4.30 - 5.00pm	Assignment of cases and Individual training (Part 1)	30 mins	ALL
<b>Wrap Up and Closure</b>			

Mock Skills stations	4:00-5:00	1 hr	
<b>Wrap Up and Closure</b>			
<b>DAY THREE</b>			
<b>ITEM</b>	<b>TIME</b>	<b>DURATION</b>	<b>FACILITATOR</b>
Intro to Day's Work	8.30 - 9.00 am	30 mins	DEBBIE
Assignment of cases and Individual training (Part 2)	9.00 - 1.00 pm	3.5 hours (30 mins for Tea Break)	ALL FACILITATORS
<b>LUNCH 1.00 - 2.00 pm</b>			
Assignment of cases and Individual training (Part 2)	2.00 - 4.00 pm	2 hr s	ALL FACILITATORS

**TIME TABLE SKILL STATIONS FOR HEALTH WORKERS**

	08:30 - 10:30 am		10:30-11:00 am	11:00am - 01:00 pm		01:00-02:00pm	02:00 - 04:00 pm		04:00-04:30 pm	04:30-5:00 pm
Tuesday (HW Case 1-10)	Skills Station (M.O)	Cards Sorts (M.O) WHO Clinical Staging	<b>TEA BREAK</b>	Skills Station (RN/CHO Groups 1 & 2) (Case 1-10)	Cards Sorts (RN/CHO Groups 1 & 2) WHO Clinical Staging	<b>LUNCH</b>	Skill Station (RN/CHO Groups 3 & 4) (Case 1-10)	Cards Sorts (RN/CHO Groups 3 & 4) WHO Clinical Staging	<b>TEA BREAK</b>	Feedback, Preparation For Next Day.
Wednesday (HW Case 11-20)	Skill Station (M.O)	Cards Sorts (M.O) TB, ARV Names & Abbreviation		Skills Station (RN/CHO Groups 1 & 2)	Cards Sorts (RN/CHO Groups 1 & 2) TB, ARVs Names & Abbreviation		Skill Station (RN/CHO Groups 3 & 4)	Cards Sorts (RN/CHO Groups 3 & 4) TB, ARVs Names & Abbreviation		Feedback, Preparation For Next Day
Thursday	<b>8:30 - 9:30 am</b>	<b>9:30-10:30am</b>		<b>11:00-12:00</b>	<b>12:00-1:00pm</b>		Skills Station Counselors Groups 1, 2 & 3 <b>(Case 1-20)</b>	Feedback, Preparation For Next Day		
	Skills Station & Cards Sorts (M.O) ARV Side Effect (Case 21 - 30)	Skill Station & Cards Sorts (RN/CHO Groups 1 & 2) ARV Side Effect		Skills Station (RN/CHO Groups 3 & 4) ARVs Side Effects	Prep for Skills Station Counselors					
Friday	<b>8:30 - 9:30 am</b>	<b>9:30-10:30am</b>		<b>11:00-12:00</b>	12:00-1:00pm		Skills Station Counselors Groups 1, 2 & 3 <b>(Case 21-40)</b>	Training Evaluation By EPTs		
	Skills Station (M.O) (Case 31-40)	Skills Station (RN/CHO) (Case 31-40)	Skills Station (RN/CHO) (Case 31-40)	Prep for Skills Stations Counselors (Case 11-20)						

2.3.2.

**IMAI ACUTE CARE TRAINING COURSE/NIMR ADVANCED TRAINING COURSE FOR NURSES**

**WEEK TWO**

**DAY ONE**

**26<sup>th</sup> MARCH, 2007**

<b><u>TIME</u></b>	<b><u>SESSION</u></b>	<b><u>FACILITATOR</u></b>
8.30 – 10.00a.m.	Quick Check for Medical Emergencies	
10.00 – 10.30a.m.	<i>TEA BREAK</i>	
10.30 – 12.30p.m.	Assess Acute Illness	
12.30 – 2.00p.m.	Classify the Volunteered Problems or Observed Signs	
2.00 – 3.00p.m.	<i>LUNCH BREAK</i>	
3.00 – 5.30P.M.	Identify Treatment, Consider HIV Illness, Clinical Signs of possible HIV Infection	

**DAY TWO**

**27<sup>th</sup> MARCH, 2007**

8.30 – 9.00a.m.	Recap	
9.00 – 10.00a.m.	Prevention, Screening & Prophylaxis, Follow Up Care	
10.00 – 10.30a.m.	<i>TEA BREAK</i>	
10.30 – 12.30a.m.	Visit to NIMR Clinic	
12.30 – 2.00p.m.	HIV/ AIDS Nursing Perspective & Stigma Discrimination in the Health Care Setting; Ethical/	
	Legal Issues in AIDS Care	<b>Chief Okpara</b>



2.00 - 3.00p.m.	<b>LUNCH BREAK</b>	
3.00 - 3.45p.m.	Nursing Management Strategies for OIs in Adult & Children; Using Nursing Assessment Format	<b>Mrs. Amadi</b>
3.45 - 4.30a.m.	Ethical Dilemma in AIDS Care Networking & Referral; Family Support & Linkages	<b>Mrs. Nelson</b>
4.30 - 5.15p.m.	Nutrition in HIV/AIDS	<b>Dr. Dan Peters</b>
5.15 - 6.00p.m.	Infertility; Sero-discordant Couples & HIV Infection	<b>Dr. Ezechi</b>

**DAY NINE**

**WED - FRIDAY**

<b>8.30 Daily</b>	IMCI - HIV/AIDS Complementary Course
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2.4

2.4.1

**IMAI COURSE ON HIV/AIDS FOR DOCTORS  
GLOBAL FUND/NASCP/NIMR, 19 - 31<sup>ST</sup> MARCH 2007  
PROGRAMME**

<b>Day 1: MONDAY 19<sup>TH</sup> MARCH 2007</b>		
8.00 -9.30	Registration Opening ceremony	
9.30 - 10.00	Tea break	
10.00 - 10.30	Pretest Introduction Objective of the course Learning/teaching approach	
10.30- 2.30	Chapters 1- 5	
2.30 - 3.30	Lunch Break	
3.30 - 5.00	Chapters 5-8	
5.00 - 5.30	Tea Break	
5.30 - 6.00	Wrap up/End of the day evaluation	
<b>Day 2: Tuesday 20th March 2007</b>		
8.00 -8. 30	Recap of day one activity Expectations at the skill station	
8.30 - 10.30	Skill Station	
10.30 - 11.00	Tea Break	
11.00 - 2.30	Chapters 9 - 12	
2.30 - 3.30	Lunch break	
3.30 - 5.00	Chapters 13 - 15	
5.00 - 5.30	Tea Break	
5.30 - 6.00	Wrap up/End of the day evaluation	
<b>Day 3: Wednesday 21st March 2007</b>		
8.00 -8. 30	Recap of day one activity Expectations at the skill station	
8.30 - 10.30	Skill Station	
10.30 - 11.00	Tea Break	
11.00 - 2.30	Chapters 15 - 17	
2.30 - 3.30	Lunch break	
3.30 - 5.00	Chapters 18 -19	
5.00 - 5.30	Tea Break	
5.30 - 6.00	Review/Post test	
<b>Day 4: Thursday 22nd March 2007</b>		
8.00 - 8.30	Introduction and objectives of 2 <sup>nd</sup> level course	<b>All facilitators</b>

8.30 - 10.30	Skill station	
10.30 - 11.00	Tea Break	
11.00 - 11.25	Epidemiology of HIV/AIDS	<b>Oliver</b>
11.25 - 12.05	Mechanism of HIV infection Pathogenesis of HIV infection	<b>Dan</b>
12.05 - 12.45	Laboratory investigations and diagnosis Staging of HIV infection	<b>Odunukwe</b>
12.45- 2.30	Antiretroviral drug therapy in adults	<b>Rosemary</b>
2.30-3.30	Lunch break	
3.30 - 5.00	Overview of paediatric HIV infection Staging of HIV infection in children Laboratory diagnosis of HIV infection in children	<b>Iroha</b>
5.00 - 5.30	Tea Break	
5.30 - 6.00	Wrap up/End of the day evaluation	
<b>Day 5: Friday 23rd March 2007</b>		
8.00 - 10.30	Antiretroviral drug therapy in children	<b>David</b>
10.30 - 11.00	Tea Break	
11.00 - 2.30	IMAI acute care course (NIMR Clinic)	<b>All facilitators</b>
3.30 - 5.00	Prevention of mother to child transmission of HIV	<b>Oliver</b>
5.00 - 5.30	Tea Break	
5.30 - 6.00	Wrap up/End of the day evaluation	
<b>Day 6: Saturday 24th March 2007</b>		
8.00 - 10.30	Patient Monitoring Introduction to Drug Supply Management	<b>Mr. Segilola Ebriere</b>
10.30-11.00	Tea Break	
11.00-2.30	Clinical Team building	<b>NASCP/NIMR</b>
2.30-3.30	Lunch break	
3.30 - 5.00	Finalization of clinical team work and team presentation	<b>NASCP/NIMR</b>
5.00 - 5.30	Tea Break	
5.30 - 6.00	Wrap up/End of the day evaluation	
<b>Sunday 25th March 2007                      OFF DAY</b>		
<b>Day 7: Monday 26th 2007</b>		
8.00 - 10.00	Comprehensive care, treatment and support in adults <ul style="list-style-type: none"> <li>• Objectives of HIV/AIDS care, treatment and support</li> <li>• Immunization</li> <li>• Prophylaxis for OIs</li> <li>• Psychosocial support &amp; community linkages</li> <li>• Palliative care</li> <li>• Handling of bereavement</li> </ul>	<b>Odunukwe</b>
10.00-10.30	Nutrition support in HIV care	<b>R. Peters</b>

10.30 – 11.00	Tea Break	
11.00 – 2.30	IMAI acute care course (NIMR Clinic) Wrap up of IMAI acute care course	<b>All facilitators</b>
3.30 – 5.00	Comprehensive care, treatment and support in children <ul style="list-style-type: none"> <li>• Care of the HIV exposed child</li> <li>• Monitoring of growth and development</li> <li>• Immunization</li> <li>• Pain management in children</li> <li>• Care of OVC</li> <li>• Handling of bereavement in children</li> </ul>	<b>Iroha</b>
5.00 – 5.30	Tea Break	
5.30 – 6.00	Wrap up/End of the day evaluation	
<b>Day 8: Tuesday 27th March</b>		
8.00 – 9.00	Introduction to OIs Common bacteria infections associated with HIV/AIDS	<b>Sunny</b>
9.00 – 10.30	Tuberculosis and HIV infection	<b>Dan</b>
10.30-11.00	Tea Break	
11.00-12.00	Common viral associated with HIV/AIDS Common fungal associated with HIV/AIDS	<b>Rosemary</b>
12.00 – 12.55	Common protozoa/parasitic infections associated with HIV Malaria and HIV infection	<b>Sunny</b>
12.55-1.30	Malignancies in HIV infection Specimen handling	<b>Odunukwe</b>
1.30 -2.30	Serodiscordant couples Planning pregnancy in HIV positives	<b>Oliver</b>
2.30-3.30	Lunch break	
3.30- 4.00	Ethical and legal issues Stigma and discrimination	<b>Dan</b>
4.00 -4.30	Voluntary counseling and testing Future control options	<b>Rosemary</b>
4.30 – 5.00	Post exposure prophylaxis	<b>Sunny</b>
5.00 – 5.30	Tea Break	
5.30 – 6.30	Post Test Workshop evaluation	<b>All facilitators</b>

## 2.4.2. INSERT

## 2.5

### IMCI COMPLEMENTARY COURSE ON HIV/AIDS 28th -30th MARCH, 2007 AGENDA

<b>Wednesday 28 March 2007</b>	
8:00 - 9:30	Registration Welcome Remarks Pre-test
<b>9:30-10:00</b>	<b>Break</b>
10:00-10:30	<b>Introduction</b> Objectives of the course Learning/teaching approach Glossary
10:30 -12:30	<b>Module 1</b> Review IMCI algorithm on wall chart Do 4 case studies Video "Martha"
<b>12:30-13:30</b>	<b>Lunch</b>
13:30-15:30	Introduce technical updates and drill on each section Short answer exercise A and B
<b>15:30 -16:00</b>	<b>Break</b>
1600 - 17:30	<b>Module 2</b> Basic information about HIV How children become infected with HIV Assess and classify the child with HIV Video Written exercise A and B
<b>Thursday 29 March 2007</b>	
8:00-9:30	<b>Module 2/ continued</b>  Identify treatment, Treat the young infant and child classified with HIV Assess, Classify, and Treat acute common illnesses Assess, Classify, and Treat opportunistic infections
<b>9:30-9:45</b>	<b>Break</b>
9:45-12:30	Clinical practice
12:30- 13:30	<b>Lunch</b>
13:30- 14:30	<b>Module 2-continued</b>  Prevention of illnesses
14:30-15:30	Module 3 Section 3.0 communication skills Section 4. Feeding options

<b>15:30-16:00</b>	<b>Break</b>
16.00-17:30	Section 5-7 feeding recommendations Written exercise A and B Feeding orphans Counsel mother about her own health
<b>Friday 30 March 2007</b>	
8:00-9:30	<b>Module 4</b>  Follow up of children born to HIV infected women Follow up of HIV infected children Principles of chronic care WHO paediatric clinical staging
<b>10:00-10:30</b>	<b>Break</b>
10:30- 12:30	Clinical practice
<b>12:30-13:30</b>	<b>Lunch</b>
13:30- 15:30	<b>Module 4-continued</b> Introduction to ART Counselling for adherence Side effects of ART Good management of ART side effects
<b>15:30-16:00</b>	<b>Break</b>
16.00-17:00	<b>Module 4 - continued</b> Pain management The 4 case studies Recording and reporting Summary of module
17:00 - 18:00	Post-test evaluation Evaluation of course <b>Closing ceremony</b>

## 2.6

### 2.6.1 TRAINING PROGRAMME FOR ART AIDS & PHARMACISTS 19<sup>TH</sup> - 29<sup>TH</sup> MARCH, 2007

#### DAY ONE

Date	Time	Session
19/3/07	11.00 - 11.30am	Pre-test
"	11.30am - 2.00 pm	Introduction to basic ART Aid Course
"	2.00 - 3.00pm	<b>LUNCH BREAK</b>
"	3.00 - 5.00pm	Roles & Responsibilities of ART Aid in the context of the Clinical Team

#### DAY TWO

Date	Time	Session
20/3/07	9.00 - 10.00 am	Recap of Day 1
"	10.00 - 10.30 am	<b>TEA BREAK</b>
"	10.30 - 12.00 noon	Care for HIV/AIDS
"	12.00 - 2.00 pm	Communication Skills
"	2.00 - 3.00 pm	<b>LUNC BREAK</b>
"	3.00 - 5.00 pm	Treatment available for HIV/AIDS Cotrimoxazole & ART.

#### DAY THREE

Date	Time	Session
21/3/07	9.00 - 10.00 am	Recap of Day 2
"	10.00 - 10.30 am	<b>TEA BREAK</b>
"	10.30 - 12.00 noon	Adherence Preparation
"	12.00 - 2.00 pm	Adherence Initiation
"	2.00 - 3.00 pm	<b>LUNC BREAK</b>
"	3.00 - 5.00 pm	Adherence Monitoring & Support

#### DAY FOUR

Date	Time	Session
22/3/07	9.00 - 10.00 am	Recap of Day 3
"	10.00 - 10.30 am	<b>TEA BREAK</b>
"	10.30 - 12.00 noon	Prevention in the context of Clinical Care
"	12.00 - 2.00 pm	Disclosure
"	2.00 - 3.00 pm	<b>LUNCH BREAK</b>
"	3.00 - 5.00 pm	Skills Station

#### DAY FIVE

Date	Time	Session
23/3/07	9.00 - 10.00 am	Recap of Day 4
"	10.00 - 10.30 am	<b>TEA BREAK</b>
"	10.30 - 12.00 noon	Post-Test and Ongoing Support
"	12.00 - 1.00 pm	Positive Living
"	1.00 - 2.00 pm	Triage

“	2.00 – 3.00 pm	<b>LUNCH BREAK</b>
“	3.00 – 5.00 pm	Skills Station & Post Test

**DAY SIX**

<b>Date</b>	<b>Time</b>	<b>Description</b>
24/3/07	9.00 – 9.45 am	Monitoring & Evaluation
“	9.46 – 10.30 am	Introduction to Logistics
“	10.30 – 12.00 noon	Team Building
“	12.00 – 2.00 pm	Group Work

**2.6.2                    TRAINING PROGRAMME FOR PHARMACISTS (2<sup>ND</sup> LEVEL)**

**DAY SEVEN**

<b>Date</b>	<b>Time</b>	<b>Session</b>
26/3/07	9.00 – 9.30 am	Pre-test     - <b>(Mrs. Herbertson)</b>
“	9.30 – 10.00 am	<b>TEA BREAK</b>
“	10.00 – 12.00 noon	<b>Overview of HIV/AIDS</b> <ul style="list-style-type: none"> <li>▪ Background History of HIV</li> <li>▪ Impact of HIV/AIDS in Sub-Saharan African including Myths &amp; Misconcepts   - <b>(Mrs. Olaitan)</b></li> <li>▪ Biology &amp; structure of HIV</li> <li>▪ Molecular Variability &amp; Epidemiology of HIV</li> <li>▪ Modes of Transmission, Mechanism of Infection and Pathogenesis of HIV</li> </ul>
“	12.00 – 2.00 pm	<b>Pharmacotherapeutics of HIV/AIDS</b> <ul style="list-style-type: none"> <li>▪ Drug classes, Mechanism of Action &amp; sage Regimen</li> <li>▪ Chemistry of ARVs</li> <li>▪ Drug – Drug Interactions   - <b>(Miss Sabdiat Musa)</b></li> <li>▪ Pharmacokinetic Profile of ARVs</li> <li>▪ HIV – related Drugs with Overlapping Toxicities</li> <li>▪ Adverse Reactions &amp; Specific Side Effects</li> <li>▪ Normogram for children</li> </ul>
“	2.00 – 3.00 pm	<b>LUNCH BREAK</b>
“	3.00 – 3.30 pm	ART for Children - <b>(Dr. Iroha)</b>
“	3.30 – 4.00 pm	Infant Feeding Options - <b>(Dr. David)</b>
“	4.00 – 5.00 pm	ART in Pregnancy & PMTCT - <b>(Dr. Ezechi)</b>

**DAY EIGHT**

<b>Date</b>	<b>Time</b>	<b>Session</b>
27/3/07	9.00 – 9.30 am	Recap             - <b>(Mrs. Olaitan)</b>
“	9.30 – 10.00 am	<b>TEA BREAK</b>
“	10.00 – 12.00 noon	<b>HAART &amp; Other Forms of Therapy</b> <ul style="list-style-type: none"> <li>▪ Definitions &amp; Goals of HAART - <b>(Mrs. Herbertson)</b></li> <li>▪ Strategies of ART, Limitations</li> <li>▪ Various Combinations of Drugs available for HAART</li> <li>▪ New Developments in ART including Gene therapy, Future</li> </ul>



		Control Options
"	12.00 – 12.30 noon	Nutrition in HIV/AIDS - <b>(Dr. Anyanwu)</b>
"	12.30 – 1.00 pm	Ethical & Legal Issues <ul style="list-style-type: none"> <li>▪ Confidentiality</li> <li>▪ Informed Consents - <b>(Mrs. Herbertson)</b></li> <li>▪ Professional Ethics</li> </ul>
"	1.00 – 2.00 pm	Palliative Care - <b>(Dr. Anyanwu)</b>
"	2.00 – 3.00 pm	<b>LUNCH BREAK</b>
"	3.00 – 3.30 pm	Overview of OIs (an introduction) - <b>(Miss Sabdiat Musa)</b>
"	3.30 – 4.15 pm	TB/HIV Co-infection (Drug management issues) - <b>(Dr. Onwujekwe)</b>
"	4.15 – 5.00 pm	Malignancies in HIV Infection - <b>(Dr. Odunukwe)</b>

**DAY NINE**

<b>Date</b>	<b>Time</b>	<b>Session</b>
28/3/07	9.00 – 9.30 AM	Recap - <b>(Miss Sabdiat Musa)</b>
"	9.30 – 10.00 am	<b>TEA BREAK</b>
"	10.00 – 12.00 noon	<b>Management of OIs</b> <ul style="list-style-type: none"> <li>▪ OIs of Mouth &amp; Throat</li> <li>▪ OIs of Respiratory System</li> <li>▪ OIs of GIT - <b>(Mrs. Herbertson)</b></li> <li>▪ OIs of Skin</li> <li>▪ OIs of CNS</li> </ul>
"	12.00 – 1.00 pm	<b>Adherence to ART</b> - <b>(Miss Sabdiat Musa)</b> <ul style="list-style-type: none"> <li>▪ Overview, Goals &amp; Factors Influencing Adherence</li> <li>▪ Strategies to Enhance Adherence</li> </ul>
"	1.00 – 2.00 pm	<b>Logistics Management Information System for ARV Drugs</b> <ul style="list-style-type: none"> <li>▪ Records</li> <li>▪ Report - <b>(Mrs. Herbertson)</b></li> </ul>
"	2.00 – 3.00 pm	<b>LUNCH BREAK</b>
"	3.00 – 5.00 pm	Inventory Control System for ARV Drugs – Ordering ARVs from the CMS - <b>(Mrs. Herbertson)</b>

**DAY TEN**

<b>Date</b>	<b>Time</b>	<b>Session</b>
29/3/07	9.00 – 9.30 AM	Recap of Day 4 - <b>(Miss Sabdiat Musa)</b>
"	9.30 – 10.00 am	<b>TEA BREAK</b>
"	10.00 – 12.00 noon	Storage of ARV Drugs & Managing Unusable Commodities - <b>(Mrs. Olaitan)</b>
"	12.00 – 2.00 pm	JOB AIDS - <b>(Mrs. Herbertson)</b>
"	2.00 – 3.00 pm	<b>LUNCH BREAK</b>
"	3.00 – 5.00 pm	JOB Aids Continue and Post-Test - <b>(Mrs. Olaitan)</b>

### APPENDIX 3.

#### PRE & POST TEST REPORT

#### PRE & POST TEST FOR LABORATORY SCIENTIST

S/N	NAMES	PRE-TEST	POST-TEST
1.	Batholomew U. Mohammed	25	66
2.	Eld. Gabriel Adah	83	83
3.	Agu Uwadiegwu	66	75
4.	Ani Simon	58	50
5.	Sylvester Odtie	66	58
6.	Kanikpo S. Emmanuel	50	58
7.	Adetnji M. A.	92	66
8.	Oguajamma Catherine O.	66	75
9.	Waribo Helen A.	58	66
10.	Glory I. D. Akpan	66	50
11.	Y. O. Lanisa	66	83
12.	Tok. Bitrus Gyang	66	50
13.	Anthony Abraham	66	75
14.	Ugor J. I.	58	75
15.	Shade T. Y.	50	83
16.	Tibi Obed	66	50
17.	Samuel Adeyemi	66	83
18.	Nnadi Livinus C.	75	83
19.	Rev. Sr. Benita Chukwuma	66	75
20.	Akpasu James	92	66
21.	Dike M. E.	66	75
22.	Kabadi C. Raphael	42	75
23.	Aluku Alfred	75	75
24.	Abdulrasheed Ibrahim	58	58
25.	Oby Ezepue	75	66
26.	Eze Richard I.	58	83
27.	Emmanuel Ntuk-Ekpo	75	75
28.	Abege B. M.	66	58
29.	Sc. Ajala Abdulfatai	50	75
30.	Yohanna Samuila Njire-Uten	75	75
31.	Adamu Baba	75	92
32.	Fatima B. Idris	66	75
33.	Reuben Owunz	66	83
34.	Ebenezer Morna Z.	50	58
35.	Akpan Archibon Edet	100	50
36.	Abdulrahim Jibril	66	66
37.	Promise	33	58

### 3.1 PRE AND POST TEST SCORES FOR EPTS

<b>WORKSHOP NAME</b>	<b>PRE TEST</b>	<b>POST TEST</b>	<b>DIFFERENCE</b>
Stella Sticker	37.5	54.2	16.7
Jessy	41.7	70.8	29.2
Gold	41.7	95.8	54.1
Blessed Sister	45.8	45.8	0.0
Star	45.8	83.3	37.5
Lilly Baby	50.0	70.8	20.8
Flakky	50.0	79.2	29.2
Agali	50.0	62.5	12.5
Blackky	50.0	66.7	16.7
Ebby	50.0	54.2	4.2
Pope	50.0	83.3	33.3
Mercy	50.0	54.2	4.2
Mimi	50.0	95.8	45.8
Sandy	54.2	58.3	4.2
Lady Jay	54.2	66.7	12.5
Lady Gee	54.2	75.0	20.8
Oge	54.2	62.5	8.3
Dr Bush	58.3	62.5	4.2
Chairman	58.3	58.3	0.0
Lincon	58.3	91.7	33.3
Marice	58.3	70.8	12.5
Dallas	58.3	66.7	8.3
Co	58.3	75.0	16.7
Oby	62.5	66.7	4.2
Ambassador	62.5	70.8	8.3
Sisi Oge	62.5	75.0	12.5
Mrs Ajani	62.5	91.7	29.2
Ruth	70.8	58.3	-12.5
Bukola	75.0	95.8	20.8
God Is Love	75.0	91.7	16.7

**RESULT OF NASCP/NIMR IMAI PRE AND POST TEST FOR DOCTORS 1<sup>ST</sup> LEVEL**

S/N	NAME	PRE - TEST SCORE	POST TEST SCORE	IMPROVEMENT
1	Dr. B. D. Ogunbanbi	60	73	13
2	Dr. E. I. Umegbolu	53	81	28
3	Dr. (Mrs) Ogbode Powei	57	81	24
4	Dr. Ime Usanga	56	70	14
5	Dr. Olatunji Kehinde	52	78	26
6	Dr. Ebiloma A. Yahaya	52	77	25
7	Dr. S.U. Chukwuemeka	57	68	11
8	Dr. Uchechi Okoronkwo	56	87	31
9	Dr. Bashir Abdullahi	71	81	10
10	Dr. Mbah F. Mbah	62	78	16
11	Dr. Andrew	49	83	34
12	Dr. Basil Uguce	39	86	47
13	Dr. Kwaya Yandi Ruvi	49	66	17
14	Dr. Plawg H. Jwanle	53	86	33
15	Dr. C. A. Asgwara	74	82	8
16	Dr. N. M. Nkadam	56	87	31
17	Dr. Francis	56	70	14
18	Dr. Etu Efeotor	57	79	22
19	Dr. Medu Lanre	83	83	0
20	Dr. Inetianbra Edmund F.		84	
	<b>Mean Score</b>	<b>57</b>	<b>79</b>	<b>22</b>

**RESULT OF NASCP/NIMR SECOND LEVEL PRE AND POST TEST FOR DOCTORS**

S/N	NAME	PRE - TEST SCORE	POST TEST SCORE	IMPROVEMENT
1	Dr. Rufus Dimas	24	61	37
2	Dr. Ime Usanga	45	72	27
3	Dr. Basil Uguce	47	76	29
4	Dr. Etu- Efeotor H.	47	81	34
5	Dr. Muttaka Maude	47	79	32
6	Dr. Ebiloma A. Yahaya	48	81	33
7	Dr. (Mrs) Ogbode Powei	51	74	23
8	Dr. Kwaya Yandi Ruvi	52	73	21
9	Dr. N. M. Uzo	52	78	25
10	Dr. Joshua Andrew	52	80	28
11	Dr. S.U. Chukwuemeka	56	71	15
12	Dr. Ebong Idiong	57	77	20
13	Dr. Francis O. Anyaeji	57	73	16

14	Dr. H. Benson	57	81	24
15	Dr. H. U. Enih	57	75	18
16	Dr. Cyril N. Nwaneti	59	92	36
17	Dr.(Mrs) Josephine Mbreh	59	69	10
18	Dr. B. D. Ogunbanbi	60	74	14
	<b>Class Average</b>	<b>60</b>	<b>84</b>	<b>24</b>
1	Dr. Duro Ehalaiye	61	86	25
2	Dr. Eze Anthony	61	78	17
3	Dr. E. I. Umegbolu	63		
4	Dr. Egesimba Ginika	63		
5	Dr. Ukaegbu Chinedu	63	87	24
6	Dr. C. O. Eze	64	75	11
7	DR. Aniefok O. Akpasa	65	84	19
8	Dr. Anoh Usman	65	78	13
9	Dr. C. A. Asgwara	65	84	19
10	DR. Tagbo Okwuowulu	65	81	16
11	Dr. Uchechi Okoronkwo	65	91	26
12	Dr. Mbah F. Mbah	67	84	17
13	Dr.(Mrs) R. N. Okwudiafor	67	86	19
14	Dr. Olatunji Kehinde	68	73	5
15	Dr. Inetianbor Edmund F.	69	84	15
16	Dr. Medu Lanre	69	87	18
17	Dr. Micah M. Madaki	69	77	8
18	Dr. N. M. Nkadam	69	86	17
19	Dr. Adegbite Tunde	71	82	11
20	Dr. Bashir Abdullahi	71	81	10
21	Dr. Attah Nathaniel	72	90	18
22	Dr. Ifode Ajari	72	77	5
23	Dr. Plawg H. Jwanle	76	81	5
24	Dr. Thliza E.L		68	

**PRE/POST TEST FOR GROUP 1 NURSES/CHO**

<b>S/N</b>	<b>NAMES</b>	<b>PRETEST</b>	<b>PERCENT</b>	<b>POSTTEST</b>	<b>PERCENT</b>
1	Hafiz Ibrahim	27	36	34	45
2	Esther Naga	31	41	50	67
3	Mrs Imem U Obott	46	61	60	80
4	Ani Gladys C	36	48	59	79
5	Sr Agatha L. Onye	49	65	56	75
6	Benjamin Musa Nyaya	37	49	54	72
7	Hembadon Aule	33	44	47	63
8	Polinus Mba	40	53	58	73
9	Umaeme Ngozi	36	48	44	59
10	Lt. Col. T.A. Essien	31	41	38	51
11	Onah Victoria C.	37	49	61	81
12	Oboegbuna Esther	28	37	49	65
13	Hajara Ismaila Kwali	25	33	47	63
14	Mrs Grace Akpegi	35	46	47	63
15	Halimat K. Umar	34	45	48	64
16	Victoria Okon Udo	36	48	50	67
17	Naomi Awyebwi	26	35	48	64
18	Onu T.A.C.	32	43	52	69
19	Mrs Sarah Atawodi	29	39	57	76

**PRE/POST TEST FOR GROUP 2 NURSES/CHO**

<b>S/N</b>	<b>NAMES</b>	<b>PRE</b>	<b>POST</b>	<b>VARIANCE</b>
1.	Sr. Emily Joe Nduka	31	40	9
2.	Nnamdi Josephine O.	40	68	28
3.	Mgbakin W. Happiness	40	61	21
4.	Aniefiok Ime Akpaetor	33	69	36
5.	Nuhu Isa Digil	43	59	16
6.	Ejiofor Chudi Angus	56	69	13
7.	Haruna M. Maisaje	43	56	13
8.	Okezie Christopher	52	69	17
9.	Yahaya Ibrahim	47	57	10

10.	Ashiegbu Joyce A.	53	79	26
11.	Udoh Victoria E.	53	68	15
12.	Terungwa William	43	56	13
13.	Effiong Veronica J.	52	72	20
14.	Abins Felicia	59	84	25
15.	Ukere Aniefiok A.	39	45	6
16.	Laah Charity Uche	60	71	11
17.	Ib Richman	63	77	14
18.	Nongoave Hembadoon Grace	45	59	14
19.				

**IMAI Scores In Percentage (%) On 19<sup>th</sup> & 23<sup>rd</sup> of March 2007 Group 3**

S/N	Names	Designation	Pre-Test	Post-Test	Difference
1.	Rabiu Abdullahi	NOII	43	64	21
2.	Benjamin S. Dede	CHO	48	60	12
3.	Sa'adu Bala Rimi	CHO	35	52	17
4.	Janet N. Njoku	NOII	48	65	17
5.	Comfort C. Umoren	CNO	39	68	29
6.	Lovely S. Gella	CHO	36	53	17
7.	Afodia Titikus	CHO	28	49	21
8.	Memudu O. Janet	CNO	59	65	6
9.	Egbuna Matilda M.	DNS/CHO	51	69	18
10.	Alh. Saidu Alhassan	CHO	33	67	34
11.	Alh. Munkaila Bako	CHO	31	69	(38)
12.	Alice O. Okon	CNO	65	83	18
13.	Onah Augustina C.	PNO	33	65	32
14.	Odoh Peter	SNO	45	73	28
15.	Chinagorom Patricia	NOII	35	60	25
16.	Mrs. M. A. Afolabi	SNO	49	60	11

**PRE/POST TEST FOR GROUP 4 NURSES/CHO**

S/NO	NAME	PRE-%	POST- %	VARIANCE %
1	Amos Allu	55	64	9
2	Ahmed Izom	44	67	23
3	Adebowale Toyin	45	65	20
4	Dada Janet	40	67	27
5	Nweke Daniel	72	85	13
6	Abubakar Sadiq	37	72	35
7	Orpin Lydia	57	71	14
8	Magaji Florence	61	72	11
9	Anani Kabir	45	57	12
10	Kadiri Grace	41	52	11
11	Ombugus Sarah	41	67	26
12	Sule Gloria	40	51	11
13	Usman Joseph	52	63	11
14	Waziri Dije	32	64	32
15	Ugiomoh Victoria	47	52	5
16	Onyishi Francis	63	88	25

**IMCI GROUP 1: PRE - POST COURSE TEST**

S/N	NAMES	PRE-TEST	POST-TEST	DIFFERENCE
1.	Ajari Ifode (Dr)	85	85	0
2.	Sarah Onubugus (Nurse)	48	74	26
3.	Abubakar Sadiq Jamai (CHO)	78	82	04
4.	Ebong G. Idiong (Dr)	78	81	03
5.	Nnamdi Josephine (Nurse)	57	67	10
6.	Ukaegbu Chinedu (Dr)	64	71	07
7.	Afolabi M. A. (Nurse)	33	42	09
8.	Yahaya Ibrahim (CHO)	50	73	23
9.	Mba F. I. Mba (Dr)	61	75	14
10.	Benson H. (Dr)	75	76	01
11.	Francis Anyaeji (Dr)	57	69	12
12.	Haruna M. Maisaje (CHO)	38	64	26
13.	Joshua Andrew (Dr)	67	83	16
14.	Victoria O. Udo (Nurse)	30	45	15
15.	Felicia Abins (Nurse)	55	60	05
16.	Aniefiok Ime Akpaetor (Dr)	45	63	18
17.	Adu Rosemary (Dr)	66	82	16
18.	Vandi P. Kwaya (Dr)	66	52	-14
19.	Sa'adu Bala Rimi (CHO)	45	54	09



## SUMMARY

### Pre-Test:

Least was 30	=	30%
Highest was 85	=	93.4%
No. Scored 50%	=	14

### Post-Test:

Least was 42	=	46.2%
Highest was 85	=	93.4%
No. Scored 50%	=	17

## PRE - POST TEST FOR IMCI GROUP 2

S/N	NAMES	PRE-TEST	POST-TEST
1.	Gloria J. Sule	41	33
2.	Emem U. Obott	74	60
3.	Dr. Cyril N. Nwaneti	65	53
4.	Waziri	40	40
5.	Lovely S. Gella	38	38
6.	S.O.J.	93	93
7.	Kabir A. Anani	37	37
8.	Eze	83	83
9.	Ani	90	90
10.	Dr. Inetianbor Edmund	81	81
11.	Dr. R. Anyanwu	77	77
12.	Ginika	88	88
13.	Ani Gladys	51	51
14.	Dr. Duro Ehalaiye	90	90
15.	Sr. Agathas Lucy Onye	62	62
16.	Benjamin Musa R.	51	51
17.	S. A Tawodi	95	95
18.	Remi Olaita Ns	74	74
			30
			79

## PRE - POST TEST FOR IMCI GROUP 3

S/N	NAMES	PRE-TEST	POST-TEST
1.	Benjamin S. Dede	32	59
2.	Ugiomah Victoria	21	43
3.	Joseph D. Usman	38	68

4.	Hafiz Ibrahim Phc Charawehi	51	55
5.	Rabiu Abdullahi G. H. Funtur	79	57
6.	Dr. Anoh Usman	86	72
7.	Lt Col. T. A. Essien	54	57
8.	Happiness W. Mgbakir	51	44
9.	Dr. Thliza E. L.	54	58
10.	Oboegbuna Esther	69	60
11.	Grace Akpegi	49	46
12.	Ejiofor Chudi Angus	48	61
13.	Effiong Veronica J.	67	52
14.	Dr. Emi Monye	83	
15.	Florence K. Maggi	40	47
16.	Dr. Ebiloma Y. A.	89	75
17.	Dr. Nkadam M. M.	84	71
18.	Dr. Etu-Efeotor, H.	74	71
19.	Nuhu Isa	46	47
20.	Okozie C. C.	65	59
21.	Dr. Samuel U. Chukwuemeka	74	77
22.	Dr. Akinsule	67	56
23.	Dr. Tagbo Okwuowulu	85	70

#### IMCI GROUP 4

S/N	NAME	PRE-TEST	POST-TEST
1	J. M.	56	86
2	A.J.A.	70	85
3	L.O.	42	64
4	L.M.	82	83
5	M.M.	72	64
6	A.T.	19	36
7	R.N	83	93
8	R.I.	47	65
9	G.N.	26	52
10	N.A.	78	75
11	T.C.	49	56
12	A.B.	73	90
13	E.M.	40	67
14	U.B,	68	77
15	P.O.	77	85
16	N.V.	41	41
17	N.R.	41	79
18	C.L.	52	65
19	O.R.	43	59
20	C.U.	47	60

21	B.M.	27	54
22	B.J.	74	88
23	E.U.		67
	<b>TOTAL</b>	1207	1591
	MEAN	55%	69%

**PRE & POST TEST IMCI GROUP 5**

S/N O	NAME	PRE-TEST SCORE (/81)	POST TEST SCORE (/81)
1	DR. Ime Usanga	37	73
2	DR Uche Okoronkwo	47	63
3	Dr Plang H Jwanle	46	53
4	Dr H U Enih	50	60
5	Dr B A Ogunbambi	43	56
6	Dr C A Asagwara	58	60
7	Esther Nag Matron	41	42
8	Alice Awak Okon	38	43
9	Aniefok A Ukere	29	41
10	Onyishi Francis O	47	69
11	Odoh Peter	34	47
12	Sr Emily Joe Nduka	19	27
13	Chinagoram Patricia	32	33
14	Toyin C Adebawale	43	38
15	Janet Tanimowo Dada	17	24
16	Hembadoon Aule	28	43
17	Ahmed Abdul Izom	23	54
18	Alh, Saidu Alhassan	45	45
19	Dr Nkiruka David	55	66

**PRE - POST TEST FOR IMCI GROUP 6**

S/N	NAMES	PRE-TEST	POST-TEST
1.	VC	58	68
2.	TINA	37	39
3.	EO	74	76
4.	Grace Kadiri	45	40
5.	Njoku J.	45	60
6.	Halimat K. Umar	62	50
7.	William	40	47
8.	Dr. Adegbite T.T.	71	72
9.	H. I.	42	60

10.	PC	51	75
11.	Dr. Muttaka Maude	68	82
12.	A. Allu	38	51
13.	Dr. N. M. Uzo	66	67
14.	N. N.	42	46
15.	Joe Mbreh	69	62
16.	V. U.	38	56
17.	DAN	61	70
18.	Dr. Rufus Diams	37	66

### Pre & post test for ART Aids

#### Sub group 1

<b>Names</b>	<b>Pre-test (%)</b>	<b>Post test (%)</b>
Fadiya A.A	77.30%	91%
Abu, Mohammed	88.60	93.20
Komolafe Grace	88.60	98
Rose Mandama Phm	66	88.60
Majack Amabibo Phm	95.50	93.20
Josephine A Rev. Sis.	75	88.60
Margaret Esitikott	75	88.60
Flora Okpohs	77.30	100
Akpa B.P Ph	91	100
Jane Sunday Etuk	82	93.20
Anyanonso Justin Ph	48	70.50
Ezugwu R I O Ph	82	98
Helen Garba	82	88.60
Omeje D C	63.60	79.50
Pat Eze	77.30	91
Akpati R N	100	100
Dauda Hau Kaze	91	91
Constance Mbilo	59	95.50
Eunice O	84	88.60
Nnadi C O Pharm	77	95.50
Ephisian Goji	79.50	86.40
Salifu Yahaya Ph	Not done.	91

#### Pretest

Highest score=100%

#### Post test

highest score=100%

Least score= 48%

Least score= 70.50%

Average score+1659.7/21=79.03%

Average score=2010/22=91.36%

### Sub group 2

S/N	NAMES	PRETEST	POSTTEST
1	Okoh Rachael	93	98
2	Ajeh Peter	90	95.5
3	Okoro A E	89	93
4	Njuku Susan	86	91
5	Obetta Isaac	86	95.5
6	Chigozie Udeogu	84	93
7	Semola O.A	84	93
8	Atta Onojai	84	95.5
9	Ogwudu Nneka	82	95.5
10	Udofa Sunday	80	100
11	Badamosi Mohamed(Mutum Biu)	80	84
12	Otung Otung	77	86
13	Aminu Usman	75	95.5
14	Ugbeba Lizzy U	68	91
15	Odegbaji Martins	68	86
16	Agbondum	61	82
17	Murtala Musa	55	95.5
18	Okerekeocha Chinwe	40	79.5
19	Eghaghara H		95.5
20	Policap E.G		86

### Pretest

Highest score=93%

Lowest score=40%

Average score=71.6%

### Post test

Highest score=100%

Lowest score=79

average score=91.55%

### Sub group 3

S/N	NAMES	PRE - TEST (%)	POST TEST (%)	DIFFERENCE (%)
1	Rifkatu J. Gata	54	68	14
2	Agnes Nwa Akpan	72	88	16
3	Victoria Nwajikwa C.	Not Done	90	
4	Pharm. Kyahar Ishaku F.	76	88	12
5	Pharm. Eric Monday Akoji	88	96	18
6	Babangida Yusuf Shema	64	76	12

7	Yavini Bujujen	74	94	20
8	Markus M. Anna	64	76	12
9	Mercy M. Gbatar	76	90	14
10	Esther ELisha Vandu	76	90	14
11	Franca Ejembi	56	86	30
12	Mrs. Joy W. Walker	78	88	10
13	Onwu Bridget Ebere	88	89	1
14	Pharm. Godwin O. Iyoha	86	100	14
15	Gladys Ada E.	74	92	18
16	Ukusare O. Stephen	80	90	10
17	Fostina Bitrus	72	84	12
18	Ajay Alice O.	74	76	2
19	Joy Zainab Yakubu	64	68	4
20	Okulate Omotayo	74	84	10

### **PRE & POST TEST FOR PHARMARCIST**

<b>S/N</b>		<b>Pre-Test</b>	<b>Post-Test</b>	<b>Difference</b>
1	E. G.Polycarp	42	92	50
2	Henry Eghaghara	42	75	33
3	Rachel Okoh	75	83	8
4	Stephen Ukusare	50	83	33
5	Cyprian Nnadi	50	100	50
6	Peter Ajeh	42	0	0
7	R. I. Ezeugwu	58	100	42
8	Godwin Iyoha	67	92	25
9	Eric Akoji	67	92	35
10	Aminu Usman	58	58	0
11	Josphine Anyaegbunan	42	92	50
12	Sylvester Udofia	67	92	25
13	Akpa Bernard	58	83	25
14	Friday Kyahar	67	67	0
15	Martina Odagboyi	67	83	16
16	Majack Amabibi	67	83	16
17	Isaac Obetta	75	92	17
18	Rose Mandama	58	83	30
19	Semola Oluwayemisi	58	100	42

20	Salifu Yahaya	50	92	42
21	Tayo Okunlate	33	75	42
22	ChigozieUdeogu	75	92	17
23	Abu Mohmmed	58	100	42
24	Otung Otung	75	92	17
	<b>TOTAL</b>	<b>1401</b>	<b>2001</b>	<b>657</b>
	<b>AVERAGE</b>	<b>58.4</b>	<b>87</b>	<b>28.6</b>