



## American International Health Alliance

### **Facilitator Orientation and Pilot Training Workshop: WHO HHS-CDC PMTCT Generic Training Package Adaptation for NIS St. Petersburg, Russia March 11-18, 2005**

**Purpose:** To test the newly-adapted Russian version of a training package on the prevention of mother-to-child transmission (PMTCT) of HIV for its appropriateness in the newly independent states of the former Soviet Union (NIS). The Russian training package is based on the PMTCT Generic Training Package, a collaborative project of the World Health Organization (WHO) and the US Department of Health and Human Services – Centers for Disease Control and Prevention (HHS-CDC). The workshop consisted of a facilitator orientation and a pilot training. Respectively, these had as secondary objectives:

- To familiarize a group of master trainers who work within the NIS with the material in the adapted training package and with the facilitator's role in presenting the material, and
- To improve the PMTCT knowledge of health professionals in the NIS.

**Participants:** Nine master trainers from Kazakhstan, Russia and Ukraine; 23 other health professionals from Azerbaijan, Georgia, Kazakhstan, Russia and Ukraine; facilitators from WHO, the François-Xavier Bagnoud (FXB) Center and Boulder Community Hospital; observers from seven organizations doing PMTCT work in Russia; and five AIHA staff members. The health professionals brought varying degrees of both formal PMTCT training and experience working in PMTCT programs. (A complete participant list is attached.)

**Description of Event:** The facilitator orientation was a three-day event in which master trainers from the NIS worked with the facilitators to familiarize themselves with the adapted PMTCT training package and with the appropriate role of the trainer/facilitator in presenting the material. The master trainers who participated in the facilitator orientation then led the four-day pilot training. The pilot thus served to further the professional development of the master trainers and to educate the NIS health professionals in attendance on PMTCT, even as all parties contributed feedback on the training package toward the goal of testing its suitability to the NIS.

Facilitators led the master trainers through a review of the components of the training package, which includes manuals for course directors, trainers and trainees as well as various instructional aids. The facilitators focused on the content and setup of the trainer manual and modeled the presentation of one of the training sessions contained in that manual.

Facilitators also addressed the adaptation process itself and clarified the role of the workshop in identifying areas of the training package that still needed modification. Participants acknowledged the limitations of any training package designed to be used in diverse settings and agreed that certain adjustments would be necessary to adapt the Russian version to local settings.

The training package's curriculum consists of nine modules, each dealing with a different aspect of PMTCT and each divided into two or more training sessions. Prior to the workshop, each master trainer had been assigned a module to prepare. AIHA and FXB also set aside time during the workshop for the

trainers to amend and complete their plans and to collaborate with facilitators and AIHA staff in this process. Each trainer was responsible for presenting one session from his or her module during the facilitator orientation and for presenting the entire module during the pilot training event. Feedback sessions followed, in which other participants responded to the effectiveness of these presentations.

During a discussion early in the workshop, the master trainers chose the criteria on which they wanted to be evaluated during the facilitator orientation. In this part of the workshop, feedback was focused on the effectiveness of the trainer. Thus, criteria included: presentation of session content, presentation style and use of audiovisual aids. Facilitators and AIHA staff continued to meet individually with master trainers in the evenings after formal workshop activities ended. They answered questions and provided guidance on presentations to help ensure that both presenting and observing trainers got the most from the experience.

The facilitator orientation led directly into the pilot training. It was at this point that the 23 other NIS health professionals joined the workshop, to serve as the first NIS group trained using the Russian PMTCT training package. Over the course of the four-and-a-half day event, the master trainers covered all nine modules of the training package sequentially. Each trainer presented the module that he or she had prepared during the facilitator orientation.

After each module's presentation, those in attendance completed a questionnaire to record their reactions to different aspects of the training package and its presentation. Participants were surveyed on aspects such as: the preparedness of the trainers, the appropriateness of the materials to local cultures in the NIS, and the usefulness of training exercises in learning and understanding the content. As the training came to an end, participants were also surveyed on the overall package.

Debriefing sessions at the end of each day allowed the master trainers and facilitators to discuss the participants' response to the curriculum, as well as continue to further professional development goals.

(An agenda of the workshop is attached.)

**Outcomes:** The workshop showed that the Russian PMTCT training package is relevant for use in the NIS region. Participants at all levels agreed that the package was a useful tool. They also left constructive criticisms on how the training package might yet be improved and how it could best be implemented in the NIS.

In the surveys they completed, the NIS health professionals rated most aspects of the training highly. Of the 22 who responded, at least 19 agreed "very much" that the training modules were relevant, that the training enhanced their PMTCT skills and that the interactive exercises included in the training package facilitated learning. Despite the fact that many of the health officials were not working directly in PMTCT, 21 said they expected to use the skills acquired at the training.

The master trainers also tended to agree that the training package was generally effective. Five of six who responded to the concluding evaluation survey agreed "very much" that the course materials were useful for PMTCT training and that the interactive exercises were useful as an aid to participant learning. Five also agreed "very much" that the materials were relevant to the participants involved in the pilot training, but three were only "somewhat" in agreement that the materials were appropriate to local NIS cultures. This is perhaps a corollary to the idea put forth by the trainers that no general curriculum could

be expected to be appropriate to all local circumstances and that adaptation at a more local level will therefore be necessary by trainers using the package.

Another measure of the training package's success is that the NIS health professionals in attendance increased their PMTCT knowledge, as measured by the results of the pre- and post-tests taken before and after the training. The test consisted of 20 multiple-choice questions to assess PMTCT knowledge. As a group, the professionals improved their performance on the post-test in all but two of the questions; these two were questions with high rates of correct response on both the pre-test and the post-test.

The workshop also resulted in suggestions for improvement of the Russian training package. Based on the evaluations completed by participants, FXB has compiled a comprehensive set of concrete recommendations in regard to the use of the interactive exercises in each session. The master trainers believe that the time allocated to covering each module could be shortened. The health professionals trained, the master trainers and the observers were in general agreement that, due to the comprehensive and complex nature of the materials presented, more thorough preparation of the trainers would enhance the effectiveness of the training.

**Follow-up:** AIHA programs in individual NIS countries will begin piloting the Russian adapted PMTCT training package, taking into account the recommendations developed from this workshop. AIHA and FXB will continue discussions with WHO to determine which changes suggested by participants at this workshop might be incorporated into future versions of the Russian training package.

**Collaborating Organizations:** FXB collaborated with AIHA on all aspects of the planning of this workshop including development of the agenda, content and materials. FXB also devised the evaluation tools and provided two of the facilitators. The course director of the entire workshop was from WHO headquarters, while another facilitator came from the WHO Regional Office for Europe. The US Agency for International Development provided funding. The Medical Academy of Postgraduate Studies, in St. Petersburg, hosted the workshop.