

**Subject area: Training**

**Title:** The Sondai Project: Keep Pushing Forward - Training

**Author:** Marva de Freitas Charles

**Target Audience:** Teachers, Caregivers, Health Care Providers, Parents, HIV-AIDS Programme co-ordinators/ personnel, Social Workers, NGOs, Other Social Service Providers

**Key Transferable**

- Lessons:**
- (1) Training programmes are necessary for social service workers and others involved in HIV-AIDS work and/ or research
  - (2) Basic training and advanced training should be targeted towards different groups

**The Training component as outlined in the SONDAI Project document.**

Objective of the Training Component of Sondai:

- To develop and pilot the delivery of a multi-disciplinary trainers course in basic counselling for frontline professionals. (Frontline professionals are defined here as those who are most likely to come into early contact with doctors, dentists, nurses, other health professionals, NGOs, other workers).

Nominated persons underwent intensive training and were required to conduct counselling courses in their agencies.

At the end of the course, participants will be able to:

- Understand a range of basic counselling theories and techniques.
- Link sexuality and attitudes/behaviours to counselling skills.
- Demonstrate non-judgemental, non-stigmatized, non-discriminatory attitudes to Persons Living With HIV-AIDS (PLWHA).

- Impart basic counselling skills and techniques on HIV/AIDS to health care, ancillary and other workers.
- Structure course delivery and assessment.
- Utilize HIV/AIDS information relevant to the Caribbean to strengthen course content.
- Apply appropriate learning methodologies.

The course made use of both theoretical knowledge and practical application. Assessment was done through a combination of coursework and supervised practice. On completion of the course, participants were required to run at least one (supervised and assessed) basic counselling training course for ten (10) persons in their agencies in order to be awarded the Trainer's Certificate. Indicative course content drew from the following topics:

- HIV/AIDS – manifestations, treatment and impact
- Sexuality and Sexual Behaviour
- Issues of Risk and Vulnerability
- The Psychosocial Effects of HIV/AIDS
- Loss and Bereavement
- Issues for Specific Populations
- Family Dynamics
- Counselling Theories and Skills
- Group Counselling
- Living with HIV/AIDS
- Anger Management
- Communication Skills
- Simulated Counselling Sessions and Role Play
- Training Skills

Categories of persons identified to partake in a **Basic Training Programme** were:

- Ambulance drivers
- Nursing assistants/aides
- Laundry staff
- Central Stores staff
- Security Guards
- Grounds personnel
- Engineering staff
- Central Sterilizing facility staff
- Food Service personnel
- Patient escorts/medical orderlies
- Ward attendants/cleaners

Other categories of staff required to counsel PLWHA were identified and a more in-depth **Advanced Training Programme** should be developed for persons in these categories.

These were identified as:

- Laboratory personnel
- Pharmacy staff
- Nursing students
- Pharmacy students
- Medical students
- Dental students
- Vet. students
- Nurses
- Doctors
- Administrators
- Support staff/clerical workers

## **NEEDS ANALYSIS**

Rossi (1999) contends that needs assessments may take the form of finding out the needs of a potential target population, as they perceive them. He further states that needs assessments may also be conducted through surveys of knowledgeable informants, such as personnel of service agencies or potential service recipients that focus on perceived problems and needs, services desired, and shortcomings of existing services. The resulting descriptions of social problems, service utilization, and perceived needs must then be assessed against some set of social norms or some view of desired conditions held by social agents or those experiencing the problems to evaluate their magnitude, seriousness, and actionable implications.

In light of the relatively short timeframe within which this pilot would have to be undertaken, it was decided to seek the views of knowledgeable informants rather than attempt to ascertain needs directly from members of the potential target population who were located in San Fernando and environs in Trinidad.

Discussions were held with several stakeholders to determine the extent of training on the subject of HIV/AIDS currently being conducted in the Health Sector, specifically in the nation's hospitals. Discussions sought to ascertain the need for training in HIV/AIDS within the sector identified and the magnitude of the perceived need. Discussions also took place on the subject matter of current training and what the subject matter of proposed training should be. Advice was also sought as to prospective facilitators who might be competent to conduct modules identified by parties as a result of these discussions.

## **Findings based on Needs Analysis**

1. The groups identified as the beneficiaries of **Basic** Training (ancillary workers in the Regional Health Authorities) have not received any formal HIV/AIDS awareness/sensitization training (as a group) from Human Resource Management Training personnel in the Regional Health Authorities prior to this intervention. Neither have they received this type of training from the Ministry of Health. Thus, there is a need for such training to be done.
2. Some members of the group identified for **Advanced** Training have been receiving training in Voluntary Testing and Counselling (VCT) using the JHPIEGO Model. This protocol has been designed for a specific purpose, that is, to train personnel to provide one-on-one counselling in a testing situation only – pre and post-test counselling - at same day results sites and delayed results sites. Counselling and testing protocols are outlined for pre-test counselling in situations where test results are negative and/or positive. There is also a counselling and testing protocol for pregnant women in the same situations. The protocol also deals with infection prevention for healthcare providers and gives an explanation of and a ‘how-to’ guide to HIV Rapid Testing. Group Education, including education for pregnant mothers (not group counselling) is also described. Information on nutrition and information on sites where voluntary counselling and testing are conducted is provided to clients.

A cadre of trained professionals in the Health sector delivers VCT training programmes using the JHPIEGO protocol to mainly nurses and doctors. Other healthcare providers have also received this training as well as some persons from the non-governmental organization (NGO) sector. It was revealed that although nurses and doctors had been trained, some of them were still reluctant to engage clients in counselling when required to do so. It was also revealed that some doctors and nurses felt the training time period (five days) for the current JHPIEGO protocol was too long and should be revised.

3. Many HIV/AIDS sensitization programmes seem to have been carried out over the years and many continue to be carried out by personnel in NGOs, Regional Health Authorities and the Ministry of Health. These programmes last from 1 to 2 days and seem to be available to health care workers as well as persons in NGOs and other organizations such as the Police Service. Training seems to be sporadic (as funding/resources become available, or as incidents arise) and not sustained.
4. There seems to be no agency coordinating the HIV/AIDS training effort in the entire health sector for workers in this sector (except for the VCT JHPIEGO Programme). Each Regional Health Authority seems to be responsible for its own programme of training. Most of the sensitization programmes undertaken so far seem to have similar content, however it is left to individual agencies to determine what should be the rationale, goals and objectives of training, what mix of persons

should attend training sessions, what should be the impact and outcome of the training, what methodologies should be utilised, how the training should be evaluated and which service providers should be engaged for best results. It is not clear whether these issues have been taken into consideration with respect to training that has already been undertaken, nor could it be established whether needs analyses were done for particular populations targeted for training.

5. It is assumed that as part of their professional training and qualification, healthcare professionals (doctors and nurses) would receive some measure of sensitization to HIV/AIDS issues. However not all the persons described in the categories to receive Advanced Training would have been exposed to this type of training and the depth of the training in this subject area for those who have been so exposed, has not been ascertained. In addition, new information on HIV/AIDS is being added to the body of knowledge. This information could fuel ongoing debate for persons earmarked for advanced training.
6. Many individuals seem to be offering members of the public training in 'counselling' PLWHA. Some of them seem to be providing certification. In addition, tertiary level training institutions advertise varying levels of programmes leading to certification in 'counselling'. These have not been investigated.
7. A 'Train the Trainer' Course as described in the SONDAI document seems not to be available at this time. Trainers have been trained to deliver the JHPIEGO Model that seems to be designed to provide a short-term intervention without ongoing support from the counsellor.