

MODULE 1: Course Overview and Introduction to the Training



DURATION: 80 minutes (1 hour, 20 minutes)



LEARNING OBJECTIVES:

By the end of this Module, participants will be able to:

- Know more about the trainers and other training participants
- Understand the training agenda, objectives and “ground rules”
- Assess their own baseline knowledge about content and skills to be covered during the training



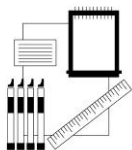
CONTENT:

Session 1.1: Welcome, Introductions, Agenda and Ground Rules
Session 1.2: Review of Training Objectives
Session 1.3: Learning Needs Assessment



METHODOLOGIES:

- Guest speaker
- Interactive trainer presentation
- Small group work
- Large group discussion
- Needs assessment



MATERIALS NEEDED:

- Flip chart
- Markers
- Tape or Bostik
- Name tags
- Pens and notebooks (for each participant)
- Copies of the Participant Manual (for each participant)
- Large “TRUE” and “FALSE” signs (can be made on flip chart)

- Copies of *Appendix IA* and *Appendix IC* (note that *Appendix IB* is included in the Participant Manual)



WORK FOR THE TRAINER TO DO IN ADVANCE:

- Read through the entire Module and make sure you are familiar with the training methodologies and content.
- Invite guest speakers to open the training and give introductory remarks.
- Finalize the training agenda using *Appendix IB: Sample Training Agenda* as a guide. This includes deciding which Modules will be included in the basic training and which will be included in future, advanced trainings.
- Finalize all training logistics and ensure that the training room is set up, all materials for the training are available, meals are arranged for participants, etc.
- Make 1-2 copies (depending on the number of participants) of *Appendix IA: Sample Training Registration Form*.
- Write the training objectives on flip chart or prepare an overhead.
- If possible, learn more about participants' literacy skills and previous training experiences. Based on this, decide whether a group or an individual pre-test would be more appropriate.
- If a group pre-test is to be conducted, make "TRUE" and "FALSE" signs on flip chart.
- If an individual pre-test is to be conducted, make copies of *Appendix IC: Learning Needs Assessment* so that each participant has a copy.

SESSION 1.1: Welcome, Introductions, Agenda and Ground Rules (45 minutes)



TRAINER INSTRUCTIONS

Methodologies: Guest Speaker, Interactive Trainer Presentation, Small Group Work, Large Group Discussion

- Step 1:** Introduce yourself and the other trainers and welcome participants to the training. Introduce keynote speaker(s) to give brief introductory remarks and welcome.
- Step 2:** Pass around a registration sheet (see *Appendix 1A* for a sample) and ask participants to record their name, organization, age, sex, contact information and any other HIV-related training that they have received.
- Note:** Remember to ask participants to sign in for each day of the training; another daily sign-in sheet may be required for this.
- Step 3:** Introduce the Participant Manual and make sure each person has a copy. Explain that the Manual contains the key points for each Module and that it can be used as a reference after the training. Encourage participants to take their own notes during the training. A notebook and pen are provided to each participant for this purpose.
- Step 4:** Lead an introductory activity so people can introduce themselves and get to know more about one another and the trainers. Adjust the activity depending on the size of the group.
- Here is one example of an introductory activity:
- Ask participants to get in pairs with someone they do not know. Give the pairs five minutes to get to know each other (name, family members, what is important to them, how long they have been in the care and treatment program, etc.). After 5 minutes, bring the large group back together and ask each person to introduce their partner to the larger group. The trainers should also participate and introduce one another.
- Step 5:** Go over the training agenda that participants have in the beginning of their Participant Manuals (see *Appendix 1B*). Do not forget to mention logistics, such as lunch, start and end times, payment of per diems and transport arrangements. Ask if there are questions about the agenda before moving on.
- Step 6:** Lead participants to set “ground rules” for the training. Record these rules on flip chart and encourage participation from the whole group.
- Examples include: turn off mobile phones, confidentiality, no judgmental attitudes, no question is a bad question, everyone should be respected when they have the floor, everyone should actively participate, come back from breaks and lunch on time, etc. Keep these “ground rules” posted throughout the training.

SESSION 1.2: Review of Training Objectives (15 minutes)



TRAINER INSTRUCTIONS

Methodologies: Large Group Discussion, Interactive Trainer Presentation

Step 1: Ask participants to answer the following questions:

- *Why do you want to be a Peer Educator?*
- *What skills and information do you hope to learn at this training?*

Step 2: Review each of the training objectives below, referring to the pre-prepared flip chart on which the training objectives are written.

Step 3: Allow participants time to ask questions about the training objectives and remind them that Peer Educators will receive on-the-job support as well as refresher trainings in addition to this basic training.

KEY INFORMATION

Training objectives

By the end of this basic training course (Modules 1-15), participants will be able to:

1. Work as an integral part of facility multidisciplinary care teams, specifically at PMTCT and HIV care and treatment clinics
2. Provide one-on-one counseling and group education to clients and their families so they better understand, use and adhere to HIV prevention, care and treatment services
3. Assist clients and their families to access different services within the health facility
4. Help prioritize pregnant women for HIV care and treatment services
5. Follow up HIV-exposed babies and provide basic information to clients on caring for their HIV-exposed and HIV-infected babies and children
6. Implement family-focused care by encouraging clients to disclose to family members and bring them to the clinic for counseling, testing, care and treatment
7. Serve as role models for positive living and adherence to care and treatment
8. Help clients, family members and community members live positively with HIV and prevent new HIV infections
9. Identify and trace clients who have missed appointments or have discontinued treatment in order to bring them back into care
10. Assist clients and their families to access community-based services, such as support groups, associations of people living with HIV (PLHIV) and food support

11. Conduct community mobilization and sensitization around HIV and prevention, care and treatment services
12. Keep records of daily, weekly and monthly activities

There are also 4 advanced training Modules (Advanced Modules 16-19) included in this curriculum. Some or all of these Modules may be added to the basic training course, or they may be used for advanced Peer Educator training later on.

After completing the 4 advanced training Modules, participants will be able to:

1. Provide basic counseling on conception, childbearing and family planning and make appropriate referrals
2. Understand the relationship between nutrition and HIV and provide practical nutrition advice to clients and their families
3. Provide more in-depth information to clients on caring for their HIV-exposed and HIV-infected babies and children
4. Organize and lead PLHIV support group meetings

SESSION 1.3: Learning Needs Assessment (20 minutes)



TRAINER INSTRUCTIONS Methodologies: Needs Assessment

- Step 1:** **Note:** The facilitators first need to determine whether or not participants will be comfortable completing an individual, written learning needs assessment (pre-test). If a written learning needs assessment will cause added stress to participants, or if trainers feel that some or all of participants' literacy levels would make this a challenge, then opt for the group learning needs assessment.
- Tell participants that in order to guide the training and make it useful to them, trainers need to have an idea of what people already know and what gaps exist.
- Step 2:** **For a group learning needs assessment:** Post a large "TRUE" sign on one side of the room and also a large "FALSE" side on the other side of the room.
- Select some of the statements from *Appendix 1C: Learning Needs Assessment*, read each out loud and ask participants to move to either the TRUE or the FALSE side of the room – participants can also stand in the middle if they are not sure. Ask a few participants to explain their responses and allow participants to change their positions. Do not worry about explaining the right answers as all of the topics will be covered in detail during the training.
- For an individual, written learning needs assessment:** Pass out copies of *Appendix 1C: Learning Needs Assessment* to each participant. Give participants about 15 minutes to complete the questions. Ask participants to hand their completed papers to a trainer when they are complete. The trainers should score each assessment after the training day is completed, using *Appendix 1D: Answers to Learning Needs Assessment Questions* as a guide.
- Step 3:** After the needs assessment, debrief by asking participants how they felt about the questions. Were the questions easy or difficult?
- Again, remind participants that we are all here to learn and that at the end of the training they will be able to answer all of these questions and many more with confidence.

KEY INFORMATION

See *Appendix 1C: Learning Needs Assessment*.

APPENDIX IB: Sample Training Agenda

This suggested Peer Educator basic training agenda should be used as a guide. The exact agenda will depend on the days and times of the training and the availability of trainers, preceptors and participants; the training and practicum venue; as well as participant knowledge and skills. The first 8 days are mainly classroom-based and the last 5 days are supervised practicum days at health facilities and in their surrounding communities (optional). If the training is conducted on-site at a health facility (recommended), trainers may opt to include 1-2 hour practical sessions each day as well as full-day practical sessions at the end of the classroom training. Trainers may also wish to integrate one or more of the advanced Modules into the basic training agenda.

Week 1:

Time	Day 1	Day 2	Day 3	Day 4	Day 5
8:30-10:00	Official Opening Module 1: Course Overview and Introduction	Module 4: Communication and Counseling Skills	Module 6: ART	Module 7: HIV Prevention, Care and Treatment for Pregnant Women and their Children	Module 8, continued
10:00-10:15	TEA BREAK	TEA BREAK	TEA BREAK	TEA BREAK	TEA BREAK
10:15-12:00	Module 2: Roles and Responsibilities of Peer Educator	Module 4, continued	Module 6, continued	Module 7, continued	Module 8, continued
12:00-1:00	LUNCH	LUNCH	LUNCH	LUNCH	LUNCH
1:00-3:00	Module 3: HIV and Reproductive Health Basics	Module 5: Comprehensive HIV Care	Module 6, continued	Module 7, continued	Module 8, continued
3:00-3:15	TEA BREAK	TEA BREAK	TEA BREAK	TEA BREAK	TEA BREAK
3:15-4:30	Module 3, continued	Module 5, continued	Review or catch-up time	Module 8: Adherence and Psychosocial Support	Module 8, continued
4:30-4:45	DAILY RECAP, EVALUATION AND CLOSING	DAILY RECAP, EVALUATION AND CLOSING	DAILY RECAP, EVALUATION AND CLOSING	DAILY RECAP, EVALUATION AND CLOSING	DAILY RECAP, EVALUATION AND CLOSING

Week 2:

Time	Day 6	Day 7	Day 8	Day 9	Day 10
8:30-10:00	Module 9: Identifying and Tracing People Who Do Not Return to the Clinic	Module 10, continued	Module 12: Community Outreach, Education and Linkages	SUPERVISED PRACTICUM – DAY 1	SUPERVISED PRACTICUM – DAY 2
10:00-10:15	TEA BREAK	TEA BREAK	TEA BREAK		
10:15-12:00	Module 9, continued	Module 11: Stigma, Discrimination and Disclosure	Module 12, continued		
12:00-1:00	LUNCH	LUNCH	LUNCH		
1:00-3:00	Module 10: Positive Living	Module 11, continued	Module 13: Record-Keeping and Reporting		
3:00-3:15	TEA BREAK	TEA BREAK	TEA BREAK		
3:15-4:30	Module 10, continued	Module 11, continued Review or catch-up time	Module 14: Supervised Practicum (preparation)		
4:30-4:45	DAILY RECAP, EVALUATION AND CLOSING	DAILY RECAP, EVALUATION AND CLOSING	DAILY RECAP, EVALUATION AND CLOSING		

Week 3:

Time	Day 11	Day 12	Day 13	Day 14
8:30-10:00	SUPERVISED PRACTICUM - DAY 3	SUPERVISED PRACTICUM - DAY 4	SUPERVISED PRACTICUM - DAY 5	Practicum Debriefing
10:00-10:15				
10:15-12:00				
12:00-1:00				
1:00-3:00				
3:00-3:15				
3:15-4:30				
4:30-4:45				
				Module 15: Action Planning, Evaluation and Graduation

APPENDIX IC: Learning Needs Assessment

Name: _____ Date: _____ Score: _____/30 correct

#	Questions (tick True, False or Don't Know for each question)	True	False	Don't Know
1	Peer Educators are volunteers, so they are not members of the multidisciplinary HIV care team.			
2	CD4 cells help protect us from infections.			
3	Dual protection means wearing 2 condoms at a time.			
4	If a man is circumcised, he does not have to use condoms.			
5	HIV is most commonly spread through unsafe sex.			
6	Supportive counseling includes telling people what you think is best.			
7	Shared confidentiality means you should tell a person's family, but not community members, that the person has HIV.			
8	Peer Educators should ask clients about family members at each visit.			
9	Only people on antiretroviral therapy (ART) need HIV care services.			
10	People living with HIV (PLHIV) are less likely to get tuberculosis (TB) than people without HIV.			
11	Cotrimoxazole (CTX, or Bactrim) helps prevent opportunistic infections (OIs).			
12	Only very sick people need ART.			
13	A person on ART can still pass HIV to another person.			
14	Normally, a person's CD4 count goes down when they start ART.			
15	Many side effects of antiretroviral medicines (ARVs) will go away in 2-4 weeks.			
16	If a woman with HIV has a baby, it is certain the baby will be HIV infected.			
17	It is safe for pregnant women to take ARVs.			
18	The motto for prevention of mother-to-child transmission (PMTCT) of HIV is "saving 2 lives."			
19	There is no way to know for sure if a 6-month-old baby is HIV infected.			
20	Peer Educators can help clients create an ART adherence plan.			
21	Most people miss their ARV doses because they are lazy.			
22	Missing one ARV dose per week is okay.			
23	There is not much we can do if people do not come back to the clinic.			
24	Positive living means telling people you are living with HIV.			
25	Good nutrition is part of positive living.			
26	People living with HIV can help prevent new HIV infections.			
27	It is important for Peer Educators to disclose their HIV-status.			
28	Disclosure is an ongoing process.			
29	Children do not need to know about their HIV-status.			
30	Peer Educators are also community educators and advocates.			

APPENDIX ID: Answers to Learning Needs Assessment Questions

#	Questions (tick True, False or Don't Know for each question)	True	False	Don't Know
1	Peer Educators are volunteers so they are not members of the multidisciplinary HIV care team.		X	
2	CD4 cells help protect us from infections.	X		
3	Dual protection means wearing 2 condoms at a time.		X	
4	If a man is circumcised, he does not have to use condoms.		X	
5	HIV is most commonly spread through unsafe sex.	X		
6	Supportive counseling includes telling people what you think is best.		X	
7	Shared confidentiality means you should tell a person's family, but not community members, that the person has HIV.		X	
8	Peer Educators should ask clients about family members at each visit.	X		
9	Only people on antiretroviral therapy (ART) need HIV care services.		X	
10	People living with HIV (PLHIV) are less likely to get tuberculosis (TB) than people without HIV.		X	
11	Cotrimoxazole (CTX, or Bactrim) helps prevent opportunistic infections (OIs).	X		
12	Only very sick people need ART.		X	
13	A person on ART can still pass HIV to another person.	X		
14	Normally, a person's CD4 count goes down when they start ART.		X	
15	Many side effects of antiretroviral medicines (ARVs) will go away in 2-4 weeks.	X		
16	If a woman with HIV has a baby, it is certain the baby will be HIV infected.		X	
17	It is safe for pregnant women to take ARVs.	X		
18	The motto for prevention of mother-to-child transmission (PMTCT) of HIV is "saving 2 lives."	X		
19	There is no way to know for sure if a 6-month-old baby is HIV infected.		X	
20	Peer Educators can help clients create an ART adherence plan.	X		
21	Most people miss their ARV doses because they are lazy.		X	
22	Missing one ARV dose per week is okay.		X	
23	There is not much we can do if people do not come back to the clinic.		X	
24	Positive living means telling people you are living with HIV.		X	
25	Good nutrition is part of positive living.	X		
26	People living with HIV can help prevent new HIV infections.	X		
27	It is important for Peer Educators to disclose their HIV-status.	X		
28	Disclosure is an ongoing process.	X		
29	Children do not need to know about their HIV-status.		X	
30	Peer Educators are also community educators and advocates.	X		

