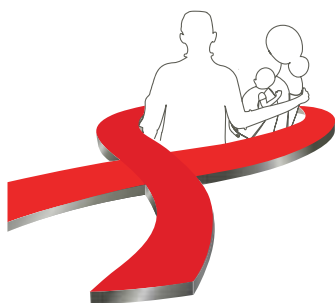


Trainers' Guide

TRAINING MODULE for Labour Room Nurses on Guidelines for Lifelong ART for all HIV-Positive Pregnant and Breast Feeding Women to Prevent Parent-to-Child Transmission (PPTCT) of HIV and Syphilis



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Contents

INTRODUCTION	1
The Role of a Teacher, Facilitator/Trainer.....	1
Competencies Required in a Trainer of Labour Room Nurses.....	2
Duration of Training	2
How to Use This Trainers' Guide.....	3
Reflections and Quality Circle.....	5
Agenda of the Training Programme	6
General Objectives of the Training Programme.....	6
Levels of Learning.....	7
Day One	
Agenda.....	9
Objectives.....	9
Overview	10
Materials Required.....	11
Session 1: Introduction and Needs Assessment.....	12
Session 2: Principles of Adult Learning.....	20
Session 3: HIV Transmission in Health Care Settings	26
Session 4: PPTCT Programme.....	31
Reflections	46
Day Two	
Agenda.....	39
Objectives.....	39
Overview	40
Materials Required	40
Quality Circle.....	42
Session 5: Roles and Responsibilities of Labour Room Nurses in the PPTCT Programme	45
Session 6: Pre- and Post-Test Counselling for HIV/Syphilis Screening	49
Session 7: Screening Tests for HIV and Syphilis.....	56
Session 8: Managing Special Situations in Training.....	60
Reflections.....	64

Day Three

Agenda	65
Objectives	66
Overview	66
Materials Required	66
Quality Circle	68
Session 9: ART and ARV Prophylaxis for Prevention of Vertical Transmission of HIV infection	69
Session 10: Guidelines for Delivering HIV-Positive Pregnant Women	75
Session 11: Assessing Learning Needs and Measurement of Learning during Training ..	77

Worksheets

Worksheet 1: One	79
Worksheet 2: Competency Model	80
Worksheet 3: How Did I Learn?	82
Worksheet 4: Quiz on HIV Transmission in Health Settings	83
Worksheet 5: Guidelines for Discussion on the PPTCT Programme	85
Worksheet 6: Anonymous Monitoring Format	88
Worksheet 7: Guidelines for Fishbowl Exercise – Roles and Responsibilities of Labour Room Nurses in PPTCT Programme	91
Worksheet 8: Values and Beliefs towards PLHIV	92
Worksheet 9: Case Scenarios – Managing Special Situations in Training	93

Reference Notes

Reference Note 1: Principles of Adult Learning	97
Reference Note 2: Quiz on HIV Transmission in Health Settings	102
Reference Note 3: Use of Reflection in Training	107
Reference Note 4: Use of Quality Circle in Training	108
Reference Note 5: Sample of Mood-o-Meter and Energy-Meter	110
Reference Note 6: Values and Beliefs towards PLHIV	111
Reference Note 7: Managing Special Situations in Training – Desired Responses to Case Scenarios	116
Reference Note 8: Case Scenarios – Measurement of Learning on ART and ARV to Prevent Vertical Transmission of HIV infection	121



Introduction

NACO has developed operational guidelines for implementation of the recently updated guidelines for Prevention of Parent-to-Child Transmission (PPTCT) of HIV using Multi Drug Anti-retroviral Regimen in India. Seeking to ensure wider implementation of these updated PPTCT guidelines, NACO plans to train all labour room nurses, typically posted in labour rooms on a rotational basis, on counselling and screening for HIV and syphilis. This manual has been developed as a user-friendly resource to help labour room nurses update their knowledge and skills and effectively discharge their roles and responsibilities for preventing vertical transmission of HIV and syphilis. It can also help alleviate their fears about contracting HIV infection by providing facts on HIV transmission.

This trainers' guide has been developed for trainers having thorough knowledge of the technical aspects of the PPTCT programme and rich experience in training nurses in HIV and AIDS. A review of the existing facilitator guides for nurses' training indicated that trainers primarily rely on the use of PowerPoint presentations (PPTs), along with small group discussions, role plays and demonstrations in a few sessions, to train nurses. Thus, there appears to be a need for enriching trainers' knowledge and experience in facilitating participatory training programmes based on adult learning principles. This guide seeks to address that need by strengthening trainers' knowledge and approach to make nurses' training more effective. It provides detailed explanations of session plans, the underlying principles behind each session plan, and facilitation tips to manage situations that may hinder implementation of the recommended session plans.

It is recommended that as a trainer for the crucial PPTCT programme, you, the trainer, must go through the entire guide, irrespective of your experience with adult learning principles and participatory training programmes. Subsequently, those with rich experience in participatory programmes can refer only to the summary session plans before each training programme.

THE ROLE OF A TRAINER

The role of a trainer is often seen as being similar to that of a teacher or facilitator. It is quite common to see teachers becoming facilitators and trainers in different situations. While it is possible for the same person to play all three roles depending on the need, it is important to know the difference between each. In any training programme for adults, **trainers** are more effective in helping participants acquire new knowledge and skills and develop the desired attitudes required for specific tasks. Briefly described below are the distinctive features of the roles of teacher, facilitator and trainer.



Teacher/instructor:	<p>A person who has a certain amount of knowledge, concepts and theories that he/she transfers through lecturing or presenting to a group of participants</p> <p>A teacher provides information and presents the right answers.</p>
Facilitator:	<p>A person who has the skills to moderate and run sessions, exercises, discussions and work groups, where knowledge is shared by and extracted from the participants themselves</p> <p>A facilitator brings out and focuses the experience and wisdom of the group, often even as the group creates something new or solves a problem. Therefore, a facilitator guides processes and provides the right questions.</p>
Trainer:	<p>A person who has knowledge and practical experience in a specific topic that he/she transfers through a wide range of methods, such as discussions, exercises, case studies, examples and presentations, after extracting, sharing and synthesizing the existing knowledge and experience of the group</p> <p><i>A trainer is a blend of a teacher/instructor and a facilitator. Thus, the personal skills of this person are as crucial as his/her knowledge and expertise.</i></p>



COMPETENCIES REQUIRED IN A TRAINER OF LABOUR ROOM NURSES

A comprehensive competency model has been developed for trainers of labour room nurses. This model, included in Worksheet 2, describes the knowledge, skills and attitudes required in you (the trainer) to effectively train labour room nurses in the prevention of parent-to-child transmission (PPTCT) programme guidelines. It is desirable that you assess your own competencies as a PPTCT programme trainer for labour room nurses and set three priorities for this training programme. The model can aid and guide for further strengthening your competencies as a trainer in the PPTCT programme. It will be useful for you to track your progress on the three priorities at the end of each training day and to seek timely clarifications, if required.

DURATION OF TRAINING

This trainers' guide has been designed for a three-day residential training of trainers (ToT) of labour room nurses. It is essential that the training start each day at no later than 09:00 AM and conclude only after 06:30 PM, following reflections on the day's learning. This requires that the participants arrive at the training venue on the evening before the day the training is to commence and depart only after 07:00 PM on the last day of training. Although the duration may seem long to those not familiar with participatory processes, training fatigue is rather unlikely, as the participants will be actively engaged in various activities in each session and participate in several energisers during the day.

The total duration of the training (excluding introductory and concluding remarks and tea and lunch breaks) will be 22 hours. The proposed time distribution for the different categories of sessions is as follows:

	Category of session		Duration
1.	Introduction and Needs Assessment		1 hour 45 minutes
2.	Quality Circles on Days 2 and 3		1 hour
3.	Enhancing Training Skills		6 hours
4.	Experiencing the Processes Recommended for Training Nurses		13 hours and 15 minutes

Outcomes of the three-day training programme can be greatly enhanced if:

- a. The participants seek opportunities to practice the recommended training processes and methods for training labour room nurses during the ToT.

and

- b. The participants make time and/or seek opportunities to discuss the steps in various participatory training methods, their strengths and limitations, sequencing of methods for enhanced learning, and assessing the relevance of each method to the learning objectives.

The above two can be achieved by increasing the duration of each day's training. By introducing a greater number of energisers and additional breaks, training fatigue can be prevented.

HOW TO USE THIS TRAINERS' GUIDE

As mentioned earlier, it is desirable that you read each session plan carefully, irrespective of your experience in conducting participatory training. This will help you in facilitating the proposed methodology more effectively.

- The trainers' guide is divided into the following four sections:
 1. **Each day's training:** This section will begin with the day's agenda and objectives, an overview of the expected outcomes for the day's planned sessions and the material used for each session. It is followed by detailed session plans for the day.
 2. **Worksheets:** Some sessions require worksheets for participants; these are included in this section. Most of these worksheets are aimed at helping the identification of the group's learning gaps, which can be addressed during the training.
 3. **Handouts:** It is desirable that the participants carry the PPTCT training module for labour room nurses at all times, so that they can refer, if needed, to the relevant sections during the training. The handouts to be given to participants every morning include notes on the day's objectives and session objectives. Although these will be displayed as posters on the wall, it is desirable that participants have a copy that they can refer to as and when needed.
 4. **Reference notes:** These notes are intended to help you (the trainer) better understand how information can be presented to the trainees.

Session plans provide the following information:

1. Time

The time required for each session has been estimated depending on its content and method. However, some sessions may take longer, while others may not require the allocated time. Do not get perturbed if you are not able to adhere to the proposed time schedule. It is more important to ensure that: (a) the discussions and/or activities are relevant to the session's objectives and (b) you achieve the objectives of each session and each training day.

2. Material

The list of materials for each session has been provided. You may need to calculate the quantity depending on the number of participants. As it is desirable that the number of participants be limited to 20–25 in a participatory programme, you can prepare the materials before the start of the programme and keep an additional stock of stationery items at hand. This being a participatory training programme, electronic material has been suggested only for those sessions that involve imparting of new knowledge.

3. Methods

The methods described in this guide seek to promote spontaneous participation of the group and enable learning through experience. In case you are not used to these methods, it is advised that you practice the methods prior to conducting a formal session. It will also be useful to have a colleague or co-trainer observe and critique your facilitation skills until you are very comfortable in the practice of these methods.

4. Session Objectives

Session objectives describe what the participants would have done by the end of a session. Session objectives can be changed based on your assessment of the group's existing knowledge and skills, but only if the overall programme objectives would not be affected. You must conclude the session only after the group concurs that session objectives have been achieved.

5. Process (Summary)

This summarises the key tasks and activities to be taken up during each session and the estimated time for each task. You may need to modify these, especially the time allocated, depending on the group outcomes and pace of learning.

6. Process (Detailed)

This section gives a detailed description of every task and activity to be taken up during the session. It is not necessary for you to follow the instructions verbatim. It is, however, important that you familiarise yourself with the session plans and practice the instructions to be given to participants; this would ensure easy and precise communication during

sessions. It will also minimise the need to clarify instructions for group assignments and/or avoid the risk of different participants interpreting the instructions differently.

7. *Facilitation tips*

This section describes the few situations that may not allow you to follow the recommended session plan. The actions that are desired in such situations are described here.

8. *Underlying principles behind session plan*

This describes the two main principles or assumptions behind each session plan. It is meant to enhance your understanding of the value that the chosen methods bring to each session.

9. *Advantages and disadvantages (of the chosen session plan)*

This section seeks to help you understand the merits and demerits of the chosen session plan.

REFLECTIONS AND QUALITY CIRCLE

Almost all effective training programmes end the day with feedback, which is valuable for improved training processes. Similarly, most training programmes start the day with a revision of the previous day's learning and clarifications, if any, about the previous day's session(s). This training programme also proposes similar processes, but with a few additions, as described ahead in detail. It is desirable that during the 'quality circle' in the morning, you invest as much time as needed for measuring the level of learning before starting the new session of the day. It is important to ensure that the participants learn a few things thoroughly rather than learning a lot of things partially. As you will note, most tools for measurement of learning assess the participants' ability to apply the knowledge in their work.

AGENDA OF THE TRAINING PROGRAMME

Time	Day One	Day Two	Day Three
09:00	Inaugural address	Quality circle	Quality circle
09:30	1. Introduction and needs assessment	5. Roles and responsibilities of labour room nurses in the PPTCT programme	9. ART and ARV prophylaxis for prevention of vertical transmission of HIV
11:15		Tea	
11:30	2. Principles of adult learning	6. Pre- and post-test counselling for HIV screening	9. ART and ARV prophylaxis... (Contd.)
12:30	3. HIV transmission in health care settings		
13:15		Lunch	
14:15	3. HIV transmission in health care settings (Contd.)	7. HIV and syphilis screening tests	10. Guidelines for delivering HIV-positive pregnant women
15:30		Tea	
15:45	4. PPTCT programme	8. Managing special situations in training	11. Assessing learning needs and measurement of learning during training
17:00	Reflections	Reflections	Concluding remarks

GENERAL OBJECTIVES OF THE TRAINING PROGRAMME

By the end of the three-day training of trainers of labour room nurses in their “roles and responsibilities for Prevention of Parent to Child Transmission (PPTCT) of HIV/AIDS the participants would have:

1. Assessed their knowledge of ART and ARV prophylaxis for prevention of vertical transmission of HIV through case scenarios
2. Practiced HIV screening test
3. Expressed enhanced confidence in managing the training processes recommended for training labour room nurses in their roles and responsibilities for prevention of parent-to-child transmission of HIV

It is desirable that a poster be prepared on the ‘General Objectives of the Training Programme’ and be displayed throughout the training programme. The poster can be placed on a wall in front of the group seated in a plenary. It is also desirable that you (the trainer) refer to these general objectives before starting and ending each day’s training and monitor the progress of the group on the achievement of the general objectives.

MAPPING LEARNING DOMAINS TO THE TRAINING PROGRAMME'S GENERAL OBJECTIVES

Bloom's Taxonomy of learning domains¹ is the foundation on which the general objectives are based. The training design focuses on the higher levels of knowledge and attitude domains. Skills enhancement is the focus of only one activity — doing the whole blood finger prick test for HIV screening. The table below shows the mapping of the training programme's general objectives with the level of learning in each domain.

	Knowledge Category	Attitude Category	Practice Category
A	Fact	Receiving	Imitation or copying
B	Comprehension	Responding	Following directions
			General Objective2
C	Application	Valuing	Precision
		General Objective 3	
D	Analysis	Organisation	Addition
	General Objective 1		
E	Synthesis	Integration	Habit
F	Evaluation		

LEVELS OF LEARNING

Bloom's Taxonomy describes the levels of learning in three domains: cognitive (knowledge), affective (attitude) and psychomotor (skills). The cognitive domain has six levels of learning, while the other two have five each. The different levels of learning in each domain are described below.

I. Cognitive or knowledge domain

	Level	Behaviour descriptions
1.	Facts	Recall or recognize information
2.	Comprehension	Understand the meaning, rephrase the information in one's own words, interpret the information and translate it in another language
3.	Application	Use or apply knowledge in real-life situations, put theory into practice
4.	Analysis	Interpret elements, underlying principles, structures, quality, individual components and their reliability and relevance
5.	Synthesis	Develop new systems, plans, procedures, approaches, creative thinking
6.	Evaluation	Assess effectiveness of whole concepts in terms of outputs, efficacy, feasibility and sustainability, strategic comparison and review, judgment relating to external criteria

¹Bloom's Taxonomy was created in 1956 under the leadership of educational psychologist Dr Benjamin Bloom.

II. Affective or attitude domain

Level		Behaviour descriptions
1.	Receive	Be open to experience, willing to hear
2.	Respond	React and participate actively in group discussion, take notes, take interest in sessions and discussions
3.	Value	Attach value and express personal opinion, decide the worth and relevance of ideas and experiences, accept or commit to a particular action or stance
4.	Organize or conceptualise values	Resolve or reconcile internal conflicts, develop a value system, qualify and quantify personal views and give reasons for the same
5.	Integrate or internalise	Adopt belief systems and philosophy, become self-reliant, behave consistently with stated values and beliefs

III. Psychomotor or practice domain

Level		Behaviour descriptions
1.	Imitation	Copy action of another, observe and replicate
2.	Following directions	Reproduce or repeat activity from memory or from instructions, carry out task from written or verbal instructions
3.	Precision	Perform the task or activity with expertise and to a high quality without assistance or instruction, be able to demonstrate the activity to other learners
4.	Addition or articulation	Adapt and integrate expertise or combine related activities to develop methods to meet varying requirements
5.	Habit or naturalisation	Be able to do an activity skilfully in an unconscious manner



AGENDA

09:00	Inaugural Address
09:30	Session 1 – Introduction and Needs Assessment
11:15	Tea break
11:30	Session 2 – Principles of Adult Learning
12:30	Session 3 – HIV/AIDS Transmission in Health Care Settings
13:15	Lunch
14:15	Session 3 – HIV Transmission in Health Care Settings (Contd.)
15:30	Tea break
15:45	Session 4 – PPTCT Programme
17:00	Reflections



OBJECTIVES

By the end of the first day of training, the participants (trainers of labour room nurses) would have:

- Described at least five ways in which they will use principles of adult learning while training labour room nurses
- Demonstrated enhanced knowledge about the factors influencing HIV transmission in health settings
- Clarified their doubts about the PPTCT programme

None of the above three objectives directly contribute to the training programme's general objectives discussed earlier. However, each of them is important for the achievement of general objectives in the ways described below:

- Knowledge of adult learning principles and its application in training programmes can help you gain greater confidence in managing the methods and processes recommended for training labour room nurses.
- There is persuasive evidence that HIV-positive patients perceive stigma and discrimination (S&D) the most in healthcare settings. There is also persuasive evidence that the fear of contracting HIV is one of main causes of S&D towards HIV positive patients in healthcare facilities. Thorough knowledge of the factors that influence HIV transmission in health settings can go a long way in reducing the fears of labour room nurses in providing services to HIV-positive pregnant women and, thus, reduce S&D.
- A uniform understanding of the PPTCT programme guidelines among participants can help to ensure that the labour room nurses subsequently trained by the participants also have a uniform understanding of the PPTCT programme and the rationale behind the updated guidelines.

OVERVIEW

Registration of participants will commence at 8:30 AM on the first day of training, followed by an inaugural address at 9:00 AM. Structured training will commence at 9:30 AM and is expected to conclude around 6:00 PM with the participants' reflections on the day's learning. The expected outcomes of each session of the day are presented in the illustration below.

Overview of Sessions of Day One of TOT Programme

Session

Expected Outcome

Introduction and needs assessment Estimated duration: 1 Hr and 45 min	➔	<ul style="list-style-type: none">★ Group's views on (a) concerns about motivating labour room nurses to provide S&D free services to PLHIV and (b) challenges have faced are collated★ Consensus reached on General Objectives and Day One Objectives★ Agreement on ground rules for training
Principles of Adult Learning Estimated duration: 1 Hr	➔	Participants use their experiences to: <ul style="list-style-type: none">★ Identify principles of adult learning Describe how they will use adult learning principles for training labour room nurses
HIV transmission in health settings Estimated duration: 2 Hrs	➔	Participants gain greater clarity on: <ul style="list-style-type: none">★ Factors influencing HIV transmission, especially in health care settings★ HIV testing guidelines★ PEP★ Universal precautions★ Social and ethical issues related to HIV and AIDS
Overview of PTPCT Programme Estimated duration: 1 Hr and 15 min	➔	Participants clarify their doubts about: <ul style="list-style-type: none">★ Never guidelines to reduce vertical transmission of HIV★ Rationale behind the updated PPTCT guidelines

MATERIALS REQUIRED

Posters to be pasted on the wall:

1. General Objectives
2. Objectives for Day One
3. Agenda for Day One
4. Ground Rules
5. Empty chart paper with the words 'Parking Lot' written on the top

Materials for each session: The materials required for the different sessions through the day are listed below.

Session	Posters	Handouts	Worksheets	Stationary
Introduction	✓Objectives for Session 1	✓General objectives ✓Objectives of Day 1 ✓Objectives of each session of Day 1	✓Worksheet 1: One... ✓Worksheet 2: Competency model	✓Flip charts ✓Markers for trainer ✓1 index card per participant ✓1 marker pen per participant
Principles of adult learning	✓Objectives for Session 2	✓Principles of adult learning	✓ Worksheet 3: How Did I Learn?	✓Flip charts ✓Marker pens
HIV transmission in health care settings	✓Objectives for Session 3	✓Reference notes on the basic facts about HIV and AIDS (for participants) ✓Reference notes on the quiz on HIV transmission (for the trainer)	✓ Worksheet 4: Quiz on HIV Transmission in Health Care Settings	✓Flip charts ✓Markers for trainer
PPTCT programme	✓Objectives for Session 4	✓PPTCT training module for labour room nurses: Refer to Section 2	✓ Worksheet 5: Guidelines for Discussion on PPTCT Programme (if PowerPoint presentation is not the chosen method)	✓2 chart papers for each group of 5 participants ü4 index cards for each group of 5 participants ✓1 marker pen per participant ✓Flip charts ✓Markers for trainer
Reflections			✓ Worksheet 6: Anonymous Monitoring Format	✓Flip charts ✓Markers



Session 1

INTRODUCTION

TIME:	One hour and forty-five minutes
METHOD:	Dynamic buzz groups
MATERIALS:	Poster on 'General Objectives', pasted on a wall
	Poster on 'Objectives for Day One', pasted on a wall
	Poster on 'Agenda for Day One', pasted on a wall
	Poster on 'Objectives for Session 1', displayed on the second flip chart board
	Poster on 'Ground Rules'
	Worksheet 1: One... (one copy per participant)
	Worksheet 2: Competency Model (one copy per participant)
	Index cards in any one colour (one for each participant)
	Marker pens (one per participant)
	Handout on agenda and objectives for Day One
	Handout on objectives of the sessions on Day One
	Flip charts
	Marker pens for the trainer

SESSION OBJECTIVES

By the end of the one-hour and forty-five minutes session, titled 'Introduction', the participants would have:

- a. Identified the majority of the training participants by name
- b. Listed the group's views on:
 - i. One concern they have about motivating labour room nurses to provide stigma- and discrimination-free services to HIV-positive patients, and
 - ii. One challenge they (can) face while training labour room nurses

PROCESS (SUMMARY)

S.No.	Activity	Duration (min)
1.	Introduce yourself and explain the introductory process Distribute and explain Worksheet 1	8
2.	Participants fill Worksheet 1: One...	7
3.	Have the participants discuss 'My One...' in dynamic buzz groups	15
4.	Conduct first round of introductions Document the 'concerns' of participants	10
5.	Conduct second round of introductions Document participants' perception and/or experience of 'challenges'	10

S.No.	Activity	Duration (min)
6.	If time allows, document 'feelings' and 'one word' associated with HIV	10
7.	Comment on feelings and views expressed by the group, if any	5
8.	Review General Objectives and Agenda Clarify doubts, if any	10
9.	Present the ground rules and add more, if suggested by the group	5
10.	Distribute Worksheet 2: Competency Model and ask the participants to fill it (Participants prioritise three competencies to strengthen during the training programme.) Clarify doubts, if any	20
11.	Refer to session objectives and summarise key outputs of the session	5
	Total duration	105

PROCESS (DETAILED)

Step 1: **Introduce** yourself and **explain** the need for deviating from conventional self-introduction or partner introduction by giving information such as:

- ✓ Learning other participants' names is the first step towards forming a cohesive group where people work together towards common objectives
- ✓ It is difficult to remember names of more than just a few people through self- introduction or partner introduction
- ✓ In addition to learning names of participants, it is also helpful to learn about their beliefs, views and opinions on some key aspects of providing services to HIV-positive patients. This is important because these views are the foundation on which the participants will develop competencies related to their responsibilities towards preventing mother-to-child transmission of HIV.

Distribute Worksheet 1: One... and **explain** the process of introduction using dynamic buzz groups, by telling the participants:

- ✓ *The first step towards learning about other participants' names and beliefs, views and opinions is to express your own.*
- ✓ *Write your name and years of experience at the bottom of the worksheet.*
- ✓ *In relevant boxes, write the first thing that comes to your mind about: (a) one word you associate with HIV, (b) one feeling you get when you think about HIV-positive pregnant women, (c) one concern you have about providing services to HIV-positive patients, and (d) one challenge you have faced or you think you will face while providing services to HIV-positive patients.*
- ✓ *You will be given five to seven minutes to fill the worksheet.*

- ✓ *In the next 15 minutes, you need to interact with as many participants as possible, introduce yourself and share the information filled in your respective worksheets.*
- ✓ *At the end of 15 minutes, you will identify all the participants you interacted with and share their views on one or more 'One...'*
- ✓ *The participant who can identify the maximum number of people by name will be given the title of the 'Most Friendly Participant'.*
- ✓ *At the end of 15 minutes, you will identify **all** the participants you interacted with and share their views on one or more 'One...'*
- ✓ *The participant who can identify the maximum number of people by name will be given the title of the '**Most Friendly Participant**'.*

Ask the group to give examples of each 'One'. In case they are unable to, you can give examples to explain what each 'One' means.

(8 minutes)

Step 2: **Observe** the participants as they fill the worksheet. **Clarify doubts**, if any. **Emphasise** that the participants should write what comes first to their mind. In case some participants are taking longer to fill their worksheet, **ask** them to at least fill the 'concern' and 'challenge' sections.

(7 minutes)

Step 3: **Ask** the participants to talk to others in the group. It is desirable that they interact with participants they do not know. In case there are some quiet participants, or some participants who are reluctant to get up from their seats and move around the group, **gently persuade** them to participate.

(15 minutes)

Step 4: **Identify** the participant who interacted with the maximum number of people. **Ask** him or her to identify the participants by name and, if possible, list their concerns about motivating labour room nurses to provide S&D-free services to HIV-positive pregnant women. Write these down on a flip chart. **Continue** to identify participants by name and list their concerns until all the participants' views are documented. **Write** the number of participants for each view and opinion. At the end of the exercise, your flip chart will resemble the example shown on the side.

Concerns about motivating LR nurses to provide S&D free services to PLHIV		
1.	Participants do not arrive on time	7
2.	Training duration is too short	10
3.	Most not interested in training	3
4.	Inqdequate facilities for training	1
5.	HIV is not a priority for most nurses	1
6.	Varying levels of knowledge among nurses	1
7.	Lack of protective equipment in most hospitals, which increases fear of acquiring HIV among	1

(10 minutes)

Step 5: **Invite** the participant who interacted with the second highest number of people in the group. **Ask** him or her to identify their names and list their perception and/or experience of any 'challenge' related to training nurses in HIV and AIDS.

Repeat the Step 4 process to document the challenges listed by the group. In a round-robin manner, **ask** the participants about the number of years of experience they have as trainers in the HIV sector. Write the cumulative experience below the listing of challenges.

(10 minutes)

Step 6: If Steps 4 and 5 have been completed within the stipulated time, **list** the group's views on their feelings when they think about HIV-positive pregnant women and the one word they associate with their role in training labour room nurses.

(10 minutes)

Step 7: **Inform** the participants that their 'xx' years of total experience will be useful in finding practical solutions to the challenges they (can) face while training labour room nurses. 'xx' is the participants' cumulative years of experience that you counted in Step 5.

Comment on the group's listing of all four (or two, as the case may be) 'One...' as required. For example:

- ✓ If some participants expressed concern about the training duration being too short, explain that they can maximise the training's impact by prioritising content that can contribute the most to reducing vertical transmission of HIV. Inform them that you will be available over the next three days to help them understand the process of developing a hierarchy of content and prioritising content for achieving learning objectives. Having made the commitment, it is important for you to remind the participants of your availability at the end of reflections every training day.
- ✓ If some participants mentioned their role as trainers of nurses being a "thankless job", tell them that it is in their power to help nurses identify the need to learn and the important role they play in preventing vertical transmission. Their reward as trainers will be significant if a majority of the nurses agree to provide S&D-free services to HIV-positive pregnant women and practice PPTCT guidelines in the labour room.

(5 minutes)

Step 8: **Review** the general objectives and the agenda of the training programme. Link the most commonly stated 'One...' with specific sessions and objectives planned for the programme. **Give clarifications** on general objectives, if necessary.

In case a concern or challenge related to training of labour room nurses is not directly linked to the general objectives and is expressed by at least two to three participants, **list** it on the poster titled 'Parking Lot' and paste it on the wall. **Assure** the group that you will find time to discuss it during the training. Having made the commitment, it is important that you keep up with it.

(10 minutes)

Step 9: **Present** the following ground rules. **Ask** group if they concur with the rules and if they want to add more, based on whether most participants agree with the addition.

1. We will adhere to the time schedule for starting the training programme and the breaks during the day.
2. Each session will be concluded only after achievement of its objectives.
3. We will take responsibility for our own learning and will help others learn.
4. We will give all participants equal opportunities to express their views or opinions and seek clarifications.
5. We will respect all views and opinions and agree to disagree in case consensus on some issues is not achievable.
6. We will express ourselves in the language we are most comfortable with.
7. We will follow the ground rules.

(5 minutes)

Step 10: **Distribute** Worksheet 2: Competency Model and one index card per participant. **Lead** the group in reviewing the knowledge, skills and attitudes required for becoming exemplary trainers of labour room nurses in the PPTCT programme. **Clarify** doubts, if any. **Observe** the participants as they assess their own competencies and support them, as needed, to prioritise three competencies to strengthen during this training programme. **Remind** them to ensure that their priorities are linked with the general objectives of the training programme.

Ask the participants to write their three priorities on an index card and give it to you. It is important that you collate the information after the day's sessions have concluded, prepare a poster on the stated priorities and paste it on the wall.

(20 minutes)

Step 11: **Review** the session objectives and **lead** the group to summarise the most common 'Ones...', especially their concerns about providing services to HIV-positive people and the challenges they have faced or fear that they will face while providing services to HIV-positive patients.

(5 minutes)

- ✓ Paste the 'Ground Rules' poster on the wall in such a way that the participants can read it comfortably from a distance of about ten feet.
- ✓ Paste the flip charts listing all the 'Ones...' on the wall. You will need to refer to these in relevant sessions throughout the training.
- ✓ Collect the worksheets and paste them on a wall during the lunch break. Review them to ensure that all the responses are documented on the flip chart.

FACILITATION TIPS

Certain situations may come up that make it difficult for you to follow the recommended session plan. The desirable actions you may wish to follow in such circumstances are described below.

1. *Participants arrive late or some other reason(s) delay the starting of the training programme.*

Desirable actions: The 'Introduction' session should not be skipped, as it lays a strong foundation for participatory training and helps in identifying emotional barriers that impede performance as effective trainers in the HIV and AIDS area and for nurses. There will be several opportunities during the subsequent sessions to make up for the lost time.

You can limit the worksheet to only two 'Ones...': (a) concerns about motivating labour room nurses to provide S&D-free services to PLHIV and (b) challenges they (can) face while training labour room nurses.

2. *Participants are unable to articulate their feelings, views and opinions.*

This situation might arise with participants who have not attended a participatory training programme before and/or are apprehensive of being perceived as "less than" by some others in the group. It may also be seen in participants who are hesitant to express themselves in front of a group or are uncomfortable expressing themselves in English.

Desirable actions: If just one or two participants are unable to express themselves, allow them to respond to as many 'One...' as possible. You can ask probing questions to help them articulate their thoughts.

Do not force these participants to respond. You can, however, encourage them to talk to a few participants and get to know their names and years of experience. You must also encourage the participants to express themselves in any language they are most comfortable in. If you are not very skilled in the participant's language, take help from others for translation.

3. *Some participants want to share their experiences or are dominating the time.*

Desirable actions: Gently but firmly remind the participants that there will be several opportunities for sharing of experiences during the training. Refer to session objectives and emphasise that at this stage, only listing of the 'Ones...' is expected.

4. *All the participants have given similar responses.*

This situation can arise if the participants have similar experiences, fears or beliefs or have merely copied what other participants wrote.

Desirable actions: Respect the participants' views and accept that, as of now, this is what they believe. However, inform the group they can add to the list as and when they get ideas during the training.

From a training perspective, few and similar emotional responses shared by the group give you ample time to address each one of them in relevant sessions.

5. *There is not enough space to paste posters on the wall or the permission to paste posters has not been granted.*

Desirable actions: It is useful to have the posters on general objectives, objectives for the day and agenda displayed at all times. If you are unable to paste them on the wall, you can explore other options, such as pinning them on hardboard (if available) or hanging them from a strong thread/thin rope tied between doors and/or windows or nails, if any.

If none of these options for pasting/displaying posters are available, you will need to ask the participants to refer to the handouts on objectives and agenda as and when required.

6. *The training venue does not allow easy movement of participants.*

Desirable actions: The success of this training programme will depend considerably on the space for movement within the room. Hence, this situation should be avoided as far as possible. However, in case the training is scheduled at a venue where classroom or conference seating is the only option, ask the participants to step out into the corridor, interact with other participants and return to their seats after 15 minutes.

7. *It is not possible to make copies of the worksheet.*

Desirable actions: You can make a sample worksheet on a flip chart and the participants can use a card or an A4 size paper to write their responses. A symbol of trainer, or just a 'T' in the middle of the sheet, is also enough to link the responses of the four 'Ones...'.

UNDERLYING PRINCIPLES BEHIND THE SESSION PLAN

- a. Laying the foundation for a cohesive group focussed on common objectives in the shortest possible time
- b. Identification of biases, fears, opinions and concerns that can prevent participants either from being effective trainers or from using participatory methods of training, irrespective of their existing knowledge levels

Laying the foundation for a cohesive group: Every trainer is aware that a cohesive group of participants is able to maximise learning through collective sharing of experiences and shared responsibility for achieving training objectives. Typically, participants who do not know each other, or know each other very little, take a day or more to bond as a group. Creating opportunities for participants to interact with many other participants right at the beginning of the training can greatly reduce the time required to form a unified group.

Identifying emotional barriers that prevent from being effective trainers and using participatory training methods: There is persuasive evidence that most trainers heavily rely on PowerPoint presentations during trainings. The most commonly quoted reasons for this choice are: (a) it is easier to ensure that all the information is given to trainees, (b) trainees learn better when they can see the information, (c) it is easier to initiate a discussion, and (d) it is easier to ensure that trainers across the country give out accurate and consistent information, etc. This approach indicates that trainers having the required technical knowledge may not automatically become

effective trainers of adults (in this case, labour room nurses) using participatory principles to make learning effective. Biases and concerns can also prevent trainers from conceptualising newer approaches and examples to help their participants overcome fears, etc., and provide empathetic and non-judgmental services to PLHIV. The proposed plan for the first session, therefore, also serves as a needs-assessment tool by identifying attitudes and fears that need to be addressed.

ADVANTAGES AND DISADVANTAGES OF USING DYNAMIC BUZZ GROUPS FOR ICE-BREAKING

Advantages

1. Use of dynamic buzz groups sets the tone for a non-threatening, participatory training programme.
2. It helps reduce inhibitions, discomfort and other such feelings among participants, which may hinder their active participation during training.
3. It helps the participants identify several others by name in a short time.
4. It allows the participants to identify others with similar views in a short time.
5. It facilitates documentation, in a short time, of a wide range of feelings, beliefs and attitudes related to HIV and AIDS.

Disadvantages

1. Some participants who are more vocal than others may dominate during the listing of the group's views, feelings and opinions.
2. The session may take longer than estimated if the participants are unable to or uncomfortable about expressing their 'Ones...'.
'
3. Some participants may be uncomfortable about sharing their views and feelings and may say what they believe the trainer wants to hear.



Session 2

PRINCIPLES OF ADULT LEARNING

TIME:	One hour
METHOD:	Group quiz
MATERIALS:	Poster on 'Objectives for Session 2'
	Worksheet 3: How Did I Learn? (one copy per participant)
	Reference Note 1: Principles of Adult learning (one copy per participant)
	Flip charts
	Marker pens for the trainer

SESSION OBJECTIVES

By the end of the one-hour session, titled 'Principles of Adult Learning', the participants would have:

- a. Identified at least eight principles of adult learning based on their personal learning experiences
- b. Described at least five ways of using adult learning principles to train labour room nurses

PROCESS (SUMMARY)

No.	Activity	Duration (Min.)
1.	Introduce the session and review session objectives	3
2.	Explain the importance of using adult learning principles in training programmes Distribute and explain Worksheet 3: How Did I Learn?	5
3.	Participants write on the worksheet	5
4.	Invite the participants to share their learning experiences Help the group to identify adult learning principles and list them on the flip chart; continue the process till all the participants have shared their learning experiences	32
5.	Lead the group to recall the principles relevant to groups learning labour room nurses	10
6.	Lead a discussion on applying adult learning principles for training	10
7.	Lead the group to summarise the key points discussed during the training session Review session objectives	5
	Total duration	60

PROCESS (DETAILED)

Step 1: **Introduce** the session by explaining that adults learn differently from children. Understanding this difference helps create and manage a learning environment that can maximise learning in any training programme. **Explain** that even though a lot of trainings are conducted in all health programmes, most evaluations and performance reviews done later indicate that the learning is often not to the expected level. This is because many training programmes do not apply adult learning and participatory principles. **Emphasise** that while all of the participants have had considerable success as trainers in HIV and other health areas, understanding and applying adult learning principles will help them shift the focus from ‘training’ to ‘learning’. **Review** the session objectives.

(3 minutes)

Step 2: **Explain** that the approach to learning differs between children and adults. **Ask** the participants to explain the difference between the learning approaches used by children and adults. **Acknowledge** correct responses. **Give** additional points on the fundamental differences in learning between children and adults, using the following as a guide.

Children	Adults
Have little or no experience upon which to draw and are relatively ‘clean slates’	Have much past experience upon which to draw and may have fixed viewpoints
Have little ability to serve as a knowledgeable resource to other learners/classmates	Have significant ability to serve as a knowledgeable resource to the facilitator and group members
Tend to focus largely on the content of learning	Tend to largely focus on problems and will learn anything that helps solve them
Tend to be less actively involved in critical analysis of the learning	Tend to expect high participation and analyse their learning
Rely on others to decide what is important to be learned and done	Decide for themselves what is important to be covered in the group
Accept the information being presented at face value	Need to validate the information based on personal beliefs and experiences
Expect that what they are doing will be useful in the long run	Expect that what they are doing would be immediately useful
Work in an authority-oriented environment	Function best in a collaborative environment
Assume that planning is the teacher’s responsibility	Share planning with the group members and the facilitator

Emphasize that understanding these differences will help them plan effective training programmes for adults. Although there is a child in every adult, this child has little or no role in the learning process.

Distribute and explain Worksheet 3: How Did I Learn? **Ask** the participants to fill the worksheet within five 5 minutes. **Clarify** doubts, if any.

(5 minutes)

Step 3: **Observe** the participants as they write about their learning in the worksheet. **Emphasize** that it is not necessary to focus only on the learning related to their work. Any learning experience that has impacted their lives in positive ways should be shared. **Remind** them to finish the task two minutes before the stipulated time ends.

(5 minutes)

Step 4: **Invite** a volunteer to share his/her learning experience briefly. **Identify** and **explain** the principle(s) of adult learning based on that experience and **write** it (them) on the flip chart. After three to four principles have been listed, ask other participants if the principles already listed are relevant to their learning experiences. If yes, **put** a tally mark against the listed principle. This will help you to count how many participants learnt something based on a specific principle and, thereby, prioritise the most important principles. **Enlist** additional experiences as and when relevant. **Continue** the process until all the participants have shared their experiences. After the exercise, your flip chart would resemble the example shown on the side.

Principles of adult learning	
1. Adults learn when they feel a need to learn.	
2. Adults learn when they have something to gain.	
3. Adults have rich experience and learn from such experiences.	
4. Adults have responsibilities outside of training. They learn when these responsibilities are accommodated in training schedule.	
5. Adults have a need to maintain certain image. They learn best when learning enhances that image. They do not learn when there is risk of lowering of their image.	
6. Adults learn what helps them solve their problems.	

If time permits, **invite** the participants to share information on the knowledge and skills they wanted to acquire at any time in their adult life but were not able to. Based on the reasons for not being able to learn despite having a desire for it, **add** relevant principles of adult learning to the list, in case not already listed. If the group's experiences do not list all the important principles of adult learning, you can **add** them at the end of the discussion.

If the group desires, be prepared to share your own learning experiences in the last one year!

(32 minutes)

Step 5: **Lead** the group in recalling the principles that were most relevant to the group's learning. **Explain** that if these principles facilitated their learning, they are also likely to be important for the nurses they will train. **Invite** volunteers to share their views on the adult learning principles they have used in their training programmes earlier and its impact on the learning. **Lead** a discussion on how the participants can apply these principles to make training of labour room nurses more effective.

(10 minutes)

Step 6: If time permits, **give** examples of various training scenarios and **ask** the participants to explain how they will apply adult learning principles in such situations. Some examples of training scenarios are given below:

- ❑ You had planned a three-hour session on the basic facts about HIV and AIDS. The participants arrived late, and you now have only two hours for the session.
- ❑ You prepared a PowerPoint presentation on the basic facts about HIV and AIDS. Before starting the presentation, you ask questions to assess the group's learning and realise that most of them already have the desired knowledge.
- ❑ You find several participants talking during the session and/or many look uninterested.
- ❑ You ask a technical question and no one answers.
- ❑ On the last day of the training, participants move in and out of the training session to settle their travel and other reimbursements with the finance team.
- ❑ Despite the ground rule against use of mobile phones, you find a couple of participants going out frequently to use mobile phones.
- ❑ Two participants are dominating the discussion by giving a long description of the problems they face due to lack of adequate equipment for universal precautions. They also insist that a majority of the participants face similar problems.
- ❑ One of the participants comments that nurses should not be at risk of acquiring HIV infection for no fault of theirs. The participant further argues that if more efforts were targeted towards educating people to stay away from immoral behaviours, HIV transmission will automatically stop.

(10 minutes)

Step 7: **Lead** the group in summarising the key points discussed during the training. **Review** the session objectives. **Invite** at least two volunteers to document the adult learning principles that will be used in each session of this training programme. Share their observations with the group during reflections in the evening.

(5 minutes)

FACILITATION TIPS

Certain situations may come up that make it difficult for you to follow the recommended session plan. The desirable actions you may wish to follow in such situations are described below.

1. *The session starts late and it is not feasible to allocate the recommended time for the session.*

Desirable actions: This session should not be skipped, as it is the foundation for participatory training and making learning more effective for adults. You can limit the time for experience

sharing by participants. You can also save time by not repeating the adult learning principles that have already been listed. This means that you will not have a tally mark to indicate the number of participants who mentioned a similar principle.

You can skip the discussion on differences between adult and child learning approaches, and instead give it as a handout to the participants. You can also skip the assessment of the group's ability to apply adult learning principles in different training situations. You can do this assessment either at the end of the day or before starting the next day's sessions.

2. *No one is willing to be the first person to share their experience.*

This can happen when the participants are afraid of sharing personal information with people they do not know very well or if they feel that the information can be used against them at a later date.

Desirable actions: Be the first person to share a learning experience! Create a trusting environment may require you to share a learning experience from your personal life or work situation. Remind the participants that everyone needs to share his/her experience for the session to be meaningful. You can also randomly select participants for sharing experiences.

3. *Some participants want to share their experiences or are dominating the time.*

Desirable actions: Gently but firmly remind the participants that while their experiences are a valuable resource for learning, others too must be given an opportunity to share their experiences. You may allow some participants a longer time to share if you believe their experiences can help identify important adult learning principles or provide the participant an outlet for suppressed emotions or help increase trust in the group.

4. *All the participants shared similar experiences and therefore very few adult learning principles have been identified.*

This situation can arise if the participants had not opened up in the introductory session and/or several factors beyond your control make it difficult for many to trust others in the group.

Desirable actions: Practice cueing to help the participants recall more varied learning experiences. You can also ask them to share important learning experiences in the last two to three years instead of just the last one year.

Appreciate the participants who shared personal experiences that led to the listing of important adult learning principles. This is likely to inspire others to share experiences not necessarily linked to work, thus helping the group identify additional adult learning principles.

5. *Some participants state that they have not acquired any new learning in the last one year.*

This can happen when people live in the moment and do not invest time in reflecting on their own actions and life. There is nothing wrong with people not being aware of what they have learned. With little support, all of them will realise that even as adults they learn all the time.

Desirable actions: Emphasise that learning is not just for an exam or assessment. Learning happens all the time — both as a conscious effort and as an unconscious outcome of life's experiences. It is unlikely that an adult has had no new learning in the last one year. You can ask probing questions like: "Have you learned any new household chore?" or "Have you acquired any new skill such as learning to ride a bicycle or vehicle or using computers?" or "Have you consciously changed your behaviour and/or emotional responses to specific situations?". You can also ask the participants to share what they have learned over a longer duration, such as in the last two to three years, instead of just focusing on the last one year.

UNDERLYING PRINCIPLES BEHIND THE SESSION PLAN

- a. Building on the group's learning as adults makes the new learning from the session more relevant
- b. Supporting the participants in reflecting and analysing how they can modify their own training practices can make learning more relevant and effective for their trainees later

Building on the group's experience: It is indisputable that even though it takes less time to 'tell people' some new information than to make them 'discover' it and learn, the new information is remembered better if it is 'discovered' by the learner on his/her own. This is even truer if knowledge is built on one's own experiences. Many participants are likely to have applied adult learning principles in their training programmes without being aware of them. Helping them draw on their own learning experiences to discover broader learning principles would likely be more effective than merely 'giving' the information.

Supporting the participants to reflect and analyse their training practices: Creating an environment where participants are able to analyse their past practices and use new knowledge to plan how they can improve their performance is non-threatening and has a greater likelihood of successfully bringing the desired change in future training practices. Also, since the entire discussion is based on participants' real-life experiences, learning becomes more relevant and longer lasting.

ADVANTAGES AND DISADVANTAGES OF EXPERIENCE SHARING

Advantages

1. It helps build trust among participants and can help them get to know each other better so as to form a more cohesive group.
2. It makes learning more relevant to the group's needs.
3. It makes learning an active process wherein participants 'discover' new knowledge based on their own experiences.

Disadvantages

1. It takes a long time and is not very effective for larger groups of more than 20–25 participants.
2. There is a risk of participants losing interest if many experiences are similar and/or the group is large.



Session 3

HIV TRANSMISSION IN HEALTH CARE SETTINGS

TIME:	Two hours
METHOD:	Group quiz
MATERIALS:	Poster on 'Objectives for Session 3'
	Worksheet 4: Quiz on HIV Transmission in Health Care Settings (one copy per participant)
	Handouts on basic facts about HIV/AIDS and/or Section 2 of the PPTCT training module for labour room nurses
	Reference Note 2: Quiz on HIV Transmission in Health Care Settings (for the trainer)
	Flip charts
	Marker pens for the trainer

SESSION OBJECTIVES

By the end of the two-hour session, titled 'HIV Transmission in Health Care Settings', the participants would have demonstrated enhanced knowledge on:

- a. HIV transmission in healthcare settings
- b. Universal precautions for low-, medium- and high-risk procedures
- c. Management of accidental exposure in health care settings

PROCESS (SUMMARY)

No.	Activity	Duration (Min.)
1.	Introduce the session and review session objectives	5
2.	Explain the process for the quiz Divide the participants into groups of three or four and distribute Worksheet 4: Quiz on HIV Transmission in Health Care Settings	10
3.	Participants review the quiz statements in small groups	45
4.	Review the quiz statements in a plenary Provide additional information, as needed	50
5.	Refer the session objectives and ask questions based on common learning gaps identified through the quiz to measure learning Clarify doubts, if any still persist	10
	Total duration	120

PROCESS (DETAILED)

Step 1: **Introduce** the session by explaining that having adequate knowledge about HIV transmission in health care settings is important to reduce fears about acquiring HIV infection. Also **acknowledge** that most of the participants would have, by now, gained considerable knowledge about HIV and AIDS, and, therefore, this session focuses only on facts related to HIV transmission in the workplace (health care settings). **Review** the session objectives.

(5 minutes)

Step 2: **Explain** once again that they would have acquired knowledge about HIV transmission in health facilities through training programmes, experience and interactions with various professionals and other sources. In this session, they have an opportunity to assess their knowledge about HIV transmission in health facilities, learn from one another and seek clarifications, if necessary. They also have an opportunity to learn a newer way of training labour room nurses on this subject. **Explain** the quiz process by telling the participants:

- ✓ *You will work in groups of three or four.*
- ✓ *There are 20 statements in the quiz. You have to discuss and come to a consensus on whether the statement is true, false or partially true. A statement is partially true when the statement is correct (true) but some information is missing. For example, the statement “HIV transmits through unprotected sexual intercourse, sharing of needles and syringes and blood transfusion.” is only partially correct, as it does not include mother-to-child transmission of HIV.*
- ✓ *You can refer to the reference notes on HIV and AIDS that have been provided to you.*
- ✓ *Please read each statement very carefully before taking a decision on whether it is true, false or partially true.*
- ✓ *You need to conclude the group work within 45 minutes and reconvene in a plenary to clarify doubts, if any.*

Distribute Worksheet 4: Quiz on HIV Transmission in Health Facilities and **divide** the participants into random groups of three or four.

(10 minutes)

Step 3: **Observe** each each group during the exercise. **Clarify doubts**, if any, on the quiz process and/or language of the quiz statements. **Avoid** giving answers to any quiz statements. At the end of 35 minutes, **remind** participants about the need to conclude the discussion within 10 minutes. At the end of 40 minutes, **give** a similar time warning for concluding within 5 minutes.

(45 minutes)

Step 4: **Review** the quiz statements in a plenary. By rotation, provide each group the first opportunity to give their opinion on a quiz statement. For each statement, **ask** if other groups share the same opinion about the statement. **Allow** other groups to speak only if they have something more or different to say. Use Reference Note 2: Quiz on HIV Transmission in Health Care Settings for reference.

(50 minutes)

Step 5: **Ask** the group if they have any other questions about HIV and AIDS, universal precautions and post-exposure prophylaxis (PEP). **Respond** to the questions, if any.

Refer to session objectives and **ask** questions related to each objective, with special emphasis on quiz statements where several groups had given wrong answers. **Clarify doubts**, if any. **Review** the session objectives to ensure that the group concurs that the objectives have been achieved.

(10 minutes)

FACILITATION TIPS

A group quiz is best suited for participants who have either received training on HIV and AIDS before or have acquired knowledge through other means. The participants of this ToT programme are expected to have thorough knowledge about HIV transmission and may, therefore, complete the group work in a short time. If so happens, encourage them to phrase new quiz statements that they can use to train nurses in basic facts about HIV and AIDS. Explain to them the importance of using language that can generate rich discussion.

In case certain situations come up that make it difficult for you to follow the recommended session plan, you may wish to follow the actions described below.

1. Two hours are not available for the session.

Desirable actions: The action will need to depend on your assessment of the group's existing knowledge.

In case the group has high levels of knowledge of HIV and AIDS, the quiz discussion will not take very long. You can then proceed as necessary and allocate less time for the small group discussion and the plenary.

In case you feel the participants will benefit from the exercise, you can allocate 10 quiz statements to half the groups and the remaining 10 to the other groups and discuss all of them in the plenary. This way, even though participants would not have responded to each statement in their small groups, they would get the benefit of the whole quiz.

2. The group feels that they have adequate knowledge about HIV transmission and should therefore skip the session.

Desirable actions: Gently but firmly insist that the participants must go through the session even if they have the required knowledge. They can conclude the session early if they all have the same high levels of knowledge. Explain that by experiencing the quiz, they will be able to facilitate a similar session for labour room nurses more effectively.

Remind the participants that they should read each statement's language carefully before reaching a conclusion. Emphasise that the main purpose of the quiz is to generate rich discussion and, thereby, enhance learning.

3. *The participants have high levels of knowledge on the basic facts about HIV and AIDS, and the session has been completed much before allocated time.*

Desirable actions: Depending on availability of time and/or facilitator for the next session, you can either proceed to the next session or invite random participants to demonstrate how they will use their knowledge to help reduce labour room nurses' fears and biases against HIV-positive pregnant women. You can use the scenarios listed below for this practice.

- ✓ A nurse says that no gloves can offer them adequate protection, as all holes cannot be detected.
- ✓ A nurse says that they do not have adequate personal protection equipment to consistently practice universal precautions.
- ✓ A nurse wonders why they should put themselves at risk of HIV infection when the government does not guarantee them appropriate support and compensation if they were to acquire HIV infection at their workplace.
- ✓ A nurse comments that it is not possible for them to do HIV screening for all direct- in-labour cases, as they are usually very busy in the labour room.

The emphasis during such demonstration/practice should be on the use of specific language, especially on using words that cannot be interpreted in more than one way.

4. *Some participants, who believed that they knew “everything” about HIV and AIDS, complain that the statements were purposefully written in confusing language to make them feel “less than”.*

Desirable actions: Remind the participants what you had said in the beginning and what is written in the instructions — that the main purpose of the quiz is to generate discussion. It is only through discussion that participants can acquire greater clarity on the basic facts and learn to use specific language while educating trainees. Emphasize that use of specific language will increase the probability of the trainees learning facts correctly and reduce the risk of myths and misconceptions.

Also explain that if the participants' learning gaps have been identified, it is not because they were “wrong” or “less knowledgeable”. It is because the quiz attempts to make them think about basic facts from a different perspective. A similar quiz may not, thus, have been ideal for participants with no prior exposure to information on HIV and AIDS.

UNDERLYING PRINCIPLES BEHIND THE SESSION PLAN

- a. Participants learn most when they feel the need to learn
- b. Participants can be a rich learning resource in a training programme

Applying adult learning principle: One of the important principles of adult learning affirms that participants learn most when they feel the need to learn. The quiz allows participants to assess their own knowledge and, thereby, identify learning gaps. This greatly enhances their motivation to acquire new knowledge.

Helping the participants learn from one another: It is highly likely that participants will have varied experiences and expertise on HIV and AIDS. Discussing the quiz statements in small groups allows participants to learn from one another, enabling the use of the group as a learning resource.

ADVANTAGES AND DISADVANTAGES OF USING A QUIZ TO ENHANCE KNOWLEDGE

Advantages

1. It helps participants learn from one another.
2. Those with higher levels of knowledge are recognised as a richer learning resource, from whom other participants can seek clarifications outside of the training environment with fewer inhibitions.
3. Participants can express themselves and freely in small groups, as there is lesser fear of disclosing their ignorance.
4. The trainer can focus on the learning gaps existing in a majority of participants, thereby ensuring meaningful utilisation of time.
5. The method is non-threatening, as it focuses on the group's learning gaps and not on an individual's learning gaps.
6. The language of the quiz provokes discussion on various HIV-related issues, thus enhancing learning.
7. The quiz emphasises the value of using specific language while stating facts about HIV and AIDS.

Disadvantages

1. Participants with little or no information on HIV and AIDS are likely to need longer time to learn facts.
2. The language of the quiz statements demands effort. The success of the quiz method will depend on the judicious use of language: the language used in quiz statements should be simple but still allow different people to interpret the statements in different ways. Statements that have an easy "yes" and "no" answer will not generate rich discussion.
3. Some participants may feel the need to say the same things someone else has said but in a different language. Such situations will not only prolong time in the plenary, but may also reduce the participants' focus and attention on learning.



PPTCT PROGRAMME

TIME:	One hour and fifteen minutes
METHOD:	Carousel method of small group discussion OR PowerPoint presentation
MATERIALS:	Poster on 'Objectives for Session 4'
	Information cards on PPTCT programme
	Worksheet 5: Guidelines for Discussion on the PPTCT Programme (one copy per participant)
	Index cards (about four for each group of five participants)
	Chart papers (two for each group of five participants)
	Marker pens for each participant and facilitator
	Flip charts

SESSION OBJECTIVES

By the end of the one hour and fifteen-minute session, titled 'PPTCT Programme', the participants would have:

- a. Clarified their doubts about the PPTCT programme
- b. Explained the rationale behind newer PPTCT guidelines

PROCESS (SUMMARY)

This session plan explains the steps for conducting small discussions in the carousel method, in case a trainer chooses to train without the use of PowerPoint presentation.

No.	Activity	Duration (Min.)
1.	Introduce the session and review session objectives	5
2.	Lead a discussion on the guiding principles of the PPTCT programme, the essential package of services, facilities related to PPTCT services and continuum of care under the PPTCT programme	10
3.	Participants work in groups to describe: (a) care and assessment of HIV-infected pregnant women; (b) guidelines for initiating ART during pregnancy; (c) interventions for women diagnosed with HIV infection in labour and postpartum, including intra-partum and postpartum care; (d) management of HIV-positive pregnant women with active TB, HIV-2 infection, or Hepatitis B or Hepatitis C co-infection; and (e) care and management of HIV-exposed infants	30
4.	Participants rotate in groups to review the outcomes of other groups' work	20
5.	Summarise groups' outcomes Clarify doubts, if any, on the PPTCT programme	10
	Total duration	75

PROCESS (DETAILED)

Step 1: **Introduce** the session by explaining that this session seeks to mainly ensure that all the participants have a common understanding of the PPTCT programme and get their doubts clarified, if any. **Explain** that many of the nurses the participants would train in future may be familiar with the earlier PPTCT guidelines. It is important for them to know the difference between earlier and updated guidelines and understand the rationale behind each change. **Review** the session objectives.

(5 minutes)

Step 2: **Lead** a discussion on the guiding principles of the PPTCT programme, the essential package of services, the facilities offered and continuum of care under the PPTCT programme. **Ask** questions in order to help the group describe each of these. **Provide** additional information only if no one in the group has stated a fact. **Rephrase** the group's response(s), if required.

(10 minutes)

Step 3: **Explain** the small group activity prior to the carousel method. Tell the participants:

- ✓ *You will be divided into five random groups.*
- ✓ *Each group will be assigned one issue or component of the PPTCT programme.*
- ✓ *You need to discuss and write down on chart paper the differences between earlier and current guidelines with regards the PPTCT programme component/issue assigned to you.*
- ✓ *In case you feel that there is no difference or that you are not aware of the differences, kindly write whatever you know about the PPTCT guidelines.*
- ✓ *You need to complete your group interaction within 25 minutes.*
- ✓ *I will give you instructions for next steps once you complete the small group discussion.*
- ✓ *Representatives from each group will need to come and collect marker pens, four index cards and two chart papers.*

Divide the participants into five random groups. **Assign** one of the following aspects of the PPTCT programme to each group:

1. Care and assessment of HIV-infected pregnant women
2. Guidelines for initiating ART during pregnancy
3. Interventions for women diagnosed with HIV infection during labour or in the postpartum period, including intra-partum and postpartum care of HIV-positive women
4. Management of HIV-positive pregnant women with active TB, HIV-2 infection, or Hepatitis B or C co-infection
5. Care and management of HIV-exposed infants

Observe the participants as they work in small groups. **Clarify** doubts, if any. **Encourage** the participants to refer to the national PPTCT guidelines and/or Section 2 of the PPTCT training module for labour room nurses. At the end of 35 minutes, **remind** the participants to conclude the assignment within 10 minutes. At the end of 40 minutes, **give** a similar instruction to complete the activity within 5 minutes.

(30 minutes)

Step 4: Once all the groups have completed their discussion, **give** instructions on the **carousel method**. Tell the participants:

- ✓ *You will now rotate as groups in a sequential manner to review the outputs of other groups.*
- ✓ *Leave your charts and four index cards at your workstation when you move to the other group's workstation.*
- ✓ *Group 1 will first review Group 2's output, then move to Group 3, and so on until it returns to its own workstation.*
- ✓ *Other groups will also rotate in a sequential manner.*
- ✓ *You will have about 3 minutes to review the output of each group.*
- ✓ *In case you wish to add more information and/or change some part(s) of the output, kindly write your group name and information on index cards.*
- ✓ *If you feel the need for clarifications, kindly note it on a VIPP card and seek clarifications in the plenary.*
- ✓ *Once you return to your own workstation, review suggestions from other groups and modify your outputs, if needed.*
- ✓ *Seek clarifications, if any, in the plenary.*

Facilitate the carousel movement, ensuring that only one group remains at each workstation. It is also desirable that you **review** each group's output and take notes on the information that you would like them to add and/or change. **Discuss** these in the plenary.

(20 minutes)

Step 5: **Lead** the group to summarise the key differences between the earlier and the newer PPTCT guidelines and the rationale behind the change. **Clarify** the group's doubts, if any. **Review** the session objectives.

(10 minutes)

FACILITATION TIPS

Certain situations may come up that make it difficult for you to follow the recommended session plan.

The desirable actions you may wish to follow in such situations are described below.

1. *Majority of the participants do not have the desired knowledge about the PPTCT programme.*

Desirable actions: This situation can arise only if the criteria for selection of trainers was not followed accurately. Even if one participant has the required knowledge in each group, small group discussion should be encouraged. The participant with higher knowledge can become the resource person for that group. Encourage the participants to refer to the government's national guidelines and/or the training module for labour room nurses as and when necessary.

2. *Participants take longer than 30 minutes to complete the group work.*

Desirable actions: Such a situation can be avoided if you monitor the group's discussion and help the participants move ahead whenever there are differences of opinions within a group. However, rather than "giving an answer" to resolve the differences, point out the relevant section in the national PPTCT guidelines or the training module for labour room nurses so that the participants can resolve the issue on their own.

Keep reminding the participants that they should write the guidelines in points or in brief phrases instead of replicating what is in the government's PPTCT guideline document.

If the participants are deeply focussed on the task and genuinely need more time, you can allow more time as long as they willingly agree to extend the duration of the training day.

3. *Participants take longer than 3 minutes for reviewing each group's output.*

Desirable actions: Monitor the groups closely. In case the participants are deeply involved in discussion and not digressing from the task, it is desirable to give them the additional time so long as they are willing to extend the duration of the training day.

4. *The earlier sessions have taken longer than expected and the participants wish to conclude the session early.*

Desirable actions: Instead of preparing charts in small groups, ask the participants to discuss the issue assigned to them for about 10–15 minutes. Next, ask relevant questions to review the PPTCT programme components and guidelines. Clarify doubts, if any. Inform the groups that since they did not have an opportunity to review other groups' outputs and, through that, learn on their own, they will need to participate in a detailed question-and-answer session the next morning. For each question, the participants will be randomly selected. It is, therefore, important for all of them to review the PPTCT guidelines before they arrive for training the next day.

If none of the above options are possible, you can assign the group work as home task and ask the participants to arrive half an hour earlier the next day for the carousel method and the plenary discussion on their group's output.

UNDERLYING PRINCIPLES BEHIND THE SESSION PLAN

- a. Ensuring a uniform understanding of PPTCT guidelines among participants is important.
- b. Enhancing the group's ability to critically review group outputs and give constructive feedback in a non-threatening manner supports learning.

Uniform understanding of PPTCT guidelines: All the participants are expected to have significant knowledge about the PPTCT programme. However, it is important to ensure that they have a uniform understanding of the entire programme. Even though the training of labour room nurses does not require them to discuss all aspects of the guidelines during training, it is essential for them to learn anyhow to address any clarifications that may be asked by trainee nurses. This approach will also help ensure uniform technical capacities in trainers across the country.

Enhance participants' critical thinking and skills for giving feedback: Many trainers are very effective when they have to 'deliver' content of training as per the sequence and plan made beforehand. Some of them, however, may be unable to ensure that the discussion remains focussed on its objectives despite the occasional diversions caused by participants' queries or comments. Also, it is important that as trainers, they learn to quickly review group's outputs, identify the 'wrong' and/or 'missed' information, and address the information gaps in a plenary. Trainers who take a long time to review output risk losing the participants' interest and focus.

ADVANTAGES AND DISADVANTAGES OF USING THE CAROUSEL METHOD

Advantages

1. This method is very effective if the majority of the participants have adequate knowledge of the issues being discussed.
2. It allows self-analysis, review and correction, thereby reducing reliance on the facilitator.
3. It encourages participants to respect and acknowledge feedback and suggestions from their peers, thus increasing the levels of trust.

Disadvantages

1. It requires longer time than a discussion in a plenary.
2. In case a group's output is difficult to decipher due to poor handwriting or unclear presentation, the participants may either take longer to review the output or may lose interest and avoid reviewing it.
3. Groups with very low levels of trust can feel intimidated and/or threatened by peer feedback.

Reflections¹

TIME:	Thirty-five minutes
METHOD:	Individual feedback
MATERIALS:	Worksheet 6: Anonymous Monitoring Format (one copy per participant)
	Flip charts
	Marker pens

SESSION OBJECTIVES

By the end of the thirty-five minute activity assigned for reflection, the participants would have

- a. Described their most important learning of the day
- b. Filled the monitoring format for Day One

PROCESS (SUMMARY)

No.	Activity	Duration (Min.)
1.	Explain the importance and process of reflection	5
2.	Measure the learning related to the day's sessions Facilitate individual reflections on the most important learning of the day	20
3.	Participants fill the monitoring format	10
Total duration		35

PROCESS (DETAILED)

Step 1: **Explain** the importance of reflections in training and the associated benefits. You can **refer** to Reference Note 3: Use of Reflections in Training, if needed.

(5 minutes)

Step 2: **Measure learning** by asking questions on adult learning principles, HIV transmission in health facilities and the PPTCT programme.

The questions should be based on the key learning gaps observed in the group. The number of questions will also be influenced by the quantum of learning gaps. **Clarify doubts**, if any. Review the day's objectives and identify the group's views on whether they were achieved or not.

¹ In case 30–35 minutes are not available for reflections, ask the participants to write their learning on cards and give them to you so that you can collate their learning and summarise it the next morning. However, every participant must fill the monitoring form.

Ask each participant to describe in one sentence how he/she will use the day's learning in his/her work. Document their responses on a flip chart.

(20 minutes)

Step 3: **Distribute** Worksheet 6: Anonymous Monitoring Format and **explain** that daily monitoring is necessary for assessing training processes and their outcomes and for taking timely corrective measures to make training more effective. **Review** each training element and **clarify doubts**, if any. **Collect** the filled monitoring formats for analysis later.

(10 minutes)

Before the participants depart, build a consensus on the time for starting the next day's training. Ask two or three volunteers to ensure that the participants arrive on time for Day Two.

ANALYSING MONITORING FORMATS

It is desirable that the monitoring formats be analysed by two to three volunteers from the group. However, if this is not feasible or acceptable, you will need to analyse them. The best way to analyse the monitoring formats is by using an Excel sheet. The steps for this process include:

- ✓ Create an Excel sheet by writing the 10 training elements in the first row and assigning one column to each participant.
- ✓ Fill scores in the columns based on the tick mark for each training element.
- ✓ Calculate the average score for each training element and present it the next day during 'quality circle'.

Table 1 presents a sample sheet of monitoring feedback analysis for ten participants. The example shows that three main corrective measures need to be planned for the second day of training.

- ✓ Increasing the level of commitment to learning — both for self and for others
- ✓ Ensuring greater clarity on objectives — it is desirable that everyone is clear about the objectives of each day and each session
- ✓ Resolution of conflicts

Table 1: Sample analysis sheet for monitoring formats

	Training element	Participants										Average	%
		1	2	3	4	5	6	7	8	9	10		
1	Clarity of objectives	3	4	3	3	5	4	4	5	5	5	4.1	82
2	Commitment to their own learning	3	2	3	4	3	3	3	4	2	1	2.8	56
3	Commitment to support others' learning	2	3	2	2	4	2	1	3	4	4	2.7	54
4	Level of involvement of participants	4	4	3	5	5	4	5	4	5	2	4.1	82
5	Following guidelines for each session	4	5	5	5	4	5	4	3	5	5	4.5	90
6	Sharing of responsibilities	3	4	5	5	5	5	4	4	3	3	4.1	82
7	Level of trust	5	5	4	5	3	3	5	4	5	5	4.4	88
8	Resolution of conflict	1	4	5	2	2	3	4	3	5	3	3.2	64
9	Effective use of time	3	4	4	4	5	5	5	4	5	5	4.4	88
10	Support by trainer	4	5	5	5	5	4	5	4	5	4	4.6	92

Table 2 shows a sample sheet for presenting summary monitoring report during quality circle the next day. Documenting the average scores for all days will make it easy to assess the progress made.

As it is important for everyone to have clarity on objectives, the training element has been highlighted in red colour despite having an average score of 4.2.

Table 2: Sample sheet for summary monitoring report

	Training element	Monitoring scores					
		Day 1		Day 2		Day 3	
		Av.	%	Av.	%	Av.	%
1	Clarity of objectives	<u>4.1</u>	82				
2	Commitment to their own learning	<u>2.8</u>	56				
3	Commitment to support others' learning	<u>2.7</u>	54				
4	Level of involvement of participants	4.1	82				
5	Following guidelines for each session	4.5	90				
6	Sharing of responsibilities	4.1	82				
7	Level of trust	4.4	88				
8	Resolution of conflict	<u>3.2</u>	64				
9	Effective use of time	4.4	88				
10	Support by trainer	4.6	92				
	Average	3.9	77.8				

In the example above, analysis of monitoring scores for Day One indicates that it is important to create a training environment that enhances the group's commitment to learning. Adequate time must be devoted to resolution of conflicts, even if the outcome is "agree to disagree". Most importantly, it is crucial to ensure that everyone has clarity on training objectives.

AGENDA

09:00	Quality Circle
09:30	Session 5 – Roles and Responsibilities of Labour Room Nurses in the PPTCT Programme
11:15	Tea break
11:30	Session 6 – Pre- and Post-Test Counselling for HIV Screening
13:15	Lunch
14:15	Session 7 – Screening Tests for HIV infection and Syphilis
15:30	Tea break
15:45	Session 8 – Managing Special Situations in Training
18:00	Reflections

OBJECTIVES

By the end of the second day of training, the participants (trainers of labour room nurses) would have:

- a. Agreed to implement the recommended session plans for training labour room nurses in their roles and responsibilities in the PPTCT programme and pre- and post-test counselling for HIV screening
- b. Practiced whole blood finger prick test for HIV and syphilis screening

OVERVIEW

The second day of the training programme will commence at 9:00 AM with ‘quality circle’, during which the participants will review the monitoring scores of the previous day and plan corrective measures, if required; clarify their doubts; measure learning and agree with objectives for Day Two.

Participants will experience the training methods and processes recommended for two key training sessions for labour room nurses — roles and responsibilities of labour room nurses in the PPTCT programme and pre- and post-test counselling for HIV screening. They will also practice whole blood finger prick test for HIV screening. The last session of the day will involve a discussion on managing special situations in training that threaten to adversely affect training outcomes. The training is expected to conclude at 6:00 PM with reflection on the day’s learning and filling of monitoring formats by participants. The expected outcomes of Day Two training sessions are illustrated below.

Overview of Sessions of Day Two of TOT Programme

Session

Expected Outcome

Roles and responsibilities of labour room nurses in PPTCT programme

Estimated duration:
1 Hr and 45 min



- ★ Participants
- ★ Arrive at consensus on options to overcome barriers that prevent LR nurses from playing their role effectively in PPTCT Programme
- ★ Express confidence in their ability to effectively manage recommended training processes for this session

Pre and post-test counselling for HIV screening

Estimated duration:
1 Hr and 45 min



- Participants:
- ★ Practice process of prioritising information to be shared during pre and post-test counselling for HIV screening
 - ★ Commit to implement the recommended session plan while training LR nurse

HIV Screening test

Estimated duration:
1 Hr and 15 min



- Participants:
- ★ Express greater confidence in building skills of LR nurses in doing whole blood finger prick test for HIV screening
 - ★ All the participants are able to correctly do whole blood finger prick test for HIV screening

Managing special situations in training

Estimated duration:
1 Hr and 15 min



- Participants:
- ★ Use their personal experiences in training to arrive at consensus on managing special situations in training that may not allow desired training outcomes
 - ★ Are able to apply principles of adult learning and participatory training to manage special situations

MATERIALS REQUIRED

Posters to be retained on the wall:

1. General Objectives
2. Ground Rules
3. Poster on 'Parking Lot'

New posters to be pasted on the wall:

1. Objectives for Day Two
2. Agenda for Day Two
3. Monitoring Scores
4. Summary of the group's priorities for strengthening their competencies as trainers of labour room nurses in the PPTCT programme
5. Poster on 'Mood-o-Meter'
6. Poster on 'Energy-Meter'

Materials for each session: The materials required for the different sessions on Day Two are listed below.

Session	Posters	Handouts	Worksheets	Stationary
Roles and responsibilities of labour room nurses in the PPTCT programme	<ul style="list-style-type: none"> ✓Objectives for Session 5 ✓Roles and responsibilities of labour room nurses 	<ul style="list-style-type: none"> ✓Chapter 1 of the PPTCT module for labour room nurses 	<ul style="list-style-type: none"> ✓ Worksheet 7: Guidelines for Fishbowl Exercise – Roles and Responsibilities of Labour Room Nurses in PPTCT Programme (1 per participant) 	<ul style="list-style-type: none"> ✓Flip charts ✓Markers for trainer ✓2–3 chart papers for each of the two groups ✓4–5 markers for each group
Pre- and post-test counselling for HIV screening	<ul style="list-style-type: none"> ✓Objectives for Session 6 	<ul style="list-style-type: none"> ✓Box 2 in Chapter 2 of the PPTCT training module for labour room nurses 	<ul style="list-style-type: none"> ✓ Worksheet 8: Values and Beliefs Towards PLHIV (1 per participant) 	<ul style="list-style-type: none"> ✓Flip charts ✓Marker pens ✓Cards (10 in two colours each for each group of five participants) ✓4–5 marker pens for each group
Screening tests for HIV and syphilis	<ul style="list-style-type: none"> ✓Objectives for Session 7 	<ul style="list-style-type: none"> ✓PPTCT training module for labour room nurses 		<ul style="list-style-type: none"> ✓Flip charts ✓Markers for trainer ✓HIV screening test kits for each participant plus few extra
Managing special situations in training	<ul style="list-style-type: none"> ✓Objectives for Session 8 			<ul style="list-style-type: none"> ✓6 index cards in two colours each for each group of five participants ✓1 marker pen per participant ✓Flip charts ✓Makers for trainer
Reflections			<ul style="list-style-type: none"> ✓ Worksheet 6: Anonymous Monitoring Format 	<ul style="list-style-type: none"> ✓Flip charts üMarkers

Quality Circle

TIME:	Thirty minutes
METHOD:	Self-reflection, discussion
MATERIALS:	Poster on 'Objectives for Day Two'
	Poster on 'Agenda for Day Two'
	Poster on 'Mood-o-Meter' (See Reference Note 5 for sample)
	Poster on 'Energy-Meter' (See Reference Note 5 for sample)
	Poster on 'Monitoring Scores'
	Tools for measurement of learning on Day One
	Handouts on agenda and objectives for Day Two
	Flip charts
Marker pens for the trainer	

SESSION OBJECTIVES

By the end of the thirty-minute exercise, titled 'Quality Circle', the participants would have:

- a. Agreed to specific steps for strengthening the training
- b. Concurred with the day's objectives and agenda
- c. Clarified doubts, if any, about the previous day's sessions

PROCESS (SUMMARY)

No.	Activity	Duration (Min.)
1.	Participants indicate their mood and energy level on the Mood-o-Meter and Energy Meter as they arrive for the training Comment on the group's dominant mood and energy levels; plan corrective measures, if needed	3
2.	Review the monitoring scores on the previous day's training Arrive at a consensus on the training elements to be strengthened during the day	5
3.	Review objectives and agenda for Day Two Seek the group's consensus on the objectives of the day	4
4.	Measure learning related to the previous day's sessions	18
5.	Total duration	30

PROCESS (DETAILED)

Step 1: **Prepare** posters on 'Mood-o-Meter' and 'Energy Meter' either by using the sample included in Reference Note 5 or by creating your own symbols. Before the training starts, **paste** the posters on Day Two objectives and agenda and the previous day's monitoring scores on the wall in front of the open 'U' where the participants will be seated.

Paste the posters on Mood-o-Meter and Energy Meter on the door of the training room/venue or the wall adjacent to the door.

When the first participant arrives, **ask** him/her to indicate his/her mood and energy level on the respective posters. **Ask** the first participant to invite other participants to repeat this act before they are seated for the training. **Conclude** this activity before the scheduled time for starting the day's training even if all the participants have not indicated their mood and energy level.

Step 2: **Explain** the value of conducting the quality circle in training. You can refer to Reference Note 4: Use of Quality Circle in Training, if needed.

Summarise the group's dominant moods and energy levels. In case one or more participants are sad, angry or disgusted, **try** to find out the reasons for their emotion. If such moods are due to the training programme, **plan actions** to prevent situations that can make the participants feel this way. In case one or more participants are sleepy or have low energy levels, **inform** them that you will introduce more energisers during the training to rejuvenate them.

(3 minutes)

Step 3: **Draw** the group's attention to the poster showing the previous day's monitoring scores. **Ask** for their opinion on the score for various training elements. **Invite** suggestions to strengthen training elements that had shown relatively low scores. If necessary, **suggest options** for strengthening Day Two training and get the group's consensus on it.

(5 minutes)

Step 4: **Review** the day's objectives and agenda. **Give** an overview of the sessions and link the sessions to relevant general objectives and the challenges listed by the group in the first session on Day One.

(4 minutes)

Step 5: **Explain** the value of measuring learning before you proceed with the day's sessions. Also **explain** that learning is meaningful if they are able to use the newly gained knowledge in their routine work.

Invite participants to clarify their doubts, if any, about the previous day's training. Once all the doubts have been clarified, ask questions related to the key learning gaps identified the previous day and the important issues discussed in each session of Day One. It is desirable that you randomly pick the names of participants to respond to questions. This will make the activity non-threatening and ensure that everyone has equal chance of being identified to respond. Encourage the participants to refer to their notes and handouts, if needed.

(18 minutes)

Session 5:

Roles and Responsibilities of Labour Room Nurses in the PPTCT Programme

TIME:	One hour and forty-five minutes
METHOD:	Fishbowl
MATERIALS:	Poster on 'Objectives for Session 5'
	Poster on 'Roles and Responsibilities of Labour Room Nurses in the PPTCT Programme'
	Chart papers (two to three for each group of about 10 to 12 participants)
	Worksheet 7: Guidelines for Fishbowl Exercise – Roles and Responsibilities of Labour Room Nurses in PPTCT Programme
	Marker pens (four to five for each group)
	Flip charts for the trainer
	Marker pens for the trainer

SESSION OBJECTIVES

By the end of the one hour and forty-five minute session, titled 'Roles and Responsibilities of Labour Room Nurses in the PPTCT Programme', the participants would have:

- a. Discussed options for overcoming barriers related to the nurses' roles and responsibilities for preventing mother-to-child transmission of HIV
- b. Agreed to use the proposed session plan for training labour room nurses

PROCESS (SUMMARY)

No.	Activity	Duration (Min.)
1.	Introduce the session and review session objectives	5
2.	Discuss the roles and responsibilities of labour room nurses in the PPTCT programme	15
3.	Explain the fishbowl technique	5
4.	Distribute Worksheet 7 and divide participants into two groups to discuss Observe as they discuss in fishbowl	50
5.	Have the two groups review each other's output Lead the participants in summarising the steps in using the fishbowl technique and its advantages Seek agreement from the group that they will use this method for training labour room nurses Clarify doubts, if any, on the process	25
6.	Summarise key points Review session objectives	5
	Total duration	105

PROCESS (DETAILED)

Step 1: **Introduce** the session by explaining that changes in PPTCT guidelines have necessitated a redefinition of the roles and responsibilities of labour room nurses in prevention of mother-to-child transmission of HIV infection. **Review** the session objectives.

(5 minutes)

Step 2: **Present** the poster on roles and responsibilities of labour room nurses and the associated tasks, as listed in the PPTCT training module for labour room nurses. Posters are preferred over presentation slides as all the three responsibilities can be made visible to all the participants at all times. **Ask** the participants to identify the roles and responsibilities that are new. Clarify doubts, if any.

(15 minutes)

Step 3: **Inform** the participants that they will now use a technique called the fishbowl method of group discussion to discuss options for overcoming common barriers that hinder nurses from effectively playing their role in the prevention of mother-to-child transmission of HIV infection. **Explain** the fishbowl exercise using the guidelines given in Worksheet 7. **Emphasize** that the success or failure of the fishbowl exercise is largely dependent on the role played by the outer group.

(5 minutes)

Step 4: **Distribute** Worksheet 7 for conducting fishbowl discussion on the barriers that hinder labour room nurses from performing their roles and responsibilities in the PPTCT programme. **Encourage** participants to look at options for overcoming these barriers that they can address on their own.

Divide the participants into two groups to hold the fishbowl discussion. **Observe** as they discuss the barriers and the suggestions to overcome them. **Pay** extra attention to the outer group and gently remind about the guidelines, in case you see the participants flouting them.

(50 minutes)

Step 5: **Display** the final output of both the groups and lead the group to review them. **Ask** them to identify the barriers that were listed by both the groups and discuss the feasibility of the listed suggestions. **Discuss** other barriers in the same way. **Give** additional inputs for overcoming the listed barriers, if needed.

Lead the group to describe the steps in using the fishbowl method of small group discussion and its advantages. **Explain** additional advantages, if required. **Ask** if the group is comfortable using this method for training labour room nurses. If not, **address all** of their concerns and fears about using this method.

(25 minutes)

Step 6: **Lead** the group to summarise the key points discussed during the session. Review the session objectives and get the group's consensus on their achievement.

(5 minutes)

FACILITATION TIPS

Fishbowl is a powerful method of small group discussion and help generate a lot of points within a short time. However, certain situations can come up that may not allow effective outcome of fishbowl discussions. The desirable actions you may wish to follow in such situations are described below.

1. *The venue is not conducive for seating inner and outer groups.*

Desirable actions: In case it is not possible for participants to sit in inner and outer groups, they can sit around a table and identify participants who will be discussants and observers. After 10 minutes, they can reverse these roles. It is desirable that discussants and observers are seated alternately.

2. *Some members of the outer group are not paying attention to the discussion and are engaged in personal activities, such as texting on their mobile phone.*

Desirable actions: Gently but firmly remind the participant(s) about the responsibilities of the outer group. Also remind them about the ground rules of the training programme.

You will be able to assess the group's readiness to participate in small group discussions based on your observation of participants in previous sessions. If you feel that some participants are not showing as much interest as desired, assign the outer group responsibilities related to guided observations of inner group's discussion using a pre- defined tool.

3. *After inner and outer group discussions, both sub groups have come together to prepare the final charts.*

Desirable actions: Encourage the participants to write on chart papers during the discussion itself, so that there is little need for preparing another chart for presentation. Remind the participants that they are not two separate groups but one group with rotating responsibilities.

PRINCIPLES BEHIND THE SESSION PLAN

- a. People who are going through difficulties are best suited to find solutions
- b. Several common problems are faced by nurses posted in government health facilities across different districts, regions or states

Participants can identify the best options for overcoming the difficulties they face: It is indisputable that people who go through difficulties can find their own solutions effectively, although occasional help may be required to help them identify their own solutions.

External trainers or others who are "outside" the group can never fully know the details of the difficulties faced by a group. When people going through similar problems try to find solutions, they usually identify and agree upon some common solutions. The external trainers can at best

help the group to look at problems differently and facilitate assessment of various options to identify the most feasible solutions.

Common problems across government hospitals: Despite significant variations in the quality of services provided in different hospitals across the country, several problems are common for almost all categories of health staff. When nurses from various hospitals come together to discuss problems and solutions, they benefit from each other's experiences and perspectives.

ADVANTAGES AND DISADVANTAGES OF USING THE FISHBOWL TECHNIQUE

Advantages

1. It allows generation of a large number of ideas in a short time.
2. Participants take greater ownership of the final output as compared to other methods of small group discussion.
3. The time taken for plenary discussion on the group's output is reduced by half.
4. It increases participants' confidence in their ability to overcome common problems at work.
5. Participants have an opportunity to reflect on the issues being discussed, which enhances the usefulness and value of the discussion.

Disadvantages

1. Despite repeated reminders, some outer group members may not pay attention to the discussion in the inner group.
2. Some participants may find it difficult to silently observe and may "jump in" to make their point even though they are in the outer group.
3. Participants who are too "set" in their way of thinking or who take their problems as "routine" may not be able to generate a large number of ideas to counter the identified problems.

Session 6:

Pre- and Post-Test Counselling for HIV Screening

TIME:	One hour and forty-five minutes
METHOD:	Anonymous survey, paired comparison analysis
MATERIALS:	Poster on 'Objectives for Session 6'
	Box 2 in Chapter 2 of the PPTCT training module for labour room nurses
	Worksheet 8: Values and Beliefs towards PLHIV (one per participant)
	Case scenarios on pre-test counselling of direct-in-labour cases for HIV screening (preferably each case printed on a separate card)
	Cards (about 10 in two colours for each group of five participants)
	Chart paper (one for each group of five participants)
	Marker pens (four to five for each group)
	Flip charts for the trainer
	Marker pens for the trainer

SESSION OBJECTIVES

By the end of the one hour and forty-five minute session, titled 'Pre- and Post-Test counselling for HIV Screening', the participants would have:

- a. Practiced the paired comparison analysis method to prioritise facts to be discussed with direct-in-labour cases during pre-test counselling for HIV screening test, based on the stage of labour, availability of time and existing knowledge about mother-to-child transmission of HIV
- b. Committed to use the recommended session plan during training of labour room nurses

PROCESS (SUMMARY)

No.	Activity	Duration (Min.)
1.	Introduce the session and review session objectives	5
2.	Participants assess their own values related to HIV and AIDS	25
3.	Explain the process of paired comparison analysis	5
4.	Participants prioritise key messages to be discussed during pre- and post-test counselling for HIV screening	40
5.	Volunteers demonstrate through role play on pre- and post-test counselling for HIV screening	20
6.	Summarise key points Review session objectives Seek agreement on using the recommended session plan to train labour room nurses	10
	Total duration	105

PROCESS (DETAILED)

Step 1: **Introduce** the session by explaining the importance in counselling for HIV screening and testing. **Give** an overview of the process and **review** the session objectives. **Refer** to Box 2 in Chapter 2 of the PPTCT training module for labour room nurses and explain the competencies related to pre- and post-test counselling for HIV screening.

(5 minutes)

Step 2: **Explain** that personal values and beliefs play an important role in a person's ability to demonstrate non-judgmental attitudes during counselling and education of HIV-positive people. Some of their attitudes may not inspire confidence in HIV-positive patients. Understanding such attitudes and learning not to judge others based on one's own values and beliefs are important for effective counselling before and after HIV screening test.

Distribute Worksheet 8: Values and Beliefs towards PLHIV, and ask the participants to fill it as honestly as possible. **Inform** them that since this is an anonymous survey, they should not write their names on the worksheet. **Allow** 10 minutes for the participants to fill the survey form.

Collect the survey forms from participants, **shuffle** them and **redistribute** them in the group. This will ensure that participants get a worksheet filled by someone else.

Review each statement and find out how many participants had agreed or disagreed with each statement. **Provide** clarifications, as required. You may refer to Reference Note 6: Values and Beliefs towards PLHIV, if required.

(25 minutes)

Step 3: **Explain** the process of paired comparison analysis by telling the participants:

- ✓ *You will be working in groups of four to five participants. Each group will be assigned a special situation for either pre-test counselling or post-test counselling.*
- ✓ *On the given cards, write down the facts/issues that you think should be discussed during post-test counselling with a woman undergoing labour in the situation assigned to your group. Make another set with the same facts. This means that each issue will be written twice on separate cards.*
- ✓ *Assign a number to each fact, ensuring that the same number is allocated in both sets.*
- ✓ *Draw a table with the number of columns and rows one greater than the number of facts your group listed. This means that if you listed six facts, the number of rows and columns will be seven each.*
- ✓ *Write numbers vertically down starting from the second row and horizontally to the right starting from the second column.*

- ✓ In the table, cross out cells that correspond to the same number on the row and the column, as shown below.

Issue	1	2	3	4	5	6
1						
2						
3						
4						
5						
6						

- ✓ Place cards with issue number 1 and 2 together, and ask the question: “Knowledge of which of these two issues is important for the direct-in-labour case in order to give oral consent for HIV screening test?”
- ✓ If the answer is issue 1, write ‘1’ in the cell corresponding to row 2 and column 1. If issue 2 is more important, write ‘2’.
- ✓ Next, pick up cards with issue number 1 and 3 and repeat the same question. Based on which issue is seen as more important, write the selected number in the relevant cell.
- ✓ Pick up cards with issue number 3 and 2, repeat the question, and write the selected number in the relevant cell.
- ✓ Repeat the process until you have finished comparing each pair of issues.
- ✓ Count the number of times each issue has been included in the table.
- ✓ The issue with the highest frequency is the most important knowledge that the direct-in-labour woman needs to have in order to give consent for the HIV screening test.
- ✓ If time permits, you can repeat the same exercise for the cells above the “dividing line”, which is a mirror image of the cells below. Ideally, frequency of each issue should be the same in both parts of the table. In case of a discrepancy, review your responses again and make corrections, if needed.
- ✓ You will be given about 40 minutes to complete this exercise.

Clarify any doubts about the process. **Invite** a volunteer to repeat the instructions for relative ranking.

(5 minutes)

Step 4: **Divide** the participants into random groups of four to five participants. **Distribute** about 10 cards in two colours to each group. **Assign** one of the following case scenarios to each group:

- A direct-in-labour pregnant woman is getting contractions once every 10 minutes. She has heard about HIV and knows the modes of transmission. She also reports about knowing a couple in the village who are living with HIV and are facing immense discrimination in the village. What two most

important facts will you discuss with her in order to get her oral consent for performing the HIV screening test?

- b. A direct-in-labour pregnant woman is getting contractions once every five minutes. She reports that she was tested for HIV during her earlier pregnancy three years back and was found to be HIV negative. What two most important facts will you discuss with her in order to get her oral consent for performing the HIV screening test?
- c. A direct-in-labour primigravida is getting severe contractions and is 8 cm dilated. Her husband is a migrant worker in Mumbai. What two most important facts will you discuss with her in order to get her oral consent for performing the HIV screening test?
- d. A direct-in-labour pregnant woman has had labour pains for more than 8 hours. Upon examination you find that she is only two fingers dilated and is getting strong contractions once in four to five minutes. What two most important facts will you discuss with her in order to get her oral consent for performing the HIV screening test?
- e. A direct-in-labour pregnant woman arrives with contractions once in five to six minutes and 60 percent effacement. She reports that her husband was tested for HIV infection in Surat about six months earlier when he went to donate blood. What two most important facts will you discuss with her in order to get her oral consent for performing the HIV screening test?
- f. A direct-in-labour pregnant woman with gestation of 32 weeks has been complaining of labour pain for the last two hours. What two most important facts will you discuss with her in order to get her oral consent for performing the HIV screening test?

Ask the participants to prioritise, in the situation assigned to them, the issues to be discussed during pre-test counselling and post-test counselling in case of reactive HIV screening test result. **Observe** the participants as they work in small groups. **Intervene** only if they seek clarifications on the process or if you see them deviate from the recommended process.

After 30 minutes of group work, **lead** the participants to review each group's work in the plenary.

(40 minutes)

Step 5: **Invite** volunteers to demonstrate a role play on pre-test counselling for a primigravida in the first stage of labour. It is desirable that the role play does not exceed 5 minutes. **Invite** the volunteers to critique their own role play before asking others in the group for their comments. **Give** your comments in the end. Comments should focus on:

- ✓ Process of providing pre-test counselling
- ✓ Technical accuracy and relevance of the information provided

- ✓ Demonstration of empathy and non-judgemental attitude
- ✓ Active listening

If time permits, **invite** other volunteers to demonstrate a role play on post-test counselling of a woman in first stage of labour who has reactive HIV screening test. **Repeat** the process of giving feedback.

(20 minutes)

Step 6: **Lead** the group to summarise the key points discussed during the training. **Ask** questions to measure learning. **Review** session objectives and get the group's consensus that the objectives were achieved. **Ask** the group to critique the session plan. **Clarify** their doubts and concerns, if any.

Conclude the session once all the participants have committed to using the recommended session plan for training labour room nurses.

(10 minutes)

FACILITATION TIPS

Certain circumstances may hinder implementation of the proposed session plan. Described below are some steps you can take to make appropriate changes in the session plan without affecting the overall session objectives.

1. *The time available for the session is less than scheduled.*

Desirable actions: Each group can prioritise issues for either pre-test or post-test counselling instead of doing for both. Also, instead of having each group review the other group's output, you can give your inputs for each group's output, further reducing the session plan by about 15 minutes.

It is desirable that participants take the anonymous survey as it helps them understand their own values and beliefs that may adversely affect the quality of services they offer to HIV-positive women. In case of extreme shortage of time, participants can take the survey, and you can analyse it after the day's training has concluded and discuss the outcomes during the next day's quality circle.

You could also avoid the role plays, although they are usually quite effective in building the desired skills and attitudes.

2. *Some of the participants have no prior experience of providing pre- and post-test counselling for HIV screening.*

Desirable actions: Even if the participants have no prior experience of providing pre or post-test counselling for HIV screening, adequate knowledge of the basic facts involved should help them list the facts that need to be discussed during counselling. You can ask questions to provoke their thinking, such as:

- ✓ What knowledge will motivate mothers to take the HIV screening test?

- ✓ What knowledge will inform the mothers that their newborns can be protected from HIV infection?
- ✓ What information will give confidence to the women that they can live longer despite having HIV infection?

In case most participants are unable to list the facts to be discussed during pre and post-test counselling, you can list them in a plenary and then ask each group to prioritise them using the relative ranking method.

3. *Some participants have very strong views on some of the statements in the anonymous survey, which are contrary to the views of a non-judgemental person.*

Desirable actions: It is important that you avoid labelling views as “right” or “wrong”. Instead, you can indicate which views can hinder development of a trusting relationship with the patient and which can be helpful in building the patient’s confidence in your services. One can agree to disagree, but there should be a commitment to try and create a barrier between one’s personal beliefs and the desired professional conduct.

4. *No one volunteers for the role play.*

Desirable actions: Since this is the second day of training, the participants should have developed enough trust and confidence to demonstrate a spontaneous role play. If not, you will need to initiate additional activities to help the participants bond as a group and increase mutual trust levels. However, if despite your gentle persuasion no participant wishes to demonstrate a role play, you and the co-facilitator can perform a role play.

UNDERLYING PRINCIPLES BEHIND THE SESSION PLANS

The two principles guiding the session plan for pre and post-test counselling for HIV screening are:

- a. Personal beliefs and attitudes have a great influence on the quality of counselling
- b. Labour room nurses who are overworked and who often see patients arrive in advanced labour may have little time for “ideal” counselling

Direct link between the attitude of a nurse-counsellor and the quality of counselling: It is well established that personal beliefs and values influence a person’s attitude and this attitude influences the quality of counselling. While each person has the right to hold on to their beliefs and values for their own life, it is not desirable to judge others based on these values and beliefs. An anonymous survey helps the group to identify the personal beliefs and values that may reflect on the counselling.

Busy work schedule of labour room nurses: Most government facilities have a large number of deliveries per day. Labour room nurses, therefore, usually struggle to cope with the multiple demands on their time. They may not be able to invest the necessary time for counselling before and after HIV screening test, especially if the woman is in advanced stage of labour or there are more patients than what the staff can easily handle. Being able to prioritise issues to be discussed during pre and post-test counselling can help ensure that the woman in labour has the core knowledge required to decide on taking the test, and if the test is reactive, to take decisions on preventing vertical transmission of HIV.

ADVANTAGES AND DISADVANTAGES OF USING PAIRED COMPARISON ANALYSIS

Advantages

1. It is a systematic process for prioritising issues and helps weigh the relative importance of different issues or courses of action.
2. It is a useful method to employ when priorities are unclear or are competing in importance.
3. It allows comparison of each issue against all others, thereby helping to show the differing importance of various issues.

Disadvantages

1. This method works best when the participants have knowledge of all the issues and only need to identify those that are most important. Therefore, it is not desirable for groups that have limited knowledge of the issues to be discussed during pre and post-test counselling.
2. The method will not work if some participants have strong views and are unwilling to find the “middle path”.

ADVANTAGES AND DISADVANTAGES OF USING ROLE PLAY

Advantages

1. Participants are able to experience different labour room scenarios in which they have to do pre and post-test counselling.
2. Performing role plays in a simulated environment can build more confidence than if the participants were to just study the theory of pre and post-test counselling or merely observe one or two role plays by some participants.

Disadvantages

1. Just one role play may not be enough for effective learning.
2. The time required for feedback and demonstrating “wrong” and “right” ways of pre and post-test counselling is not always available.

Session 7:

Screening Tests for HIV and Syphilis

TIME:	One hour and fifteen minutes
METHOD:	Practicing whole blood finger prick tests for HIV and syphilis
MATERIALS:	Poster on 'Objectives for Session 7'
	Presentation on HIV and syphilis screening tests
	HIV screening test kits (one per participant plus a few extra)
	Flip charts for the trainer
	Marker pens for the trainer

SESSION OBJECTIVES

By the end of the one hour and fifteen minute session, titled 'Screening Tests for HIV and Syphilis', the participants would have:

- Described the DOs and DON'Ts of doing the whole blood finger prick test for HIV screening
- Practiced the steps for doing the screening tests for HIV and syphilis at least once

PROCESS (SUMMARY)

No.	Activity	Duration (Min.)
1.	Introduce the session and review session objectives	5
2.	Make presentation on HIV and syphilis screening tests	15
3.	Demonstrate the steps for doing the whole blood finger prick test Observe participants as they practice	45
4.	Lead the group to describe the steps for doing the HIV screening test, including the DOs and DON'Ts Review session objectives	10
	Total duration	75

PROCESS (DETAILED)

Step 1: **Introduce** the session by reminding the group about the importance of HIV screening for direct-in-labour cases. **Give** an overview of the process and **review** the session objectives. **Refer** to the relevant competencies listed in Box 2 in Chapter 2 of the PPTCT training module for labour room nurses.

Find out if anyone in the group has ever done the whole blood finger prick tests for HIV and/or syphilis screening. If yes, **ask** him/her to demonstrate the tests. Take note of steps that were not followed as per standard guidelines.

(5 minutes)

Step 2: In case no one in the group has ever done the whole blood finger prick test for HIV, **make** a presentation on HIV screening test, detailing the following information:

- ✓ Four steps of preparing for the screening test
- ✓ Collecting whole blood sample from a finger prick
- ✓ Performing the screening test
- ✓ Interpreting the result
- ✓ DOs and DON'Ts of doing the HIV screening test
- ✓ Process of doing the point-of-care test for syphilis screening

(15 minutes)

Step 3: In case one or more participants have prior experience of doing the test, **invite** one of them to demonstrate the test on self or anyone else willing to be tested. **Ask** the participants if the demonstration was as per recommended guidelines. If not, what were the differences? **Give** your feedback on the demonstration of the HIV screening test in the end.

Invite at least two more volunteers to demonstrate the whole blood finger prick test for HIV and syphilis screening. **Seek** the group's feedback before giving yours. **Repeat** this process until the participants are able to demonstrate and/or critique the demonstration accurately.

Divide the participants into groups of three and ask them to practice the HIV screening test either on self or another participant who is willing to be tested. The participants who had demonstrated the test in the plenary can act as observers. **Lead** the group to list the DOs and DON'Ts of doing the HIV screening test, based on their experience in the session. **Give** additional information, if required.

(45 minutes)

Step 4: **Ask** relevant questions to help the group recall the steps for doing the HIV screening test. **Review** session objectives. Conclude the session if no one needs any clarifications and the participants agree that the objectives were achieved.

(10 minutes)

FACILITATION TIPS

Certain situations may come up that make it difficult for you to follow the recommended session plan. The desirable actions you may wish to follow in such situations are described below.

1. *It is not possible to make the presentation.*

Desirable actions: It may be difficult to make the presentation if the venue has interrupted power supply, the laptop or LCD fail to function, or are not available. If you anticipate such a situation, you can prepare cards with relevant information and present it to the group. In case the cards were not prepared in advance, you could write on the cards during the session and place them in front of the group. As a last resort, you could also provide the information using a flip chart. Generally cards are preferred to both PowerPoint presentations and flip charts, as they allow all of the information to remain visible to the group throughout the discussion.

2. *Majority of the participants know how to do HIV and syphilis screening tests.*

If most participants have, in the past, learned to do HIV and syphilis screening tests, randomly identify a participant who knows how to do the test and request a demonstration. Lead other participants to critique/comment on the testing process being demonstrated. Next, assign a participant who knows how to do the test to another participant who does not and ask them to practice in pairs or small groups.

Conclude the session early if most participants have expertise in doing the test.

3. *Test kits are fewer than the total number of participants.*

Desirable actions: If most participants in the group have never done the whole blood finger prick test, you could identify participants for practicing the test by randomly picking up names written on folded pieces of paper and kept in a bowl. In case some of the participants have conducted the test before, it is desirable that practice opportunities be given those who have never done the test before.

4. *Some of the participants had made mistakes during the practice.*

Desirable actions: If additional kits are available, ensure that the participants know the theoretical aspects of doing the test and then supervise them while they practice the test again. In case additional test kits are not available, you could repeat the test using the same kits. While this will not allow participants to practice interpreting the test results, they would at least have learned how to draw blood in the pipette and add it to the test kit without letting air bubbles enter.

UNDERLYING PRINCIPLE BEHIND THE SESSION PLAN

Participants acquire new skills best when they have opportunities to practice them in a safe environment under the supervision of a skilled professional. This is the main principle behind the session plan.

ADVANTAGES AND DISADVANTAGES OF PRACTICING HIV AND SYPHILIS SCREENING TESTS

Advantages

1. Participants have the opportunity to practice the test in a safe environment and under supervision.
2. Participants will be more confident about doing the test in their real-life work situation.

Disadvantages

1. A large number of HIV screening test kits are required for practice.

Session 8:

Managing Special Situations in Training

TIME:	Two hour and fifteen minutes
METHOD:	Buzz groups
MATERIALS:	Poster on 'Objectives for Session 8'
	Worksheet 9: Case Scenarios – Managing Special Situations in Training (one copy per participant)
	Flip charts for the trainer
	Marker pens for the trainer

SESSION OBJECTIVES

By the end of the two hour and fifteen minute session, titled 'Managing Special Situations in Training', the participants would have:

- Arrived at a consensus on managing at least five special situations in training
- Discussed the measures they will take to prevent such situations

PROCESS (SUMMARY)

No.	Activity	Duration (Min.)
1.	Introduce the session and review session objectives	5
2.	Explain the process of using buzz groups	5
3.	Buzz group discussion on special situations (listed in Step 2)	45
4.	Plenary discussion on difficulties described by the participants	50
5.	Lead a discussion on taking preventive measures for such situations	25
6.	Lead the group to summarise key points Review session objectives	5
	Total duration	135

PROCESS (DETAILED)

Step 1: **Introduce** the session by explaining that every trainer faces situations that threaten to disrupt the learning environment and adversely affect training outcomes. A trainer's ability to manage such situations is crucial to ensure that learning objectives are achieved, and the participants feel that their learning gaps have been addressed and that they have the necessary competencies to do their work more efficiently and solve problems, if any, more effectively. In this session, the participants will learn how to manage such situations. **Review** session objectives.

(5 minutes)

Step 2: **Describe** the buzz group discussion process by telling the participants:

- ✓ *All of you have a special training situation assigned to you. It is written on cards and numbered.*
- ✓ *Start discussing with your partner in your group what you will do in that situation and arrive at a consensus within 3 minutes.*
- ✓ *Take brief notes on the actions you consider appropriate.*
- ✓ *When I say “Pass”, please give your card to the pair to your left and pick up the card from the pair to your right.*
- ✓ *Repeat the process of discussion and arriving at a consensus within 3 minutes.*
- ✓ *Continue the process of paired discussions till you get back your original card.*

(5 minutes)

Step 3: **Manage** the buzz group session and ensure that participants rotate cards only when you ask them to.

(45 minutes)

Step 4: **Lead** a discussion on each special situation. **Give** the first chance to respond to the pair that had originally been assigned that situation. **Invite** others to contribute to the discussion only if they have something different or new to say. **Provide** additional inputs as and when required.

(50 minutes)

Step 5: **Lead** a discussion on the steps that can be taken to prevent such situations.

Invite the participants' views before sharing yours.

(25 minutes)

Step 6: **Lead** the group to summarise the key learning of the session. **Conclude** the session when no participant has a query or something to share, and they concur that the session's objectives were achieved.

(5 minutes)

FACILITATION TIPS

Described below are some desirable actions you may wish to follow in case of unexpected hindrances to the implementation of the proposed session plan.

1. *Group lists very few special situations.*

Most trainers with a rich training experience would have faced several challenging and difficult situations. A trainer may not perceive any situation as challenging or special if he/she has been training groups that are lower in hierarchy and/or have used didactic sessions.

There is also a small risk that some participants may believe that admitting to having had a challenging experience in training may be perceived by others as their limitation as a trainer.

Desirable actions: Find out if any of the above factors are true for the group. Reinforce the benefits of a participatory training programme, even though it runs the risk of leading to challenging situations. Practice cueing to help the participants' list challenging situations. It is desirable that at least the following situations are discussed:

- ✓ Some participants dominate.
- ✓ Some participants remain quiet.
- ✓ Some participants seem uninterested in the training.
- ✓ Some participants talk among themselves during the training.
- ✓ Group does not adhere to time.
- ✓ Some participants try to "hijack" the session by talking about the problems they face at work.
- ✓ An unexpected crisis requires that the training session be reduced.
- ✓ Participants take longer than expected for group work and assignments, leading to a huge backlog of sessions.
- ✓ Participants feel that the training content is not relevant to their work.
- ✓ Some participants express a desire for PowerPoint presentations rather than group work.

2. *Many participants repeat in different ways the actions suggested by someone for a specific situation.*

Desirable actions: If no new information is offered by participants other than those assigned the specific situation, gently remind them of the session's guidelines, which require them to add only new or different information. Also remind them that allowing everyone to express their views would lead to considerable delay in concluding the session.

UNDERLYING PRINCIPLE BEHIND THE SESSION PLAN

Most participants with a rich experience of training may have faced difficult situations during training programmes. They would have acted based on their perception of what was appropriate action for such situation(s). Ensuring a discussion around the group's experiences enhances learning and makes it more relevant to their needs.

ADVANTAGES AND DISADVANTAGES OF BUZZ GROUPS

Advantages

1. It generates rich discussion.
2. Every participant is engaged in the discussion; it is usually difficult to remain quiet when only two people have to discuss.
3. Participants quickly respond to situations according to what comes to their mind first, which is akin to real-life where they need to act quickly as and when problems arise.

Disadvantages

1. A plenary discussion may take a long time if there are divergent views.
2. Conflicts may arise due to divergent views, and some participants may not agree to disagree!

Reflections

TIME:	Thirty minutes
METHOD:	Individual feedback
MATERIALS:	Worksheet 6: Anonymous Monitoring Format (one copy per participant)
	Flip charts
	Marker pens

SESSION OBJECTIVES

By the end of the thirty-minute exercise aimed at for reflection, the participants would have:

- a. Described their most important learning of the day
- b. Filled the monitoring format for Day Two

PROCESS

Repeat the process for reflection as done on Day One. Keep the duration as per the availability of time.

AGENDA

09:00	Quality Circle
09:30	Session 9 – ART and ARV Prophylaxis for Prevention of Vertical Transmission of HIV
11:15	Tea break
11:30	Session 9 – ART and ARV Prophylaxis... (Contd.)
13:15	Lunch
14:15	Session 10 – Guidelines for Delivering HIV- Positive Women
15:30	Tea break
15:45	Session 11 – Assessing Learning Needs and Measurement of Learning during Training and Reflection
18:00	Concluding Remarks

OBJECTIVES

By the end of the third day of training, the participants (trainers of labour room nurses) would have:

- a. Assessed their knowledge of ART and ARV prophylaxis for prevention of vertical transmission of HIV through the use of case scenarios
- b. Committed to train labour room nurses in the recommended guidelines for delivering HIV-positive women

OVERVIEW

The third day of the training programme will also commence at 9:00 AM with quality circle, during which the participants will review the monitoring scores for Day Two and plan corrective measures, if required; clarify their doubts; measure learning and agree with Objectives for Day Three.

Participants will experience the training methods and processes recommended for two important training sessions for labour room nurses: ART and ARV prophylaxis for prevention of vertical transmission of HIV and guidelines for delivering HIV-positive women to reduce risk of HIV transmission during labour. They will also discuss methods to assess the group's learning needs and measurement of learning during training. If time allows, they will practice designing tools for assessment of learning needs and measurement of learning. The training is expected to end at 6:00 PM with concluding remarks. The expected outcomes of Day Three training sessions are illustrated below.

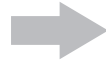
Overview of Sessions of Day Three of TOT Programme

Session

Expected Outcome

ART and ARV prophylaxis for vertical transmission of HIV

Estimated duration:
3 Hour



Participants know about:

- ★ Initiating lifelong ART for direct-in-labour cases with reactive HIV screening test
- ★ Ensuring adherence to ART schedule in pregnant women already on ART
- ★ Initiating ARV prophylaxis for HIV-exposed newborns
- ★ Linking pregnant women with reactive HIV screening test to ICTC for confirmation of HIV infection

Participants commit to:

- ★ Steps they will take to prevent vertical transmission of HIV

Guidelines for delivering HIV positive women

Estimated duration:
1 Hr and 15 min



Participants know about:

- ★ Factors that increase the risk of HIV transmission during labour and delivery

Participants commit to:

- ★ Practice guidelines recommended for delivering HIV positive women

Assessing learning needs and measurement of learning

Estimated duration:
1 Hr and 15 min



Participants:

- ★ Describe at least two methods to assess learning needs during training and to measure learning
- ★ Express confidence to modify training content based on group's learning needs and for concurrent measurement of learning

MATERIALS REQUIRED

Posters to be retained on the wall:

1. General Objectives
2. Ground Rules
3. Poster on 'Parking Lot'

New posters to be pasted on the wall:

1. Objectives for Day Three
2. Agenda for Day Three
3. Monitoring Scores
4. Mood-o-Meter
5. Energy-Meter

Materials for each session: The materials required for the different sessions through the day are listed below.

Session	Posters	Handouts	Worksheets	Stationary
ART and ARV prophylaxis to prevent vertical transmission of HIV	✓Objectives for Session 9	✓Chapter 4 from the PPTCT training module for labour room nurses	✓Cards OR Presentation on ART and ARV ✓Case scenarios to measure learning (for trainer)	✓3 cards in any one colour per group of 3 participants ✓Marker pens for participants ✓Flip charts ✓Maker pens
Guidelines for delivering HIV-positive women	✓Objectives for Session 10			✓Flip charts ✓Marker pens
Assessing learning needs and measurement of learning during training	✓Objectives for Session 11			✓Flip charts ✓Markers for trainer

Quality Circle

TIME:	Thirty minutes
METHOD:	Self-reflection, discussion
MATERIALS:	Poster on 'Objectives for Day Three'
	Poster on 'Agenda for Day Three'
	Poster on 'Mood-o-Meter'
	Poster on 'Energy-Meter'
	Poster on 'Monitoring Scores'
	Tools for measurement of learning on Day Two
	Handouts on agenda and objectives for Day Three
	Flip charts
	Marker pens

SESSION OBJECTIVES

By the end of the thirty-minute 'Quality Circle' activity, the participants would have:

- a. Agreed to specific steps for strengthening the training
- b. Concurred with the day's objectives and agenda
- c. Clarified doubts, if any, about the previous day's sessions

PROCESS

Conduct the quality circle using the same process as employed on Day Two (the previous day of training).

Session 9:

ART and ARV Prophylaxis for Prevention of Vertical Transmission of HIV

TIME:	Three hours
METHOD:	VIPP cards, case scenarios, Presentation
MATERIALS:	Poster on 'Objectives for Session 9'
	Competency model on ART and ARV prophylaxis from Chapter 4 of the PPTCT training module for labour room nurses
	Information cards on ART and ARV in different situations
	OR
	Presentation on ART and ARV in different situations
	Case scenarios to measure learning (given in Reference Note 8)
	Three cards in any one colour for each group of three participants
	Outputs of Session 5
	Flip charts for the trainer
	Marker pens for the trainer

SESSION OBJECTIVES

By the end of the three-hour session, titled 'ART and ARV Prophylaxis for Prevention of Vertical Transmission of HIV', the participants would have:

- a. Explained the differences between the earlier and the current ART regimen for direct-in-labour cases with reactive HIV screening test and dosage of ARV prophylaxis for HIV-exposed newborns
- b. Assessed their knowledge of lifelong ART for positive mothers and ARV prophylaxis for HIV-exposed infants through the use of case scenarios

PROCESS (SUMMARY)

No.	Activity	Duration (Min.)
1.	Introduce the session and review session objectives	5
2.	Assess the group's knowledge about the earlier guidelines on single dose Nevirapine for prevention of vertical transmission and the current guidelines	10
3.	Use cards to present information on ART and ARV prophylaxis OR make presentation on lifelong ART for pregnant women and ARV prophylaxis for HIV-exposed infants	35

No.	Activity	Duration (Min.)
4.	Using case scenarios, measure the group's learning about lifelong ART and ARV prophylaxis for mother and child respectively	70
5.	Lead a discussion on confirmation of HIV infection and linkages with ART centre, in case HIV status is confirmed	10
6.	Participants work in triads to list issues they will include in education of HIV-positive mother and her family	40
7.	Lead the group to summarise the key points discussed during the session Review session objectives	10
	Total duration	180

PROCESS (DETAILED)

Step 1: **Introduce** the session by emphasising the important role labour room nurses play in preventing HIV transmission from mother to child. **Give** an overview of the contents of the session and review the session objectives. **Refer** to Box 3 in Chapter 4 of the PPTCT training module for labour room nurses to provide information on PPTCT guidelines and explain the competencies required for effectively implementing the PPTCT guidelines related to ART and ARV prophylaxis for mother and child, respectively.

(5 minutes)

Step 2: **Find out** how many participants know about the earlier single-dose Nevirapine (SD-NVP) prophylaxis for mother and child and how many know about the current guidelines by asking them to raise their hands. **Assess** the participants' knowledge by asking questions such as:

- ✓ What was the regimen for mother and child to prevent vertical transmission of HIV?
- ✓ What was the rationale behind the regimen?
- ✓ What were the limitations of the regimen?
- ✓ What is the new regimen for HIV-positive pregnant woman and her baby?
- ✓ What is the rationale behind the new regimen?

In case some participants respond to these questions, find out how many agree with the answers before telling them if their answers were correct or not.

(10 minutes)

Step 3: **Using cards**, explain the technical information on lifelong ART and ARV prophylaxis for HIV-exposed infants **OR make** a PowerPoint presentation on:

Direct-in labour cases with reactive HIV screening test result:

- ✓ History taking
- ✓ Three-drug regimen in case no HIV drug has been taken earlier
- ✓ Three-drug regimen in case of exposure to SD-NVP during earlier pregnancy
- ✓ Recommended regimen in case woman had started ART but had given it up earlier or was taking it irregularly
- ✓ ART initiation and false labour
- ✓ ART initiation in case of Caesarean section
- ✓ Confirmation of HIV status by ICTC on the next working day

Adherence to ART in pregnant women who are already on lifelong ART:

- ✓ History taking
- ✓ Ascertaining if the woman has brought ART drugs with her; if not, options for ensuring adherence
- ✓ ART in case the woman has had poor adherence
- ✓ ART continuation in case of false labour
- ✓ ART continuation in case of Caesarean section

NVP prophylaxis for newborns:

- ✓ Dose or NVP-based on weight of the newborns
- ✓ Duration of NVP depending on when the mother had started ART and adherence to it
- ✓ Technique for administering NVP

Additional information:

- ✓ Common side effects of ART
- ✓ Post-partum depression

Lead the group to list the differences between earlier and current PPTCT guidelines.

(35 minutes)

Step 4: Using the case scenarios listed in Reference Note 8, **measure** the group's learning about lifelong ART and ARV prophylaxis for mother and child, respectively. **Ask** each participant to respond to the case scenarios in a round-robin (circular) manner. Clarify doubts, if any.

(70 minutes)

Step 5: **Lead** a discussion on the role of labour room nurses in facilitating confirmation of HIV infection by ICTC and linkages with ART centre in case HIV status is confirmed.

(10 minutes)

Step 6: Participants once again work in triads to list the issues that they would like to include in the education of HIV-positive mothers and their families. **Ask** the participants to write the issues in their notebooks. In a plenary, list the group's suggestions on a flip chart. Provide additional information, if required.

(40 minutes)

Step 7: **Lead** the group to summarise the key points discussed during the session. **Give** special emphasis on initiating lifelong ART for direct-in-labour cases with reactive HIV screening test result and NVP prophylaxis for HIV-exposed newborns. **Ensure** that you discuss the questions listed in the FAQs section of participant handout. **Review** the session objectives. Conclude the session once participants concur that the objectives have been achieved. **Refer** to Box 3 (Chapter 4 of the PPTCT training module for labour room nurses) again and ask the participants to list the competencies that they feel they do not currently have. List these in the 'Parking Lot' poster.

(10 minutes)

- ✓ One hour of buffer time has been budgeted in case measurement of learning takes longer than expected.
- ✓ If the buffer time is not required, participants can work in groups of four or five to practice the paired comparison method to prioritise key messages on:
 - ART adherence despite initial side effects
 - Overcoming barriers, if any, to regular visits to the ART centre
 - Giving NVP syrup to the baby as recommended
 - Motivating families to take responsibility to care for HIV-positive mother and HIV-exposed infant

FACILITATION TIPS

Described below are some desirable actions you may wish to follow in case of unexpected hindrances to the implementation of the proposed session plan.

1. *The participants feel tired.*

Desired actions: Participants may feel tired if the plenary discussion is long and/or they experience an information overload. Take frequent energiser breaks to rejuvenate the group. It is desirable that you choose energisers that are fun and require the group to be physically active.

2. *The participants express that the technical details are not relevant for them as the drugs will be prescribed by the Medical Officer.*

Desired actions: Explain that even though Medical Officer's (MO's) prescription is required to initiate ART and give NVP syrup to the newborn, labour room nurses have a very important role in preventing vertical transmission. Compared to doctors, they spend more time with patients and are more effective in forming trusting relationships with them and educating them on ART, ARV prophylaxis and other HIV-related issues.

UNDERLYING PRINCIPLES BEHIND THE SESSION PLAN

- a. Ability for learning new knowledge varies from person to person
- b. Knowledge gained is of value only if it is applied

Ability to learning varies among people: A training programme is effective when the participants are able to set their own pace for learning, especially when new knowledge has to be acquired. Presentation of technical content through cards allows all the information to be displayed before the group all through the training session. It, therefore, becomes easier for participants to go back for reference in case of doubt. Although PowerPoint presentation can also be adapted to the group's pace of learning, it does not allow all the information to be on display at the same time.

Applying new knowledge at work: Training of labour room nurses in PPTCT guidelines will be effective only if they are able to apply the newly gained knowledge for initiating lifelong ART; supporting positive women already on ART in adhering to their schedule during labour; and initiating NVP prophylaxis to HIV-exposed newborns. The tools designed to measure learning are, therefore, based on real-life situations that labour room nurses can face.

ADVANTAGES AND DISADVANTAGES OF USING INFORMATION CARDS

Advantages

1. All the information is visible to the participants at all times, which makes it easier to go back for checking in case of doubt.
2. Based on assessment of learning needs, it is easier to present only those facts that the participants are unaware of.
3. Participants can refer to the cards during measurement of learning. Expecting all the participants to remember all the information presented during the session is unrealistic.

Disadvantages

1. The trainer has to invest time for preparing the cards.
2. Space (either on the walls or the floor) is required to place the cards as they are presented.

ADVANTAGES AND DISADVANTAGES OF MEASURING LEARNING DURING THE SESSION

Advantages

1. Details about PPTCT guidelines are the most important knowledge the participants are expected to acquire during the training. Assessing the participants' ability to use the knowledge in their routine work during the session enables immediate clarification of doubts, if any, and enhances participants' confidence in using the knowledge at work.
2. It helps measure learning of individual participants rather than the group's learning (which is the norm in other training programs).

Disadvantages

1. It prolongs the plenary discussions, thereby increasing the probability of fatigue.
2. Some participants may experience an information overload, especially if they were not aware of the earlier PPTCT guidelines.

Session 10: Guidelines for Delivering HIV-Positive Women

TIME:	One hour and fifteen minutes
METHOD:	Plenary discussion
MATERIALS:	Poster on 'Objectives for Session 10'
	Cards in any one colour (one per participant)
	Marker pens (one per participant)
	Flip charts for the trainer
	Marker pens for the trainer

SESSION OBJECTIVES

By the end of the one hour and fifteen minute session, titled 'Guidelines for Delivering HIV-Positive Women', the participants would have:

- a. Described the factors that increase the risk of HIV transmission during labour and delivery
- b. Committed to train labour room nurses in the recommended guidelines for delivering HIV-positive women

PROCESS (SUMMARY)

No.	Activity	Duration (Min.)
1.	Introduce the session and review session objectives	5
2.	Assess the group's knowledge about guidelines for delivering HIV-positive women	5
3.	Lead a discussion on the recommended guidelines	25
4.	Participants anonymously list their concerns about delivering HIV-positive women	10
5.	Plenary discussion on the expressed concerns	25
6.	Summarise key points Review session objectives	5
	Total duration	75

PROCESS (DETAILED)

Step 1: **Introduce** the session by explaining that normal delivery is recommended for HIV-positive women unless there are obstetric indicators for a Caesarean section. **Give** an overview of the session methods and **review** the session objectives.

(5 minutes)

Step 2: **Ask** questions to assess the group's existing knowledge on guidelines for delivering HIV-positive women. Questions you may wish to ask are:

- ✓ How many of you have delivered HIV-positive women?
- ✓ What did you do differently while delivering the HIV-positive women? What were the reasons for this difference?
- ✓ Have you ever been told about or read about guidelines for delivering HIV-positive women? If yes, what do they state? (This question is relevant if none or very few participants have experience of delivering HIV-positive women.)

(5 minutes)

Step 3: **Lead** a discussion on the recommended guidelines for delivering HIV-positive women:

- a. Ask the participants to list the factors that can increase damage to the baby's skin and/or increase the duration of contact between the baby and the mother's body fluids (amniotic fluid and blood).
- b. Give additional information, if any.
- c. Explain the guidelines for reducing vertical transmission for each of the factors listed in points 'a' and 'b' above by first acknowledging the correct responses participants gave in Step 2 and then providing additional information as required.

(25 minutes)

Step 4: **Distribute** one card per participant. **Ask** them to write the concerns or fears that they have about delivering HIV-positive women. These may also be the concerns or fears they listed on Day One, which may not have yet been addressed. In case the participants do not have any concerns or fears, they should say so in the cards. **Remind** them that no blank card should be returned to you.

Collect cards from all participants.

(10 minutes)

Step 5: **Respond** to participants' concerns and fears, if any. In the end, **ask** them to raise their hands if they **WILL** practice the guidelines recommended for delivering HIV-positive women. **Continue** to clarify doubts till everyone commits to practice the recommended guidelines.

(25 minutes)

Step 6: **Lead** the participants to summarise the key points discussed during the session.

Conclude the session when the group feels the objectives have been achieved.

(5 minutes)

Session 11:

Assessing Learning Needs and Measurement of Learning during Training

TIME:	One hour and fifteen minutes
METHOD:	Discussion, group quiz
MATERIALS:	Poster on 'Objectives for Session 11'
	Chart papers
	Marker pens (one per participant)
	Flip charts for the trainer
	Marker pens for the trainer

SESSION OBJECTIVES

By the end of the one hour and fifteen minute session, titled 'Assessing Learning Needs and Measurement of Learning during Training', the participants would have:

- a. Described at least two methods of assessing learning needs during training
- b. Practiced concurrent measurement of learning through questions

PROCESS (SUMMARY)

No.	Activity	Duration (Min.)
1.	Introduce the session and review session objectives	5
2.	Discuss the methods for identifying learning needs during training	35
3.	Discuss the methods for concurrent measurement of learning	25
4.	Participants work in groups to measure the other groups' learning during the training	65
5.	Summarise key points Review session objectives	5
	Total duration	135

PROCESS (DETAILED)

Step 1: **Introduce** the session by explaining that several factors limit the possibility of designing a training programme based on a systematic training needs assessment (TNA). Even if TNA is done for large training programmes, it is likely that each group will have its unique learning needs. Therefore, it is important to assess learning needs during training and make necessary changes in training content based on this assessment. In the present session, participants will learn about the different methods for identifying learning needs during training.

Most training programmes measure learning through pre- and post-test questionnaires. One of the major limitations of this approach is its inability to fill persistent learning gaps, as post-test questionnaires are usually analysed after the training programme has concluded. Training is usually more effective if there is concurrent measurement of learning, because it allows timely response to persistent learning gaps. Questioning to assess the participant's ability to apply knowledge in their day-to-day work is a convenient and effective way of measuring learning during training.

Give an overview of the session's methods and **review** session objectives.

(5 minutes)

Step 2: **Ask** the participants to describe the methods they have used, or know of, to assess learning needs. They could also talk about methods of doing TNA. **Lead** a discussion on the steps for using the following methods of doing TNA:

- ✓ Questioning
- ✓ Observations
- ✓ Case studies
- ✓ Problem-centred method
- ✓ Competency model

(35 minutes)

Step 3: **Lead** a discussion on the methods for concurrent measurement of learning during training. It is desirable that at least the following methods are discussed:

- ✓ Questioning
- ✓ Measuring learning through outcome of group and/or individual assignments
- ✓ Role plays
- ✓ Reflections and quality circle
- ✓ Demonstration

(25 minutes)

Step 4: **Divide** the participants into random groups of five. **Allow** them about 15 minutes to frame questions to assess the other groups' learning during the training. **Facilitate** a group quiz based on the questions developed by the participants. Critique the questions and/or answers, if required. Clarify doubts, if any.

(65 minutes)

Step 5: **Ask** the participants to describe the changes they will make, if any, in the training programmes they design and/or facilitate in future. **Conclude** the session once the participants concur that the session objectives had been achieved.

(5 minutes)

Worksheet 1: One...

Instructions:

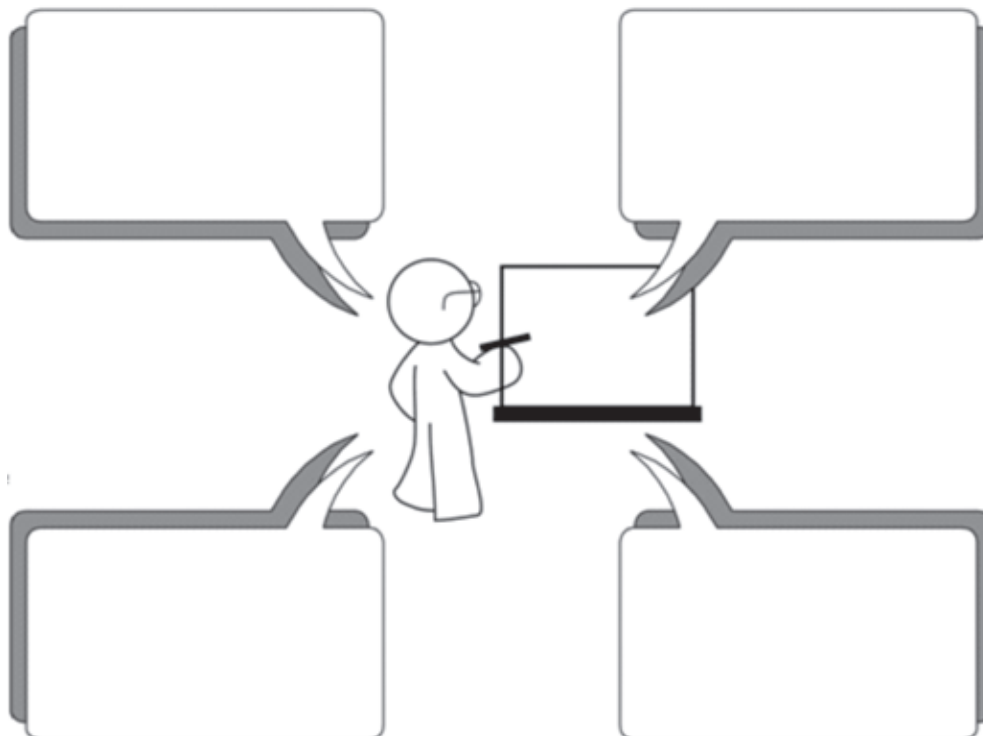
- Kindly fill the following information within five minutes.
- Share your 'ONES' with as many participants as possible within 10 minutes.
- Introduce yourself to each participant you interact with.
- It is desirable that you remember the information other participants tell you.
- The participant who remembers the names of maximum number of participants will be rewarded with a title of 'Most Friendly Participant'.

1 concern

that I have about motivating LR nurses to provide S&D free services to HIV positive patients

1 word

that I associate with my role in training labour room nurses



1 challenge

that I (can face for training LR nurses in PPTCT guidelines

1 feeling

I get when I think of HIV positive pregnant women

My name:

Years of experience as Trainer of nurses:

Years of experience in HIV sector:

Worksheet 2: Competency Model

Carefully read the following competencies essential for training labour room nurses in PPTCT guidelines. Based on your personal assessment of your competencies, give yourself a rating by circling a number to the right of each competency. Mark the circle in the first column of Day One of the training programme. Similarly rank each competency on the last day (Day Three) of training.

It is desirable that you prioritise a maximum of three weak competencies that you can strengthen during the training programme. Use the following guide to rank your competencies:

0	Not sure	1.	Very poor
2.	Poor	3.	Average
4.	Good	5.	Very good

Competencies	Rating Scale	
	Day One	Day Three
A. Knowledge:		
1. Adult learning theory	0 1 2 3 4 5	0 1 2 3 4 5
2. Principles of participatory methods of learning	0 1 2 3 4 5	0 1 2 3 4 5
3. Methods to assess learning needs during training	0 1 2 3 4 5	0 1 2 3 4 5
4. Guidelines for designing learning objectives	0 1 2 3 4 5	0 1 2 3 4 5
5. Participatory training methods, especially VIPP, fishbowl, relative ranking and pyramiding	0 1 2 3 4 5	0 1 2 3 4 5
6. Guidelines for managing participatory training environment	0 1 2 3 4 5	0 1 2 3 4 5
7. Methods to measure learning during training	0 1 2 3 4 5	0 1 2 3 4 5
8. 2014 PPTCT guidelines, especially the role of labour room nurses in the PPTCT programme	0 1 2 3 4 5	0 1 2 3 4 5
9. Common challenges faced by labour room nurses and suggestions to address them	0 1 2 3 4 5	0 1 2 3 4 5
10. Communication approaches relevant for HIV counselling and education for direct-in-labour (DIL) cases	0 1 2 3 4 5	0 1 2 3 4 5
B. Skills		
11. Assessing learning needs during training	0 1 2 3 4 5	0 1 2 3 4 5
12. Modifying learning objectives based on learning needs	0 1 2 3 4 5	0 1 2 3 4 5
13. Selecting appropriate learning resources	0 1 2 3 4 5	0 1 2 3 4 5
14. Selecting appropriate learning methods	0 1 2 3 4 5	0 1 2 3 4 5
15. Setting and managing participatory learning environment	0 1 2 3 4 5	0 1 2 3 4 5
16. Selecting an effective sequence of learning activities based on learning needs and performance targets	0 1 2 3 4 5	0 1 2 3 4 5
17. Managing special circumstances that threaten to adversely affect the training processes and/or outcomes	0 1 2 3 4 5	0 1 2 3 4 5

Competencies	Rating Scale	
	Day One	Day Three
18. Helping labour room nurses overcome fear of and biases and prejudices towards HIV-positive patients	0 1 2 3 4 5	0 1 2 3 4 5
19. Giving, receiving and using feedback during training	0 1 2 3 4 5	0 1 2 3 4 5
20. Evaluating training outcomes against objectives	0 1 2 3 4 5	0 1 2 3 4 5
C. Attitude		
21. Taking risks in learning and training situations	0 1 2 3 4 5	0 1 2 3 4 5
22. Demonstrating interest in individual growth and learning	0 1 2 3 4 5	0 1 2 3 4 5
23. Belief that I can grow, learn and change	0 1 2 3 4 5	0 1 2 3 4 5
24. Conviction that I can contribute towards prevention of vertical transmission of HIV	0 1 2 3 4 5	0 1 2 3 4 5
25. Conviction that I can be a role model for being non- judgmental about moral values of HIV-positive people	0 1 2 3 4 5	0 1 2 3 4 5
26. Belief that despite their busy schedule, labour room nurses can practice PPTCT guidelines for direct-in-labour (DIL) cases	0 1 2 3 4 5	0 1 2 3 4 5
27. Self-confidence that I can motivate participants to provide stigma- and discrimination-free services	0 1 2 3 4 5	0 1 2 3 4 5
28. Belief that participants are best suited for identifying solutions for the problems they face	0 1 2 3 4 5	0 1 2 3 4 5
29. Conviction that participants' experiences are an important resource of learning	0 1 2 3 4 5	0 1 2 3 4 5
30. Belief that it is my responsibility to help the participants 'learn' rather than to 'teach' the participants	0 1 2 3 4 5	0 1 2 3 4 5

Three priorities for strengthening competencies of training labour room nurses in PPTCT guidelines:

- 1.
- 2.
- 3.

Worksheet 3: How Did I Learn?

Instructions:

Think of your most important learning in the last one year. It may or may not be related to your work, but must definitely have had a significant impact on your life. For example, you learned to cook or to control your temper or to resolve conflicts in close relationships. Write the following information about your most important learning and share it with others in the plenary.

What has been the most important learning in my life during the last one year?
Why did I learn what I described above?
How did I learn?
From whom did I learn?
Is there any knowledge or skill that I wanted to acquire in my life but have not been able to? If yes, what was it?
Why have I not been able to learn what I wanted to?

Worksheet 4: Quiz on HIV Transmission in Health Care Settings

Instructions:

- Discuss the following statements with others in the group and try to arrive at a consensus on whether each statement is true, false or partially true. A statement is partially true if every word in the sentence is correct, but some facts related to the statement are missing.
- Kindly read the language carefully before arriving at any conclusion.
- You will need to conclude the group discussions within one hour.
- **The main purpose of the quiz is to generate discussion** and gain in-depth knowledge about some issues related to HIV and AIDS.
- In case you complete your group discussions early, try converting false or partially true statements to true statements.
- It is important that the statements be sensitive and not be likely to result in stigma and discrimination against HIV-positive people.

No.	Statement	True/Partially True/False
1.	Healthcare workers are at greatest risk of acquiring AIDS, mainly from treating migrant workers and their spouses.	
2.	Contact with any body fluid of an HIV-positive person can transmit HIV.	
3.	HIV-positive people are infectious.	
4.	All breastfed babies born to HIV-positive mothers have an equal risk of acquiring HIV infection.	
5.	All surgical and invasive procedures carry an equal risk of HIV transmission from patient to healthcare providers.	
6.	All needle prick injuries carry the same risk of HIV transmission.	
7.	Negative result of an HIV test means that the person tested does not have HIV infection.	
8.	Except during the window period, one blood test can detect HIV infection.	
9.	It is mandatory to test all pregnant women for HIV during the last trimester.	
10.	HIV is highly infectious. Therefore, it is important that healthcare providers use extra protection while providing services to HIV-positive patients.	
11.	The protective equipment included in the safe delivery kit is of superior quality than the equipment normally used in hospitals.	

No.	Statement	True/Partially True/False
12.	Healthcare providers should wear gloves for giving all types of injections so as to protect themselves from HIV infection.	
13.	Making adequate gloves available for protection against exposure to body fluids can give healthcare providers total protection against HIV infection.	
14.	Nevirapine syrup should be given to all newborns of HIV-positive women if they are being breastfed.	
15.	HIV-positive pregnant women who are put on lifelong ART are likely to develop resistance to ART drugs faster and, therefore, have shorter lifespan as compared to HIV-positive people who start ART at CD4 count of 500 or less.	
16.	HIV-positive people who are newly registered at the ART centre with CD4 less than 500 are immediately started on ART.	
17.	Top feeds are recommended for newborns and infants of HIV-positive women who can afford them.	
18.	Healthcare providers need to take post-exposure prophylaxis (PEP) after contact with any body fluid of HIV-positive patients.	
19.	Medicines for PEP are effective only if they are started within two hours of exposure.	
20.	Doctors and nurses have the responsibility to inform family members of any patient who has tested HIV positive.	

Worksheet 5: Guidelines for Discussion on the PPTCT Programme

Instructions:

1. Discuss and write down on chart papers the difference between earlier and newer guidelines with regards the PPTCT programme component assigned to your group. In case you feel that there is no difference, you can list the guidelines. You can refer to your handouts or any other reference material.
2. You need to complete the group work in 40 minutes.
3. Leave your chart papers where you did your group work. Also leave four blank index cards.
4. Move to other groups on rotation, as directed by the facilitator, and review outputs of other groups.
5. Add additional information and/or suggest changes on the output of other groups, if required. It is desirable that you complete reviewing each group's outcome within 6 minutes.
6. Once you return to your own group, review the feedback other groups gave on your output and make changes, if required.
7. Clarify your doubts with the trainer in the plenary.

PPTCT PROGRAMME COMPONENTS:

Group 1: Care and assessment of HIV-infected pregnant women

List the differences between earlier and newer guidelines on initial assessment of HIV-positive pregnant women and maternal ART and ARV prophylaxis, including duration of infant ARV prophylaxis in each of the following six clinical scenarios. You do not need to list the names of drugs or their doses.

1. Mother is diagnosed as having HIV infection during her pregnancy.
2. Mother is diagnosed as having HIV infection during labour or in the early postpartum period and plans to breastfeed.
3. Mother is diagnosed as having HIV infection during labour or in the early postpartum period and plans to give the baby exclusive replacement feed.
4. Infant is identified as HIV exposed after birth and is breastfeeding.
5. Infant is identified as HIV exposed after birth and is not breastfeeding.
6. Mother was receiving ART but had interrupted it during pregnancy or breastfeeding

Also describe indications of co-trimoxazole prophylactic therapy (CPT) in pregnancy.

Group 2: Guidelines for initiating ARV during pregnancy

Discuss with your group members and list the differences between earlier and newer guidelines on initiating ART for HIV-positive pregnant women.

1. Principles of management
2. First-line regimen for HIV-positive pregnant and breastfeeding women with no prior exposure to any ART drug
3. Regimen for HIV-positive pregnant and breastfeeding women who have received single-dose Nevirapine in earlier pregnancy/pregnancies
4. ART regimen for HIV-positive women who get pregnant while on ART
5. ART regimen for HIV-positive pregnant and breastfeeding women who have both HIV 1 and HIV 2 infection
6. ART regimen for HIV-positive pregnant and breastfeeding women who have only HIV 2 infection
7. Clinical and laboratory management of pregnant women receiving ART
8. ARV prophylaxis for HIV-exposed infants whose mothers had received ART during pregnancy
9. ARV prophylaxis for HIV-exposed infants whose mothers had not received ART during pregnancy

Group 3: Interventions for women diagnosed with HIV infection during labour or in the immediate postpartum period

Describe the following:

1. Protocol for women presenting direct-in-labour and having reactive HIV screening test result
2. ARV prophylaxis for newborns of women presenting in active labour and having reactive HIV screening test result
3. ARV prophylaxis for newborns of women who delivered at home and were detected as having HIV infection in the immediate postpartum period
4. Rationale behind current guidelines stating ART for pregnant women and ARV for HIV-exposed infants
5. Intrapartum and postpartum care of HIV-positive women (including those presenting in active labour and having reactive HIV screening test result)

Group 4: Management of HIV-positive pregnant women with active TB, HIV 2 infection or Hepatitis B or C co-infection

Describe the guidelines for the following:

1. Early detection of tuberculosis (TB) in HIV-infected pregnant women
2. Starting TB treatment in HIV-positive pregnant women having active TB
3. Preventing drug interactions between TB drugs and ART

4. ART in HIV-positive pregnant women having only HIV 2 infection
5. Prophylaxis for infants born to women with only HIV 2 infection
6. Management of HIV-positive pregnant women with Hepatitis B or Hepatitis C co- infection

Group 5: Care and management of HIV-exposed infants

Describe the following:

1. Principles of infant feeding for babies of HIV-positive mothers
2. Services for HIV-exposed infant during the first post-delivery visit at six weeks or the first immunisation visit
3. Guidelines for early infant diagnosis (EID)
4. Confirmation of HIV status in HIV-exposed infants

Worksheet 6: Anonymous Monitoring Format

Instructions:

We have committed to work together as a team during this workshop. Evaluating our relationship with one another and reviewing the progress on our objectives on a daily basis is essential for taking corrective actions. Your honest feedback will help us make the workshop more meaningful. It is not necessary to write your name. Kindly circle the number on each scale that identifies how well you think our team has been working together. Feel free to add any comments.

I. How were the objectives of the day?

1	2	3	4	5
None set or Irrelevant to my needs or the main theme of the workshop				Well defined and clear objectives – I knew what had to be achieved by the end of the day

II. What was the level of commitment of the participants?

1	2	3	4	5
Participants were either not interested in the training or focussed mainly on their own problems at work				Participants were committed to learn and focussed on problems and issues faced by majority

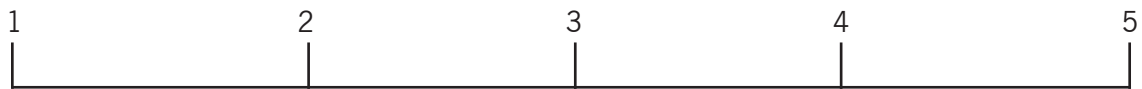
III. What was the outcome of the procedures & guidelines given by the facilitator for each activity?

1	2	3	4	5
Unclear and not followed				Clear and followed correctly

IV. How were the interactions in small groups?

1	2	3	4	5
Few participants dominated. All views were not discussed or considered				Everyone had equal opportunities to express their views and opinions

V. What was the level of participation in the group?



Only a few people were involved throughout the day

Everyone was involved and eager to participate

VI. How was the trust among participants, as evidenced by the quality of experience sharing?



Very low level of trust because participants did not express their opinions freely

High level of trust because everyone expressed their opinions, doubts, etc. without any hesitation

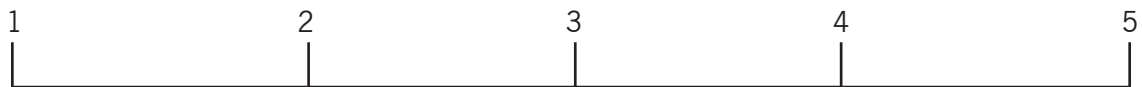
VI. How were the conflicts/differences of opinion in the group resolved?



High level of conflicts persisted even after the session concluded

Most conflicts were addressed and there was little evidence of unresolved conflicts by the end of the session

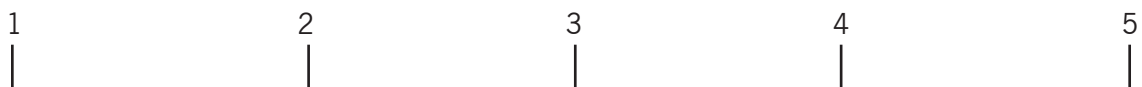
VII. Were the sessions and content relevant to your job responsibilities?



No, they were not relevant. The content was also not adequate to meet session objectives.

Yes, they were totally relevant, and content was complete to meet session objectives

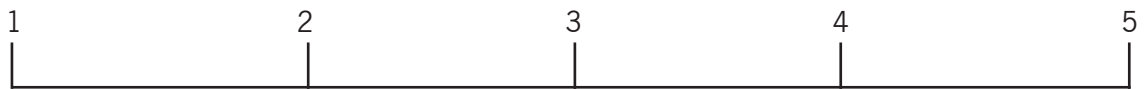
VIII. Was the time used effectively during the programme?



Much time was wasted on unnecessary discussion that was not relevant to the session objectives

Time was well spent on clarifying doubts and the entire focus was on achieving the session objectives

How was the direction and control provided by the facilitators?



Inappropriate (either too little or too much) amount of direction and control

Just the right amount of direction and control, wherein the participants felt able to learn on their own

Do you have any suggestions to make the workshop more meaningful? If yes, please list them.

Worksheet 7: Guidelines for Fishbowl Exercise – Roles and Responsibilities of Labour Room Nurses in the PPTCT Programme

Instructions:

- You will divide yourself into two sub-groups: A and B, and follow steps for fishbowl technique of group discussion.
- While in the outer group, you will make notes on the discussions being held in the inner group. Use the template below to make notes:

	Points discussed	Agree/disagree	Additional points that you wish to add
1.			
2.			
3.			
4.			
5.			

- As soon as you become part of the inner group, discuss the additional points that you wished to make and the points that you wished to remove as you disagreed with them.
- Continue the discussion.
- Once the discussion is over, you need to prepare a final chart to present the issues discussed and agreed upon by both sub-groups, using the following format:

No.	Common barriers related to your responsibilities in the PPTCT programme	Options to overcome the barriers

- It is desirable that you conclude the discussions within two to three rotations of inner and outer circles.

Worksheet 8: Values and Beliefs towards PLHIV

Instructions:

For each statement, put a mark in the appropriate box, depending on whether you disagree, agree or are neutral. This questionnaire is anonymous, and you do not need to share your responses with other participants.

Statements about your beliefs and values about PLHIV and HIV and AIDS		Disagree	Neutral	Agree
1.	People who engage in multi-partner unprotected sexual intercourse are less concerned about their health than others.			
2.	Women have no choice but to accept their husband's multiple sexual partners.			
3.	I feel men who acquire HIV infection because of multiple sex partners deserve to suffer because of their irresponsible behaviour.			
4.	The number of people engaging in high-risk sexual behaviours is increasing because of the influence of movies, TV, etc.			
5.	I find it difficult to empathize with people who get HIV infection despite being aware of the risks.			
6.	Children are innocent victims of HIV infection.			
7.	Husbands whose wives have sex only with them should be held responsible for infecting their wives with HIV.			
8.	If sex workers were to be trained in alternative livelihood options, it will be easier for men to avoid high-risk sexual behaviour.			
9.	Promoting condoms in the community will encourage people to have sexual intercourse.			
10.	Men who say that condoms reduce sexual pleasure are looking for excuses for not using condoms.			
11.	Promoting Indian values and traditions is an effective way of reducing high-risk behaviours.			
12.	My need to protect myself from HIV infection is greater than the pregnant woman's need for health services because she can go to higher centres where better services are available.			
13.	Even though many men are wrong in their sexual behaviours, it is their wives who face adverse consequences from the society.			
14.	Women prefer to hide their HIV status because they are afraid of being accused of immoral behaviour.			
15.	It is unfair to test women for HIV without testing their husbands first.			

Worksheet 9: Case Scenarios – Managing Special Situations in Training

1

A three-day training programme is scheduled to start at 10:00 AM with an address by Joint Director (JD), State AIDS Control Society (SACS). Of the 30 participants expected, only eight had arrived by 10:15 AM. Other participants arrive by 11:30 AM. The JD, SACS, scolds the participants for not arriving on time and labels them as irresponsible. He also threatens to take action against them through the Department of Health.

You finally start the first session at noon. What actions will you take to ensure that the training has the desired outcomes?

2

A senior professional from a reputed academic institution was supposed to take a one and a half hour session on counselling. However, his entire presentation (with videos) revolved around the importance of working with passion and being self-aware. What will you do?

3

You have tried using participatory methods of training. A few participants are, however, protesting saying they want you to “tell them” through PowerPoint presentations. They justify this demand by saying that they are not children, and as adults, can learn when they are given new information.

How will you respond to this situation and ensure that the training has the desired outcomes?

4

Despite an insistence on the ground rule that no one will use mobile phones during training, you notice that two participants use them very frequently to text messages. One of them also goes out of the room during the training session to take calls.

What will you do to motivate both these participants to abstain from using mobile phones?

5

In the first two hours of a two-day PPTCT training programme, you realise that most nurses are reluctant to provide services to PLHIV due to the fear of acquiring HIV from them.

By 2:30 AM, you hear that a bandh has been declared in the city/town for the next day. What will you do?

6

On Day One of a PPTCT training programme, one participant had remained withdrawn from the entire training process. On Day Two, during a session on HIV and syphilis screening tests, he dominates the first session by arguing that everyone focuses on patients' rights but no one focuses on service providers' rights.

They too have a right to protect themselves from HIV and yet government hospitals do not provide adequate universal precautions equipment. How will you respond to this situation?

7

In order to help the participants understand the importance of focussing on key messages while counselling direct-in-labour cases before screening for HIV and syphilis, you ask them to work in small groups to list the most important information to be given during the counselling session.

At the end of the exercise, you realise that the participants have listed all the basic facts on HIV and AIDS and very little about mother-to-child transmission and its prevention. What will you do?

8

You are training a group of 35 participants. You observe that two participants generally sit together and talk softly during the session. You have asked them not to do so a few times, which has made them withdrawn and non-communicative. What will you do?

9

During a session on HIV and syphilis screening for direct-in-labour cases by labour room nurses, several participants express that it is difficult for them to do the tests because of two main reasons: one, they struggle to cope with the high caseload in labour rooms, and two, it is difficult to maintain privacy and confidentiality in labour rooms. What will you tell them so as to motivate them to do the screening tests?

10

During a training programme, you notice that every time you ask a question to the entire group, no one answers. What will you do to encourage participants to express themselves during the sessions?

11

You have been asked to conduct a one-day refresher training programme next week for labour room nurses on the PPTCT programme. You have already got a four-day leave sanctioned this week for important personal travel and, therefore, do not have the time to prepare for the training. What approach will you use to ensure that the training is relevant for the nurses and focuses on their learning needs?

12

Every time you interact with labour room nurses and inquire if they are able to implement PPTCT guidelines for HIV screening and lifelong ART initiation, the nurses list several problems that prevent them from implementing the PPTCT guidelines. What will you do?

Reference Notes

Reference Note 1: Principles of Adult Learning

Learning in adults is greatly influenced by their experiences and surroundings and by their response to these experiences and surroundings. A training programme for adults can only be effective when it incorporates these elements in training design and implementation.

1. Adults learn when they feel the need to learn.

Adults choose what they want to learn, based on their perceived need. An effective training programme fulfils the self-perceived learning needs of participants and creates opportunities for the group to identify the need to learn. The need to learn may be felt due to several reasons, such as because it is part of their job responsibilities, it may lead to some gain (career enhancement, greater personal satisfaction, monetary gain, increased respect and recognition, etc.), it helps in solving problems, it helps the person conform to some aspirational group norms, etc.

2. Adults have a lot of first-hand experience.

Effective training programmes tap into participants' experience as a major resource for learning. These programmes may be a source of new experience for participants and help the adults convert experience into learning.

3. Adults have set habits and strong tastes.

Effective training programmes are sensitive to adults' habits and tastes and accommodate as many as possible.

4. Adults have a sense of pride.

Effective training programmes develop greater abilities in self-direction and responsibility. This means that rather than "telling" the participants what and how to do, it is important to facilitate experiences that would help them discover what and how to do.

5. Adults have very tangible things to lose.

Effective training programmes are concerned with gain, not with proving inadequacy. This means that rather than focus on what the group has *not* learnt, you need to focus on what they *have* learnt.

6. Adults have a developed reflex towards authority.

Depending on individual experiences, adults begin to either respect or disrespect authority. Effective training programmes, therefore, make appropriate use of authority only *after* identifying the group's attitude towards authority.

This means that if the participants are used to and comfortable with taking directions from their supervisors or seniors, they may not be comfortable if you do not provide them with any direction and allow them to choose their own direction. Similarly, if they are not

comfortable with or are not used to taking specific directions, allow them to explore options and take decisions.

7. Adults have decisions to make and problems to solve.

Effective training programmes tend to be both problem-centred and entertaining. This means that the training should enhance the participants' ability to assess problems, analyse them and decide on the most suitable solution.

8. Adults have many preoccupations outside of a particular learning situation.

Effective training programmes are sensitive to their space in the adult world; they are not designed to fit in all the activities very tightly. Instead, they achieve a balance between a tight schedule and the time needed for integration of learning or other needs of the group.

For example, if the participants need to collect their daily allowance and/or travel allowance on the last day of training, it is important to allocate some time for them to collect it. Sometimes the participants may need more time to integrate the learning. Several such needs may arise during the training programme, some of which may not be anticipated. Allowance needs to be made for such needs while designing session plans. It is, therefore, important to keep a "cushion" time in each session.

9. Adults have developed group behaviours consistent with their needs.

People in similar situations and with similar needs are often likely to have similar behaviours. Effective training programmes cater to the needs of participants and meet these needs in ways that are helpful to the group.

10. Adults have established emotional frameworks consisting of values, attitudes and tendencies.

Effective training programmes assist adults in making behavioural changes and in becoming more competent. They may also assist adults in making changes in their emotional framework in an environment with a high degree of safety, mutual commitment and choice.

11. Adults respond to reinforcements.

Effective training programmes are built on appropriate reinforcement. This means that the core knowledge and skills to be acquired during training are reinforced at periodic intervals. This reinforcement continues after completion of the training programme in the form of supportive supervision.

12. Adults are supposed to appear in control, and they, therefore, display a restricted emotional response.

Effective training programmes create safe and supportive environments in which the doors often come unlocked. Effective training programmes do not add to the bars, neither do they pry open the doors. They are, however, prepared for emotional release if it occurs.

13. Adults have strong feelings about learning situations.

Adults are likely to judge a learning situation based on what they observe during the initial part of the training programme. Your attitude towards the group and their experiences, the group's attitude towards others' limitations and the degree of safety in the learning environment will influence their feelings. This is why it is desirable that you introduce tried and tested "safe" activities on the first day of training and gradually increase the risk level, depending on how the group responds to these activities.

14. Adults can change.

This is the prime tenet of faith for effective training programmes.

Conditions that facilitate adult learning

- Being in a supportive environment
- Participants are allowed to define their own learning needs
- Participants see personal benefit, including personal growth opportunities, in the training
- Training content is relevant to the perceived needs of the participants
- Participants participate actively in group and individual exercises
- Facilitator respects the participants' life experiences
- Training content can be immediately related to participants' life experiences
- Direction of learning is made explicit right from the beginning
- Instructions for learning activities are clear
- Participants experience a variety of training methods and media
- Participants feel empowered by learning the skills
- Participants receive timely feedback on their practice sessions or outputs of various activities in the training
- Participants receive positive reinforcement for accomplishments
- Participants feel that their individual needs have been met
- Participants feel that the training content is relevant and is in integrated patterns
- Participants feel free to question and challenge the training content and processes at every stage of the programme
- Participants' self-esteem is at best enhanced or at least maintained
- Participants are given adequate personal space to ensure their comfort throughout the training

Tips to maximise training effectiveness by applying adult learning principles

1. **Create a supportive environment:** Convey respect for each trainee and show belief and value in the learning process. It is also important to use the participants' previous experience as a vital learning resource. To create a supportive environment:

- Familiarise yourself with the participants' names in the introductory session and then call each trainee by name throughout the training
 - Listen to each trainee's questions and viewpoints
 - Never belittle a trainee or disregard his/her experiences or opinions
 - Always be courteous and patient
 - Assure individuals that mistakes are part of the learning process
 - Look for opportunities to validate each person
 - Encourage participants to support one another in learning endeavours
 - Ensure that the physical space is as comfortable as possible
 - Ensure that participants take regular breaks and are provided satisfactory food and beverages
2. **Emphasize personal benefits of training:** Adult learners need to know how the training course content relates to their immediate work and how it will help them reach their personal and professional goals. In other words, you need to answer their question "What is in it for me?" This can be done by:
- Supporting each trainee to develop his/her own personal goals for the training
 - Encouraging participants to write down specific ways in which they will use the learning in their work or life
3. **Use training methods that result in spontaneous participation:** Active participation engages participants in the learning process and enhances retention of new knowledge. Some participants may not be comfortable expressing their views or clarifying their doubts in front of a group. It is, therefore, desirable that you choose a method wherein every trainee is engaged in a non-threatening manner. Using active learning techniques will require:
- Designing a curriculum that allows the training to be trainee-centred
 - Limiting the duration of didactic sessions
 - Encouraging participation and sharing of experiences
 - Using open ended questions
 - Weaving discussion sections with exercises that require participants to practice a skill or apply knowledge
 - Using anonymous response sheets to collate participants' views and opinions or to identify their learning gaps
4. **Use a variety of teaching methods:** Different people learn differently. There is ample evidence for the existence of many different learning styles, which are typical ways in which adults prefer to learn. Individual learning styles are influenced by factors such as personality, intelligence, education, experiences, culture and sensory and cognitive preferences. In order to engage all the participants, it is best to vary the methods in which information is communicated. Training methods that engage participants in an active process and cover a wide range of learning styles include small group discussion, fishbowl technique, role plays, case studies, games, demonstration, simulations, among others.

5. **Provide structured learning opportunities:** It is important to empower the participants to be self-directed learners as they strive to fulfil the objectives of the training. They should be supported to learn the content and to become aware of their own learning process. You can do this effectively by teaching the participants how to learn by incorporating learning tools into the curriculum. These can include, for example, structured note-taking, problem-solving exercises, brainstorming, evaluating one's own work and the work of others, identifying learning styles and helping the participants become aware of their own preferred style and encouraging them to support others in learning.
6. **Provide immediate feedback on practice:** Providing timely and corrective feedback leads to successful learning and gains in the required levels of knowledge and skills. As adults do best with gentle and constructive criticism, sensitive feedback helps the participants correct their errors and reinforces desired behaviours. Feedback needs to be given by self, peers and facilitators.
7. **Meet participants' individual learning needs:** Effective trainers never forget they have a group of individual learners with varying abilities, experiences and motivation levels. Individual learning needs can be met if the facilitators:
 - Get to know the participants
 - Identify each trainee's capabilities and interests
 - Encourage individual creativity and initiative
 - Pay attention to individual communication
 - Acknowledge social and cultural differences
8. **Make course content relevant and coherent:** Learning is most effective when the sequence of content begins with the basic and builds on each part in a sequential order. It is important to ensure that the exercises and content are applied to the participants' real-life situations. To make course content relevant and coherent, you need to:
 - Provide an overview of the course and each session along with objectives
 - Relate each new component to the previous component (linking)
 - Present the overall concept before presenting new information
 - Use experiential learning models/approaches
 - Provide examples of the concept that are relevant to the participants' work

Reference Note 2: Quiz on HIV Transmission in Health Care Settings

1. *Healthcare workers are at greatest risk of acquiring AIDS, mainly from treating migrant workers and their spouses.*

This statement is false.

HIV is transmitted and not AIDS. Discuss the difference between HIV and AIDS.

Healthcare providers are at risk of acquiring HIV infection if they do not practice universal precautions consistently. It is, therefore, not appropriate to “blame” or “stigmatise” any individual or groups of people.

2. *Contact with any body fluid of an HIV-positive person can transmit HIV.*

This statement is false.

Body fluids such as sweat, saliva and urine cannot transmit HIV unless they are contaminated with fresh blood.

3. *All HIV-positive people are infectious.*

There is sensitivity related to concluding this statement as either true or false.

An infectious person is one who is able to transmit infection from one person to another. Therefore, technically, this statement is correct. However, given the stigma and discrimination against HIV-positive people because of the perception that merely being with them or sharing anything used by an HIV-positive person can transmit HIV, it is desirable that this statement be labelled as ‘false’.

It is important to differentiate between a person and his/her body fluids. Outside of health settings, HIV can transmit only when there is contact between at least two of the following four body fluids:

- a. Vaginal secretions
- b. Semen
- c. Blood
- d. Breast milk

A person with tuberculosis (TB) can transmit the infection to others even without close contact, whereas HIV can transmit only when certain behaviours allow contact between the above four body fluids.

4. *All breastfed babies born to HIV-positive mothers have an equal risk of acquiring HIV infection.*

This statement is false.

The risk of HIV transmission from mother to baby depends on:

- Whether the mother is on ART or not, and if she is on ART, what is the level of adherence
- Viral load of the mother

- Whether the safer delivery practices recommended for HIV-positive women were practiced or not
- Whether the baby is exclusively breastfed or there is mixed feeding, which carries a significantly higher risk of HIV transmission
- Damage to the nipples, such as cracked nipples
- Prematurity and underweight babies

5. *All surgical and invasive procedures carry an equal risk of HIV transmission from patient to healthcare providers.*

The statement is false.

The risk of HIV transmission during surgery and other invasive procedures depends on duration of surgery, amount of blood or fluid loss, number of needles and sharps used, use of irrigation fluids and use of high-speed instruments.

It is desirable to discuss the levels of risk for various clinical procedures and the recommended protective barriers, as presented in the table below, with special focus on procedures that labour room nurses are involved in.

Level of risk	Procedures that carry risk of exposure	Recommended protective barriers
Low risk – Contact with skin but without any visible blood	<ul style="list-style-type: none"> • Injections • Minor wound dressing 	<ul style="list-style-type: none"> • Gloves are helpful but not essential
Medium risk – Possibility of contact with blood or other body fluids, without the risk of a splash	<ul style="list-style-type: none"> • Vaginal examination 	<ul style="list-style-type: none"> • Gloves
	<ul style="list-style-type: none"> • Insertion or removal of intravenous cannula • Handling of laboratory specimens • Dressing large open wounds • Cleaning spills of blood • Venepuncture (puncturing veins to draw blood) 	<ul style="list-style-type: none"> • Gloves • Aprons may be necessary
Medium risk – Probable contact with splash of blood or other body fluids	<ul style="list-style-type: none"> • Intubation 	<ul style="list-style-type: none"> • Gloves • Apron • Goggles • Mask
High risk – Possibility of contact with blood, splashing or uncontrolled bleeding	<ul style="list-style-type: none"> • Major surgeries • Vaginal delivery 	<ul style="list-style-type: none"> • Gloves • Waterproof gown or apron • Goggles • Mask • Shoes

6. *All needle prick injuries carry the same risk of HIV transmission.*

The statement is false.

- The risk of HIV transmission is greater with hollow bore needles. The larger the bore of the needle, the greater will be the risk.
- The type of injury also influences the risk. Superficial scratches or injuries with small quantity of blood have lesser risk than an injury that has penetrated deep into the healthcare providers' hands and caused bleeding from the injury site.
- A needle covered with fluids that have higher viral load carries a higher probability of HIV transmission.

7. *Negative result of an HIV test means that the person tested does not have HIV infection.*

The statement is false.

A person with HIV infection will test negative during the window period.

Window period and its significance in HIV transmission should be discussed here.

8. *Except during the window period, one blood test can detect HIV infection.*

The statement is true.

One blood test can detect HIV infection. Additional tests are required to confirm the HIV status.

Discuss the testing algorithm.

9. *It is mandatory to test all pregnant women for HIV during the last trimester.*

The statement is false.

HIV test is not mandatory. Pregnant women have an option of refusing the test. However, since testing is the first step towards preventing mother-to-child transmission, a pregnant woman who has refused to take the HIV test should be counselled to take it during every antenatal contact with the healthcare provider.

HIV counselling and testing is recommended as early as possible during pregnancy.

10. *HIV is highly infectious. Therefore, it is important that healthcare providers use extra protection while providing services to HIV-positive patients.*

This statement is false.

HIV is not "highly infectious". Blood borne pathogens such as Hepatitis B and C transmit more easily than HIV. In the health setting, HIV transmission occurs only when there is contact between the infectious body fluids of the patient and the body fluids or non-intact skin of the service provider.

Examination of the patient and providing routine nursing care and treatment that involve contact with the intact skin of the HIV patient do not carry risk of HIV transmission.

Participants will learn about the levels of risk for clinical procedures and the universal precautions recommended for each procedure in Session 10.

11. *The protective equipment included in the safe delivery kit is of superior quality than the equipment normally used in hospitals.*

The statement is false.

There is no difference in the level of protection offered by protective equipment included in the safe delivery kits and the other equipment procured by hospitals. The safe delivery kits provided for use during deliveries of HIV-positive women have the protective gear that is recommended for all deliveries. Since such gear, especially elbow length gloves and goggles, may not always be available, a special kit is provided only to ensure that healthcare providers adhere to universal precautions while conducting deliveries of HIV-positive women.

12. *Healthcare providers should wear gloves for giving all types of injections so as to protect themselves from HIV infection.*

The statement is false.

Risk of HIV transmission is higher for intravenous (IV) injections in case there is a puncture wound with the needle inserted in the patient's vein. Gloves should, therefore, be worn for giving IV injections to **ALL** patients. Giving intramuscular injections does not carry similar risk of HIV transmission, as there is no contact between the body fluids of the healthcare provider and the patient.

13. *Making adequate gloves available for protection against exposure to body fluids can give healthcare providers total protection against HIV infection.*

This statement is false.

Making gloves available does not mean that healthcare providers will use them.

Sterilisation of reusable gloves, process for checking gloves for leaks and the factors that prevent healthcare providers from using gloves will be discussed in greater detail in Session 10.

14. *Nevirapine syrup should be given to all infants of HIV-positive women if they are being breastfed.*

This statement is partially true.

Nevirapine syrup should be given to all babies born to HIV-positive women for at least six weeks irrespective of whether they are breastfed or not. Decision on whether to continue the syrup for an additional six weeks will be taken by the Medical Officer based on well-defined criteria. Discuss guidelines for NVP prophylaxis in brief and inform the group that these will be discussed in greater detail the next day.

15. *HIV-positive pregnant women who are put on lifelong ART are likely to develop resistance to ART drugs faster and, therefore, have shorter lifespan as compared to HIV-positive people who start ART at CD4 count of 350 or less.*

This statement will be false in case of pregnant women who adhere to the ART regimen.

Drug resistance to ART usually develops because of poor compliance. Strict adherence to the recommended ART regimen can help people remain asymptomatic for a long time.

Discuss the treatment guidelines in brief and inform the group that these will be discussed in greater detail the next day.

16. *HIV-positive people who are newly registered at the ART centre with CD4 less than 500 are immediately started on ART.*

The statement is false.

ART is not started until treatment counselling is done and there is persuasive indication that the HIV-positive person has understood the guidelines for taking ART, the common side-effects and the adverse impacts of discontinuing ART or taking it irregularly.

Except in cases of pregnant women and sometimes symptomatic patients, it is also desirable that baseline investigations are done before starting ART.

In case of HIV-TB co-infection in a person who is not on ART, TB treatment is initiated first and ART started later.

17. *Top feeds are recommended for newborns and infants of HIV-positive women who can afford them.*

The statement is false.

Breastfeeding has several advantages and, as far as possible, the baby should not be deprived of breastmilk, irrespective of the mother's HIV status. Babies on top feeds are more likely to have illness episodes such as diarrhoea and pneumonia.

To reduce the risk of mother-to-child transmission of HIV, ART is recommended for all HIV-positive women, to be continued for life, and Nevirapine syrup is recommended for all HIV-exposed infants for at least six weeks.

18. *Healthcare providers need to take post-exposure prophylaxis (PEP) after contact with any body fluid of HIV-positive patients.*

This statement is false.

All body fluids of HIV-positive patients do not carry the risk of HIV infection. PEP is taken based on an assessment of the exposure and the HIV status of the source patient.

Discuss in detail the first aid process after exposure. Briefly also discuss the guidelines for starting PEP.

19. *Medicines for PEP are effective only if they are started within two hours of exposure.*

This statement is false.

It is desirable that PEP be started within two hours, but it is also effective if it is taken within 72 hours.

20. *Doctors and nurses have the responsibility to inform family members of any patient who has tested HIV positive.*

The statement is false.

It is unethical to disclose the HIV status of an adult to anyone except the person who has been tested. The HIV-positive person needs to be counselled, emotionally prepared and supported, if required, to disclose his/her status to the family.

Reference Note 3: Use of Reflection in Training

Every participant in the training, including the trainer, goes through a wide range of experiences during the training day. Some experiences are common and hence everyone recognizes them. However, some may be unique to one or two participants, because the training relates in a specific way with each person's past experience.

During the training day, everyone experiencing the training may have gained some new insights about the training content or the process. It is also possible that problems may have arisen, which interfere with an individual's or the group's learning. In other words, some learning may be 'discoveries' and others may be 'questions' that come up either immediately or a little later after reflecting back on the day's training.

All individual experiences are rare treasures of learning that can enrich the training programme if shared with others. In case the experience of some participants results in doubts or confusion, it is important to clarify these at the earliest so that they do not interfere with anyone's learning.

In order to allow everyone the benefit of these insights or 'second thoughts', it is desirable to end the day's programme with a session titled '**Reflections**'. There are five main advantages of incorporating the process of reflection:

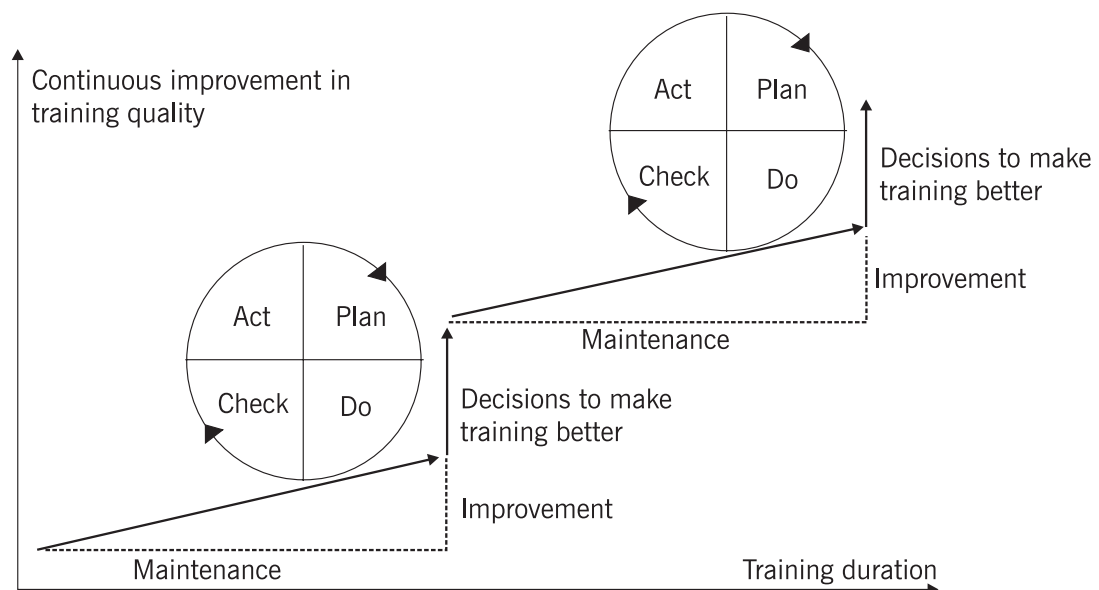
- a. When everyone shares their learning of the day with others, then by the end of the session everyone would have learnt more than the learning each person individually drew from the day.
- b. Participants can end the day without having any distracting and unresolved difficulties about the day's sessions.
- c. Reflections give valuable feedback to the trainer for making any required modifications to the training content and processes.
- d. Reflections allow time to summarize the most important learning experiences of the day.
- e. Participants are able to link their learning with their job responsibilities and commit to themselves and the group on how they will use the learning in their work.

Reference Note 4: Use of Quality Circle in Training

The 'quality circle' activity works on the principle that every participant's involvement in decision making and problem solving improves the quality of the training programme. It adopts processes to capture the group's thoughts, feelings, emotions, ideas and suggestions that are committed towards common objectives. Quality circle activity to improve the quality of training involves four steps:

1. Planning objectives and processes to achieve the training objectives
2. Determining tools to measure the progress of learning and implementing the training design
3. Checking the progress of learning and the relevance and appropriateness of training
4. Taking timely and relevant remedial actions, as required, to achieve the planned objectives

Use of Quality Circle in Training



- Plan : Agreement on objectives, sessions and methods
Do : Participate in the training based on plans
Check : The progress on the plans for day's training
Act : Take appropriate actions to achieve the objectives

Specific activities recommended during quality circle include:

- a. Review of monitoring scores for the previous day
- b. Presentation of training report for the previous day (if it is a planned activity)
- c. Review of the training day's objectives and agenda, along with an overview of the day's sessions
- d. Clarification of doubts, if any, about the previous day's learning
- e. Measurement of learning related to the previous day's sessions, with special emphasis on assessing the group's ability to apply the knowledge gained in their work

*The present day's sessions should not be started until measurement of learning related to the previous day's sessions has been completed. Rather than focussing on the quantum of **knowledge imparted**, it is better to focus on the quantum of **capacities** gained.*

It is better to cover "less but with complete learning" during training rather than cover "more with partial learning".

Reference Note 5: Sample of Mood-o-Meter and Energy-Meter

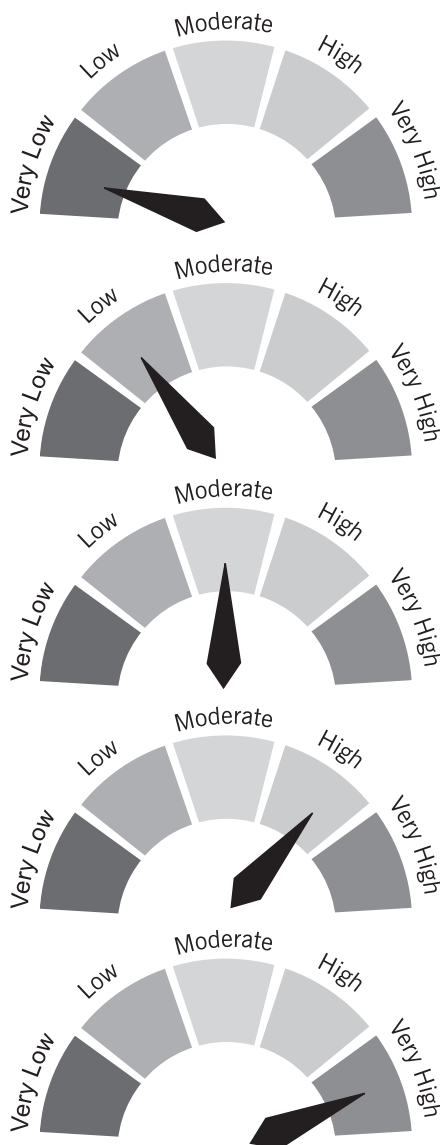
Given below is a sample of a Mood-o-Meter. You can create your own, and, better still, use a different Mood-o-Meter for different days.

Moodometer



Below is a sample of an Energy-Meter. Just like the Mood-o-Meter, you can create your own Energy-Meter too. You can also use this Energy-Meter at different times of the day to measure the group's energy levels.

Energy meter



Reference Note 6: Values and Beliefs towards PLHIV

Values and beliefs are very personal, and each person's values and beliefs are 'right' for that person's life. However, the person's values and beliefs may not be right for other people. Judging others based on one's own personal values and beliefs is one of the main causes of judgemental attitudes and behaviours towards people living with HIV (PLHIV). In order to work effectively with PLHIV and give them the care and support they need, it is important to identify the personal values and beliefs that may adversely affect the quality of care given to PLHIV. Having identified such personal values and beliefs, it is essential that one learns to put a barrier between personal values and beliefs and professional work and to remind oneself that personal values and beliefs are not universal.

Detailed below are the desirable response(s) to each statement on values and beliefs towards PLHIV (Worksheet 8), which may help in developing a non-judgemental attitude.

1. *People who engage in multi-partner unprotected sexual intercourse are less concerned about their health than others.*

Desired response: Disagree

- There are many aspects to taking care of one's own health. Multi-partner sex has very little connection with one's concern about his/her overall health. Unsafe sexual practices mainly affect the sexual health of a person.
- There may be several reasons for a person's inability and/or refusal to use condoms. It has no relationship with a person's concern about one's own health.
- Several factors influence a person's sexual practices and have little connection with concern for one's own health.

2. *Women have no choice but to accept their husband's multiple sexual partners.*

Desired response: Disagree

- Men and women continue to stay in marriage for various reasons, all of which may not be a 'compulsion' of some kind.
- Women who choose to stay in marriage despite being aware of their husband's multiple sexual partners don't have to 'accept' it. They can choose to stay in the marriage and yet not 'accept' the husband's behaviour.
- Marriage fulfils a wide range of needs in people, and these needs vary from person to person. Sexual need is just one of the several needs in people who are married.

3. *I feel men who acquire HIV infection because of multiple sex partners deserve to suffer because of their irresponsible behaviour.*

Desired response: Disagree

- No one 'needs' to suffer in life. Also, the judgement that a specific behaviour is 'irresponsible' may not be universal. Different people have different values, including values on sexual behaviour, and it is not our role to judge them.

- As long as there is no coercion, force or abuse of power in a consensual and private sexual relationship between adults, those not involved and/or affected by the sexual relationship(s) cannot and must not judge such behaviour.
 - Many people who engage in behaviour that is detrimental to them (to their health, personal relationships, etc.) are often unable to modify their behaviours. Even if such a person takes the decision to adopt safer behaviours, they may require specific and consistent support until they have been practicing the desirable behaviours for a long period of time.
4. *The number of people engaging in high-risk sexual behaviours is increasing because of the influence of movies, TV, etc.*

Desired response: Disagree

- Several factors influence people to engage in high-risk sexual behaviours, and the influence of movies, TV, etc., may be just one of these factors.
 - Movies and TV shows, and other forms of media, communicate a wide range of information, including the importance of responsible and safe sexual and other behaviours. Each person makes his/her own choice to select the information they want to use in their life.
5. *I find it difficult to empathize with people who get HIV infection despite being aware of the risks.*

Desired response: Disagree

- Irrespective of how one gets the HIV infection, the course of illness is similar in every infected person. It is, therefore, not desirable to label people based on the source of infection or give 'conditional' empathy.
 - Empathy for some and not for others is not empathy in the true sense, as it is clouded by one's own personal values and beliefs and is not really akin to 'putting oneself in others' shoes'.
 - People who are aware of being at risk because of specific behaviours, but are still unable to adopt safer behaviours need support for behavioural change.
 - Every person who knows or is aware of certain risk behaviours may not be able to adopt the safer behaviours. For example, many people who are aware of the risks of cigarette smoking are unable to give it up despite wanting to.
6. *Children are innocent victims of HIV infection.*

Desired response: Disagree

- It is not desirable to think of anyone as 'victim', as it will evoke sympathy for some and not for some others.
- Sympathy may not allow a service provider to be objective, need-based and provide effective services.
- Empathy is the desired emotion, and it should be felt for all who have HIV infection.
- The word 'innocent' is judgemental.

- It is true that children neither asked to be born nor to be born with HIV. They also did not 'do' an act to get the HIV infection. However, it is also true that the adults who acquired HIV infection did not 'do' an act expecting HIV transmission.
 - Even if a person acquires HIV infection through the sexual route, it does not mean that the person has done something 'wrong'. Sexual intercourse in privacy between two consenting adults is 'right' for those engaging in the act.
7. *Husbands whose wives have sex only with them should be held responsible for infecting their wives with HIV.*

Desired response: Disagree

- It is not desirable to blame anyone for HIV transmission.
 - Men who transmit the infection to their wives will not know they have HIV until they are tested. Since HIV infection is detected in many men only when they become symptomatic, these men would probably have engaged in sexual intercourse with their spouse for several years.
 - Even if a man is aware of his HIV status and is unable to disclose his status to his wife immediately and/or practice safe sex soon after detection, holding the man responsible for unprotected sex does not help develop a trusting and non-judgemental relationship, which is important for promoting safer behaviours.
8. *If sex workers were to be trained in alternative livelihood options, it will be easier for men to avoid high-risk sexual behaviour.*

Desired response: Disagree

- It is not desirable to blame sex workers for high-risk behaviour in men.
 - Sex workers may not be the only sexual partners for men having multiple partners.
 - Many women choose or continue to practice sex work as a means of livelihood and may not want an alternative livelihood option.
 - Alternate livelihood options for sex workers should be explored by appropriate agencies **if and only** if they express a desire for such options.
9. *Promoting condoms in the community will encourage people to have sexual intercourse.*

Desired response: Disagree

- Availability of condoms has little to do with people's choice to have sexual intercourse.
 - Promotion of condoms also provides opportunity for a dialogue on sexual practices, thereby promoting responsible sexual behaviour.
10. *Men who say that condoms reduce sexual pleasure are looking for excuses for not using condoms.*

Desired response: Disagree

- The concept of sexual pleasure varies from person to person. Some people consider condoms a barrier to the "natural feeling" (which primarily implies contact with warm, slippery vaginal fluids).

- Some men may genuinely find it difficult to use condoms during sexual intercourse, especially if they have premature ejaculation or have difficulty in remaining aroused while using condoms. Helping men overcome such barriers is important to help them use condoms consistently.

11. *Promoting Indian values and traditions is an effective way of reducing high-risk behaviours.*

Desired response: Disagree

- Indian values and traditions encompass every aspect of one's life and, therefore, it is important to not equate the wide canvass of Indian values and traditions with high-risk behaviours.
- 'High-risk sexual behaviour' means not using condoms between partners who are not mutually faithful. Values and traditions have little to do with a person's choice of using condoms. A person with multiple sexual partners may use condoms consistently, thereby reducing his/her risk of acquiring HIV and other STIs.

12. *My need to protect myself from HIV infection is greater than the pregnant woman's need for health services because she can go to higher centres where better services are available.*

Desired response: Disagree

- Every person has the right to protect oneself from HIV infection and, therefore, you, and the HIV-exposed infant have an equal need and right to be protected from HIV infection.
- A healthcare provider is at risk of acquiring HIV infection mainly from not practicing universal precautions consistently.
- Referring a woman in labour to higher centres just because she is HIV positive is discriminatory and violates her right to receive quality services at all facilities that provide similar services to HIV-negative women.
- Referral to higher centres may also cause immense discomfort and economic burden on the HIV-positive woman's family, especially if the higher centre is not in the vicinity of her residence.

13. *Even though many men are wrong in their sexual behaviours, it is their wives who face adverse consequences from the society.*

Desired response: Disagree

- It is true that HIV-positive women often face more adverse social consequences than HIV-positive men. However, it is not desirable to label any behaviour as "wrong" because what is wrong for one person may be right for another.
- As service providers, the focus needs to be on helping people protect themselves from HIV infection by practicing safer behaviours.

14. *Women prefer to hide their HIV status because they are afraid of being accused of immoral behaviour.*

Desired response: Neither agree nor disagree

- It is true that many women fear being blamed as the source of the HIV infection or having immoral behaviour. However, there may be many other reasons for their reluctance to disclose HIV status.

15. *It is unfair to test women for HIV without testing their husbands first.*

Desired response: Disagree

- The main reason for screening a pregnant woman for HIV is to take steps to prevent HIV transmission to her baby, in case the woman has HIV infection.
- It may not be feasible for all pregnant women to access antenatal care with their husbands, especially if they are migrant workers.
- It is not desirable to use a word like 'unfair', as it indicates a judgemental value.

Reference Note 7: Managing Special Situations in Training – Desired Responses to Case Scenarios

1. *A three-day training programme is scheduled to start at 10:00 AM with an address by Joint Director (JD), State AIDS Control Society (SACS). Of the 30 participants expected, only eight had arrived by 10:15 AM. Other participants arrive by 11:30 AM. The JD, SACS, scolds the participants for not arriving on time and labels them as irresponsible. He also threatens to take action against them through the Department of Health.*

You finally start the first session at noon. What actions will you take to ensure that the training has the desired outcomes?

- ✓ Do not comment on the actions of JD, SACS, irrespective of comments made by the group. Explain, if required, that reducing the duration of training will adversely affect achievement of training objectives.
 - ✓ Set the foundation for participatory training right from the first session and inform the group that they will be involved in decision making for managing the training environment.
 - ✓ Set the ground rules, with special emphasis on the importance of achieving the learning objectives and adhering to time.
 - ✓ Help the participants identify a need to learn, using various non-threatening methods.
 - ✓ Help the participants understand the gains they will make from the training.
 - ✓ Use the roadmap for achieving the training programme's general objectives to identify activities that may either be cut short in duration or avoided without affecting the achievement of general objectives.
 - ✓ At the end of the day, negotiate with the group on the time for starting the next day's training.
2. *A senior professional from a reputed academic institution was supposed to take a one and a half hour session on counselling. However, his entire presentation (with videos) revolved around the importance of working with passion and being self-aware. What will you do?*
- ✓ It is difficult to interrupt a speaker in the middle of the session.
 - ✓ Use the roadmap for achieving general objectives to identify the activities that can either be cut short in duration or avoided in order to allow time for focussing on the key issues related to counselling.
 - ✓ Ensure that objectives for the counselling session are achieved by making the adjustments suggested above.
 - ✓ To avoid such a situation in future, it will be useful to give all external speakers/trainers a detailed training plan, with specific instructions on the content expected from each of them.
 - ✓ If possible, request for a presentation from each speaker at least two to three days before the training and review these for appropriateness. If they are not entirely appropriate, give specific feedback and make a request to modify them.

3. *You have tried using participatory methods of training. A few participants are, however, protesting saying they want you to “tell them” through PowerPoint presentations. They justify this demand by saying that they are not children, and as adults, can learn when they are given new information. How will you respond to this situation and ensure that the training has the desired outcomes?*

- ✓ Ascertain if the demand for PowerPoint presentation is a felt need of just a few participants or do the majority share the same view. Seeking anonymous views, wherein every person writes his/her views on cards and gives them to the facilitator, is a non-threatening way to identify views of the majority.
- ✓ If a majority does not share the view, gently explain the benefits of participatory training methods and the advantages of using these methods preferred by the majority. Assure the participants that you will give them all the background reference material they would need.
- ✓ If a majority of the participants prefer PowerPoint presentations, it is important to understand the reasons for this need. Is it because the facilitator is not able to manage participatory processes efficiently? Is it because the participants feel uncomfortable due to the fear that participatory training methods will highlight their ignorance?
- ✓ Plan suitable actions based on the reasons for the discomfort with participatory methods.
- ✓ If despite your best efforts the group still insists on PowerPoint presentations, use presentations but **only** to present new information, such as updated programme guidelines.

4. *Despite an insistence on the ground rule that no one will use mobile phones during training, you notice that two participants use them very frequently to text messages. One of them also goes out of the room during the training session to take calls. What will you do to motivate both these participants to abstain from using mobile phones?*

- ✓ Talk to the two participants privately to find out the reasons for the violation of ground rules. If there is an emergency, suggest that they sit at the periphery of the training group and go out to take calls only if it is absolutely necessary.
- ✓ Seek the views of and support from the majority to ensure that the ground rules are followed.
- ✓ Many adults have a need for conforming to the norms around them. If the majority view is against the use of mobiles during training, and it is strongly and clearly stated, there are greater chances of the two participants abstaining from use of mobile phones.
- ✓ If all actions fail, it may be useful to take a firm stand and insist that all the participants leave their mobile phones outside the training venue.
- ✓ Extend the tea breaks by about five minutes, in case a majority in the group feel the need for additional time to make and return phone calls.

5. *In the first two hours of a two-day PPTCT training, you realise that most nurses are reluctant to provide services to PLHIV due to the fear of acquiring HIV from them.*

By 2:30 AM, you hear that a bandh has been declared in the city/town for the next day. What will you do?

- ✓ Carefully plan the sessions to be held in the remaining duration of Day One.
 - ✓ Explain the importance of training and how the new learning, when applied to their work, can contribute towards preventing HIV infection in newborns.
 - ✓ Seek the group's views on extending the sessions on Day One. Respect their views.
 - ✓ Give the first priority to discussions on HIV transmission in health settings, with the aim of reducing the participants' fear of acquiring HIV in the workplace.
 - ✓ Give the second priority to the core content of the training — new PPTCT guidelines. Allocate at least some time to discuss these even though it may not be possible to follow the entire session plan.
 - ✓ Give relevant handouts to the participants.
 - ✓ Inform SACS and other relevant officials about the circumstances due to which the training could not be held as planned.
6. *On Day One of a PPTCT training programme, one participant had remained withdrawn from the entire training process. On Day Two, during a session on HIV and syphilis screening tests, he dominates the first session by arguing that everyone focuses on patients' rights but no one focuses on service providers' rights. They too have a right to protect themselves from HIV and yet government hospitals do not provide adequate universal precautions equipment. How will you respond to this situation?*
- ✓ Agree that service providers too have the need for safety and, therefore, require adequate universal precautions equipment.
 - ✓ Assess if the majority of the group feels that adequate universal precautions equipment are not available in their health facilities.
 - ✓ If the view is shared by just a few, you may choose not to extend the discussion at the time and assure that time for that will be found later in the training programme.
 - ✓ If a majority shares the view, discuss the reasons for the same. Are all protective barriers in short supply or only a few? If only a few, which ones?
 - ✓ Assess the group's knowledge about universal precautions guidelines. It is likely that they may perceive a need for barrier equipment even for procedures that carry little or no risk of HIV transmission.
 - ✓ Fill learning gaps, as required.
7. *In order to help the participants understand the importance of focussing on key messages while counselling direct-in-labour cases before screening for HIV and syphilis, you ask them to work in small groups to list the most important information to be given during the counselling session. At the end of the exercise, you realise that the participants have listed all the basic facts on HIV and AIDS and very little about mother-to-child transmission and its prevention. What will you do?*
- ✓ Extend the duration of the plenary discussion to help the participants prioritise messages that are critical for seeking informed consent from direct-in-labour cases.

- ✓ Ask the participants to demonstrate through role plays the counselling given to direct-in-labour cases for HIV screening. This is likely to help the group recognise that it is not feasible to give all the information on HIV and AIDS to pregnant women in labour.
 - ✓ Use methods such as paired comparison analysis to identify the most important and key messages for seeking consent for doing the HIV and syphilis screening tests.
 - ✓ To avoid such a situation in future, ensure that the participants have understood the task before splitting into small groups.
 - ✓ Monitor the group work more closely and take timely corrective measures in case the groups are deviating from the guidelines for the activity.
8. *You are training a group of 35 participants. You observe that two participants generally sit together and talk softly during the session. You have asked them not to do so a few times, which have made them withdrawn and non-communicative. What will you do?*
- ✓ It is desirable that specific participants are not reprimanded in front of the group.
 - ✓ Ask the two participants (preferably at different times) to share their experiences and/or views on the issues being discussed. This will help you assess if they are comfortable with the language being used for training and their current level of knowledge.
 - ✓ In case the participants are talking among themselves because one of them needs translation support, suggest alternate ways to meet the participant's need without violating ground rules.
 - ✓ Use innovative ways to divide the participants into smaller groups so that the two participants who are talking during sessions are split up.
 - ✓ If despite being split up, the two participants find ways to sit together and discuss issues other than training, speak to them privately and make a request to follow ground rules.
 - ✓ Seek the group's support to ensure that ground rules are followed.
9. *During a session on HIV and syphilis screening for direct-in-labour cases by labour room nurses, several participants expressed that it is difficult for them to do the tests because of two main reasons. One, they struggle to cope with the high caseload in labour rooms and two, it is difficult to maintain privacy and confidentiality in labour rooms. What will you tell them so as to motivate them to do the screening tests?*
- ✓ Lead a discussion to ascertain the number or percentage of direct-in-labour cases in the health facilities where the participants work.
 - ✓ Explain that due to increased emphasis on antenatal care at the grassroots level, there has been a significant decline in the number of direct-in-labour cases.
 - ✓ Demonstrate a screening test to show that it does not take a long time.
 - ✓ Give opportunities and time for the participants to acquire the desired level of skill in doing the screening test so that they take less time.
 - ✓ Help the participants learn how to identify the most important information to be given to pregnant women in different stages of labour in order to get their consent for screening tests.

10. *During a training programme, you notice that every time you ask a question to the entire group, no one answers. What will you do to encourage participants to express themselves during the sessions?*
- ✓ Try to find the reasons for the non-response. Is it because the participants do not understand the question or have little knowledge of the content being discussed? Is it because they are afraid of exhibiting their knowledge gaps by speaking up in a plenary?
 - ✓ Introduce ice-breakers and energisers to help the participants feel more comfortable with each other.
 - ✓ Ask questions related to the participants' experience, which they cannot deny. Avoid technical questions.
 - ✓ Ask all the participants to write on cards. Collate and categorise these cards. This will help identify the group's existing knowledge and then build on it.
11. *You have been asked to conduct a one-day refresher training programme next week for labour room nurses on the PPTCT programme. You have already got a four-day leave sanctioned this week for important personal travel and, therefore, do not have time to prepare for the training. What approach will you use to ensure that the training is relevant for the nurses and focuses on their learning needs?*
- ✓ If possible, try to reschedule the training or request someone competent to manage it.
 - ✓ Since it is a refresher training, it will be useful to reinforce the earlier knowledge, fill persistent gaps and devote the majority of the training duration to discuss the problems faced by the participants in using the new knowledge in their work.
 - ✓ A refresher training focused on the problems faced by participants is likely to be more useful than repeating all the issues that were discussed earlier.
 - ✓ Any new guidelines or knowledge since the previous training should also be covered in the refresher training.
 - ✓ It is not desirable to use the earlier presentations and/or those developed by others.
12. *Every time you interact with labour room nurses and inquire if they are able to implement PPTCT guidelines for HIV screening and lifelong ART initiation, the nurses list several problems that prevent them from implementing the PPTCT guidelines. What will you do?*
- ✓ Assess if the problems are due to lack of knowledge, lack of interest in their responsibilities in the PPTCT programme, or related to systemic and other constraints.
 - ✓ If the problems are linked to lack of knowledge or the group not having the desired attitudes, plan sessions to fill these gaps and/or develop the desired attitudes.
 - ✓ Plan sessions wherein the participants work together to identify solutions to the problems faced by the group. Give your inputs as and when required.
 - ✓ Remind the participants that they can play an important role in preventing HIV infection in newborns.

Reference Note 8: Case Scenarios – Measurement of Learning on ART and ARV to Prevent Vertical Transmission of HIV

1. *Sarita, a 25-year-old unregistered pregnant woman, has come in for delivery. She has a 3-year-old daughter. What history will you take if her HIV screening test is reactive?*

 - ✓ Was Sarita tested for HIV during her earlier pregnancy or at any other time?
 - ✓ If yes, what was the test result?
 - ✓ Where was the delivery conducted?
 - ✓ Has she taken any medicine during her previous pregnancy to prevent HIV transmission to her baby?
 - ✓ Has she ever taken ART earlier? If yes, when and for how long? What was the reason for giving up ART?
 - ✓ Was the baby given any medicine after birth to prevent HIV infection?
2. *Sarita reports that she had her first delivery at home and has never taken HIV test before. Her HIV screening test is reactive. What ART regimen should be given to her?*

 - ✓ She must be placed on lifelong basic three-drug ART regimen — TDF+3TC+EFV, which must be taken in a single pill once every day at a fixed time.
3. *Sarita delivered at 1.25 AM on a Saturday morning, which was a holiday. You gave her the three-drug ART regimen on Friday night and Saturday night. She wishes to go home on Sunday night. What will you tell her?*

 - ✓ Explain to her the importance of getting her HIV status confirmed by ICTC.
 - ✓ Give her the three-drug regimen again on Sunday night.
 - ✓ Discharge her after consultation with the Medical Officer, if she insists on getting discharged.
 - ✓ Ensure adequacy of breastfeeding and motivation to exclusively breastfeed the baby for six months.
 - ✓ Ascertain her plans to get her HIV status confirmed, and ensure that she knows where the ART centre is, the benefits of ART for her and the baby and the benefits of giving NVP prophylaxis to the baby.
4. *Sarita agrees to stay back in the hospital for a day more so that she can consult with the Medical Officer and get HIV confirmation done by ICTC. The ICTC counsellor does not come for work on Monday. What will you do?*

 - ✓ Find out when the counsellor is coming back and if it is possible for Sarita to wait until then.
 - ✓ Explain to Sarita the benefits of accessing services at ICTC.
 - ✓ Offer her pre- and post-test counselling through any hospital staff who has received training in counselling related to HIV testing. If no one is available, you can do it yourself.

- ✓ Liaise with the ICTC lab technician for HIV confirmatory tests.
 - ✓ Ensure linkages with ART centre through the Medical Officer.
5. *Sarita says that she will not be able to go to the ART centre as her family believes that a woman should not go out of the house for 45 days after delivery. What will you do?*
- ✓ Explain to her the importance of continuing to take ART from the ART centre and the important role of ART Medical Officer and treatment counsellor.
 - ✓ Explain that many families discourage social visits for 45 days but the same rule does not apply to medical care.
 - ✓ Educate the family and get their commitment to take Sarita to the ART centre.
6. *The HIV screening test of Maya, an unregistered pregnant woman, is reactive. She is unwilling to take the medicine before delivery as she is unable to swallow anything. What will you do?*
- ✓ Find out the reasons for the difficulty in swallowing the medicine and address them.
 - ✓ Remind Maya that the medicine will reduce the risk of HIV transmission to her newborn.
 - ✓ Make every effort to ensure that Maya takes the medicines before delivery.
7. *You initiated ART on Seema, an unregistered pregnant woman with reactive HIV screening test, when she came in with labour pains. When you arrived at work the next day, you were told that she had false labour pains. You also come to know that she did not take ART drugs after the first dose you had given her. What will you do?*
- ✓ Give her the next dose as per schedule.
 - ✓ Educate her once again about the need for adherence to ART.
 - ✓ Link her to ICTC for HIV status confirmation and to ART center for initiation of ART.
8. *Priya, a 26-year-old pregnant woman in labour, reports that she had started taking ART a year ago but gave up after two months because of side-effects. She has a 5-year-old child and had **NOT** taken Nevirapine during that delivery. What steps will you take to initiate her on lifelong ART once again? What regimen is recommended for Priya?*
- ✓ Explain to her the importance of lifelong ART for her own health and for preventing HIV transmission to her second baby.
 - ✓ Continue the same regimen.
9. *You had given Priya the first dose of ART based on the Medical Officer's prescription. She vomited about half an hour later. What will you do?*
- ✓ If the entire tablet has been vomited out, she can be given the drug again.
 - ✓ If not, she should be given the second dose as per schedule the next day.
10. *Priya had a normal labour and gave birth to a baby weighing 3.1 kg. How much NVP will you give to the newborn?*
- ✓ Priya's baby should be given 2.5 ml once a day.

11. *How long should Priya's baby be given NVP prophylaxis?*
- ✓ The baby should be given NVP for 12 weeks if the baby is being breastfed.
 - ✓ The baby should be given NVP for six weeks if the baby has exclusively been on replacement feeding after birth.
12. *Beena, a 24-year-old pregnant woman, has come in for delivery at 8.00 AM. She was initiated on ART when she was three months pregnant and has been taking the medicines every night at 9.00 PM. However, she has forgotten to bring the ART drugs with her to the hospital. What will you do?*
- ✓ Ask Beena's family members to get the medicines before 7.00 PM.
 - ✓ If that is not possible, inform the Medical Officer, who may be able to make arrangements for one day's dose.
13. *Beena's brother has managed to bring ART drugs from the house. At 4.00 PM, the doctor decides to perform a Caesarean section because of foetal distress. What steps will you take to ensure she adheres to the ART regimen?*
- ✓ Beena should be able to take the medicine as per schedule in the postnatal ward.
 - ✓ Inform the staff nurse in the postnatal ward to give the medicine to Beena at the scheduled time.
14. *Beena has given birth to a female child with birth weight of 2.8 kg. When will you give NVP prophylaxis to the baby? What dose will you recommend for the baby?*
- ✓ It is desirable that the baby's NVP schedule matches that of the mother so that there is better compliance.
 - ✓ The dose for baby will be 1 ml of NVP syrup per day.
15. *You had given the first dose of NVP syrup to Beena's baby at 8.30 PM on the day of birth. The next day the baby was sleeping at 8.30 PM. What will you do?*
- ✓ Efforts should be made to give the medicine at 8.30 PM (the scheduled time).
 - ✓ The baby will swallow the medicine even if asleep. To give medicine to the sleeping baby, hold the baby at a 45-degree angle and gently squirt the medicine at the back of her mouth towards the cheeks.
16. *Beena complains that she had breastfed her baby immediately after NVP was given. When she was trying to burp the baby, the baby vomited. She is worried that her baby is at risk of HIV infection? What will you tell her? What will you do to ensure the baby is protected?*
- ✓ Assure Beena that her baby will be protected if she adheres to the ARV prophylaxis schedule for six weeks.
 - ✓ Explain that it is common for babies to bring out some milk during burping. This does not mean that the medicine has also come out.
 - ✓ In case the entire medicine has been vomited out after breastfeeding, and it has been less than two hours since the medicine was given, another dose can be administered.

- ✓ Explain to Beena how she can manage the baby's feeding schedule despite practicing on-demand feeding, so that it does not clash with the schedule for NVP syrup.
17. *Sunanda, an HIV-positive mother who has delivered 16 hours before, complained that after giving NVP syrup, her newborn choked and had a bout of coughing. What advice will you give her to prevent a recurrence of such an episode?*
- ✓ Ask Sunanda how she administered the medicine. Find out where she went wrong and train her again.
 - ✓ Observe her when she gives the NVP syrup to her baby on the next day, in case she is still at the hospital.
18. *Tara gave birth to her baby at home and was brought to the hospital with severe postpartum bleeding. You had done a HIV screening test, which came out reactive. What decision will you take about initiating her on ART?*
- ✓ Based on history, ART should be initiated at the earliest after getting prescription from the Medical Officer.
 - ✓ The baby must be initiated on NVP prophylaxis at the earliest.
19. *What decision will you take about giving NVP prophylaxis to Tara's baby born at home?*
- ✓ NVP should be started for the baby based on its weight taken at the time of admission and continued for at least six weeks.
 - ✓ NVP should be continued till 12 weeks if the baby is breastfed.
20. *Manjula, a 28-year-old HIV-positive woman, is four months pregnant. She refuses to take ART because her CD4 count is 850. She says that her husband was put on ART at CD4 count of 250. She is also concerned about the side-effects she had seen her husband struggle with. What information will you give Manjula to motivate her to take ART during pregnancy and then continue it for life?*
- ✓ Explain the importance of taking ART to reduce viral load and, thereby, reduce the risk of HIV transmission to the baby during pregnancy.
 - ✓ Discuss the common side-effects, their short-lived nature and how to deal with them.
 - ✓ Ask Manjula to talk to the ART treatment counsellor who can give her additional information and clarify her doubts.
21. *Anju, a 20-year-old pregnant woman with reactive HIV screening test, says that she cannot swallow a big tablet. She wants to know if she can break the three-drug fixed dose combination tablet into smaller pieces and then swallow the pieces. What will you tell her?*
- ✓ Explain that splitting the tablet may not give her the full dose.
 - ✓ Explain the technique of swallowing a tablet and be with her while she takes the tablet. Address her fears and provide emotional support.

22. *An HIV-positive mother, who was initiated on ART during labour and is exclusively breastfeeding, wants to know why the baby should be given NVP prophylaxis till 12 weeks even if the dried blood test at six weeks is negative. What will you tell her?*
- ✓ Explain that since she was initiated on ART during labour, the viral load would be higher as compared to someone who was initiated early on in pregnancy. Higher the viral load, greater is the risk of HIV transmission to the baby.
 - ✓ Explain that six weeks is not adequate for optimal suppression of viral load.
 - ✓ Since there is a risk of the baby acquiring HIV through breastfeeding, an additional six weeks will offer greater protection to the baby.
23. *An HIV-positive mother is scared of giving many “strong” medicines to her baby. She wants to know if she can avoid giving CPT prophylaxis to the baby if the dried blood test is negative and the baby is healthy. What will you tell her?*
- ✓ Explain that CPT and NVP are not strong drugs if they are given as per the recommended dose.
 - ✓ An infant is vulnerable to infections, and CPT offers protection from a wide range of bacterial infections.
 - ✓ Negative result for dried blood test does not confirm HIV-negative status. HIV status is confirmed only at 18 months.
24. *An HIV-positive mother believes that ART will make her weak because of the side-effects and, therefore, she will not have enough breast milk for the baby. What will you tell her?*
- ✓ ART does not affect secretion of breast milk.
 - ✓ Remaining stress free, eating foods of different (natural) colours three to four times a day and drinking at least two to three litres of water per day will help in breast milk secretion.
25. *A postnatal woman complains that some of the NVP syrup given to her baby comes out of the baby’s mouth. What will you tell her?*
- ✓ Ask the mother to explain how she is administering the drug.
 - ✓ Find out which step she is doing wrongly and correct it.
 - ✓ After you have explained the correct way of giving NVP, ask her to simulate the technique to make sure that she has learned it.
26. *Tanu, a 35-year-old pregnant woman, has recently been diagnosed as having HIV infection along with pulmonary TB. What is the desired management plan for Tanu?*
- ✓ To start anti-TB treatment as per RNTCP guidelines (INH + Rifampicin + Pyrazinamide + Ethambutol to be given thrice a week)
 - ✓ To start ART two weeks after the TB treatment
 - ✓ ART regimen should be TLE (Tenofovir + Lamivudine + Efavirenz) in a single pill, once daily, lifelong

27. *Mayuri, a 22-year-old direct-in-labour case, was detected as having HIV 2 in the screening test. She reports that she has never been tested for HIV earlier. What ART regimen will you initiate for her?*
- ✓ TL LPV/r (Tenofovir + Lamivudine + Lopinavir/ritonavir) to be taken lifelong
28. *Mayuri has given birth to a healthy girl weighing 2.6 kg. She wishes to exclusively breastfeed her baby for six months. What prophylaxis will you recommend for the newborn?*
- ✓ Syrup Zidovudine for 12 weeks
29. *Syrup Zidovudine is not available. What is the next option for Mayuri's baby? Remember Mayuri has HIV 2 infection.*
- ✓ Syrup LPV/r
30. *Sudha is five months pregnant and has recently tested positive for both HIV 1 and HIV 2. She has also been complaining of cough for the last 25 days. What should be the management plan for Sudha?*
- ✓ Investigate for TB
 - ✓ If she tests positive for TB, initiate ATT with Rifabutin.
 - ✓ Two weeks after starting ATT, ART should be started. The recommended regimen is TL LPV/r.
 - ✓ It is imperative to remember that in case of a combined HIV 1 and HIV 2 infection, it is important to treat as for HIV 1.

