

**REPORT OF THE TRAINING OF
HEALTH CARE WORKERS ON
COMPREHENSIVE HIV AND AIDS CARE
HELD AT
MAINLAND HOTEL LAGOS**

ORGANISED BY

FEDERAL MINISTRY OF HEALTH

IN COLLABORATION WITH

NIGERIA INSTITUTE OF MEDICAL RESEARCH (NIMR)

AND WITH FINANCIAL SUPPORT FROM

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SUBMITTED TO

NATIONAL AGENCY FOR THE CONTROL OF AIDS (NACA)

19th February- 6th March 2009

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Executive Summary

The Federal Government of Nigeria with support of partners has continued to scale up comprehensive HIV services to more peripheral health care facilities in the country in a bid to actualise the Presidential mandate in 2005 of placing 250,000 PLWHA on treatment by the end of 2007. With financial and technical support from Global fund to fight AIDS, Tuberculosis and Malaria and other partners, a total of 350,000 as against the projected 800,000 eligible persons have been cumulatively placed on treatment. To continue to bridge the gap that exists in HIV services provision around the country, more sites are being activated with the support of FGN International partners.

Specifically, financial support from Global fund has been used to train health care workers from seventy-eight (78) Secondary facilities and two hundred and thirty four (234) Primary Health Care centres from twenty six states in the last two years of implementation of the grants.

In this round of training, a total of twenty (24) doctors, thirty-one (31) nurses/CHO, twelve (12) pharmacists-12, twenty-nine (29) Adherence counsellors and eighteen (18) Laboratory scientists from eleven (12) Public and nine (9) Private health facilities covering 10 states were trained. Twenty-six (26) Expert Patients Trainers were also trained for the skill reinforcement of health workers out of which 16 were eventually used.

The curriculum covered IMAI Basic and Acute care courses, IMAI ART Aid course, advanced level training for doctors, nurses, pharmacists and IMCI complementary course for HIV/AIDS. The participatory learning approach was adopted, with participants taking turns to read through the course manuals during the sessions. There were discussions, role plays and skill stations with simulation exercises with EPTs to further foster learning. Visits were conducted to ART centres for hands-on practise for management of both adult and paediatric HIV/AIDS patients.

The training of laboratory Scientist was for six (6)days and they also had hands-on practise in the laboratory.

The training exercise went on smoothly but there were a few challenges encountered during the training. These were the participation of non professionals (auxiliary nurses) in the nurses group and these were from private hospitals. Other challenges include a few cases of impersonations by some of the participants and late arrival of the updated training materials to the training venue. Furthermore, there were challenges with the use of multimedia and laptops for the video sessions because of the poor audio quality of the laptop speakers.

Although the objectives of the training were achieved, it is important to carefully select participants for future training to ensure that participants with the cognate experience and capacity to learn are invited. In addition, all materials needed for the training should be provided well ahead of time before commencement of training. Also appropriate external speakers should be provided to improve the audio quality for the video used during the IMCI complementary course on HIV/AIDS. Finally, it was recommended that a visit to Federal Medical Stores, Oshodi Lagos be included in the agenda for subsequent trainings for Pharmacists.

Background

In 2002 the Nigerian government commenced the delivery of ART services in tertiary institutions with a view to improving the quality of HIV/AIDS care to People living with the virus. By the end of 2005, it became evident that many more people were in need of treatment and that services would have to be scaled up to peripheral facilities to meet these needs.

To this end, the Nigerian government with Civil Society Organisation submitted a proposal to GFATM to support the scale up exercise along with other donor agencies such as World Bank, U.S President's Emergency Plan for AIDS Relief (PEPFAR) and other organisations. In the proposal, the WHO Integrated Management of Adolescent and adult Illness (IMAI) strategy was adopted to scale up the services. This strategy promotes team approach to ART service delivery at the site and as such, doctors and nurses are being trained to provide clinical services, pharmacists and counsellors are also being trained to provide adherence support to complement clinical services and thereby improve outcome.

In the first two years of implementation of the grant, the IMAI strategy was also used to train the health workers to provide comprehensive HIV services and so far twenty- six(26) states have been covered. To commence service provision in the remaining states there was need to train health workers. In this round of training health workers were drawn from eleven (11) Public and nine (9) Private health facilities in ten (10) states of the federation. Also health workers from National HIV and AIDS Division and National Agency for the control of AIDS participated at the training. The essence of this was to increase the pool of trainers for IMAI in the country. In addition an official of Hygeia was present at the training as an observer. Officials from WHO also participated at the training.

The categories of health care workers trained were doctors, Nurses, Community Health officers, Adherence Counsellors, Pharmacists and Laboratory scientists.

Objectives : The objectives of the training were to

- Build the capacity of the health care workers (Doctors, Nurses , Community Health officers and Pharmacists and Laboratory scientists working in primary and secondary health facilities to deliver comprehensive HIV/AIDS prevention, treatment, care and support services in the country.
- Provide adherence counselling skills for adherence counsellors for HIV/AIDS care including ART, Patient preparation and adherence support and patient education on prevention, positive living, disclosure, ongoing support and self management
- Develop team approach to HIV care involving all health care workers.
- Scale up comprehensive HIV/AIDS service delivery in Nigeria through decentralizing services to the primary and secondary health care levels and integrate continuum of care for PLWHA into the health worker's schedule

Methodology:

There was an orientation workshop for all facilitators in the first week (19th - 21st February 2009) of the training. During the same period, there was a refresher course for Expert Patient Trainers (EPT) to prepare them for the skill station.

The training of health workers commenced in the 2nd week -3rd week (23rd February- 6th March 2009) with 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 were some of the method employed in the training. Pre-test and Post test were given to ascertain the knowledge that has been acquired by participants.

There was a team building session for the various health facilities represented at the training because team building is a key component of the IMAI strategy.

There were second level course training for doctors and nurses in the third week (2nd and 3rd March 2009). The last three days of the third week (4th -6th March 2009) was dedicated to training in paediatric AIDS management with use of IMCI complementary course on HIV and AIDS training modules.

Apart from the classroom exposure, there were visits to hospital at specific times during the training for hands-on experience with actual patients (adult and paediatric).

At the end of each day, the participants filled in daily course evaluation forms with which they provided feedback on the teaching methods and other issues of concern. There was also a daily facilitators' review meeting during which the training processes and other challenges were reviewed and solutions to address the gaps proffered. The training of laboratory scientists also included practical exercise and hands-on practice.

Training Activities: Detailed reports of each session of the training are as follows:

Week One Activities:

Training of Expert Patient Trainers (EPT) Group for Skill Station Exercise , 19th - 21st February 2009 : Preparation of Expert Patient Trainers (EPTs) started Thursday, 19th February at NIMR, Lagos. All the 26 persons shortlisted had participated in at least one previous IMAI training. As usual, this preparatory course lasted 3 days. Further screening at the end of the 3-days resulted in 10 persons being dropped and 16 retained. Facilitators for this group were Dr A Lawanson (FMOH), Dr Bako Odoh (FMOH), Dr R Adu (NIMR), Mrs Eunice Peters (Makurdi), Naco Ezieme (NIMR) and Jesam Nwaigbo (Lagos).

Facilitators Orientation training: The facilitator's orientation was designed to familiarize the facilitators with the adapted training materials. It was divided into two components; the Basic ART Clinical Course and the ART Aid 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

Week Two Activities: Monday, 23RD - Friday, 27TH February 2009

Detailed Reports

Skill station /Expert Patients Trainers Group

The first day of the week (Monday) was used by the EPTs to practice their cases in preparation for the sessions with the Health workers which began on Tuesday, 24th and to prepare the card sorts. The EPT's encounter with the doctors and nurses groups began on Tuesday 24th February, and continued till Friday 27th February, 2009. Their contact with the ART Aid group was on Thursday and Friday 26th and 27th February, 2009.

The timetable for Skill Stations was distributed to the various groups on Monday. Modifications were made following suggestions at the Facilitators meeting to ensure that health workers/counsellors had adequate interaction with the EPTs.

Observations

1. During the interaction with health workers the EPTs were able to identify some persons who were in classes (cadres) to which they did not belong. This was raised at the Facilitators meeting - apparently a case of impersonation.

2. Names of participants who performed poorly were presented at the Facilitators meeting on a daily basis to allow for follow-up in their classes.
3. Two or three EPTs had to take permission to pop into the office during the course of the exercise resulting in a 'shortage' during the sessions.

Recommendations

1. 'Brand new' EPTs (and one or two old hands) should be used in the next training to allow for capacity building of new people.
2. The duration and intensity of the training must be made clear to the EPTs at the onset to avoid 'shortage' of EPTs as a result of absence on any day.
3. The final number of EPTs for skill stations should be enough ($n + 2$, where n = number of Drs) to ensure smooth rotation and adequate EPT-Health worker interaction.

Detailed Report of Adherence Counsellors Training 23rd -27th February 2009

Materials and Methods

The course was facilitated using the IMAI ART Aid Facilitators' Guide. The teaching approach involved having less lecture-based sessions, more practice/problem-based learning and fully participatory sessions. There were also discussions, role plays and demonstrations. The participants interacted with the expert patient trainers during the various training sessions and also at the skill station. This allowed the ART Aids to practice skills learned in class through role plays among participants and with the expert patients.

Materials for the course

1. Facilitators guide for the WHO BASIC ART Aid training course.
2. Handout for the WHO BASIC Aid training course (Participants Manual for Basic ART 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. 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. IMAI Chronic HIV Care with ARV Therapy guideline module.

The course content was divided into 13 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. Positive living
5. Communication skills
6. Prevention in the context of clinical care
7. Treatment available for HIV/AIDS: Cotrimoxazole and ART
8. Adherence preparation
9. Adherence initiation
10. Adherence monitoring and support
11. Disclosure and shared confidentiality
12. Post test counselling and ongoing support
13. Introduction to Provider-Initiated Testing and Counselling (PITC)

Participants

The adherence counsellors were trained in two groups. Group one had twenty - one (21) participants made up of seven(7) Pharmacists, four(4)pharmacy technicians/assistants, Nine(9)nurse/Community Health Extension Workers and one(1) Clinical psychologist. In Group two the participants were Twenty(20) made up of 5 pharmacists, 3 pharmacy technicians/assistants, and 12 adherence counsellors (participants' and facilitators' list attached). All the

participants were present from the beginning of the course and stayed through to the end.

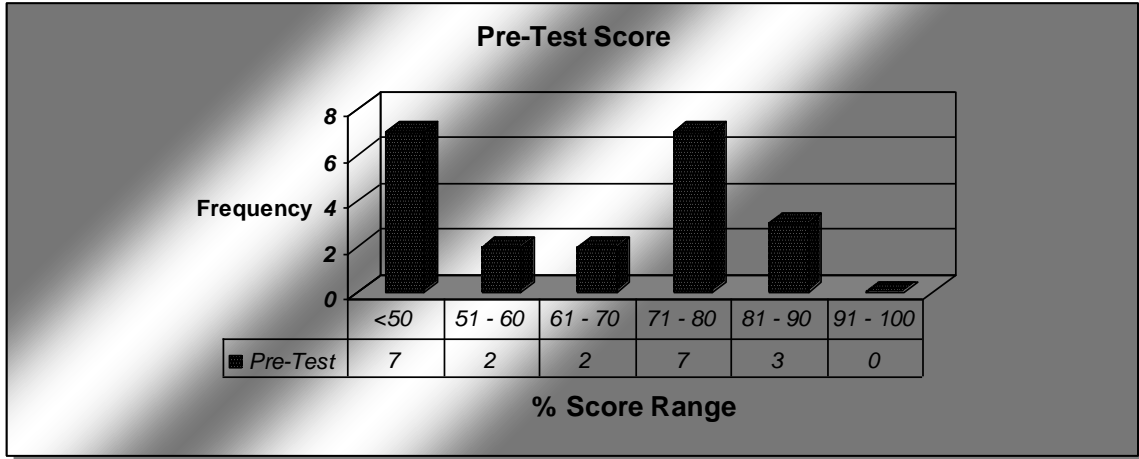
Output/Achievements

At the end of the training, all the participants were well informed on HIV/AIDS issues as they relate to provision of adherence counselling as evidenced by the level of difference between the pre- and post test both for individuals and the entire group (results attached). The participants demonstrated ability to use the learning acquired to provide adherence counselling to expert patients with simulated cases. This is gathered from their self reports, feedback from the EPTs and their facilitators as well as the skill station case checklists.

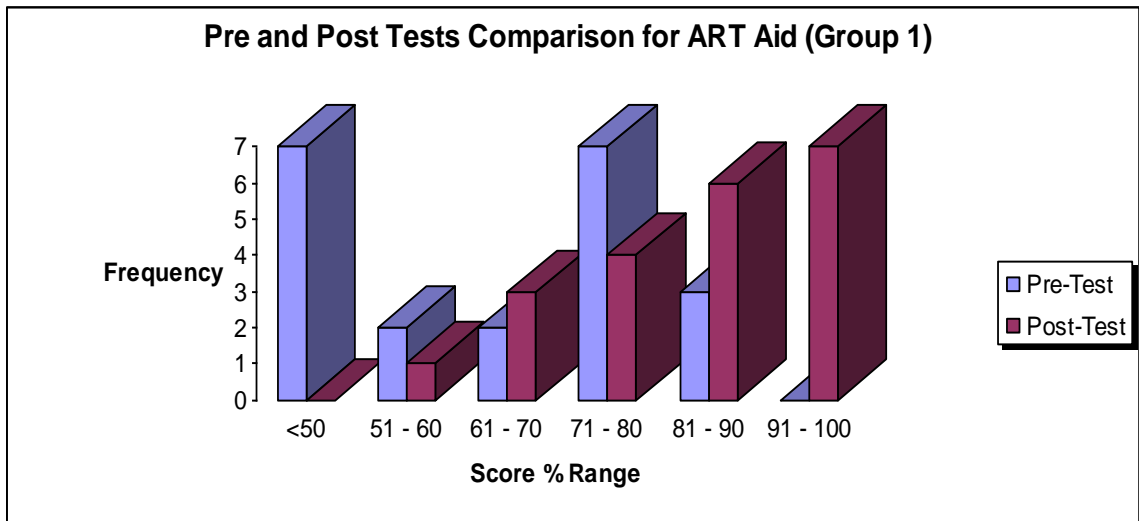
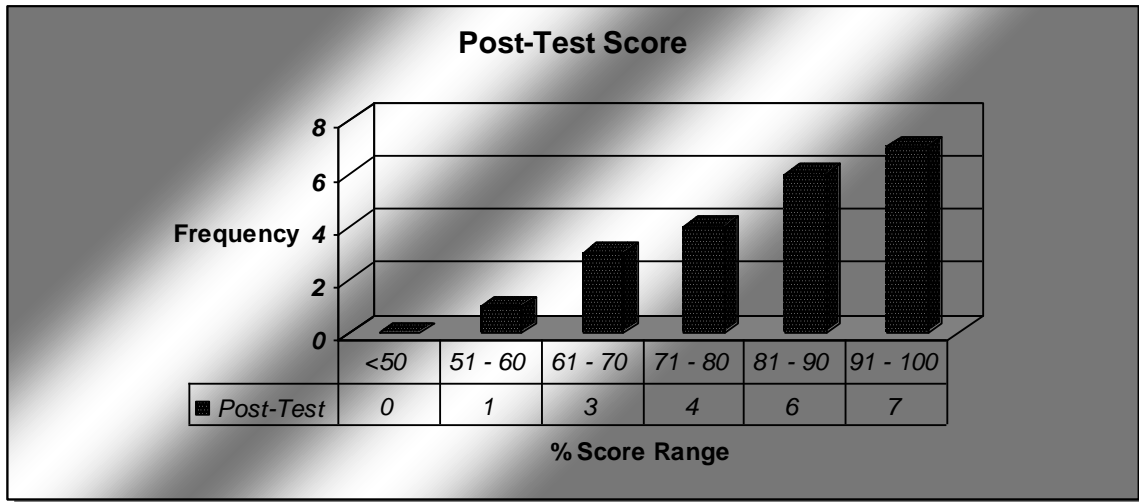
ART AID Group 1 Course Evaluation

S/N	Name	Pre Test % Score	Post Test % Score	Variance
1	Onugwu Lawrence	75	82	7
2	Ombe Hannah (T.J.)	54	79	25
3	Ogunjobi Susan	73	93	20
4	Ramatu T. Salami	27	54	27
5	Badiru Mariam A.	59	86	27
6	Bashir Mohd Lawan	79	100	20
7	Richard Amosun	23	79	57
8	Wambutda L. Philip	68	95	27
9	Salisu Olushola	70	98	27
10	Chinwe J. Egele	86	95	9
11	Otuonye Glory	68	84	16
12	Korie Maureen	45	75	30
13	Abdulkareem A. Uthman	48	68	20
14	Obia Thomas	57	86	30
15	Salawu Iyabo	16	73	57
16	Okoroafo Pius	39	61	23
17	Patrick P. Pama	84	89	5
18	Festus Abula	75	93	18
19	Kelvin Obiano	68	98	30
20	Umar G. Suleiman	79	82	2
21	Margaret O. Mba	44	68	24
	Average	57	83	27

Average Pre Test Score =57%



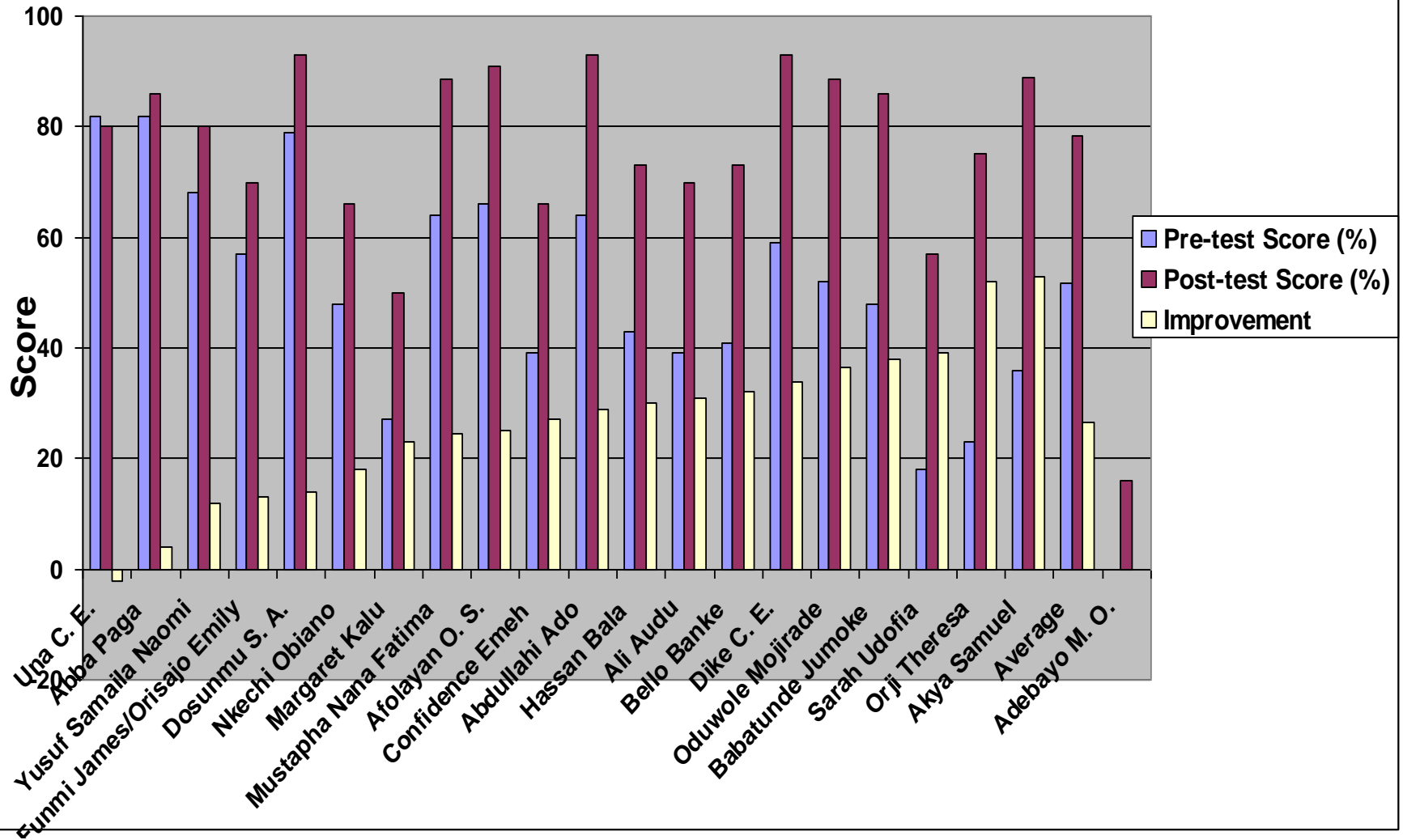
Average Pre Test Score =83%



ART Aids Group 2 Course Evaluation

Name	Pre-test Score (%)	Post-test Score (%)	Improvement
Una C. E.	82	80	-2
Abba Paga	82	86	4
Yusuf Samaila Naomi	68	80	12
Funmi James/Orisajo Emily	57	70	13
Dosunmu S. A.	79	93	14
Nkechi Obiano	48	66	18
Margaret Kalu	27	50	23
Mustapha Nana Fatima	64	89	25
Afolayan O. S.	66	91	25
Confidence Emeh	39	66	27
Abdullahi Ado	64	93	29
Hassan Bala	43	73	30
Ali Audu	39	70	31
Bello Banke	41	73	32
Dike C. E.	59	93	34
Oduwole Mojirade	52	89	37
Babatunde Jumoke	48	86	38
Sarah Udofia	18	57	39
Orji Theresa	23	75	52
Akya Samuel	36	89	53
Average	52	78	27
Adebayo M. O.		16	

ART Aid Group 2 Course Evaluation



Report of the IMAI Basic ART Clinical Training Course for the Nurses / CHO Group - (23rd - 27th February 2009)

Thirty- Three (33) participants comprising Nurses; Community Health officers (CHO), a Community Health Extension worker; and an Auxiliary nurse were invited for the course and were sub-divided into two groups of 15 and 18 participants respectively.

Nurses /CHO Group 1:

Consisted of 15 participants; it was facilitated by Chief Mrs Rose Okpara and Mrs Deborah Oladipo. Two of the participants were transferred to the ART Aid Class, leaving 13 participants.

Nurses / CHO Group 2:

This group had 18 participants, and was facilitated by Mrs Eva Amadi and Dr Philip Bassey.

Course Materials:

1. Facilitators guide for the WHO Basic ART Clinical& Acute Care training courses.
2. Participant Manual for the WHO Basic ART Clinical Training Course.
3. Facilitators guide for the WHO Basic ART Expert patient trainers Course.
4. Flip Chart for Patient Education: HIV Prevention, treatment and care
5. Patient treatment cards.
6. Chronic HIV Care with ARV Therapy Module.
7. Acute care module
8. Palliative Care module
9. General Principles of good chronic care module
10. Cards for card sorts
11. Care/ART Card
12. Wall Charts: WHO clinical staging, the 5A's,
13. General principles of good Chronic for Care, Adherence preparation, initiation and monitoring and support.
14. Training manual for Nurses on the use of Antiretroviral drugs in Nigeria.
15. Guidelines for the Use of Antiretroviral (ARV) Drugs in Nigeria
16. National HCT and PMTCT Guidelines

Course Outlay:

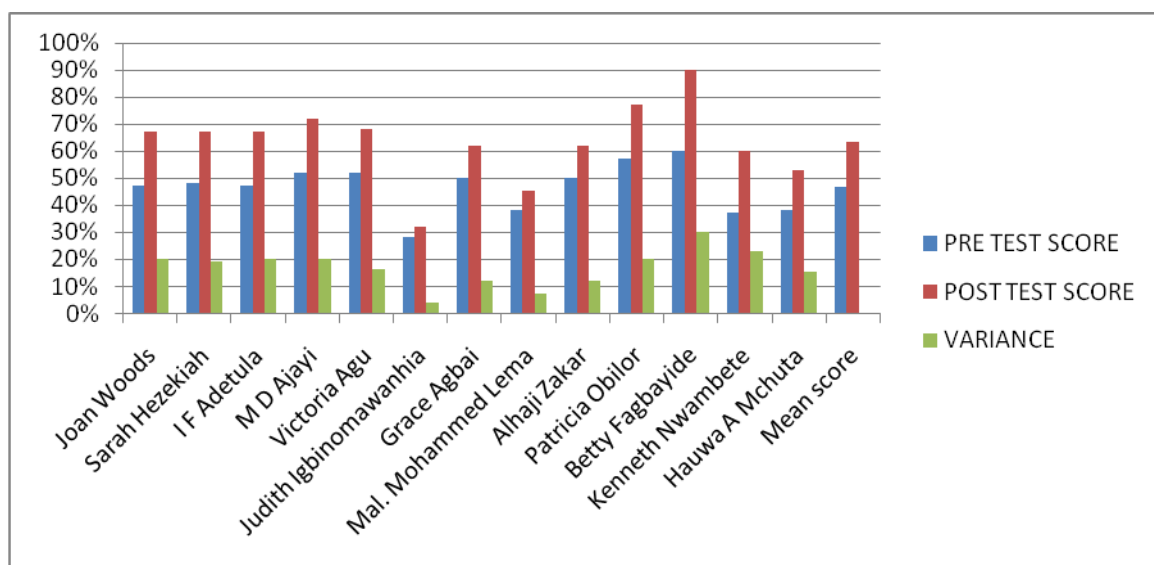
The Course content was divided into 17 chapters as follows

1. Introduction to Chronic care including ARV Therapy
2. Introduction to HIV/AIDS and Opportunistic infections
3. HIV and Antiretroviral drugs
4. Adherence and resistance
5. Assess (clinical review of symptoms and signs, medication use, side effects, complications) and provide clinical care.
6. Using the HIV care/ART card
7. Prophylaxis
8. Adherence preparation
9. Initiate first line ARV regimen at first-level facilities in patients without complications
10. Medical eligibility for first-line ARV regimen
11. Managing side effects and other causes of new symptoms and signs in patients on the first-line ARV regimens.
12. Support ART initiation, then monitor and support adherence.
13. Integrating prevention with treatment
14. Special considerations for ART in pregnant and post-partum women.
15. Special considerations in children
16. Is ART Working?
17. Arrange-dispense, record data, schedule follow-up

Course Evaluation Results:

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.

Nurses/CHO Group 1 Course Evaluation(Pre & Post Test Result)



Analysis of the results:

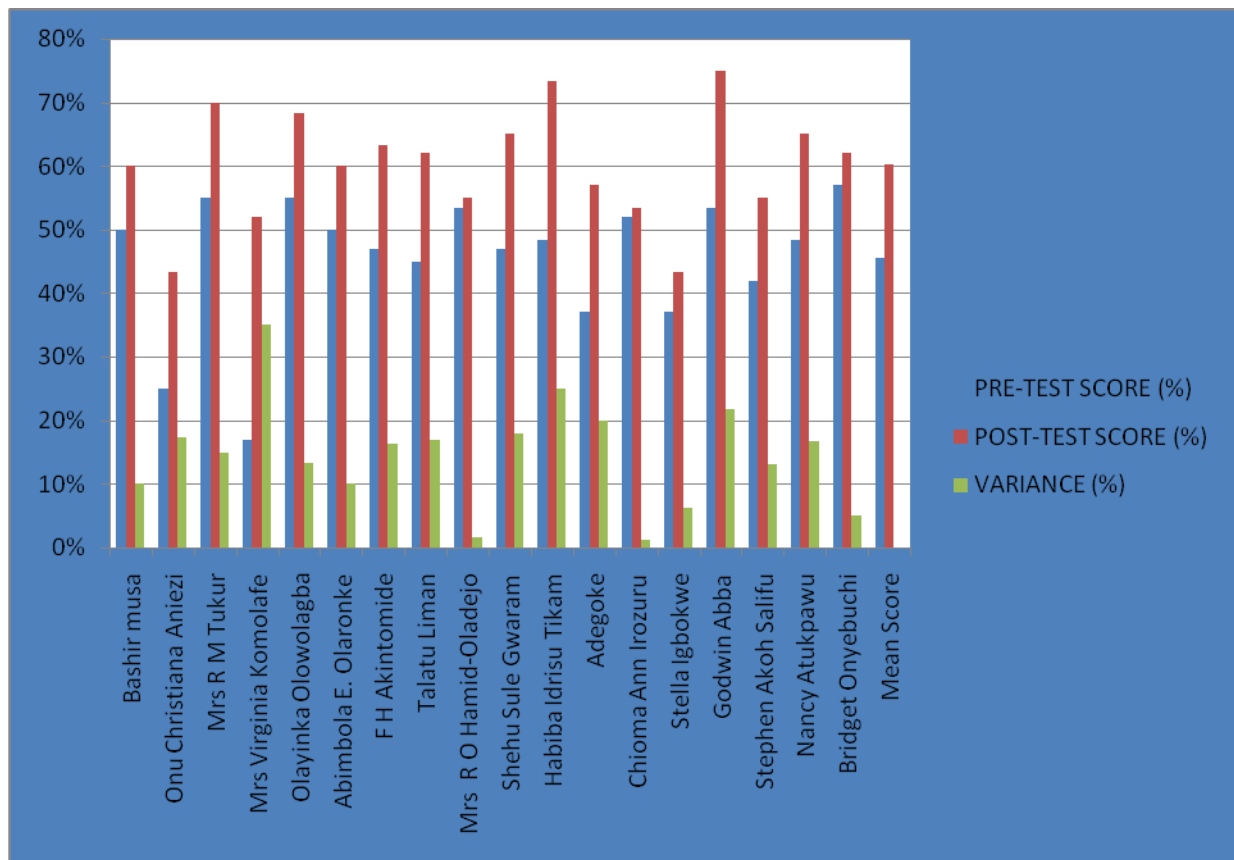
PRETEST	POST TEST	COMMENTS
Highest Score: - 60%	Highest Score: - 90%	Most improved participant
Lowest Score: - 28%	Lowest Score: - 32%	Auxiliary nurse; least improved participant
Mean Score: - 46.6%	Mean Score - 63.2%	

Nurses/ CHO Group 2 Course Evaluation (Pre / Post test Results):

The participants in this group numbered 18; the highest pre-test score was 55% and the lowest score of 17%. The mean score was 45.5%. The post test scores recorded showed the highest score of 75% and the lowest score of 43.3%, with an average / mean score of 60.2%. The participants generally improved on their pretest performance. |

n contrast to the pretest where only 44% of the participants scored 50% and above, 89% of them scored above 50% in the post test. The most improved participant scored 17% in the pretest and 52% in the post test with a variance of 35%. See chart below for the detailed individual scores.

PRE /POST TEST SCORES OF NURSES GROUP 2



Pre & Post Test Results for Nurses Group 1

Name Of Participant	Pre Test Score	Post Test Score	Variance
Joan Woods	47%	67%	20%
Sarah Hezekiah	48%	67%	19%
I F Adetula	47%	67%	20%
M D Ajayi	52%	72%	20%
Victoria Agu	52%	68%	16%
Judith Igbinomawanhia	28%	32%	4%
Grace Agbai	50%	62%	12%
Mal. Mohammed Lema	38%	45%	7%
Alhaji Zakar	50%	62%	12%
Patricia Obilor	57%	77%	20%
Betty Fagbayide	60%	90%	30%
Kenneth Nwambete	37%	60%	23%
Hauwa A Mchuta	38%	53%	15%
Mean score	46.60%	63.20%	

Pre and Post Test for Nurses Group 2:

Name Of Participant	Pre-Test Score (%)	Post-Test Score (%)	Variance (%)
Bashir musa	50%	60%	10%
Onu Christiana Aniezi	25%	43.30%	17.30%
Mrs R M Tukur	55%	70%	15%
Mrs Virginia Komolafe	17%	52%	35%
Olayinka Olowolagba	55%	68.30%	13.30%
Abimbola E. Olaronke	50%	60%	10%
F H Akintomide	47%	63.30%	16.30%
Talatu Liman	45%	62%	17%
Mrs R O Hamid-Oladejo	53.30%	55%	1.70%
Shehu Sule Gwaram	47%	65%	18%
Habiba Idrisu Tikam	48.30%	73.30%	25%
Adegoke	37%	57%	20%
Chioma Ann Irozuru	52%	53.30%	1.30%
Stella Igbokwe	37%	43.30%	6.30%
Godwin Abba	53.30%	75%	21.70%
Stephen Akoh Salifu	42%	55%	13%
Nancy Atukpawu	48.30%	65%	16.70%
Bridget Onyebuchi	57%	62%	5%
Mean Score	45.50%	60.20%	

Summary of the Main Recommendations from the Nurses /CHO groups:

1. Selection process for the participants to attend subsequent training should be more rigorous to ensure that participants with the cognate experience and capacity to learn are invited.
2. Subsequently, the credentials of participants to the IMAI training should be verified prior to the commencement of the training to ascertain the veracity of the claims of the participants about their designations.
3. There is need to print the finalized updated versions of the IMAI training materials so that these corrected and update versions of the documents are used for subsequent trainings.
4. Where feasible, all participants attending a particular course should be put into the same hotel, to minimize the problem of late coming due to delays in transporting some participants from their hotel to the training venue.

Report on IMAI Basic ART Training Course for Doctors 23rd -25th February 2008

Participants

The doctors' group had 20 participants drawn from facilities in 10 States of Nigeria and the FCT. Four more programme officers from NASCP and NACA also participated in the training bringing the total number to 24.

Methodology

The basic course utilised participant-friendly learning methods like reading, experience-sharing and skill demonstration at skill stations manned by PLWHA trained as expert patient trainers (EPTs). The second level course mainly utilised PowerPoint presentations and experience sharing. The acute care course was incorporated into the second level course for the doctors as a session because of the group's familiarity with the course content and method. The group also had practical experience using the Acute Care module to classify and treat the presenting systems and signs from actual patients in NIMR Clinic in Yaba-Lagos.

Materials

Materials used for the training included

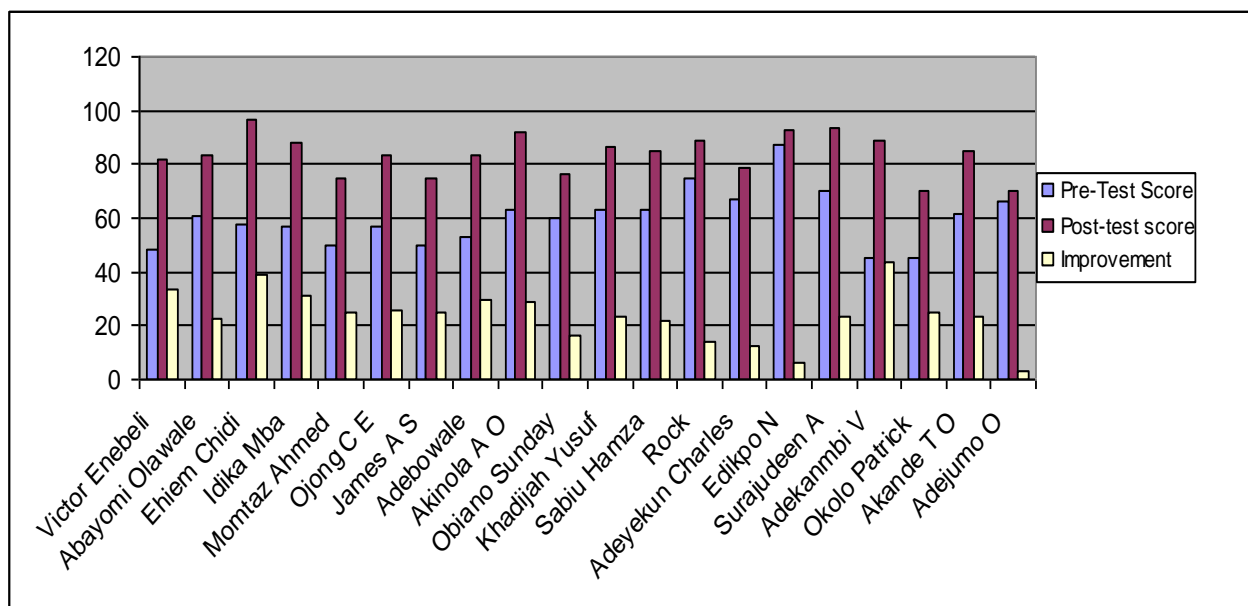
1. Facilitators' guide for the Basic ART and Acute Care Training Course
2. Participants' manual for the WHO Basic ART course
3. Participants' manual for the WHO Acute Care course
4. Patient's Education flip chart - prevention, positive living, disclosure and ART.
5. Patient treatment cards.
6. Chronic HIV care /ART card, as well as Pre-ART and ART Registers
7. IMAI Modules on Chronic HIV Care, Acute Care, and Palliative Care
8. Principles of good chronic care module

Outputs

Twenty- four doctors were trained on IMAI Basic ART and Acute Care

Doctors Group Course Evaluation (Pre / Post test Results):

Name	Pre-Test Score (%)	Post-test score (%)	Improvement (%)
Victor Enebeli	48.3	81.6	33.3
Abayomi Olawale	61	83.3	22.3
Ehiem Chidi	58	97	39
Idika Mba	57	88	31
Momtaz Ahmed	50	75	25
Ojong C E	57	83	26
James A S	50	75	25
Adebowale	53	83	30
Akinola A O	63	92	29
Obiano Sunday	60	76.6	16.6
Khadijah Yusuf	63.3	86.7	23.4
Sabiu Hamza	63.5	85	21.5
Rock Hemuka	75	89	14
Adeyekun Charles	66.7	79	12.3
Edikpo N	87	93	6
Surajudeen A	70	93.3	23.3
Adekanmbi V	45	88.8	43.8
Okolo Patrick	45	70	25
Akande T O	61.8	85	23.2
Adejumo O	66.6	70	3.4



**REPORT OF THE TEAM BUILDING SESSION OF THE GLOBAL FUND IMAI TRAINING
IN NIMR -LAGOS ON SATURDAY - 24TH MARCH 2007.**

Background:

The last activity was the team building process for the various health facilities represented at the training. 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, counsellors, social workers etc.

Methodology:

Participants were divided into groups according to the health facilities proposed for the commencement of ART service delivery. There were presentations on the following topics:

- (1) Comprehensive care for PLWHA- by Drs Osuji and Adeyemi;
- (2) Logistic Management Information System; - Dr Bassey and Mrs Herbertson
- (3) Team work- By Drs Ezechi and Onwujekwe
- (4) Introduction to Cluster Meetings; Dr Okoli
- (5) Introduction to workplanning - Dr Soji Akinleye & Dr Osuji
- (6) Workplan Development- By all the Sites / Teams /all Facilitators

The Teams comprised of a medical officer/clinician, nurses, a pharmacist and a counselor from the General hospitals. Facilitators were assigned to each of the teams to assist them in the development of their centre-specific workplans. After about two hours of group work, participants reconvened in plenary and the workplans of two teams respectively from the North and South of the Federation were presented, discussed and critiqued.

At the end of the group work there was a presentation on Patient Monitoring and Management Tools (PMM) used in capturing data on ART service delivery. The Nurses and ART groups presented songs based on the 5 A's. This helped to enliven the team building session.

Output:

Draft workplans for comprehensive HIV/AIDS service delivery in the 19 proposed ART sites represented in the Global Fund IMAI training were developed.

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. .

Week Three Activities (2nd -6th March 2009)

The third and last Week of the IMAI training course was divided into two sections. The first section covered the first two days of Week 3, while the second section covered Day 3 to Day 5; (4th - 6th March 2009.)

During the first two days of the week; the doctors and nurses / CHOs groups undertook the IMAI Acute Care Course in conjunction with the profession-specific second level NIMR course using national training modules specifically designed under the coordination of NIMR for doctors and nurses respectively.

The remaining 3 days of the week were allotted to the IMCI Complementary Course on HIV/AIDS for doctors and nurses / CHOs. The pharmacists, who did not participate in either the IMAI Acute Care or the IMCI HIV/AIDS Complementary Course, undertook a 4-day NIMR Pharmacists-specific training course during this last week.

IMAI Acute Care / Second Level Course For Nurses & CHO

Following the conclusion of the ART Aid course some of the facilitators who handled the Basic ART classes were redeployed to assist the nurses and doctors groups. The IMAI Acute care course also adopted the participatory learning approach with participants reading the Acute Care Participants training which was cross-referenced with the Acute Care Module. Participants were oriented on how

to do a quick check for emergency signs; Assess the signs and symptoms of acute illness as well as Classify and Identify treatment, taking cognizance of HIV related illnesses.

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

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. PMTCT; and Prophylaxis for Opportunistic Infections

In addition to the drills and case studies treated in the classes the two Nurses/CHO groups visited NIMR for the hands-on out-patient clinic practice on the identification, assessment, classification and management of acute medical conditions. At the end of the acute care training course , the second level nurses/CHO Course which is based on the NIMR Nursing Curriculum commenced. The two nurse/CHO groups were merged into one large class of 31 participants for the NIMR Nurses Curriculum. The second level nurses course is meant to fill in gaps not covered in the IMAI Chronic and Acute Care Courses.

Training Objectives:

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 fulfil their complementary nursing roles at ART Service Delivery Points;

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 put into practice what was taught in the class 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.

Topics Covered under the NIMR Nurses Training Module (Second Level 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.
6. Universal Precaution
7. Legal issues in AIDS Care
8. Family support and Linkages

Outputs / Outcomes:

The daily course evaluation by the participants indicated that participants were generally satisfied with the course content 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.

Facilitators for the Second level Nurses/CHO Course:

Chief Mrs Rose Okpara;

Mrs Eva Amadi,

Mrs Deborah Oladipo

Report on Second Level ART Training Courses for Doctors

Materials& Methodology

This second level course utilised didactic methods of slide presentations and group discussions. Materials used were:

- Laptop computer
- Multimedia projector and screen
- Presentation slides

The second level course commenced with an introduction and presentation of objectives followed by a pre-test. Other topics covered were:

- Epidemiology of HIV/AIDS in Nigeria
- Patho-physiology and Clinical Staging of HIV/AIDS
- Laboratory Diagnosis of HIV
- Antiretroviral drug therapy in adults including staging and diagnosis
- Overview of paediatrics HIV infection
- Antiretroviral therapy in Children
- Prevention of Mother to Child transmission of HIV
- Comprehensive care, treatment and support in adults
- Nutrition supporting HIV care
- Comprehensive care, treatment and support in children
- Introduction to OIs-common bacterial infections associated with HIV/AIDS
- Common viral and fungal Infections associated with HIV/AIDS
- Common protozoa and parasitic Infections associated with HIV/AIDS
- Malignancies in HIV infection
- Serodiscordant couples
- Ethical and legal issues; Stigma and Discrimination
- Voluntary counselling and testing - future control options
- Post-test Prophylaxis

Outputs

Twenty doctors were trained on Second level ART courses

Second level Course for the Pharmacists Group:

Background : 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
- ❖ Pharmaco-therapeutics Of HIV/AIDS
- ❖ HAART And Other Forms Of Therapy
- ❖ Identifying the Roles of Pharmacists in PLWHA Care
- ❖ Management Of Opportunistic Infections
- ❖ Pharmaceutical Care In HIV/AIDS
- ❖ Adherence to Antiretroviral Therapy
- ❖ Logistics of HIV/AIDS Medicines and Related Supplies.
- ❖ VCCT and Home based care

Training objective

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 advert stock-out in ARVs and related commodities required in the care of PLWHA.

Core Facilitators

1. Pharm (Mrs.) Ebiere Herbertson - NIMR
2. Pharm (Miss) Sabdat Ozichu Musa - NIMR
3. Dr Olusoji Akinleye

Materials

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

Methodology

The method used was interactive lecture sessions with case studies at the end of most topics and practical sessions. The practical sessions entailed visiting the NIMR ARV pharmacy to see the layout, dispensing and documentation of ARVs and related commodities.

Output

A total of twelve pharmacists were trained. The breakdown is as follows:

S/N	State	Number of Pharmacists
1	Abia	2
2	Ekiti	2
3	Federal capital territory (FCT)	1
4	Jigawa	1
5	Kwara	1
6	Lagos	1
7	Osun	1
6	Yobe	3
	TOTAL	12

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 97% as against 71% in the pre test.

The **least score in the post test** was 74% as against 23% in the pre test. The most improved participants had the difference of 71% 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.

Challenges

There was no major challenge as participants were enthusiastic and ready to learn.

Daily Evaluation

The daily evaluation forms revealed that the training has had a positive impact on them.

Recommendations

1. The pharmacists would like to be on their own in the first level IMAI for subsequent trainings, they feel they would be able to cover it in 3 or 4 days and spend more time for the second level.
2. A visit to F.M.S Oshodi should be included in subsequent trainings.
3. Provision should be made for on-the- job assessment of the trained pharmacists once their facilities commence ART services.

Pharmacist Second Level Course Evaluation result

Surname	Other Name	Pre-Test	Post-Test
Abula	Festus	55	92
Abba	J. Paga	53	92
Dosunmu	Sunday Adebawale	23	94
Onugwu	Lawrence	71	93
Bashir	Muhammad Lawan	61	94
Mustapha	Nana Fatima	39	74
Salisu	Olushola Olubukonla	44	86
Afolayan	O. Samuel	46	69
Egele	Chinwe Justine	44	97
Patrick	Paul Pama	54	97
Dike	Chukwuemeka Ephraim	36	60
Wambutda	Lokrit Philip	63	86
AVERAGE		49	86

Detailed Reports on Training of Health Care Workers on Integrated Management of Childhood Illness (IMCI) complementary course on HIV/AIDS

Background

UNICEF and the World Health Organization introduced the Integrated Management of Childhood Illness (IMCI) strategy in 1992 in response to the unacceptably high morbidity and mortality among children aged 0 - 5 years in developing countries. In 1997, the Nigerian National Council on Health ratified the implementation of the IMCI strategy as the main thrust of her child survival agenda. From 1997 to 2003, the Federal Ministry of Health with support from donors and development partners, particularly the World Health Organisation (WHO), built national capacity to implement the strategy and commenced implementation in 6 early-use local government areas (LGAs) - one from each of the six geo-political zones.

In response to the rising global prevalence of HIV, the World Health Organisation coordinated the development of the Integrated Management of Adolescent and Adult Illness (IMAI) guidelines and training materials to complement the efforts to achieve the 3 by 5 goals. This set of standardised guidelines, which were focussed on adolescents and adults, were to assist in the delivery of ARV therapy within the context of primary health care based at the first level health facilities.

To accommodate the special challenges of providing and scaling up ART to HIV infected children, WHO and UNICEF have jointly developed the IMCI complementary course on HIV and AIDS. So far in Nigeria, doctors, nurses and community health officers attending the IMAI training course also receive the IMCI complementary training course in what has been tagged “IMCI component of the IMAI” training. The objective is to rapidly scale up the delivery of a comprehensive IMCI strategy that includes management of HIV and AIDS to children. The arrangement currently is that participants attend the IMAI component for the first 7 days and the IMCI component for the last 3 days of a 10-day training course.

Experience with the first two IMAI/IMCI training courses has however revealed special challenges of teaching the IMCI complementary course using the WHO generic approach. Because many of the participants attending the IMAI training had not been previously exposed to IMCI training, teaching generic module 1 - “Recap and Technical Updates on IMCI” was a major challenge. The other major challenge was the time available for teaching the course.

In the light of these challenges, the Federal Ministry of Health with support from the WHO revised and adapted the generic complementary course training materials. Module 1 - “Recap and Technical updates on IMCI” was completely re-written and re-titled “Introduction to IMCI Case Management Process”. The revised module attempts to describe all the essential steps in IMCI case management process in one module to be taught in one day. To ensure that the process is taught in one day, individual reading is substituted with power-point presentations to be delivered by the facilitators. Teaching is however reinforced in the traditional IMCI manner with video demonstrations and case studies, although these were also substantially reduced. In a similar manner, readings in all other modules (Modules 2 - 4) were also reduced significantly.

The current training under report is the first real experience with the revised training materials. It is anticipated that the experience of this training will inform further revision of the materials as necessary. In addition, the training also provided opportunity to field-test a locally developed video on assessment and classification of malnutrition, HIV and sick young infant in view of the more recent technical updates on IMCI.

Objectives

The objectives of the training are to:

1. Train doctors, senior nurses, community health officers and programme managers in IMCI case management using the IMAI/IMCI complementary training approach;
2. Field test the revised IMCI/IMAI training materials and agenda

3. Field test the locally developed training video on Malnutrition, HIV and the Sick Young Infant.

Preparation

The Course Director (CD) and facilitators met on Tuesday, March 3, 2009 to review the revised training materials, agree on a training agenda and finalise other training arrangements. Case Management Charts were prepared and pasted in conspicuous area of the “classrooms” on the morning of the training.

After a short plenary opening ceremony, the participants were divided into 3 groups to start the training. Health facilities selected for use were Ebute Metta Health Centre, Massey Street Children’s Hospital, Federal Medical Centre, Ebute-Metta and Mainland Hospital Yaba.

Clinical Sessions:

Clinical sessions to practice management of the sick child took place at the Outpatient Department (OPD) in Massey Street Children’s Hospital, Ebute Metta Health Centre and Federal Medical Centre, Ebute Metta on Thursday, March 5, 2009. Assessment of sick children for HIV infection took place on Friday, March 6, at Massey Street Hospital and NIMR outpatients’ clinic; 2 groups visited NIMR. In all facilities, facilitators and participants enjoyed remarkable cooperation of the staff hence participants worked in conducive environment assessing and classifying sick children.

Training materials and training schedule:

All training modules were ready as at the commencement of training but the available number of copies was not sufficient for all participants and facilitators. In addition, the quality of the chart booklet and wall charts provided was too poor, almost unusable. Training agenda was prepared on daily basis since this training was the first experience with the revised materials.

Logistics, Supplies and Other Arrangements:

The course did not face any logistics problems. There were however challenges with the use of multimedia and laptops for the video sessions because the poor audio quality of the laptop speakers. In future arrangements should be made for appropriate external speakers to improve the audio quality. Appropriate external speakers that can be connected to computer laptops should be included in the list of materials to be provided for future trainings.

TRAINING:

Nine facilitators (including 3 programme staff of WHO) and one course director facilitated the course. The CD supported the facilitators in order to ensure smooth conduct of the course.

Training Method:

The facilitators adhered to the revised Facilitator Guides for the IMCI Complementary Course during the modular work and clinical sessions. Participants read the modules, had power-point presentations and did all the exercises as detailed in the Guide. Individual or group feedbacks were given as indicated. Video, photograph exercises, drills and role-plays were used to intensify learning. During clinical sessions, participants assessed and classified sick children including those living with HIV and AIDS,

Course Monitoring:

Unlike in the traditional IMCI case Management training, modalities for monitoring participants during IMAI/IMCI training courses have not been developed perhaps because of the large number of participants and short duration of the training. However, some form of general monitoring of the course was provided by group reports taken during the facilitators' meetings that were held in the evenings of Days 1 and 2. The CD and facilitators used these meetings to review progress in the groups and share experiences for the day. Constraints/problems faced were presented, discussed and solution proffered. Questions or issues raised by participants were also discussed. Observed errors and omissions in the training materials were noted and will be forwarded to the national IMCI secretariat. The discussions during facilitators meeting were used to improve facilitation of the course.

RESULT:

The course lasted 27 hours covered in 3 working days (Wednesday - Friday).

Classroom Work:

Total time for theory was 20 hours. None of the participants had problems reading and comprehending the modules or doing the exercises. All therefore completed the modules and all exercises

Clinical Sessions:

There were 2 outpatient clinical sessions. The time spent on clinical practice was 6 hours (excluding travel time), which was 22% of the course duration. Clinical session for Day 1 focussed on assessment and classification of the Sick Child or Sick Young Infant while on day 2, the focus was the assessment and classification of sick child for HIV and AIDS. The total number of patients seen during the course was 59, 51 on the first day and 8 on the second day. The total exposures for Day 1 were 139. One of the groups also had opportunity to assess and classify a sick young infant.

Course Evaluation

Effectiveness of the training was evaluated by pre- and post-tests that were carried out before and after the training. Forty-nine (96%) of the participants did the pre- and post-tests. The highest score at pre-test was 77 while the lowest was 26. Mean score for pre-test was 55 with a standard deviation of 13. At post-test, the highest score was 79 and lowest 39. The mean was 61 with a standard deviation of 13. Seventeen (35%) improved on their pre-test scores by 10 or more points, while 23 (47%) improved by one to nine scores. Nine (18%) participants either did worse at post-test or retained their pre-test score.

Apart from the pre- and post-tests, participants were also expected to complete a course evaluation form. The purpose of the evaluation was to assess participants' impression of the overall training. Unfortunately, only six participants completed

this form. All the six found all the teaching activities to be very useful or useful. They also felt that the time available for the training was too short.

OBSERVATIONS:

- The preparation for the training was fair; logistics was very good but the quality of the chart booklet, the main resource material for the training, was very poor.
- The 3 clinical sites - Massey Street children's Hospital, Ebute Metta Health Center and The Federal Medical Center, Ebute Metta - that were used for Day 2 out-patient had good case-load and as such are ideal for IMCI training courses. These sites should be used for future IMCI or IMCI/IMAI training courses taking place in Lagos if the prevailing traffic situation would allow.
- All the participants were able to go through all the course materials without problems.
- None of the groups completed Module 1 by the end of Day 1 as proposed. Only one group completed Module 2 by the end of Day 2. In this regard, there is still a need to look into ways of ensuring that most participants can finish Module 1 by the end of Day 1 in future training courses. This will ensure that reasonable time is available for the 3 other modules of the course.
- Several errors, omissions and inconsistencies were identified in the training materials. Unfortunately, despite repeated appeals, none of the facilitators provided a written description of these errors by the end of the training.
- There is a need to revise the pre- and post-tests to reflect more of the IMCI case management process.
- Facilitators commended the use of power point presentations for Module 1 but many felt that there was a need to revise some of the slides. Again, the proposed revision was not documented.

Detailed Report of Training For Laboratory Scientists 23rd -28th 2008

Participants

Eighteen(18) Laboratory Scientists from different parts of the country participated in the training. (List of participants and sites attached).

Facilitators

Six (6) facilitators handled the lecture sessions, while five (5) others anchored the practical sessions. Mr. Asukwo Uwah represented the Federal Ministry of Health.

Method of Training

Each days training session started with a 2 hours lecture after which the participants broke-up into four (4) groups of 4 or 5 persons per group for the practical sessions. More time was given for the practical sessions to enable enough time for hands on practical.

The practical sessions were conducted on the following assays:-

1. Rapid test for HIV using Determine, Stat-Pack and Unigold
2. ELISA test for HIV using GenScreen
3. CD4 and CD4% test using Cyflow Machine
4. TB diagnosis using culture, AFB Staining and drug sensitivity testing

Course Evaluation for Laboratory Scientists

S/No.	Names	Pre-Test	Post-Tests
1	Abubakar Magaji	8	15
2	Uche Uwakwe	13	15
3	Omojowolo I.A.	15	14
4	Alhaji Toyin S. Raji	15	13
5	James Adeyemi	16	13
6	Afolayan David	16	14
7	Alikime ALH. Dauba	14	15
8	Bukar Burah	14	17
9	Oigiagbe Doris	12	15
10	Tijjani Hamusu Usman	14	15

11	Ijewereme Kingsley	16	15
12	Sadiq Adamu	10	14
13	Ama U. Ama	15	15
14	Adeleke Babajide	15	15
15	Ukpai Ifeanyichukwu	11	15
16	Amaka Obi	13	15
17	Cheche O. Kalu	15	16
18	Emmaunuel C. Adoga	13	13

Pre and Post Test Evaluation

Score	Pre-Test	Post-Test
Lowest	44.4%	72.2%
Highest	88.9%	94.4%
Mean	75.6%	81.5%

Challenges :

Some participants (2) came in late after the training had commenced

Suggestions for Future Training

The suggestions highlighted from the Post Programme Analysis of the entire training were:-

- a). Detailed practical sessions for haematology and clinical chemistry tests be included in subsequent trainings.
- b). Viral Load estimation should also be included.
- c). The one week allocated for the entire training should be reviewed and extended.

Appendices

Appendix 1: LIST OF PARTICIPANTS AT THE TRAININGS

Doctors Participants' list

S/N	NAME	DESIGNATION	HEALTH FACILITY/ADDRESS	TEL	E-MAIL
1	Dr. Sunday k. Obiano	MD	Sabana Specialist ospital Gombe	08035804117	sundayobiano@yahoo.com
2	Dr. Rock Hemuka	CMO	Cottage Hospital Owaza	08063637103	rockhemulka@yahoo.com
3	Dr. Momtaz Ahmed	SMO	Gwaram Cottage Hospital	08038044469	momtaz45@hotmail.com
4	Dr. Enebeli Victor	MO	King of kigns Specialist Hospital Abia State	08037789172, 08035953512	enefo4enebeli@yahoo.com
5	Dr. Yusuf Khadijah	MO	Kwara state civil service Hospt. Ilorin	08088147904	
6	Dr. James A. S.	CMO	Baptist Hospital Ejigbo Osun State	08056680491, '08033737844	shinajames@yahoo.com
7	Dr. Akinola A. O.	PNO	General Hospital, Fika, Yobe State	08024076775	
8	Dr. Okolo Patrick	MO	New Era Hospt. Aba	08033168227	okolo.patrick@yahoo.com
9	Eciem chidi	Dr	GH Onneke	08035653320	drechiemca@yahoo.com
10	Dr. Idika Mba Idika	SMO	Presbyterian Joint Hospital Ebonyi State	07035049574	stuffzdoc@yahoo.com
11	Dr. Adekanmbi Victor T	MO	St. Gregory Hospital, Ado Ekiti	08030965230	vkanmbi@yahoo.com
12	Dr. Abayomi Olawale	MO	First Mercy Specialist Hospt. Akure Ondo State	08060420430	watai22002@yahoo.com
13	Dr. Akande Temitope	MO	State Specialist Hospital Ikole	08032549873	Drtemitope
14	Dr. Abdulrahaman Surajuodeen A.	MO	Gen. Sani Abacha Specialist Hospt. Damaturu	08027458446, '07030804845	abdulsuraj@yahoo.co.uk
15	Dr. Edikpo N.	MO	Potiskum	08037896151	
16	Dr. Adeyekun A. C.	MO	Rainbow Hospital Abuja	07032078498	Charolyzir@yahoo.co.uk
17	Dr. Francis Ukwuije	MO	HIV/AIDS, FMOH	08034755925	unace13@yahoo.com
18	Dr. Uzoma Okoli	Prog Officer I	NACA	08052327421	uokolienaca.gov.ng
19	Dr. Emi Monye	MO	NASCP, FMOH ABUJA	08065841417	

Nurses/ CHO List

S/N	NAME	DESIGNATION	HEALTH FACILITY/ADDRESS	TEL	E-MAIL
1	Woods, Joan I. A.	Nurse/CNO	Civil Service Hospital, Ilorin Kwara State	08033229947	
2	Hezekiah Sarah S	Nurse/CNO	Maryam Abacha MCH DTR	08066028525	
3	Adetula I. F	Nurse/CNO	State Hospt. Osogbo	08032400348	ymkadetula@yahoo.com
4	Igbinomwanhia Judith	Auxiliary Nurse	Rainbow Hospital & Mat.	07061162797	
5	Fagbayide O. S. Betty	Nurse Midwife	State Specialist Hospital Ikole - Ekiti	08034480782	tasbenyty@yahoo.com
6	Nwambeke Kenneth	Nurse	Gen. Hosp. Iboko	08060343340	
7	Mallam Mohammed Lema	CHO	District H. Unity Lafiagi	08067085619	
8	Hauwa Adamu Nahuta	CNO	General Hospital Potskum	08035230428	
9	Obilor, Patricia C	Nurse Midwife/N. officer	Presbyterian Joint Hospital Uburu, Ebonyi State	08030902254	patriciaobilor@yahoo.com
10	Ajayi Margaret D.	CNO/CHO	Comprehensive Health Centre Okeyinmi Ado Ekiti	08033920405	maduajayi@yahoo.com
11	Alhaji Zakar	SNO	Gumel Gen. Hospital Jigawa State	08032617492	
12	Agbai Grace	RN/RM	Shammah Hospital 4 Ogwo Road Aba	08037807168, 08056588414	ag4gold4ever@yahoo.com
13	Agu Victoria O.	Deputy Director Nursing	Cottage Hospital Owaza, Abia State	08034811817	
14	Mrs. Hamid-Oladejo R. O.	CHO	PHC Oke-Baale Osogbo Osun State	08034278876	
15	Godwin Abaa	DD (PHN/CHO)	Urban Health Centre Okposi Ohaozara LGA Ebonyi State	08022983586	
16	Akintomide F. A.	CNO	Planned Parenthood Fed. Ondo State	08033869494	
17	Mrs. Irozuru Ann Chioma	CNO	General Hospt. Abiriba, Abia State	08063971605	
18	Igbokwe Stella	SCHEW	Imo-River H/C Ukwu West LGA Abia state	08038853593	
19	Atukpawu Nancy	CNO	New Era Hospital Aba	08035088549	
20	Bashir Musa	PNO	Babura Gen. Hospt.	08034175983	
21	Talatu Liman	PNO	General Hospt. Fika, Yobe State	08061255149	
22	Mrs. Habiba Idris Tikau	NO1	Gen. Sani Abacha Specialist Hospt. Damaturu Yobe State	08036186719	
23	Shehu Sule Gwaram	CNO	Cottage Hospital Gwaram Jigawa State	08032075365	
24	Olayinka Olowolagba	SNO	Rhema Foundation Hospt. Kwali Abuja FCT	08067449489	
25	Onu Christiana Aniezi	CNO	Onueke Gen. Hospt. Ebonyi	08060474945	
26	Adegoke Oluyinka G..	CNO	Comprehensive Health Centre Shonga	08056747921	
27	R. M. Muhammed-Tukur	CNO	Alanomu Basic Health Centre Ilorin Kwara State	08030602446	

28	Kamolafe Virginia	SNO	St/ Gregory's Hospt. Ado-Ekiti Ekiti state	08030695887	
29	Akoh Stephene Salifu	N.O.1	Alpha-Z-ed Clinic Karu Abuja FCT	08027107333	
30	Olaronke E. Abimbola	SNO	Baptist Hospital Osun State	08053511718	
31	Ekene Onyebuchi	SO	NASCP, FMOH, ABUJA	8032888618	ekenebrid@yahoo.com

ART Aid (Adherence Counsellor) Participants List

S/N	NAME	DESIGNATION	HEALTH FACILITY/ADDRESS	PHONE NO	E-MAIL
1	Korie Maureen	Nurse/Midwife	New Era Hospital Aba, Abia State	08055939063	mairidykoeridy@yahoo.com
2	Ogunjobi Susan T	Nurse/Midwife	State Hospital Osogbo, Osun State	08033931686	
3	Ombe Hannah H	CHEW	First Mercy Specialist Hospital Akure, Ondo State	08035639609	
4	Mba Margaret O.	Aux. Nurse	King of Kings Specialist Hospital Ohafia, Abia State	08033221511	
5	Amosun Richard A.	Pharmacy Tech.	Baptist Hospital Ejigbo Osun State	08055834375	
6	Badiru Mariam A	Nurse/Midwife	Comp Health Centre Shonga Kwara State	08062588017	
7	Kelvin S. Obiano	Pharmacy Tech.	Sabana Specialist Hospital Fed. Low Cost, Gombe	08052634480	natol4real@yahoo.com
8	Salisu Olushola O.	Pharmacist	Tabade Pharmacy, Onike, Sabo Lagos	08034468650	mamamaleri@yahoo.com
9	Salawu R. Iyabo	Aux. Nurse	St. Gregory Ado-Ekiti	08038400564	
10	Umar Garba Suleiman	Clinical Psychologist	Specialist Hospital Damaturu,	08036499570	umargs@yahoo.com
11	Otuonye Glory N.	Nurse/Midwife	Cottage Hospital Owaza Abia State	08055212456	
12	Wambutda Lokrit Philip	Pharmacist	General Hospital Fika	07030948944	wlokrit@yahoo.com
13	Abdulkareem A. Uthman	Pharmacy Tech	Civil Service Hosp. Ilorin	07027957534	uthman_abdukareem@yahoo.com
14	Egele Chinwe Justina	Pharmacist	State Specialist Hospital Ikole-Ekiti	08035789727	chykpes@yahoo.com
15	Obia Thomas	Nurse	General Hospital Onueke	08036318862	
16	Lawan Bashir Muhammed	Pharmacist	Gumel, General Hospital Jigawa	08065495181	mlbash@yahoo.com
17	Abula Festus	Pharmacist	Gen. Hospital. Potiskum Yobe State	08034425223	albfestu@yahoo.com
18	Ramatu T. Salami	CHEW	Cottage Hospital Gwaram Jigawa	08080330298	
19	Pius Okoroafor	Pharmacy Tech	Presbyterian Joint Hospital Uburu Ebonyi State	08063889387	
20	Onugwu Lawrence	Pharmacist	Rhema Foundation Hospital Kwali FCT	08035001804	lawonugwu@yahoo.com
21	Patrick Paul Pama	Pharmacist	King of Kings Specialist Hospital Ohafia, Abia State	08036759735	patrickpama@yahoo.com
22	Abdullahi Ado	PNO	Gumel General Hospital Jigawa State	08080237111	
23	Babatunde Olajumoke	Dir. Of Admin	First Mercy Specialist Hospital, Akure	08034741443	pacesettersj@yahoo.com
24	Oduwole Mojirade	CNO	civil service Hospital Ilorin Kwara State	08033727582	

ART Aid (Adherence Counsellor)Participants' list

S/N	NAME	DESIGNATION	HEALTH FACILITY/ADDRESS	TEL	E-MAIL
25	Afolayan Olufemi Samuel	Senior Pharm	Comprehensive health centre Songa Kwara State	08062643154	bisspharm@yahoo.com
26	Dike Chukwuemeka E	Chief Pharmacist	Cottage Hospital Owaza Abia State	08030976640	
27	Sarah Udofia	Pharm. Technician	New Era Hospital Aba Abia State	08039444415	
28	Emeh Confidence U	SNM	Presbyterian Joint Hospital Ebonyi State	07036611815	
29	Olugu Kalu Margaret	SNM	King of Kings Hospital Abia Sate	08062348017	
30	Nkechi Obiano	Matron/Manager	Sabana Specialist Hospital Gome	08035804771	
31	Mustapha Nana Fatima	Pharmacist	St. Gregory's Hospital Ado Ekiti	08033555970	
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Appendix 2

Training Programmes 2.1 Agenda for Training programmes

IMAI TRAINING OF EXPERT PATIENTS AGENDA 19th -21st February 2009

ITEM	TIME/DURATION	RESPONSIBLE
DAY ONE : COMMENCEMENT AND ORIENTATION		
Opening Prayer Welcome Remarks	8.30 – 9.00 AM - 30 mins	NASCP/NIMR
Introductory exercise	9.00 – 9.30 AM-30 mins	
Participants' expectations	9.30 – 9.50 AM-20 mins	PARTICIPANTS
Ground Rules	9.50 – 10.00 AM-10 mins	UNCLE NICK
TEA BREAK 10.00 – 10.30 AM		
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	
Energizer 11.30 - 11.40 AM		
Introduction to the Expert Patient Trainer concept and training	11.40 – 11.55 AM 15 mins	
Introduction to the skill stations	11.55 – 12.10 PM 15 mins	
Communicating as an Expert Patient-Trainer	12.10 – 1.30 PM 1 hr 20 mins	
LUNCH 1.30 – 2.30 PM		
Communicating as an Expert Patient-Trainer	2.30 – 4.00 PM 1 hr 30 mins	
Questions/Clarification /Contributions FEEDACK/EVALUATION	4.00 – 4.30 PM 30 mins	ALL
TEA BREAK 4.30 – 5.00 PM		
WRAP UP AND CLOSURE		

DAY TWO			
ITEM	TIME	DURATION	FACILITATOR
8.00 a.m - 8.30 a.m	Introduction to Day's work	30 mins	
8.30a.m - 9.30a.m	Communicating as an Expert Patient-Trainer	1 hr	
9.30 - 10.30 am	Introduction to 5As	1 hr	
TEA BREAK 10.30 - 11.00 am			
11.00 - 12.00 pm	Anti retroviral therapy and prophylaxis	1 hr	
12.00 - 1.00pm	Sharing of personal experience of living with HIV	1 hr	
LUNCH 1.00 - 2.00 pm			
2.00 - 3.00pm	Introduction to the checklist	1 hr	
3.00 - 4.00pm	Demonstration of Cases	1 hr	ALL
TEA BREAK 4.00 - 4.30 pm			
4.30 - 5.00pm	Assignment of cases and Individual training (Part 1)	30 mins	ALL

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

2.1.1 TIME TABLE SKILL STATIONS FOR HEALTH WORKERS

	08:30 - 10:30 am		10:30 - 11:00 am	11:00am - 01:00 pm		01:00 - 02:00 pm	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	TEA BREAK	Skills Station (RN/CHO Groups 1 & 2) (Case 1- 10)	Cards Sorts (RN/CHO Groups 1 & 2)WHO Clinical Staging	LUNCH	Skill Station (RN/CHO Groups 3 & 4) (Case 1- 10)	Cards Sorts (RN/CHO Groups 3 & 4) WHO Clinical Staging	TEA BREAK	Feedback , Preparati on For Next Day.
Wednesd ay (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 & Abbreviati on		Skills Station (RN/CHO Groups 3 & 4))	Cards Sorts (RN/CHO Groups 3 & 4) TB, ARVs Names &Abbrevi ation		Feedback , Preparati on For Next Day
Thursday	8:30 - 9:30 am	9:30-10:30am		11:00- 12:00	12:00- 1:00pm					Feedback ,

	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		Skills Station Counselors Groups 1, 2 & 3 (Case 1-20)		Preparation For Next Day
Friday	8:30 - 9:30 am	9:30-10:30am		11:00-12:00	12:00-1:00pm		Skills Station Counselors Groups 1, 2 & 3 (Case 21-40)		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)				

2.2 Opening Ceremony 9.00 - 10.30am

- National Anthem
- Opening prayer
- Welcome Address by - Dr. Dan. Onwujekwe
- Keynote Address by the National Coordinator NASCP, - Dr. E.B.A Coker
- Goodwill Message by NACA representative- Dr Uzoma Okoli
- Goodwill Message by Representative of Facilitators- Chief Rose Okpara
- Formal Opening of the Programme
- Closing Prayer

Tea Break **10.00 - 10.30am**

Pre-Test **11.00 - 11.30am**

2.3 BASIC IMAI/ART CLINICAL TRAINING COURSE TIME TABLE FOR NURSES & CHOs

Day One

23rd February, 2009

<u>TIME</u>	<u>SESSION</u>	<u>FACILITATOR</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	

DAY TWO

24th February, 2009

8.30 - 9.00a.m.	Recap
9.00 - 10.00a.m	Chapter Six
10.00 - 10.30a.m.	TEA BREAK
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.	LUNCH BREAK
3.00 - 5.30p.m.	SKILL STATION

DAY THREE

25th February, 2009

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

DAY FOUR

26th February, 2009

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

DAY FIVE **27th February, 2009**

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

DAY SIX **28th February, 2009**

T E A M B U I L D I N G

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

WEEK TWO

DAY ONE 2nd March, 2009

<u>TIME</u>	<u>SESSION</u>	<u>FACILITATOR</u>
8.30 - 10.00a.m.	Quick Check for Medical Emergencies	
10.00 - 10.30a.m.	TEA BREAK	
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.	LUNCH BREAK	
3.00 - 5.30P.M.	Identify Treatment, Consider HIV Illness, Clinical Signs of possible HIV Infection	

DAY TWO 3rd March, 2009

8.30 - 9.00a.m.	Recap	
9.00 - 10.00a.m.	Prevention, Screening & Prophylaxis, Follow Up Care	
10.00 - 10.30a.m.	TEA BREAK	
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	Chief Okpara
2.00 - 3.00p.m.	LUNCH BREAK	

3.00 - 3.45p.m.	Nursing Management Strategies for OIs in Adult & Children; Using Nursing Assessment Format Mrs. Amadi
3.45 - 4.30a.m.	Ethical Dilemma in AIDS Care Networking & Referral; Family Support & Linkages
4.30 - 5.15p.m.	Nutrition in HIV/AIDS
5.15 - 6.00p.m.	Infertility; Sero-discordant Couples & HIV Infection
	<u>DAY NINE- ELEVEN</u>
	<u>4th -6th March 2009</u>
8.30 Daily	IMCI - HIV/AIDS Complementary Course

1.4 IMAI COURSE ON HIV/AIDS FOR DOCTORS GLOBAL
 FUND/NASCP/NIMR,
 23 February-3rd March 2009

PROGRAMME

Day 1:		
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	
Day 2		
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	
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	
8.00 - 8.30	Introduction and objectives of 2 nd level course	All facilitators
8.30 - 10.30	Skill station	
10.30 - 11.00	Tea Break	

11.00 - 11.25	-	Epidemiology of HIV/AIDS	
11.25 - 12.05	-	Mechanism of HIV infection Pathogenesis of HIV infection	
12.05 - 12.45	-	Laboratory investigations and diagnosis Staging of HIV infection	
12.45- 2.30		Antiretroviral drug therapy in adults	
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	
5.00 - 5.30		Tea Break	
5.30 - 6.00		Wrap up/End of the day evaluation	
8.00 - 10.30		Antiretroviral drug therapy in children	
10.30 - 11.00	-	Tea Break	
11.00 - 2.30		IMAI acute care course (NIMR Clinic)	All facilitators
3.30 - 5.00		Prevention of mother to child transmission of HIV	
5.00 - 5.30		Tea Break	
5.30 - 6.00		Wrap up/End of the day evaluation	
Sunday 28th February 2009 OFF DAY			
Day 7: Monday 2nd March 2009			
8.00 - 10.00	-	Comprehensive care, treatment and support in adults <ul style="list-style-type: none"> • Objectives of HIV/AIDS care, treatment and support • Immunization • Prophylaxis for OIs • Psychosocial support & community linkages • Palliative care • Handling of bereavement 	
10.00-		Nutrition support in HIV care	

10.30		
10.30 - 11.00	Tea Break	
11.00 - 2.30	IMAI acute care course (NIMR Clinic) Wrap up of IMAI acute care course	All facilitators
3.30 - 5.00	Comprehensive care, treatment and support in children <ul style="list-style-type: none"> • Care of the HIV exposed child • Monitoring of growth and development • Immunization • Pain management in children • Care of OVC • Handling of bereavement in children 	
5.00 - 5.30	Tea Break	
5.30 - 6.00	Wrap up/End of the day evaluation	
Day 8: Tuesday 3rd February 2009		
8.00 - 9.00	Introduction to OIs Common bacteria infections associated with HIV/AIDS	
9.00 - 10.30	Tuberculosis and HIV infection	
10.30-11.00	Tea Break	
11.00-12.00	Common viral associated with HIV/AIDS Common fungal associated with HIV/AIDS	
12.00 - 12.55	Common protozoa/parasitic infections associated with HIV Malaria and HIV infection	
12.55-1.30	Malignancies in HIV infection Specimen handling	
1.30 -2.30	Serodiscordant couples Planning pregnancy in HIV positives	
2.30-3.30	Lunch break	
3.30- 4.00	Ethical and legal issues Stigma and discrimination	
4.00 -4.30	Voluntary counseling and testing Future control options	
4.30 - 5.00	Post exposure prophylaxis	
5.00 - 5.30	Tea Break	
5.30 - 6.30	Post Test Workshop evaluation	

2.5 IMCI COMPLEMENTARY COURSE ON HIV/AIDS 4th -6th March, 2009

AGENDA

Wednesday 4th March 2009	
8:00 - 9:30	Registration Welcome Remarks Pre-test
9:30-10:00	Break
10:00-10:30	Introduction Objectives of the course Learning/teaching approach Glossary
10:30 -12:30	Module 1 Review IMCI algorithm on wall chart Do 4 case studies Video "Martha"
12:30-13:30	Lunch
13:30-15:30	Introduce technical updates and drill on each section Short answer exercise A and B
15:30 -16:00	Break
1600 - 17:30	Module 2 Basic information about HIV How children become infected with HIV Assess and classify the child with HIV Video Written exercise A and B
Thursday 5th March 2009	
8:00-9:30	Module 2/ continued Identify treatment, Treat the young infant and child classified with HIV Assess, Classify, and Treat acute common illnesses Assess, Classify, and Treat opportunistic infections
9:30-9:45	Break
9:45-12:30	Clinical practice
12:30- 13:30	Lunch
13:30- 14:30	Module 2-continued Prevention of illnesses
14:30-15:30	Module 3 Section 3.0 communication skills Section 4. Feeding options
15:30-16:00	Break
16.00-17:30	Section 5-7 feeding recommendations Written exercise A and B Feeding orphans Counsel mother about her own health

Friday 6 th March 2009	
8:00-9:30	Module 4 Follow up of children born to HIV infected women Follow up of HIV infected children Principles of chronic care WHO paediatric clinical staging
10:00-10:30	Break
10:30- 12:30	Clinical practice
12:30-13:30	Lunch
13:30- 15:30	Module 4-continued Introduction to ART Counselling for adherence Side effects of ART Good management of ART side effects
15:30-16:00	Break
16.00-17:00	Module 4 - continued Pain management The 4 case studies Recording and reporting Summary of module
17:00 - 18:00	Post-test evaluation Evaluation of course Closing ceremony

1.5 TRAINING PROGRAMME FOR ART AIDS & PHARMACISTS

19TH - 29TH 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	LUNCH BREAK
“	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	TEA BREAK
“	10.30 - 12.00 noon	Care for HIV/AIDS
“	12.00 - 2.00 pm	Communication Skills
“	2.00 - 3.00 pm	LUNC BREAK
“	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	TEA BREAK
“	10.30 - 12.00 noon	Adherence Preparation
“	12.00 - 2.00 pm	Adherence Initiation
“	2.00 - 3.00 pm	LUNC BREAK
“	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	TEA BREAK
“	10.30 - 12.00 noon	Prevention in the context of Clinical Care
“	12.00 - 2.00 pm	Disclosure
“	2.00 - 3.00 pm	LUNCH BREAK
“	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	TEA BREAK
“	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	LUNCH BREAK
“	3.00 - 5.00 pm	Skills Station & Post Test

DAY SIX

Date	Time	Description
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

2.6.1

TRAINING PROGRAMME FOR PHARMACISTS (2ND LEVEL)DAY SEVEN

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

DAY EIGHT

Date	Time	Session
27/3/07	9.00 - 9.30 am	Recap - (Mrs. Olaitan)
“	9.30 - 10.00 am	TEA BREAK
“	10.00 - 12.00 noon	HAART & Other Forms of Therapy <ul style="list-style-type: none"> ▪ Definitions & Goals of HAART - (Mrs. Herbertson) ▪ Strategies of ART, Limitations ▪ Various Combinations of Drugs available for HAART ▪ New Developments in ART including Gene therapy, Future Control Options
“	12.00 - 12.30 noon	Nutrition in HIV/AIDS - (Dr. Anyanwu)
“	12.30 - 1.00 pm	Ethical & Legal Issues <ul style="list-style-type: none"> ▪ Confidentiality ▪ Informed Consents - (Mrs. Herbertson) ▪ Professional Ethics
“	1.00 - 2.00 pm	Palliative Care - (Dr. Anyanwu)
“	2.00 - 3.00 pm	LUNCH BREAK
“	3.00 - 3.30 pm	Overview of OIs (an introduction) - (Miss Sabdiat Musa)
“	3.30 - 4.15 pm	TB/HIV Co-infection (Drug management issues) - (Dr. Onwujekwe)
“	4.15 - 5.00 pm	Malignancies in HIV Infection - (Dr. Odunukwe)

DAY NINE

Date	Time	Session
28/3/07	9.00 - 9.30 AM	Recap - (Miss Sabdiat Musa)
“	9.30 - 10.00 am	TEA BREAK

“	10.00 - 12.00 noon	Management of OIs <ul style="list-style-type: none"> ▪ OIs of Mouth & Throat ▪ OIs of Respiratory System ▪ OIs of GIT ▪ OIs of Skin ▪ OIs of CNS - (Mrs. Herbertson)
“	12.00 - 1.00 pm	Adherence to ART - (Miss Sabdiat Musa) <ul style="list-style-type: none"> ▪ Overview, Goals & Factors Influencing Adherence ▪ Strategies to Enhance Adherence
“	1.00 - 2.00 pm	Logistics Management Information System for ARV Drugs <ul style="list-style-type: none"> ▪ Records ▪ Report - (Mrs. Herbertson)
“	2.00 - 3.00 pm	LUNCH BREAK
“	3.00 - 5.00 pm	Inventory Control System for ARV Drugs - Ordering ARVs from the CMS - (Mrs. Herbertson)

DAY TEN

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

TRAINING PROGRAMME FOR MEDICAL LABORATORY SCIENTISTS

DAY 1

Time	Session	Resource Person			
8.30-9.00am	Registration/Welcome				
9.00-10.00am	<ul style="list-style-type: none"> • Introduction to training and each other • Including setting the ground rules/ workshop norms • Participants expectations & workshop objectives • Pre-training assessment 				
10.00-10.30am	T E A B R E A K				
10.30-11.10am	Testing and Laboratory Fundamentals for Management of HIV	Dr (Mrs.) Audu			
11.10- 11.50am	Diagnosis of HIV in Adults and Children	Mr. Salu			
11.50 - 12.00 noon	Participants break into 5 groups for practical sessions				
Tests	Venue	Resource Person			
ELISA	HVL (Serology)	Mr. Salu			
CD4 (Cyflow)	HVL(Chemistry Lab)	Mrs. Meshack			
CD4 (FACScout)	HVL (Immunology Lab)	Mr. Onyewuche			
Rapid Tests	HVL (Immunoassay Lab)	Mrs. Aniedobe			
TB	TB Lab	Mrs. Igbasi			
Group	Mon Day 1	Tues Day 2	Wed. Day 3	Thurs. Day 4	Fri. Day 5
1	Rapid test	ELISA	Cyflow	FACScout	TB
2	ELISA	Cyflow	FACScout	TB	Rapid Test
3	Cyflow	FACScout	TB	Rapid Test	ELISA
4	FACScout	TB	Rapid Test	ELISA	Cyflow
5	TB	Rapid Test	ELISA	Cyflow	FACScout
1.30–2.30pm	L U N C H				
2.30–6.00pm	Practical continues				

DAY 2

Time	Session	Resource Person				
8.30–10.00pm	<ul style="list-style-type: none"> Overview of HIV Testing Technologies and HIV testing algorithms in Nigeria Dried blood spot applications and professional ethics in HIV testing. 	Dr. Adedeji				
10.00–10.30	TEA BREAK					
10.30–1.30	Participants break into 5 groups for practical sessions					
	Group	Mon Day 1	Tues Day 2	Wed. Day 3	Thurs. Day 4	Fri. Day 5
	1	Rapid test	ELISA	Cyflow	FACScout	TB
	2	ELISA	Cyflow	FACScout	TB	Rapid Tes
	3	Cyflow	FACScout	TB	Rapid Test	ELISA
	4	FACScout	TB	Rapid Test	ELISA	Cyflow
	5	TB	Rapid Test	ELISA	Cyflow	FACScoun
1.30–2.30pm	LUNCH					
2.30–6.00pm	Practical continues					

DAY 3

Time	Session	Resource Person
8.30–10.00am	<ul style="list-style-type: none"> Monitoring HIV Disease Test for Toxicity 	Dr. (Mrs.) Odunukwe
10.30–11.30am	TEA BREAK	
11.30–1.30pm	Participants break into 5 groups for practical sessions	

Group	Mon Day 1	Tues Day 2	Wed. Day 3	Thurs. d\ay 3	Fri. Day 4
1	Rapid test	ELISA	Cyflow	FACScount	TB
2	ELISA	Cyflow	FACScount	TB	Rapid Test
3	Cyflow	FACScount	TB	Rapid Test	ELISA
4	FACScount	TB	Rapid Test	ELISA	Cyflow
5	TB	Rapid Test	ELISA	Cyflow	FACScount
1.30–2.30pm	LUNCH				
2.30–6.00pm	Practical continues				

DAY 4

Time	Session				Resource Person
8.30–10.00am	<ul style="list-style-type: none"> Biosafety Clinical Microbiology, Laboratory Basics 				Dr. (Mrs.) N. Idika
10.30–11.30am	TEA BREAK				
11.30–1.30pm Participants break into 5 groups for practical sessions					
Group	Mon Day 1	Tues Day 2	Wed. Day 3	Thurs. Day 3	Fri. Day 4
1	Rapid test	ELISA	Cyflow	FACScount	TB
2	ELISA	Cyflow	FACScount	TB	Rapid Test
3	Cyflow	FACScount	TB	Rapid Test	ELISA
4	FACScount	TB	Rapid Test	ELISA	Cyflow
5	TB	Rapid Test	ELISA	Cyflow	FACScount
1.30–2.30pm	LUNCH				

2.30–5.30pm	Practical continues	
5.30–6.00pm	TEA BREAK	

DAY 5

Time	Session	Resource Person			
8.30–10.00am	<ul style="list-style-type: none"> Occupational Exposure Good Laboratory Practice 	Mrs. Oparaugo			
10.30–11.30am	TEA BREAK				
11.30–1.30pm Participants break into 5 groups for practical sessions					
Group	Mon Day 1	Tues Day 2	Wed. Day 3	Thurs. d\ay 3	Fri. Day 4
1	Rapid test	ELISA	Cyflow	FACScout	TB
2	ELISA	Cyflow	FACScout	TB	Rapid Test
3	Cyflow	FACScout	TB	Rapid Test	ELISA
4	FACScout	TB	Rapid Test	ELISA	Cyflow
5	TB	Rapid Test	ELISA	Cyflow	FACScout
1.30–2.30pm	LUNCH				
2.30–6.00pm	Practical continues				

DAY 6

Time	Session	Resource Person
8.30–10.00am	<ul style="list-style-type: none"> The HIV Test Kit Logistic Management System 	Dr. Adedeji & Dr. (Mrs.) Audu
10.00–10.30am	TEA BREAK	

10.30-1.30pm	HIV Test Kit Logistic Management System	Dr. Adedeji & Dr. (Mrs.) Audu
1.30-2.30pm	L U N C H	
2.30-4.30pm	Post Programme Analysis	
4.30-5.30pm	Closing Remarks	
5.30-6.00pm	Presentation of Certificates	