

**Track E:** Implementation Science, Health Systems and Economics

**Category:** Effect of Training, Mentoring and Supervision on HIV Processes and Outcomes

**Title:** A Training Strategy to Support Rapid Roll-out of the WHO 2010 PMTCT Guidelines in Zimbabwe

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**Background:** A situation analysis of Zimbabwe's PMTCT program conducted in 1 317 sites by the Elizabeth Glaser Pediatric AIDS Foundation (EGPAF) (May to July 2011) revealed that the revised national 2010 PMTCT guidelines had been implemented in 124 sites, while 851 sites were following the 2006 PMTCT guidelines; 246 sites were offering single-dose Nevirapine (SdNVP) only and 96 sites were not offering any ARV prophylaxis. Gaps in implementation were attributed to most health workers not being trained on the revised guidelines.

**Methods:** EGPAF supported a consultative process to adapt and adopt the WHO 2010 PMTCT and ART guidelines, and revise related training materials. Thirty trainers from all provinces, cities and PMTCT Partnership Forum (including EGPAF) were trained at national level. Provincial trainings were then conducted for 237 health workers representing all districts in the 8 provinces. Training of site-level cadres was conducted by district trainers and Family AIDS Initiative (FAI; a consortium led by EGPAF) partners. District Health Executive members, EGPAF district focal persons, and FAI partners conducted site-level, post-training support and supervision for ongoing mentorship of trained cadres. Job aides on the new guidelines were developed and printed with technical and financial support from EGPAF and distributed during training and supervision visits

**Results:** A total of 3,775 health workers were trained in IMAI/ IMPAC reflecting the 2010 guidelines, rapid testing, M&E and IYCF between April and September 2011. Rapid roll out of the 2010 PMTCT guidelines occurred following the training. By end of September 2011, sites implementing the 2010 PMTCT guidelines had increased from 124 to 1,113. Sites offering SdNVP only decreased from 246 to 62; sites following the 2006 guidelines decreased from 851 to 101.

**Conclusions:** The strategy adopted for training of health workers was very effective in achieving rapid national roll-out of the WHO 2010 Guidelines to even the lowest-level facilities.

