

NATIONAL GUIDELINES FOR TRAINING ON ART IN UGANDA

1.0 INTRODUCTION

It is 20 years since Dr. Anthony Lwegaba, then working as a Medical Officer in Kalisizo Health Center, Rakai District, described the first case of HIV disease in Uganda. It did not take long after that to appreciate that HIV infection was widespread in the country. It is now estimated that over 2 million people are infected and probably over a million have already died.

During the last 20 years the MOH in collaboration with WHO and other local and international partners has established a comprehensive care program for HIV infected people. This program until recently has not addressed the use of antiretroviral drugs (ARVs) because of their high cost even though the drugs have been found to be effective in improving the quality and quantity of life. Fortunately the cost of these drugs is coming down and there is a positive international response and desire to make these drugs more accessible in poor countries like Uganda. Thus the establishment of the UN led global funds for management and prevention of AIDS, Malaria and Tuberculosis. Increased access to ARV drugs is now becoming a reality to the majority of our patients and the MoH faces the challenge of preparing health workers, patients and their families to be ready to use the drugs properly.

The development of the National ARV Treatment and Care Guidelines for Adults and Children, along with the implementation and training guidelines, is one contribution to meet this challenge.

1.1 Background to the development of the Guidelines

These guidelines have been developed in conjunction with the *Implementation Guidelines* and the *ARV Treatment and Care Guidelines* for both adults and children in Uganda. To date, training on ARVs has not been standardised or co-ordinated between organisations, hence the need for these guidelines. A Situational Analysis/ Training Needs Assessment was undertaken in Kampala from July –

October 2002 by Mildmay International. Thirteen accredited ART centres in the area were surveyed (six organisations and seven private practices) along with five unaccredited organisations and over forty unaccredited private practices. Of these sites, seventeen of them were providing ART to patients and seven offered some form of training. The results of this assessment have been used to help facilitate the development of these guidelines along with the experience of organisations already providing training in this area.

1.2 Purpose of the Guidelines for Training

The purpose of this document is to provide policy guidance on training of personnel for the process of implementation of the ART programme in Uganda to ensure that all personnel are adequately trained in order to give quality care.

1.3 Objectives of the Guidelines for Training

The objective of the document is to provide guidelines for the indicative content of training for personnel and outline strategies for training that will assist the setting up and implementation of ARV interventions under the expanded national response to HIV/AIDS in Uganda.

The specific objectives of the guidelines are to:

- propose models for training for the delivery and expansion of ART in Uganda in the context of comprehensive HIV/AIDS care;
- outline the minimum indicative content for training for the different cadres of personnel involved in the implementation of the ART programme in Uganda;
- describe mechanisms for the delivery and co-ordination of the training process;
- outline mechanisms for follow up of trainees, continued education and quality assurance.

1.4 Target Audience

This document is intended to be used by district personnel, senior managers, clinicians and all those involved in training for the delivery of ART.

1.5 ART Implementation Strategy

The ART implementation strategy is part of the National Strategic Framework for expansion of HIV/AIDS care and support in Uganda 2001/2-2005/6. This framework calls for a comprehensive programme for HIV/AIDS care and support in Uganda given the heavy burden of the problem. It emphasizes the need for the implementation of care across a continuum and provides a coordinated and standardised approach to the delivery of care.

The framework highlights the following aspects of HIV/AIDS care of which ART is only one component:

- Infrastructure for HIV/AIDS care
- Clinical care for HIV infections and AIDS
- Laboratory -aided HIV/AIDS diagnosis
- Treatment of opportunistic infections and other HIV related conditions
- Chemo prophylaxis in HIV infection
- Anti Retroviral Therapy (ART)
- Palliative care
- Paediatric AIDS
- Care package for management of HIV infection in children
- HIV counselling for psychosocial support
- Voluntary Counselling and Testing
- PMTCT
- Home Based Care.

To avoid replication, the guidelines for training on ART outlined in this document will focus on the training needs for the implementation of an ART programme or service within the context of broader HIV/AIDS care.

A technical working group at the national level should be in place to oversee the implementation of ART in Uganda. Since the implementation of ART involves teamwork, it is imperative that the composition of the working group is multidisciplinary involving clinicians, public health specialists, educationalists, researchers and NGOs involved with HIV/AIDS as well as PLWHA. The TOR of the committee and subcommittees are comprehensive and have been described elsewhere,

however an important part of their function is to guide the development of training programmes and training materials and ensure that they meet the criteria/ guidelines for training as outlined in this document.

1.6 Policy Considerations

Areas for further policy consideration include the following:

- Recommendations for minimum training requirements for accreditation
- Operationalisation of the guidelines
- Funding for the training

2.0 PERSONNEL TO BE TRAINED

The implementation of ART programmes involves teamwork, not only between the health care professionals who deliver the care but also amongst the health service managers and officials at the Regional, District and Sub-county levels. Thus the need for training that expands beyond the health care professionals themselves, to the health service managers and district officials, for example the focal people for ART on the District AIDS Committees (DAC's) and the Sub-country AIDS committees. Not all the health care providers in the district will have ART programmes. The implementation guidelines show that ART programmes will be scaled out to Regional Hospitals, then to District Hospitals and eventually to Health Centre IV's. It is therefore important that other health care professionals within the districts are aware of the use of ARVs and the ART programme to ensure appropriate referral.

It is essential that training on ARVs appropriate to the cadre is incorporated into all the pre-service training curricula. This should be explored as soon as possible with a view to identification of points in the existing curriculum that is appropriate, and provision of suitable training material.

As the availability of ARVs increases in Uganda, more and more private practitioners will be providing ART. It is therefore important that a similar training is offered to those private practitioners who wish to provide ART to ensure quality of care.

Thus the provision of training can be divided into four main categories:

- Health care professionals directly involved in particular components of ART care;
- Health care professionals not directly involved in the provision of ART;
- Personnel involved in the development and implementation of the ART programmes;
- Community volunteers and Carers.

As well as the training mentioned above there is also a need to carry out sensitisation of PLWHAs and the community.

2.1 Health care professionals directly involved in particular components of ART care

The effective implementation of an ART programme relies on the multi-disciplinary team at the health facility. The minimum cadres of personnel required for the delivery of ART are:

- Physicians/ Medical Officers
- Clinical Officers
- Nurses/ Midwives
- Counsellors
- Laboratory Personnel
- Pharmacists/ Technicians
- Records Assistants (see Implementation Guidelines Section 3.2)

Other cadres of personnel also have an important role to play in the comprehensive care of people living with HIV/AIDS, but may not be available in every health facility e.g. nutritionists, physiotherapists, occupational therapists, health inspectors and health assistants.

Each team member has a vital and yet unique role to play within the provision of ARVs and so their training needs will differ. Despite this it is felt that some of the cadres may benefit from similar training, thus the five groups of personnel to be trained are:

- Physicians, Medical Officers and Clinical Officers

- Nurses, Midwives and Counsellors
- Laboratory Personnel
- Pharmacists/ Technicians
- Records Assistants

2.2 Health care professionals not directly involved in the provision of ART

In order for appropriate referral to be made to the ART programme from within the District Hospitals, other district health facilities and the community, it is necessary to sensitise health care professionals not directly involved in the provision of ART on the use of ARVs and the nature of the ART programme provided. The information given to this group would be at a more introductory level and so it would be possible to sensitise the different cadres together.

2.3 Personnel involved in the development and implementation of the ART programmes.

The implementation guidelines clearly set out the need for the involvement of the District Director Health Services and other District officials as well as health service managers in the planning and implementation of the ART programmes. A focal person for ART is to be appointed in each of the DAC's and Sub-county AIDS Committees. The District Committees will also be responsible for ensuring that there are adequate laboratory facilities, drug procurement and supplies along with counselling and psychological support. In order to do this they must therefore have an understanding of what these are. Likewise at the sites offering ART, a co-ordinating committee is to be set up to ensure that standard case guidelines are adopted and utilised. This committee may contain some health service managers who are not health care professionals and would therefore need an understanding of the issues involved. Thus it would be important that these health service managers and officials have some basic training about ARVs and the issues involved in the implementation of ART programmes.

2.4 Community volunteers and Carers

Both community volunteers and carers have a vital role to play in treatment support for better adherence to ART. It is essential that they are adequately prepared for this role and so some basic training about ART is vital.

2.5 Sensitisation of PLWHAs and the community

The provision of ARVs has received much media attention both nationally and internationally over the last few years. Thus, many people have heard about the drugs – some of the information they have heard has been accurate, some of it has not. It is therefore important that as the ART programmes are set up in the Districts there is also a programme of sensitisation of PLWHAs and opinion leaders in the communities (e.g. Religious leaders and traditional healers) so that up to date and accurate information can be given to them about ARVs as well as the ART programme in their area. This sensitisation is an important function of the Advocacy Group.

3.0 PHILOSOPHY OF TRAINING

Training should emphasise the key skills needed for the provision of ART. These include:

- Decision making
- Communication
- Practical application

These skills being selected appropriate to the role of the cadre being trained, based on the case management and implementation guidelines. Therefore, only the essential knowledge needed to perform these skills will be included, in this way making time for skills-based and case-based exercises and practical sessions.

It is recognised that learning is a continuous process and the field of ART is continually developing. Therefore there is a need for continuing education in the area of ART.

4.0 MODES OF DELIVERY OF THE TRAINING

There are a variety of different modes of delivery of training used by training institutions in Uganda. These include:

- Training for single cadres of personnel
- Cluster training of multi-disciplinary teams from individual health institutions

- Centralised training in Kampala or the regions
- Decentralised training in the districts
- Single sessions ranging from one to two hours in length
- One day programmes
- Full time one - four week residential and non-residential programmes
- Part time modular programmes

Some of the training could be centralised in Kampala, whereas some or all of it could be in the regions or in the districts. Each of the different models used may be appropriate in different settings and a variety of different models shall be offered in order to meet the needs of the different organisations. It is likely to be necessary to phase the training as removal of all the staff at one time may mean that no services are offered to patients for the duration of the training. These will include the following:

- *Cluster Training* – This is where all the different cadres of personnel required to implement the ART programme are brought together at one time for training. Where there is a mixture of different cadres being trained small group teaching with modules appropriate to that cadre will be utilised.
- *Single Cadre Training* – For some organisations it may be more appropriate to send their personnel for training in different cadres e.g. Doctors, Nurses etc. and this may be necessary in order to keep some services running during the period of training as it is unlikely that the personnel will be working full time in the ART programme and will have other duties as well.
- *Centralised Training* - Where the numbers of each cadre to be trained in the Districts is small e.g. Doctors, it may be more cost effective to bring participants to a centralised point whether that be in Kampala or the Region.
- *Decentralised Training* - Where the numbers in the District to be trained are large e.g. the non-health care professionals not directly involved in the provision of ART, it would be more appropriate to deliver the training locally in the Districts.

ART programmes are to be integrated into the already existing HIV/AIDS programmes in the health care settings. Personnel are therefore unlikely to be working exclusively on the ART programme and so it may be difficult to release them for

blocks of training. Preferences for training programmes were identified in the training needs assessment undertaken to be:

- One to two week residential courses,
- One day a week for 6 weeks
- One evening a week for 2 months.

Table 4.1. Indicative length for the initial training on ART required for each of the different groups of personnel

Personnel	Minimum Number of Hours	Suggested Format
1. Health care professionals directly involved in particular components of ART care;		
➤ Physicians, Medical and Clinical Officers	35 hours	1 week
➤ Nurses and Counsellors	35 hours	1 week
➤ Laboratory Personnel	35 hours	1 week
➤ Pharmacists/ Technicians	35 hours	1 week
➤ Records Assistants	14 hours	2 days
2. Health care professionals not directly involved in the provision of ART	6 hours	1 day
3. Personnel involved in the development and implementation of ART programmes	14 hours	2 days
4. Community volunteers and Carers	3 hours	½ day

Theory and practice go hand in hand and so it is recommended that all the health care professionals spend time on clinical practice gaining experience in ART. The training itself, including the clinical practice needs to be done prior to commencement of the ART programme at the health facility.

In addition, where possible, staff will have supervised placements in centres already providing ART according to the National Guidelines. What is envisaged is that mentors experienced in ART practice will be identified. Post initial training, staff

would be placed for a brief period for practice under the supervision of their mentor (brief apprenticeship). The mentor will follow up the trainee in their workplace to support them in commencing quality ART care.

5.0 INDICATIVE CONTENT FOR THE INITIAL TRAINING

The issues to be covered in an ART programme are wide and so it is important that the content for the initial training is set. These guidelines illustrate some of the content that needs to be incorporated into modules of training, recognising that theory and practice should go hand in hand, thus clinical practice is an integral part of the training.

The indicative content of the training programme will be taught at various levels according to the cadre being trained and their role in the care process. In each case the content will fall into four broad areas:

- Background Information
- Information on the use of ART
- Information on care associated with ART
- Other information

5.1 Background Information

This covers some of the background information that is required when learning about ARVs. Although it is hoped that many of the participants will be aware of this information already, experience has shown that this cannot be taken for granted and so it is important to cover it in the training. Issues covered within this include:

- *The epidemiology of HIV/AIDS* - including methods of HIV infection.
- *The Natural History and immunology* - including the impact on the immune system, CD4 cells, viral load etc. and how this may differ in adults and children.
- *Diagnosing HIV infection* in adults and children both clinically and through laboratory testing, understanding of the occurrence of opportunistic infections and the use of the WHO staging system to classify patients.
- *The basic laboratory tests* that may be used for patients with HIV, including HIV antibody tests, FBCs, Opportunistic Infections, CD4 counts, viral loads.

5.2 Information on the use of ART

This section covers the clinical information needed when implementing an ART programme. Whilst some of the personnel being trained are not directly clinicians it is still important that they have a basic understanding of how ARVs work and some of the issues involved. The information taught in this section will be based on the National ARV Treatment and Care Guidelines, along with the recommendations from the WHO. Issues covered include:

- ***How ART works*** - the principles, goals and limitations of ART - including the effect on the patients viral load, potential for improvement of the immune system, and the effect of this on related opportunistic infections.
- ***The ARVs available*** – concentrating on those that are available in Uganda although mentioning some of the others and the new developments.
- ***When to start treatment***, both in adults and adolescents but also in infants and children.
- ***The recommended regimens***, emphasising the importance of the use of appropriate regimens, especially triple therapy.
- ***Side effects of Treatment and Drug Interactions***
- ***Efficacy and Monitoring*** – both clinical and laboratory monitoring, total lymphocyte count, CD4 count and viral load and immune reconstitution syndrome.
- ***Adherence and Resistance*** – including issues around adolescents, infants and children and how disclosure issues in children may affect adherence.
- ***When to change treatment*** – in adults, adolescents, infants and children, both on clinical and laboratory findings, recommended second and third line treatments.
- ***Structured Treatment Interruptions*** – Treatment holidays.
- ***The clients perspective*** – a testimony from a PLWHA about taking ART.

5.3 Information on care associated with ART

This is an important area and is vital to the overall care of an individual on ART. It involves comprehensive care given by members of the multi-disciplinary team. Issues covered include:

- ***Counselling Issues*** – including implications to the individual and family, sustainability, options, disclosure, stigma, body shape and health, treatment

failure, treatment holidays and general health education, initial and ongoing counselling and psychosocial support.

- *Nursing Care*
- *Nutritional Advice*
- *Comprehensive HIV/AIDS care* – including issues around Palliative Care, VCT, treatment of opportunistic infections and home based care, multi-disciplinary care

5.4 Other information

This section covers some of the programmatic and ethical issues of an ART programme. Whilst not necessarily directly related to actual care they are important issues that need to be included. Issues covered include:

- *Drugs Access* – including procurement, maintenance of supplies, cost, storage of drugs.
- *Cost and Affordability* – related to the client
- *Legal, ethical and cultural issues*
- *Delivery systems* – including Hospital, Health Centre and Community, Community Mobilisation and Directly Observed Treatment (DOT) for ART, referral.
- *Prevention of Mother to Child Transmission (PMTCT)* – looking at it in an integrated fashion
- *Post Exposure Prophylaxis (PEP)* – including occupational exposure, following injury with sharp object, post-sexual exposure prophylaxis
- *Data collection* – integration with IHMS but also specific data needed such as resistance, regimen etc.
- *Management of ART programme* – including issues around integration into existing services, patient flow, availability of VCT services, referral and networking
- *Monitoring of Services*

5.5 Indicative content for the different personnel to be trained

The indicative content of the training programme will be taught at various levels according to the cadre being trained and their role in the care process i.e. the:

- health care professionals directly involved in particular components of ART care;
- health care professionals not directly involved in the provision of ART;
- personnel involved in the development and implementation of the ART programmes;
- Community volunteers and Carers.

The following table illustrates the level of training for each module for the different cadres being trained. Three different levels of training have been identified:

- A. For health care professionals involved in the particular aspect of care.
These modules will include case studies, role plays and exercises to build skills in clinical practice.
- B. For health care professionals who are not actually involved in the particular aspect of care but need to know the information. Therefore these modules will be based around information and not skills.
- C. For non-health care professionals.

Table 5.5.1: Training Modules for the different cadres

Topic	Health care professionals directly involved in particular components of ART care					Health care professionals not directly involved in the provision of ART	Personnel involved in the development and implementation of ART programmes	Carers and community volunteers
	<i>Physicians, Medical and Clinical Officers</i>	<i>Nurses, Midwives and Counsellors</i>	<i>Laboratory Personnel</i>	<i>Pharmacists/ Technicians</i>	<i>Records Assistants</i>			
Background Information								
The epidemiology of HIV/AIDS	<i>B</i>	<i>B</i>	<i>B</i>	<i>B</i>	<i>C</i>	<i>B</i>	<i>C</i>	-
Natural History and Immunology	<i>B</i>	<i>B</i>	<i>B</i>	<i>B</i>	<i>C</i>	<i>B</i>	<i>C</i>	<i>C</i>
Diagnosing HIV infection	<i>A</i>	<i>B</i>	<i>A</i>	<i>B</i>	-			-
Laboratory tests	<i>B</i>	<i>B</i>	<i>A</i>	-	-	-		-
Information on the use of ART								
How ART works and the ARVs available	<i>A</i>	<i>B</i>	<i>B</i>	<i>A</i>	<i>C</i>	<i>B</i>	<i>C</i>	<i>C</i>
When to start treatment and the Recommended regimens	<i>A</i>			<i>A</i>	-	-	-	-
Side effects of treatment and drug interactions	<i>A</i>	<i>B</i>	<i>B</i>	<i>A</i>	-	-	-	-
When to change treatment and Structured Treatment Interruptions	<i>A</i>	<i>B</i>	<i>B</i>	<i>A</i>	-	-	-	-
Efficacy and monitoring	<i>A</i>	<i>B</i>	<i>A</i>	<i>A</i>	-	<i>B</i>	<i>C</i>	<i>C</i>

Topic	Health care professionals directly involved in particular components of ART care					Health care professionals not directly involved in the provision of ART	Personnel involved in the development and implementation of ART programmes	Carers and community volunteers
	Physicians, Medical and Clinical Officers	Nurses, Midwives and Counsellors	Laboratory Personnel	Pharmacists/ Technicians	Records Assistants			
Adherence and Resistance	A	B	B	A	-			
The clients perspective	B	B	B	B	B	-	B	-
Information on care associated with ART								
Counselling Issues	B	A	B	B	C	-	-	-
Nutritional Advice	A	A	-	B	-	-	-	-
Nursing Care	B	A	-	B	C	-	-	-
Comprehensive HIV/AIDS Care	A	A	B	B	C	B	C	-
Other Information								
Drugs Access, cost and Affordability	A	B	B	A	-	-	A	-
Legal, ethical and cultural issues	A	A	A	A	-	-	-	-
Delivery systems	B	B	B	A	B	B	A	C
PMTCT and Post Exposure Prophylaxis	A	B	B	A	-	-	-	-
Data collection and the management of ART programmes	B	B	B	B	A	-	A	-
Monitoring of Services	A	-	-	A	B	-	-	-

6.0 DELIVERY OF TRAINING

The training should be delivered by organisations and facilitators that have experience in providing anti-retroviral therapy. Whilst there are now several organisations with patients receiving ART many of these still have only a small number of patients and at present do not have the experience or patient numbers to offer training and clinical placements. It is important that the training comes out of experience and so it is recommended that the organisations involved in training will be those with experience of providing treatment with ARVs following the National Guidelines, when in place. At present organisations with experience of treating people with ARVs include JCRC, Mildmay and Mbarara University Teaching Hospital. Training will be approved by the Ministry of Health. As the programme develops, future trainers will be trained from sites providing ART according to the National Guidelines. These trainers must have attended the initial training on ART as well as a ‘training of trainers course.’ This will help build capacity for training to enable the expansion of ART. Throughout the training process the structures that are already in place will be utilised in order to build capacity.

The Clinical Practice element should be incorporated in the training in a setting that is providing care according to the National Guidelines.

7.0 CO-ORDINATION AND ACCREDITATION OF THE TRAINING

7.1 Co-ordination of Training

Good co-ordination of the training programmes along with well trained personnel is important for the success of implementation of the ART programme. The training will be co-ordinated by the Ministry of Health.

7.2 Documentation of Training Personnel

A National Certificate will be given to personnel who complete the training programmes to show that they have completed training, including the clinical practice element, for ART. A database of personnel trained, along with details of the training programme attended, dates etc. will be maintained by the co-ordinating body, along with records of follow-up and up-date training attended.

There are already a variety of training programmes on comprehensive HIV/AIDS Care being conducted in Uganda and so personnel involved in the ART programmes may already have attended some of these. In this case, in order to receive the National Certificate they will have to apply to the co-ordinating body for ‘Accreditation of Prior Learning’. In this case it may be decided that they need not complete all or part of the training programme. This is important so as not to waste resources by making people repeat training that they have already covered.

7.3 Accreditation of the Training

In order to ensure quality and parity of training it is important that the training programmes are accredited for both the *‘health care professionals directly involved in the provision of ART’* and the *‘Personnel involved in the development and implementation of ART programmes’*.

Accreditation should be on two fronts. Firstly the National Technical Working Group and the Ministry of Health are responsible for guiding the development of the training programmes and training materials and ensuring that they meet the criteria/ guidelines for training as outlined in this document. Therefore approval should be sort from the Working Group/ Ministry of Health for the courses to be delivered. Secondly Continuing Education is essential for all health care professionals and so the training programmes should be approved by the relevant professional bodies for the awarding of Continuing Medical/ Nursing Education hours.

Whilst it is important that each organisation providing the training keeps its individuality and uniqueness in the training programmes it is also important that the minimum content is covered to ensure the quality of care and training given.

Each of the personnel involved in a new ART programme must hold a National Certificate or be working towards it in order for the ART treatment centre to be accredited. Attendance at an annual up-date is also a pre-requisite to re-accreditation of the treatment centre.

8.0 TRAINING MANUALS

Detailed training materials and manuals will be developed for the different cadres of personnel to be trained according to the modules outlined above. Separate manuals should be provided for the different personnel involved in the development and implementation of ART programmes.

Once developed these training manuals will help in the decentralisation of the training and delivery by other organisations. There will be some overlap within these manuals and they should be developed by organisations with experience in the provision of care and training on ART. It is anticipated that these should be developed within the first year following the publication of these guidelines. They will then be available for dissemination following field-testing. The training manuals would be distributed to the participants prior to their training where appropriate.

In order to facilitate the training programmes and the development of the manuals, the training materials will be prepared at three levels – A, B and C and the appropriate material used for the personnel being taught.

9.0 FOLLOW UP AND ON-GOING TRAINING

In the training of personnel for the delivery of ART it is important to provide for follow-up and on-going training. Theory and practice go hand-in-hand and so it is important that after the participants have attended the relevant training, a programme of follow up is arranged, along with regular annual updates on the provision of ART. On-site follow-up should be provided within a month of the completion of training to support them to start doing the care process that they have learnt. Further follow up will be provided approximately six months later. Follow -up should be provided for the health care professionals directly involved in the provision of ART and the personnel involved in the development and implementation of ART programmes. Ideally it will include both:

- One-day workshops where participants can share their experience in starting ART care and discuss the challenges that they have experienced during the course of their practice.
- Regional support supervisory teams should be put in place to conduct supervisory visits to ART programmes.

Regular annual up-dates should be provided for those involved in the development and implementation of ART programmes, both clinicians and implementers. This should take the form of a one-day workshop and attendance should be a pre-requisite to re-accreditation of the treatment centre. (See Section 6.3)

A central database should be kept with the details of all who have been trained, when they were trained, where they work, annual up-dates attended etc. (See Section 6.2)

10.0 MONITORING AND EVALUATION

Quality assurance is vital in both the provision of training and care on ART. The provision for Monitoring and Evaluation of the ART programmes has been covered in the 'Implementation Guidelines for ART in Uganda' and will not be covered again here. However monitoring and evaluation of the organisations providing the training and the actual provision of the training is also vital and should be the responsibility of the National Technical Working Group or their representatives.

Evaluation of the individual programmes should be the responsibility of the training organisations concerned. A questionnaire, designed to gather baseline data relating to the participants' knowledge on ART, will be distributed to all participants at the beginning and end of the course (on all programmes > 14 hours in length). This will be undertaken with a view to measuring the changes at the end of the week. During the course a variety of evaluation methods will be used, these may include:

- participant representative
- verbal, group, individual and self assessment
- observation
- use of evaluation forms
- daily debriefing (trainers)
- module and course evaluation form
- feedback on previous days activities by a participant at the start of each day.

Each participant **must** attend over 80% of the course and get a score of over 75% in their post-course assessment prior to being given a certificate.

(To be expanded later in line with overall M&E strategy)

11.0 CONCLUSION

Expanding access to ART in Uganda will be a gradual process and a phased approach may have to be pursued. Ultimately it is hoped that ART services are expanded down to Health Centre IV level with patient follow up and support extending to the community level. The success of the ARV Treatment and Care programme is dependent on having well trained personnel to deliver the treatment. Thus the provision of good-quality training is essential to the scaling up of access to ART in Uganda.