

# MODULE 15: Next Steps, Course Evaluation and Graduation



**DURATION:** 120 minutes (2 hours)



## LEARNING OBJECTIVES:

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

- Review and reflect on the overall learning objectives of the Peer Educator training
- Discuss their vision and hopes for the Peer Education program and their future as Peer Educators
- Agree on next steps when they return to their respective health facilities
- Complete a final learning assessment
- Complete a training evaluation
- Graduate from the training



## CONTENT:

Session 15.1: Reflection on Learning Objectives

Session 15.2: Next Steps for Peer Educators

Session 15.3: Final Learning Assessment/Post-Test

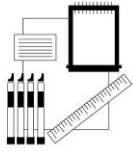
Session 15.4: Training Evaluation

Session 15.5: Graduation and Closing



## METHODOLOGIES:

- Large group discussion
- Interactive trainer presentation
- Learning assessment/Post-test
- Participatory evaluation
- Celebration!



## MATERIALS NEEDED:

- Flip chart
- Markers
- Tape or Bostik
- Copies of *Appendix 15A: Final Needs Assessment* (one for each participant)
- Training completion certificates
- Camera (optional)
- Peer Educator kits (optional, see below)



## 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.
- Photocopy *Appendix 15A: Final Needs Assessment* (one for each participant).
- Invite the Peer Educator Program Coordinator or Manager to this final training day, if not already a participant in the daily training activities. Ask her or him to present:
  - Practical guidance on next steps for Peer Educators at the site level, including when they should report to their site, how they will be introduced to the multidisciplinary team, etc.
  - The plan for supervising and mentoring Peer Educators in their work
  - The plan for continuing education of Peer Educators (at the site level, through refresher and advanced training, at monthly and quarterly meetings, etc.)
- Arrange the Peer Educator graduation ceremony in advance. Consider:
  - Location, date and time
  - Inviting guest speakers and attendees
  - Informing local press
  - Preparing training completion certificates for each participant
  - Preparing Peer Educator kits containing t-shirts or uniforms, notebooks, recording forms, job aids or other materials provided by the program. These could be provided as part of the graduation ceremony.

## SESSION 15.1: Reflection on Learning Objectives (20 minutes)

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### TRAINER INSTRUCTIONS

**Methodologies: Large Group Discussion**

**Step 1:** Review the Module learning objectives.

**Step 2:** Review the overall training objectives with participants, referring to the flip chart page prepared on the first day of training (or by rewriting the learning objectives on flip chart and referring participants to the *Participant Manual*).

Ask for a volunteer to read each of the learning objectives out loud. After each, discuss as a group:

- *Did we meet this learning objective during the training?*
- *How confident do you feel that you will be able to do this when you return to your site?*
- *What extra support would you like in this area?*

Record answers on flip chart or in a notebook, especially areas requiring extra support.

### KEY INFORMATION

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At the beginning of the training, we agreed on a number of learning 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, such as ART, PMTCT, VCT, TB diagnosis and treatment, STI treatment, maternal and child health, and family planning
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, PLHIV associations, food support and income-generating activities
11. Conduct community mobilization and sensitization around HIV and prevention, care and treatment services
12. Keep records of daily, weekly and monthly activities

## SESSION 15.2: Next Steps for Peer Educators (30 minutes)

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### TRAINER INSTRUCTIONS

**Methodologies: Interactive Trainer Presentation, Large Group Discussion**

**Step 1:** Ask the Peer Education Program Coordinator or Manager to spend a few minutes discussing the next steps for Peer Educators to help them “prepare for the workplace.” Tailor this discussion to the local Peer Education program.

The next steps and preparation discussion could include the following:

- Logistics – when and where will Peer Educators report for work, stipend disbursement, etc.
- How Peer Educators will be introduced to the multidisciplinary team and other facility staff members
- When and where Peer Educators will sign their contracts and the details of the contract
- How supervision and mentoring will work day-to-day at the facility, including lines of reporting and communication
- The role of the Program Coordinator
- The plan for continuous mentoring
- The plan to update Peer Educators through refresher and advanced training
- What to do if there is a problem
- Other relevant issues

**Step 2:** Remind Peer Educators of the importance of staying up to date on key issues, clinic services and the Peer Educator program. Peer Educators should take the initiative to stay up-to-date and share information with one another. The Program Coordinator, supervisors and members of the multidisciplinary team will make sure Peer Educators are mentored and offered continuing education.

**Step 3:** Allow participants time to ask questions. Clarify any outstanding programmatic or logistical issues.

**Step 4:** Go around the room and ask each participant to name two specific things they will do better now as a result of the Peer Educator training.

**Step 5:** Next, go around the room and ask each participant to talk about their vision and hope for the Peer Educator program and her- or himself as a Peer Educator.

## **KEY INFORMATION**

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There is no pre-prepared content for this session.

## SESSION 15.3: Final Learning Assessment/Post-Test (35 minutes)

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### TRAINER INSTRUCTIONS

#### Methodologies: Learning Assessment/Post-test

**Step 1:** **Note:** The facilitators should reflect on their decision from *Module 1* on whether or not to conduct a group or an individual written post-test. As with the pre-test, if a written post-test will cause added stress to participants, then opt for the group post-test.

Tell participants that in order to evaluate how effective the training was in building the knowledge and skills of Peer Educators, we will now do a final learning assessment. This is similar to the needs assessment conducted at the start of the training. Remind participants that this is not a test, but rather a way for participants to evaluate what they have learned and for trainers to note where more mentoring is needed at the site level.

**Step 2:** **For a group post-test:** Post a large “TRUE” sign on one side of the room and also a large “FALSE” sign on the other side of the room.

Select some of the statements from *Appendix 15A: Final Learning Assessment* 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. Discuss the correct answers as a large group.

**For an individual, written post-test:** Pass out copies of *Appendix 15A: Final Learning Assessment* to each participant. Give participants about 15 minutes to complete the questions. Ask participants to hand their completed post-tests to a trainer when they are done. The trainers should score them after the training is completed, using *Appendix 15B: Answers to Final Learning Assessment* as a guide.

**Step 3:** Debrief by asking participants to compare how they felt about their knowledge and skills on the first day of training vs. how they feel now on the last day of training. Ideally, the final needs assessment should be a time for participants to feel confident in the skills and knowledge they have learned during the training.

**Step 4:** Review the correct answers for the post-test and encourage discussion.

**Step 5:** Remind participants how much they have learned in the past week and congratulate them on a job well done!

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### KEY INFORMATION

See *Appendix 15A: Final Learning Assessment*.

## SESSION 15.4: Training Evaluation (15 minutes)

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### TRAINER INSTRUCTIONS

Methodologies: Large Group Discussion, Participatory Evaluation

**Step 1:** Tell participants that it is important to give honest feedback on the training so that the trainers know what went well and what can be done better at future trainings.

Post 2 pieces of flip chart paper on opposite sides of the room. Label the top of one with a smiley face (☺) and the top of the other with a sad face (☹).

**Step 2:** Ask the group to select 2 note-takers/facilitators and give each a marker. Ask participants to discuss the following questions after the trainers leave the room (you may want to write them on flip chart):

- *What did you like best about the training?*
- *What did you not like about the training?*
- *What do you think could be done better in future trainings?*

Ask the note-takers to record the input on the appropriate flip chart page. Remind participants that this is an anonymous exercise and that the trainers will soon leave the room. Ask the note-takers to roll up the flip chart pages and call the trainers back into the room when the exercise is finished.

**Note:** This could also be done as an individual evaluation where each participant fills out his or her own evaluation form.

**Step 3:** All trainers should leave the room.

The nominated note-takers should facilitate discussion of the above questions and record participants' answers on the appropriate flip chart pages. This should take about 15 minutes. Once finished, the note-takers should roll up the flip chart pages and call the trainers back into the room.

**Step 4:** Ask if anyone has any feedback to share with the whole group. Discuss and thank participants for their honest feedback.

**Step 5:** **After the training:** The trainers should meet to debrief, review participant feedback and discuss what they think went well and what could be improved during the next training.

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### KEY INFORMATION

There is no pre-prepared content for this session.

## SESSION 15.5: Graduation and Closing (20 minutes)

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### TRAINER INSTRUCTIONS

#### Methodologies: Celebration!

- Step 1:** Congratulate Peer Educators on a job well done. Ask invited guests to make their remarks and then officially present participants with their training completion certificates.
- Step 2:** This is also a good time to distribute Peer Educator kits containing t-shirts or uniforms, notebooks, recording forms, job aids or other materials provided by the program.
- Step 3:** Take a group photo, if possible, and make copies to distribute to each trainer and participant after the training.
- Step 4:** Thank everyone for their hard work and officially close the training.
- Step 5:** Make sure to take care of any remaining logistical issues, including transport stipends, etc. for trainers and participants.

### KEY INFORMATION

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There is no pre-prepared content for this session.

## APPENDIX 15A: Final Learning 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 15B: Answers to Final Learning 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		