

The Fiji, Vanuatu, Kiribati and Solomon Islands Prevention of Mother-to-Child Transmission of HIV (PMTCT) Training Package is a comprehensive approach to the training of healthcare workers. The components in this package are:

- Participant Manual
- Trainer Manual
- Presentation Booklet

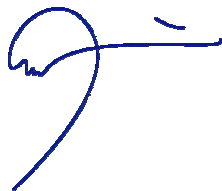
Foreword

HIV is the greatest threat to development facing the world today. Most children living with HIV were infected by their mothers who are living with HIV. These children get infected during pregnancy, childbirth or during breastfeeding. For the mother to infect the child, she might have been infected before she got pregnant, when she was pregnant or even when she was breastfeeding. We know that we can prevent HIV in children by preventing the mother from initial infection, by preventing unintended pregnancies in women with HIV and, by ensuring that pregnant women with HIV have the care that prevents mother-to-child transmission. We can now considerably reduce the chances of a baby being infected by his/her mother. Globally, this intervention has come to be known as PMTCT—prevention of mother-to-child transmission. Without PMTCT about 35% of babies born to women with HIV will be infected. With PMTCT this is reduced to about 5%. Some Pacific Island countries, like Fiji, are now making PMTCT services accessible in a wide variety of settings. The onus is on the other sister countries to follow suit urgently.

I also want to draw your attention to the risk of complacency because you believe the Pacific countries are still low prevalence countries. In low population countries the actual numbers of people living with HIV that are required for the epidemic to become generalized are very small and it can catch one unaware if we are not alert. We have the requisite conditions to facilitate a catastrophic HIV epidemic: rapid political, economical and social change; highly mobile populations; high rates of STIs; and low levels of health and sex education. With commitment to action and the ability to draw upon the knowledge and experience of the international community, the Pacific may still avert a generalised HIV epidemic.

Scale up of PMTCT services is the mandate of UNICEF. We all agree that work is far from done and the challenges remain overwhelming and daunting. This Training Package is just the beginning as we embark on initiating or improving and expanding PMTCT services to reach all pregnant and recently-delivered women to give them the chance to prevent HIV infection in their infants. In spite of the difficulties that surely lie ahead, we have an imperative to call upon our reserve of strength and commitment. Anything less than total commitment to our children is negligence, unforgivable negligence. Children must be our common concern. Healthy children, wanted children must be our shared destiny.

Vinaka,

A handwritten signature in blue ink, consisting of a large, stylized loop followed by a horizontal line and a small flourish.

Dr. Isiyé Ndombi
UNICEF Pacific Representative

Acknowledgments

The Fiji, Vanuatu, Kiribati and Solomon Islands PMTCT Training Package is based largely on the 2007 update of the PMTCT Generic Training Package (GTP) that was developed under the direction of the World Health Organization and the U.S. Centers for Disease Control and Prevention for adaptation by countries and regions across the globe. This PMTCT Training Package is expected to play a key role in accelerating the scale up of PMTCT services in the Pacific region through training of healthcare workers to implement appropriate, quality services for PMTCT.

The Fiji, Vanuatu, Kiribati and Solomon Islands PMTCT Training Package was prepared under the direction of UNICEF-Pacific Office, with technical assistance from the Francois-Xavier Bagnoud (FXB) Center at the University of Medicine and Dentistry of New Jersey (UMDNJ). UNICEF is grateful to the Fiji, Vanuatu, Kiribati and Solomon Islands PMTCT Technical Working Group (TWG) who reviewed technical content and pilot tested this Training Package: Dr Lisi Tikoduadua, Dr Reapi Mataika, Sr Sera Withrow, Toakase Ratu (Fiji); Dr Teraira Bangao, Baurina Kaburoro, Dr Baranika Toromon Tamariti, Tiero Areieta Tetebea, Roote Tong (Kiribati); Dr James Auto Gugumae, Dr Levi Hou, Mrs Anna Pumae Lofea, Elizabeth Arapaasi, Emily Yangao (Solomon Islands); Dr Griffith Harrison, Marina Laklotal, Leitangi Janet Barry, Marie Angella Mento and Blandine Taripu (Vanuatu). The TWG benefited greatly from the participation of Soko Mataitoga (Fiji) and Umbelina Rodrigues (East Timor) as observers.

The technical assistance team from the FXB Center at UMDNJ included Virginia Allread, Supria Sarma, Aliya Jiwani, Dhvani Shah and Rebecca Fry with support from Karen Forgash, Daina Bungs and Deborah Hunte.

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WHO and CDC would also like to acknowledge the significant contribution of the François-Xavier Bagnoud (FXB) Center at the University of Medicine and Dentistry of New Jersey, for their leadership in the revision process through the University Technical Assistance Program (UTAP) with CDC. In addition to the curriculum update role, the FXB Center provided essential support for overall project coordination and final production of the revised PMTCT Generic Training Package. The FXB Center group includes Virginia Allread, Rebecca Fry, Sahai Burrowes, Melody Corry, Catherine Dale, Karen Forgash, Magaly Garcia, Deborah Hunte, Linda Podhurst, Anne Reilly, Monica Reiss, Bhavani Sathya, and Deborah Storm.

Table of Contents

ABBREVIATIONS AND ACRONYMS	.....	iii
COURSE OVERVIEW AND INTRODUCTION	.....	iv
MODULE 1	Introduction to HIV	
Session 1:	Scope of the Worldwide HIV Epidemic	1-2
Session 2:	Transmission and Natural Course of HIV Infection	1-11
MODULE 2	Overview of HIV Prevention in Mothers, Infants and Young Children	
Session 1:	Introduction to Mother-to-child Transmission of HIV	2-2
Session 2:	Comprehensive Approach to Prevention of HIV Infection in Infants and Young Children	2-7
Session 3:	Role of Maternal and Child Health Services in the Prevention of HIV Infection in Infants and Young Children	2-16
MODULE 3	Specific Interventions for the Prevention of Mother-to-Child Transmission of HIV (PMTCT)	
Session 1:	Antiretroviral Therapy and Antiretroviral Prophylaxis for PMTCT	3-2
Session 2:	Antenatal Management of Women Infected with HIV and Women of Unknown HIV Status	3-6
Session 3:	Management of Women Infected with HIV and Women of Unknown HIV Status During Labour and Delivery	3-12
Session 4:	Postpartum Care of Women Infected with HIV and Women of Unknown HIV Status	3-15
Session 5:	Care of Infants Who are HIV-Exposed and Infants Born to Women of Unknown HIV Status	3-18
MODULE 4	Stigma and Discrimination Related to MTCT	
Session 1:	Concepts of Stigma and Discrimination	4-3
Session 2:	Dealing with Stigma and Discrimination in Healthcare Settings and Communities	4-11
MODULE 5	HIV Testing and Counselling for PMTCT	
Session 1:	Overview of HIV Testing and Counselling for PMTCT	5-2
Session 2:	Counselling Skills	5-7
Session 3:	Pre-test Information and Counselling	5-13
Session 4:	HIV Testing	5-22
Session 5:	Post-test Counselling	5-30
MODULE 6	Infant Feeding in the Context of HIV Infection	
Session 1:	Global Infant Feeding Recommendations	6-2
Session 2:	Infant Feeding Options	6-7
Session 3:	Supportive Counselling for Safer Infant Feeding Choices	6-15
MODULE 7	Comprehensive Care and Support for Pregnant Women, Mothers, HIV-exposed Infants and Families with HIV Infection	
Session 1:	Role of the Healthcare Worker in the Care and Treatment of HIV-infected Mothers and HIV-exposed Infants	7-3
Session 2:	Treatment, Care and Support of the Mother with HIV Infection	7-14
Session 3:	Treatment, Care and Support of the HIV-exposed Infant	7-22

Session 4:	Community Linkages for Treatment, Care and Support Services for Mothers, HIV-exposed Infants and Families	7-35
MODULE 8	Safety and Supportive Care in the Work Environment	
Session 1:	Standard Precautions and Creating a Safe Work Environment	8-2
Session 2:	Managing Occupational Exposure to HIV.....	8-16
Session 3:	Supportive Care for the Caregiver	8-22
MODULE 9	PMTCT Programme Monitoring	
Session 1:	PMTCT Programme Monitoring at the Health Facility	9-2
Session 2:	PMTCT Data Collection	9-8
FIELD VISIT (OPTIONAL)	.....	FV-1
FREQUENTLY ASKED QUESTIONS (FAQs)	.....	FAQs-1
GLOSSARY	.....	G-1
RESOURCES	.....	R-1

Abbreviations and Acronyms

AIDS	Acquired immune deficiency syndrome
ANC	Antenatal care
ARV	Antiretroviral
CDC	United States Centers for Disease Control and Prevention
CTX	Co-trimoxazole
HCW	Healthcare worker
HIV	Human immunodeficiency virus
MCH	Maternal and child health
MSM	Men who have sex with men
PLHIV	People living with HIV
PMTCT	Prevention of mother-to-child transmission of HIV
MTCT	Mother-to-child transmission of HIV
NGO	Non-governmental organization
OSSHM	Oceania Society for Sexual Health and HIV Medicine
STI	Sexually transmitted infection
TB	Tuberculosis
UNAIDS	Joint United Nations Programme on HIV
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
WHO	World Health Organization



Course Overview and Introduction

After completing the overview and introduction, participants will be able to:

- Understand the structure and organization of the course.
- Become familiar with other participants in the course.
- Talk about concerns about HIV and AIDS in the healthcare setting.
- List the ground rules for the course.

SESSION 1 Course Overview and Introduction

After completing this session, participants will be able to:

- Understand the structure and organization of the course.

Background on Prevention of Mother-to-child Transmission of HIV (PMTCT) Programmes

Of the 33.2 million people living with HIV worldwide at the end of 2007, 2.5 million were children under the age of 15 years. In 2007 alone, 420,000 children were newly infected with HIV—about 1,150 new infections in children each day. The most frequent source of HIV infection in infants and children is transmission from mother-to-child during pregnancy, labour and delivery, or breastfeeding. Comprehensive programmes for prevention of mother-to-child transmission of HIV (PMTCT)—including ARV therapy and prophylaxis—can significantly reduce the number of infants who are HIV-infected and promote better health for their mothers and families.

International support

PMTCT remains central to global HIV initiatives. With the commitment of the international community to increasing access to treatment for persons living with HIV, scale-up of PMTCT programmes is recognized not only as preventing HIV in children but also as an important gateway to HIV prevention, care, treatment and support programmes for HIV-infected women, their children and families. This has resulted in growing support to scale up PMTCT services globally.

PMTCT is one of UNICEF's mandates and priorities as one of the main "4 P" objectives of the "Unite for Children, Unite against AIDS" campaign. The Fiji, Vanuatu, Kiribati and Solomon Islands Training Package reflects the outcome of mutually agreed goals and efforts under UNICEF-Pacific's guidance. International efforts also support national PMTCT programmes in providing an important foundation for PMTCT and HIV prevention and treatment programmes. National PMTCT programmes have broad access to a sexually-active adult population and address key issues of family health. A comprehensive PMTCT programme can improve the treatment available to and health of all pregnant women, new mothers, their infants, and their families.

PMTCT scale-up in Fiji, Vanuatu, Kiribati and Solomon Islands

Despite a relatively low prevalence of HIV in Fiji, Vanuatu, Kiribati and Solomon Islands there is an urgency to establish prevention services including PMTCT. Many of the Pacific Island countries have the requisite conditions to facilitate a catastrophic HIV epidemic: rapid political, economic and social change; highly mobile populations; high rates of STI; and low levels of health and sex education. With commitment to action and the ability to draw upon the knowledge and experience of the international community, Fiji, Vanuatu, Kiribati, and Solomon Islands may still avert a generalized HIV epidemic.

In August 2004, Pacific Island leaders approved the Pacific Island Strategy on HIV/AIDS. By January 2006, national leaders in Fiji voiced their support for a PMTCT policy and in August 2007 the Pacific Island leaders endorsed the Second Regional HIV/AIDS Strategy 2008-2012. However, PMTCT has yet to be integrated into all ANC and MCH programs. Vanuatu, Kiribati and Solomon Islands have also included PMTCT in their strategic plans but full implementation has not yet occurred. This Training Package was developed as a key component in the effort to build capacity to accelerate the scale up of PMTCT services

across these four Pacific Island countries. Fiji, Vanuatu, Kiribati, and Solomon Islands each have national PMTCT Action Plans: if these are coordinated and supported by regional plans for building capacity to train and strengthen maternal and child health services at the local level, this will ensure beneficial outcomes for communities.

Overview of the PMTCT Training Package

The Fiji, Vanuatu, Kiribati and Solomon Islands Training Package is an evidence-based course on PMTCT. PMTCT refers to comprehensive, family-centred clinical and supportive services—provided along with other public health initiatives—to prevent the transmission of HIV from a woman to her infant. This Training Package presents the basic components of PMTCT programming.

Course outline

This course offers information in the following areas:

- Module 1 Introduction to HIV
- Module 2 Overview of HIV Prevention in Mothers, Infants and Young Children
- Module 3 Specific Interventions for the Prevention of Mother-to-Child Transmission of HIV (PMTCT)
- Module 4 Stigma and Discrimination Related to MTCT
- Module 5 HIV Testing and Counselling for PMTCT
- Module 6 Infant Feeding in the Context of HIV Infection
- Module 7 Comprehensive Care and Support for Pregnant Women, Mothers, HIV-exposed Infants and Families with HIV Infection
- Module 8 Safety and Supportive Care in the Work Environment
- Module 9 PMTCT Programme Monitoring

Goal

The *2007 Policy guidelines for HIV prevention and care for mothers children and families in the Pacific* were developed at the PMTCT workshop held in Suva, Fiji, 16-20 April 2007. HCW, government health officials, NGOs and UN agencies who attended stated that the goal of HIV prevention and care services, including PMTCT is **to promote HIV-free child survival in the Pacific through an integrated, comprehensive approach to HIV and STI prevention and care for women and men at the reproductive stage of life, and their children**. This Training Package is a key component in achieving that goal.

Course objectives

The objectives of the Fiji, Vanuatu, Kiribati and Solomon Islands Training Package are:

- To provide information and introductory skills on the essential components of a PMTCT programme, including the prevention of HIV; prevention of transmission from mother-to-child; provision of treatment and care to HIV-infected women, children and their families
- To facilitate the reduction of HIV-related stigma and discrimination and promote community linkages by empowering the healthcare worker to collaborate with community agencies and services
- To increase the capacity of programme managers and healthcare workers in resource-limited settings to deliver PMTCT services
- To help develop or strengthen national PMTCT curriculum and training plans

This PMTCT training course is designed to provide healthcare workers with the information and introductory skills necessary to deliver core PMTCT services in an integrated manner.

Each module and session has objectives specific to the content area.

Target audience

This training course is targeted to staff working in (or intending to work in) PMTCT programmes or healthcare settings that provide PMTCT services:

- Nurses
- Midwives
- Physicians
- Social workers
- Outreach workers¹
- Counsellors
- Programme managers
- Laboratory technicians
- Pharmacists

Healthcare workers are encouraged to pursue additional training to complement the expertise available in their facility or region.

There is no substitute for hands-on experience when providing both clinical and social support. All participants are encouraged to view this course as providing a foundation on which to build and develop additional skills. This can be done through specialized training in areas such as HIV counselling or infant feeding. Many of these skills require practice to develop proficiency, and participants can benefit by actively seeking opportunities to increase their comfort with all aspects of programme implementation.

Structure of the Fiji, Vanuatu, Kiribati and Solomon Islands Training Package

The Fiji, Vanuatu, Kiribati and Solomon Islands Training Package consists of the following components:

- **Participant Manual** is the main reference document for course participants. It includes an Introduction; nine content modules, each with a summary; clearly stated objectives; technical information; and exercises. It also contains a **Glossary, Frequently Asked Questions** and a **Resources** section.
- **Trainer Manual** includes all of the technical material that appears in the Participant Manual, describes the trainer's role in course planning, and offers the trainer directions for conducting each session.
- **Presentation Booklet** includes slides/overheads that summarize the main content areas of each module.

Development of the Fiji, Vanuatu, Kiribati and Solomon Islands Training Package:

The development of the Fiji, Vanuatu, Kiribati and Solomon Islands Training Package was led by the UNICEF-Pacific office and Technical Working Groups (TWG) from each of the countries. UNICEF contracted with the FXB Center at the University of Medicine and Dentistry of New Jersey to develop the Training Package based on the World Health Organization and US Centers for Disease Control and Prevention's Generic Training Package (GTP). The TWG reviewed draft materials, ensured the Training Package was technically sound as well as culturally appropriate. The Training Package was piloted in Nadi, Fiji in November 2007 and then finalized in April 2008.

¹ Including community healthcare workers, staff in community-based organizations—including faith-based organization and non-governmental organizations—peer educators, traditional birth attendants and traditional healers

The Fiji, Vanuatu, Kiribati and Solomon Islands adaptation of the GTP is the first adaptation of the updated GTP (2007): it incorporates lessons learned from the original GTP (2004) and the multiple adaptations of that document across the globe.

SESSION 2 Ice-breaker and Ground Rules

After completing this session, participants will be able to:

- Become familiar with the other participants in the course.
- Talk about concerns about HIV in the healthcare setting.
- List the ground rules for the course.

Introduction Exercise 1 “Getting to know each other”: large group exercise

Purpose	<ul style="list-style-type: none"> ▪ Create a comfortable learning environment. ▪ Provide an opportunity to get to know each other.
Duration	30 minutes
Instructions	<ul style="list-style-type: none"> ▪ Working on your own, take a few minutes to think about the following questions: <ul style="list-style-type: none"> ▪ Concerns: What concerns or worries do you have about taking care of women and children and families with HIV? ▪ Expectations: What do you hope to learn from this course? ▪ Strengths: What three personal strengths do you bring to your work as a healthcare worker? ▪ Write your responses on a sheet of paper. Your paper will not be collected. ▪ Share your responses in the large group discussion.

Introduction Exercise 2 Determining the ground rules for the course & introduction of anonymous question bowl: large group exercise

Purpose	<ul style="list-style-type: none"> ▪ Develop and agree on a set of ground rules that will create an environment that facilitates learning. ▪ Introduce the Anonymous Question Bowl as a safe space for asking questions.
Duration	20 minutes
Instructions	<p>Participate in a discussion on the ground rules necessary to ensure a training environment that will make you feel more comfortable talking about the prevention of mother-to-child transmission of HIV. These ground rules will help guide the development of norms within this training.</p> <p>The trainer will also introduce the “Anonymous Question Bowl or Envelope” — a way to anonymously ask questions about HIV or any other topic addressed in the training. The bowl/envelope will be checked daily, and all questions will be answered.</p>

SESSION 3 Pre-test (optional)

Introduction Exercise 3 Pre-test	
Purpose	<ul style="list-style-type: none">▪ To assess participant knowledge before the training course.
Duration	35 minutes
Instructions	<p>The trainer will introduce the pre-test, which you will find on pages viii-x of this Course Overview and Introduction.</p> <ul style="list-style-type: none">▪ Do not write your name on the pre-test—the pre-test is anonymous. The post-test, which will be administered at the end of the course, is anonymous as well. The pre- and post-tests are <i>NOT</i> about measuring <i>your</i> knowledge, but rather about measuring how much the <i>group</i> learned, as a way of evaluating the effectiveness of the Training Package and training methods.▪ Choose any 3-digit number as your ID for the pre-test. Make a note of this number somewhere in your Participant Manual; you will need it again for the post-test. The ID number allows the course organizers to match your pre-test with your post-test—so that the scores can be compared—without being able to trace the test back to you.▪ The trainer will give you the test answers after the post-test.

PMTCT Knowledge Assessment Pre-test and Post-test

ID _____

Thank you for attending the PMTCT Training course. The PMTCT Knowledge Assessment pre- and post-tests are given at the beginning and end of the course to determine the usefulness of this training.

Your responses are anonymous. You should **not** put your name on this form. In the ID blank at the top left-hand corner of the page, please write a 3 digit number, e.g. 3 4 2 (you may choose any three digit number such as the day and month of birth or your children's lucky numbers); use the same 3 digit number on both the pre and post-test. Record this number somewhere in your Participant Manual so that you won't forget it.

Please circle the **number (1 – 4)** below that best represents your PMTCT training and experience **BEFORE** this workshop.

1	2	3	4
Trained in PMTCT and providing PMTCT services	Trained in PMTCT and not providing PMTCT services	Not trained in PMTCT and working in a PMTCT facility	Not trained in PMTCT and not providing PMTCT services

Please complete ALL of the following questions.

A. Please read each question (1 - 10) carefully and circle the most accurate response.

- World-wide, approximately how many people were living with HIV in 2007?
 - 750,000
 - 8 million
 - 33 million
 - 52 million
- Which body fluid does NOT transmit HIV infection?
 - Semen
 - Breast milk
 - Blood
 - Sweat
- What do rapid HIV tests detect?
 - The presence of viral DNA
 - The presence of HIV antibody
 - The quantity of HIV
 - The presence of HIV antigen
- The risk of mother-to-child transmission of HIV infection **increases** when
 - Breastfeeding is continued over time.
 - Non-invasive delivery procedures are used.
 - Maternal viral load is low.
 - Sexually transmitted infections are treated early.
- What is one advantage of using commercial infant formula?
 - It provides all the nutrients and antibodies a baby may need.
 - It is always available.
 - Other family members can help feed the baby.
 - It carries very little risk of causing diarrhoea or bacterial infections.

ID _____

6. If two rapid HIV tests are performed and the first test is positive and second test is negative, it indicates that the
 - a) Patient is HIV-positive.
 - b) Patient is HIV-negative.
 - c) Patient is immuno-compromised.
 - d) Patient's HIV status needs to be confirmed with additional testing.

- 7 Which of the following approaches can **increase** the risk of HIV transmission during breastfeeding?
 - a) Taking ARV therapy while breastfeeding
 - b) Practising exclusive breastfeeding
 - c) Supplementing breast milk with commercial infant formula
 - d) Obtaining early treatment of breast problems

8. If a single dose of nevirapine (NVP) is used as prophylaxis to prevent mother-to-child transmission of HIV it should be given to
 - a) The mother throughout her pregnancy and the infant within 7 days of delivery
 - b) The mother during labour and the infant within 7 days of delivery
 - c) The mother and the infant immediately following delivery
 - d) The mother during labour and the infant immediately following delivery

9. Which of the following indicators may be used to monitor the success of the PMTCT programme at a health facility?
 - a) Percentage of orphans linked to mothers who are HIV-infected
 - b) National statistics on HIV prevalence in pregnant women between 15 and 25 years of age
 - c) Percentage of women who deliver at a PMTCT site who know their HIV status
 - d) Number of PLHIV receiving ARV therapy

10. A positive HIV antibody test in a 4 month old infant born to an HIV-infected mother who is breastfeeding indicates that
 - a) The infant is infected with HIV
 - b) The infant is not infected with HIV
 - c) A confirmatory antibody test should be performed one week later
 - d) The infant may be infected with HIV but requires follow-up testing using the best available tests for the infant's age

11. HIV-exposed infants should receive co-trimoxazole prophylaxis beginning
 - a) At birth
 - b) At 2 weeks
 - c) At 4–6 weeks
 - d) At the 12 week immunization visit

B. Indicate whether the following statements (11-20) are True (T) or False (F).

12. One of the most commonly seen presenting symptoms of HIV infection in children is poor growth. _____

13. The World Health Organization recommends that HIV-infected women exclusively breastfeed their infants for the first 6 months of life unless replacement feeding is acceptable, feasible, affordable, sustainable and safe. _____

ID _____

14. A woman of unknown HIV status who presents to the healthcare facility in early labour should be tested and counselled for HIV as soon as possible. _____
15. HIV post-test counselling for HIV-negative women includes information about safer sex **only** if the client asks. _____
16. Dual protection refers to contraceptive methods that will protect against HIV and STIs as well as protect against pregnancy. _____
17. The risk of opportunistic infections such as *Pneumocystis pneumonia* (PCP) increases when CD4 counts are low. _____
18. Stigma is a way of expressing discriminating thoughts, either intentionally or accidentally. _____
19. A person with HIV infection does not necessarily have AIDS. _____
20. The World Health Organization recommends single-dose nevirapine as the best regimen for PMTCT ARV prophylaxis. _____

Participant Self-Rating

Please rate your perception of your understanding and ability on the following items related to perinatally-transmitted HIV infection.

For each item, place a check in the box that best describes your current level of understanding or ability, with “1” being the lowest level and “5” being the highest. Please leave the answer blank if the question is not applicable.

	Low			High	
	1	2	3	4	5
1. Knowledge about family-centred services for the prevention of mother-to-child transmission of HIV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Ability to describe the healthcare worker’s role in PMTCT services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Ability to provide HIV testing and counselling in line with national guidelines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Ability to advise and support women taking antiretroviral prophylaxis for PMTCT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Ability to provide women who are HIV-infected with infant feeding information, counselling and support.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Understanding of antiretroviral therapy for HIV-infected adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Understanding of antiretroviral therapy for HIV-infected children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Understanding of PMTCT programme monitoring and the role the healthcare worker plays	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>