Training Report
"Hepatitis C and harm reduction for people who use drugs"
26th – 30th Sept. 2016, Dar Es Salam, Tanzania
Céline Grillon (S2AP) and Marie-Eve Goyer

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Acronyms

HR : harm reduction

ORW : outreach worker

PE : peer educator

PWID : people who inject drugs

TANPUD : Tanzanian Network of People who use drugs

TRC : training & resource center

Introduction

Since January 2015 MdM-F is implementing a 3 years transversal Program on Hepatitis C (HCV) - in partnership with the French Development Agency – in 6 international programs delivering harm reduction (HR) services for people who use drugs (PWUD) including MdM-F project in Dar Es Salam, Tanzania. One of the objective of this program is to strengthen the quality of mission's activities regarding hepatitis C. Pursuing this objective a 5-days training has been organized in Dar Es Salam from 26th to 30th September 2016, coordinated by the HCV capacity building officer of MdM-F.

Evaluation of training needs

In August 2016, MdM HCV capacity building officer has spent one week in Dar Es Salam to evaluate – together with the team – training needs regarding hepatitis C. The program has already been implementing for several years prevention of viral hepatitis (IEC) as well as testing and counselling of HCV test – but the team had very little knowledge on hepatitis C (progression of the infection, transmission routes, diagnosis, treatments, etc.).

Participants

The participants to the training have been selected together with the program team. Selecting participants has been an issue regarding the size of the team (program team, TRC and partners) and the need of a limited number of participants for the training to be effective. We have tried to have a balance between medical (6) and prevention (7) team. We also included two person from the TRC : the TRC manager and the trainer in charge of peer educators (PE) capacity building. The mission also insisted to include participants from partner organizations PASADA, Temeke Municipal and TANPUD.

	Name	Position
1	Jiten Singh	Program Co
2	Robert Okola	DIC/Field Manager
3	Fatouma Saidi	PE Micro planning
4	Khatibu Mapondela	PE DIC
5	George Pascal	PE Outreach
6	Ramadhan Abdalla	ORW conventional outreach
7	Fadhili Mohamed	ORW Micro planning
8	Daniel Bilon	ORW Micro planning
9	Dr Faith Aikaeli	Health services manager
10	Sakina	VCT counsellor/HIV focal point
11	Rehema	VCT counsellor
12	Wabu	PE VCT
13	Dr Mlau	Clinical doctor DIC

14	Damali	Training Manager (TRC) – supported organization of the training
15	Peter	HBV Vaccination Nurse
16	Nicolaus	HR trainer (TRC)
17	Kessy	Social worker
18	Dr. Naima	MD from PASADA
19	Hellena	Social worker, Temeke Municipla (methadone clinic)
20	Veri Kunambi	TANPUD

Unfortunately the participant from TANPUD did not come, and the ProgramCo has not been able to attend to most of the training due to other duties (he was acting GenCo and acting AdminCo during the training week). 20 participants would have been a too big group for the training.

Training and learning objectives, agenda, content of the sessions

The overall training objective was **to provide participants with relevant skills and knowledge to integrate quality hepatitis C services in their current harm reduction activities**.

Due to several factors: very little initial knowledge on hepatitis, small emphasis on hepatitis C in the program strategy, necessity of translation English/Swahili and time management issue, location of the training in the running DIC and consequences on participants availability, limited resources available for advocacy; we decided to limit the training to 4,5 days and restrict learning objectives to the competences required for good implementation of activities already in place on hepatitis C :

1. Enunciate the specificities of hepatitis C virus infection
2. Explain and prevent the progression of chronic hepatitis C
3. Analyse the risks of HCV transmission associated with different types of drug use and identify key components of harm reduction to prevent them
4. Interpret the result of HCV screening test and identify what further medical care to provide
5. Apply a range of techniques/steps to provide hepatitis C test counselling
6. Explain how DAAs change the landscape of HCV treatment in LMICs
7. Identify current challenges related to access to hepatitis C prevention and care in Tanzania

In particular, in comparison with the other trainings : 1) we skipped the session dedicated to advocacy, 2) we focused the sessions dedicated to diagnosis to screening test (antibody) and confirmation test (PCR) with only a short presentation of liver disease assessment methods, and 3) we lightened the session on HCV treatment to basic information/introduction.

Training agenda :

	Monday 26 Sept.	Tuesday 27 Sept.	Wednesday 28 Sept.	Thursday 29 Sept.	Friday 30 Sept.
9-9H30	Introduction	Learning review	Learning review	Learning review	Learning review
9H30-11H		Hepatitis C transmission and drug use	Hepatitis C test counselling (1)	Introduction to HCV treatment	Transfer/action plans
11H-11H20					
11H20-13H	What is hepatitis C virus ?	Hepatitis C transmission and drug use	Hepatitis C test counselling (2)	Hepatitis C in Tanzania	Final evaluation and conclusion
13H-14H					
14H-15H15	Natural history of hepatitis C (1)	Hepatitis C screening	Practical session	Hepatitis C prevention in HR for PWID	
15H15 - 15H30					
15H30-16H30	Natural history of hepatitis C (2)	Hepatitis C diagnosis and disease assessment	Practical session	Hepatitis C prevention in HR for PWID	
16H30-17H	Monitoring	Monitoring			

This session was canceled due to facilitator (Dr John Rwegasha) absence

For the content of the sessions, please refer to the training plan in Appendix.

Trainers

The training has been mainly prepared by Céline Grillon, MdM HCV capacity building officer (and former MdM HCV advocacy officer) and an external consultant, Dr. Marie-Eve Goyer. Dr. Marie Eve Goyer is medical doctor, board member of Médecins du monde-Canada, with a long lasting experience in harm reduction, HIV, OST and HCV. She is also in charge of OST Professional training in Quebec Province and Professor at the University of Montreal.

Dr Faith giving a lecture

Local team and partners have been included in the preparation and facilitation of the training as follow:

- Damali, TRC manager, has supported the preparation of the training (mainly logistics)
- Dr Faith, health services manager, has prepared and facilitated the sessions “What is hepatitis C”, “Natural history of hepatitis C” and “HCV screening”
- Robert, DIC/field manager and Fatouma, peer educator, have presented and demonstrated on “drug use in Tanzania” during the session “Hepatitis C transmission and drug use”
- Dr John Rwegasha, gastroenterologist from Muhimbili hospital (and in a good collaboration with MdM since years) was supposed to facilitate the session on HCV treatment but he did not show up.
- Jiten Singh, program coordinator, co-facilitated the session on “HCV prevention in harm reduction for PWIDs”.

Fatouma doing a demonstration

Preparation of the training in Dar Es Salam has been the most challenging of all the trainings, due to delays in implementation of the working plan agreed during first mission and communication issues between the capacity building officer in HQ and field team. At the end it almost did not affect the training except for several training certificates that were missing due to printing issue (they had been printed at the last moment).

Pedagogical method

The training has involved a various set of training activities: lectures, videos, role-plays, case studies, quiz, etc. We have tried for each session to schedule activities allowing participants to practice through exercises and games (quiz). A learning review has been organized every morning to consolidate the content learned the previous day. Participants took active and dynamic participation in the different activities and reported good feedback on learning methods (see below evaluation).

At the end of the training, a USB flash has been offered to each participant with the content of the training (PPT presentations, videos, and exercise materials), additional resources, as well as photos and videos of the training – that was also much appreciated.

Dr Mlau and Sakina doing a role play

Georges and Wabo doing role play

Logistics

The training took place in the training room of the coordination office in the DIC. Although most of the team was participating to the training, the DIC was running and participants were appealed to do other tasks. This resulted in sometimes people entering the training room distracting the training and participants being often late after the breaks. In addition the space was narrow for more than 17 participants – especially for group works and we needed to use some other spaces where presence of other people distracted participants (kitchen, library). Limited space also required participants to eat lunch in the training room which was not very comfortable. Ideally it would be good to consider organizing further trainings in another place or at a time when the DIC is closed.

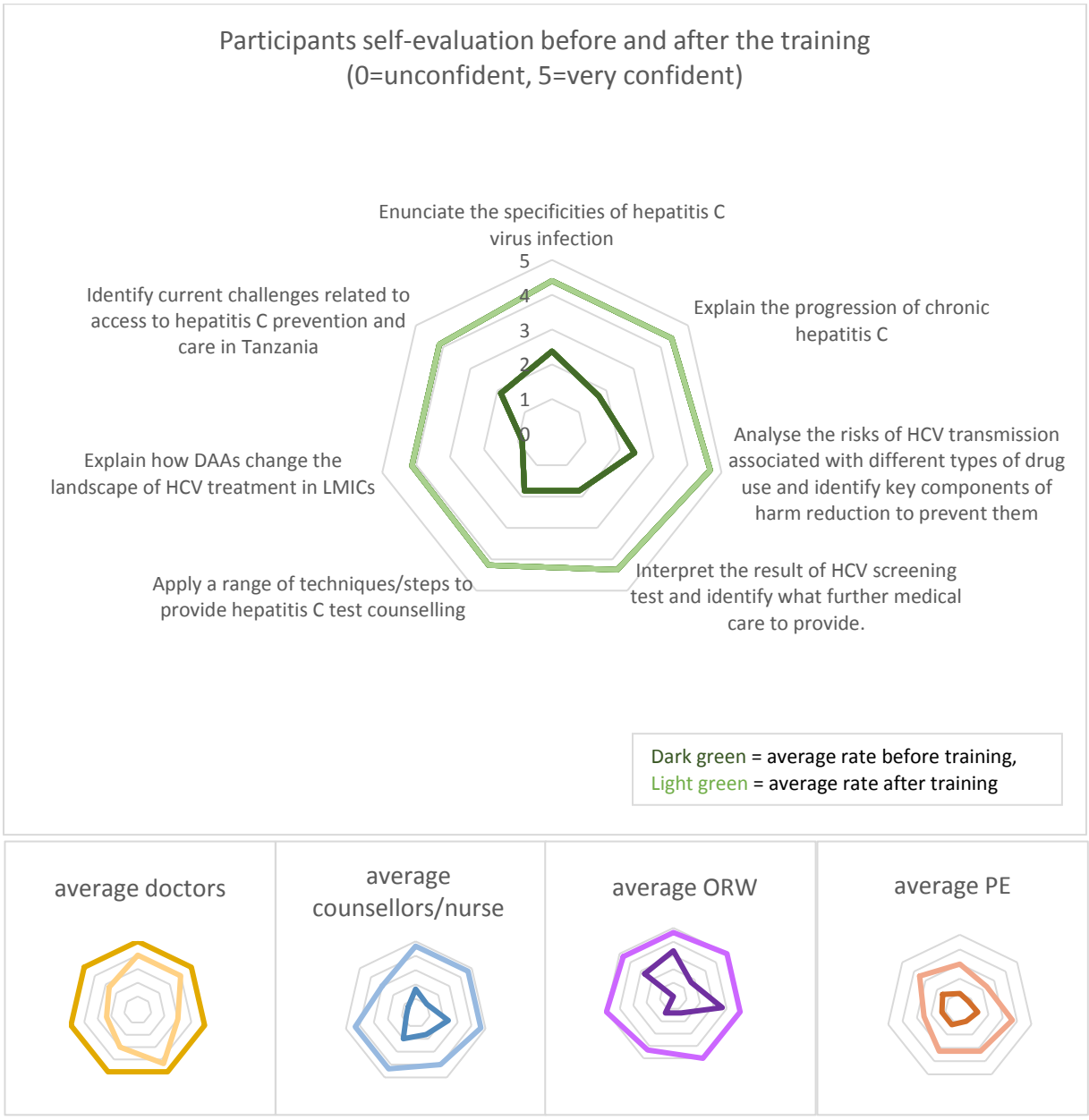
Group work in the kitchen

Around half of the participants did not speak English. We hired Lilian Salingwa for translating training slides from English to Swahili and to do the interpretation during the training. Lilian Salingwa is a medical doctor - she has been recommended by Dr. Faith – and was able to translate medical content. The translation was very satisfying and Lilian additionally showed great interest in the topic.

Evaluation

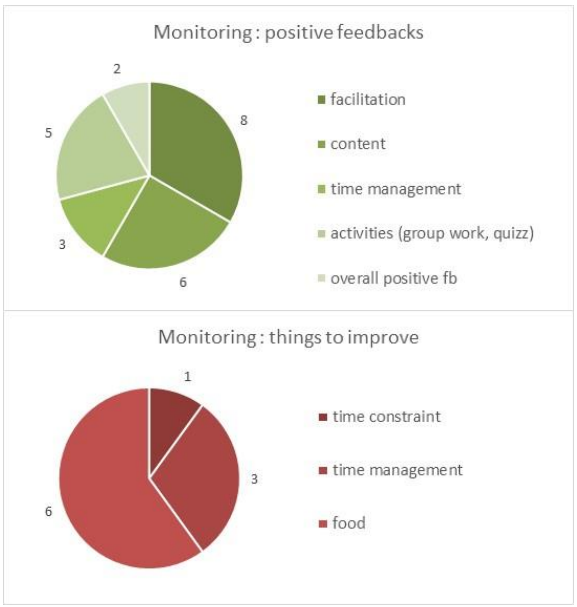
We evaluated the training regarding two aspects: self-estimated confidence of participants regarding learning objectives before and after the training, and participant's satisfaction during and after the training. Both evaluations were anonymous.

The pre- and post-training self-evaluation of participants clearly shows an increase of confidence on all learning objectives (+50%), with average confidence >4/5 for all objectives at the end of the training (see figure below). The group who reported highest increase of self-confidence were the counsellors (including the nurse) and outreach workers. The learning objectives for which were reported the highest increase of self-confidence were the ones related to treatment, progression of chronic hepatitis C and screening & diagnosis. PE reported highest increase of self-confidence for the objective "analyze risks of HCV transmission during drug use and identify key component of HR to prevent them".

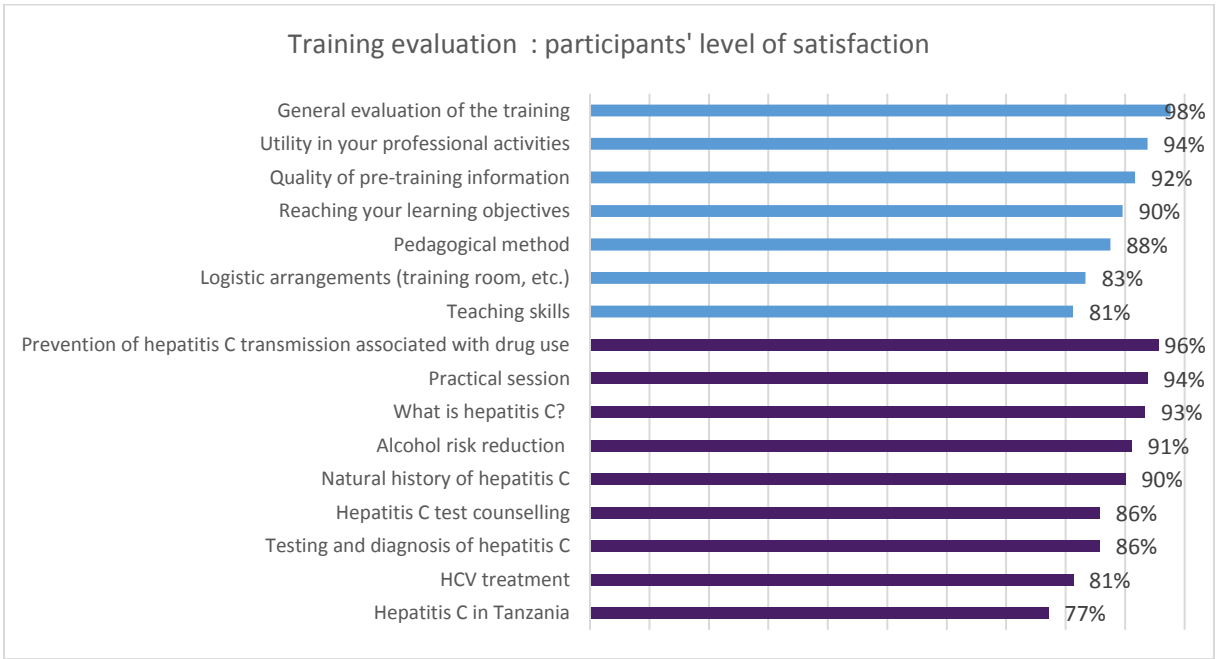


Participants have evaluated very positively the training. During the monitoring carried out at the end of first day, 25 positive feedbacks and only 10 negative feedbacks have been formulated.

Among the positive feedbacks 6 related to the content and 13 to the methods (facilitation and activities), while none negative feedback was relating to content nor methods. Negative feedbacks were mainly related to food (6) and time management (3) - indeed we started late and finished late on the first day due to participants lateness and wrong timing planning. This issue has been addressed the following days by starting on time with the learning review – allowing for late participants to join the group before starting with new content; though lateness of participants (in the morning and after breaks) remained an issue during the whole training.



Except of the session "Hepatitis C in Tanzania" – that has actually been cancelled due to absence of the facilitator, Dr. John Rwegasha – all criteria of evaluation reached more than 80% satisfaction. The session that has been the most appreciated was the one related to prevention of HCV transmission associated with drug use.



Comments and recommendations

1) In overall the training has been successful and appreciated from participants and trainers. The group demonstrated great interest in hepatitis C, and increasing commitment after the training started. While around half of participants were late on the first morning, this number decreased markedly throughout the training – with participants providing reasons of lateness. Participation and attention increased along the week. Many participants provided positive feedback on participatory training methods although it is not common during trainings in Tanzania. This allows us to think that good training organization including playful activities and focusing on participants' experiences is highly appreciated and brings more commitment and dedication.

2) Despite participants commitment we have struggled having every participants on board during training schedules. While some PE were late due to the need to go to the methadone center, other participants would have wish to start and finish earlier – for ex. because the training started at 9AM the doctor from PASADA was asked by her organization to go for consultation in the morning and this resulted in her being often late. It is very challenging to find a timing convenient for all – this issue could be overcome in the future by scheduling specific sessions (in the morning and in the afternoon) according to availability of different categories of participants.

3) It is recommended for further training of the team to choose a location outside of the DIC - or a time when the DIC is closed - to avoid participants being distracted and late due to other duties (see above "logistics"). This issue has been brought by participants as negative feedback during final evaluation.

4) The use of graphic materials (especially the poster on natural history of hepatitis C) as learning tools has facilitated the learning. It is recommended to use these materials and exercises referring to these materials in further trainings.

5) Dedication to a longer time for the different activities (including exercises, role-plays and metaplan) allowed participants to practice and empower on the training content. It was relevant – and necessary – to cut off part of the content in order to dedicate sufficient time on the learning priorities.

6) The training has been a great occasion to bring different members of the team together across different roles and occupations – that has been appreciated by participants. Though we experienced high difference of level in knowledge and appropriation of the training, especially between peers and the staff. We addressed it by separating PE from the rest of the group during one afternoon during which they were asked to prepare – together with the field manager and one ORW – a role play of HCV prevention during outreach. The role play has been presented to the rest of the group and was satisfying. Attention should be given for training of PEs to dedicate sufficient time and include activities for practice - such as role plays and case studies – allowing PE to transform content learned into prevention messages simple and easy to remember. Peers have asked to be provided with a «job aid» material that could help them when they meet PWID.

7) We tried to build upon Kenyan experience by simplifying the messages regarding HCV screening test and confirmation test (see comments and recommendations of the report on HCV training in

Nairobi). It has been successful although this content is specifically challenging for participants to understand. The fact that the lecture on this topic was in Swahili (part facilitated by Dr Faith and part translated) probably simplified to learning process.

8) The training session on HCV test counselling has revealed challenges and gaps related to confidentiality and other ethics-related issues, as well as interpersonal counselling skills. Capacity building through on-job training for VCT counselors could be considered to address those gaps. Sensitization and commitment of the rest of the team on ethics and confidentiality could also be considered – especially for PE and ORW if they are supposed to support clients in their health issues.

9) It is a pity that Dr John Rwegasha did not came to facilitate the session on "Hepatitis C challenges in Tanzania" although he accepted to come. It would be good to reschedule this session in a few weeks or months and invite participants of the training to come – this would actually be a good opportunity to refresh and follow up on the training individual action plans. It is also recommended to double check availability and commitment of external facilitators on the previous day of the session.

10) The presence of the program coordinator during the session of "prevention of HCV in harm reduction for PWID" including the presentation of the group works on metaplans has been critical. It is a pity that he could not participate to the whole training due to extra duties.

11) The need for advocacy has been named many times by the team, including the fact that many policies have been written but not put into practice. Police, jails and government are the areas where advocacy should be prioritized according to participants.

12) The necessity of a clear chain on command on HCV in MDM appeared since many gaps have been identified within the training (see Appendix 1) but it was not clear who would be in charge and responsible for filling them.

13) Methadone treatment has been discussed during the training and participants outlined the fact that since inclusion criteria's for methadone treatment state that the user should be an intravenous one, many patients using intranasaly of smoking heroin start injecting in order to have access to methadone…

    a. Comments where also made on the fact that it is sometimes difficult to demonstrate that someone is injecting if the injection is well done and therefore the veins not to damaged…

Appendix 1: outcomes of groups work on how to improve harm reduction services to prevent hepatitis C

During this exercise participants work in small groups to answer different questions related to the harm reduction activities key to prevention of hepatitis C. It enables participants to reflect on the quality of their activities and how they can be improved.

- **WHO ARE THE PWID WE DON'T SEE?** (and why we don't see them?)

Some of the PWID that are not reached are workers or they inject at home. Many PWID are not reached because they are outside Temeke, meaning outside MDM area.

In our actual MDM program, what could we do to reach more PWID?

Many, if not all, PWID attend shooting galleries (Maskani) and it has been suggested to work more with Maskani tenant, pushers and «doctors» in order to recruit PWID, to provide more injection material on site and even provide some services directly in the Maskani.

Moreover, the need for incentives appeared to be a major issue in order the reach the most vulnerable PWID, including women.

- **WHAT IS THE SITUATION OF YOUNG INJECTORS IN TEMEKE** ?

Young users lack knowledge and education on safe injection. They often use the services of «doctors» in the Maskani as they don't know how to inject by themselves. They are often in need of methadone treatment and are often put into «sober houses».

In our actual MDM program, what could we do to reach more young injectors? How should we adapt our services and counseling to them?

It was outlined that MDM need more data on young injectors and, as discussed previously, that methadone should be available rapidly to them without regard on the mode of use. Reaching more people through the pushers is also a recommendation that would help reach more young injectors.

- **WHAT IS THE SITUATION OF WOMEN PWID?**

Women PWID are mostly living from sex work and they come with children. They also face many unexpected pregnancies. Some women don't come to the DIC because they are afraid of the stigma, they stay in the "guetto" (house where several Women PWID live).

In our actual MDM program, what could we do to reach more women PWID? How should we adapt our services and counseling to them?

If wanted, it seems that it would be rather easy to develop, among MDM resources, a special women day. To attract women, it has been suggested that children would be allowed on this day and medical services could be made available for the children and women like STI management (and possibly family planning) via the actual MDM doctor. Women peers should also be used to reach more women. The opening hours in MDM have also been identify as a limiting factor for most women as it seems that 4pm to 8pm would be the hours where most women could be reached.

It has also been suggested to have specific trainings for women, to have more women PE, ORW and PE to go to the guetto, to educate pushers.

- **HOW ARE MDM PEERS INVOLVED REGARDING HCV? AND HOW CAN WE IMPROVE PEER INVOLVEMENT REGARDING HCV?**

It was identify that peers need more training and job aids or brochures. It was suggested to develop a peer progression curriculum where peers could slowly progress in their tasks and in the organization. It was suggested to develop a specific HCV peer focal point and to have the peers coached by outreach workers in their interventions. ORW also express the willingness to spend more time on the maskani with the PE for on-site capacity building.

Peers have outlined the need to be adequately equipped when they go to the Maskani and pick up used needles. They asked for:

- Gloves
- Pickers
- Hard shoes
- Safety boxes
- Uniform to increase visibility
- MDM identity card

WHAT IS THE LEVEL OF KNOWLEDGE ON HCV (PWID, prevention team, medical team, community)?

How can we increased HCV knowledge?

- In MDM program?

  By developing job aids and HCV Tools for the team.

- In the community?

  It was suggested to work more around hepatitis day and even to hold a special community event where awareness could be increased and even where the community could get tested.

Appendix 2: training session plan

DAY 1							Comments pre-training	Comments post-training
Session 1 : Introcution								
Specific objective	**Facilitators**	**Time table**	**Facilitation**	**Key points**	**Equipment**	**Time**		
Participants and trainers are introduced as well as the training agenda and objectives	Damali and Celine	9H - 10H50	Celine introuce herself, and ask Marie-Eve to introduce herself, and ask Damali to introduce herself. 10'		Pens and papers (x17) Printed agenda (x17)	10		
			Damali explains the instruction for participants presentation game and distributes papers with names of participants. Participants must find the person whose name is on the paper and ask 3 questions : ~~name,~~ what do you like about harm reduction ? what are your activities related to hepatitis C? What are your 2 main expectations for the training? (see doc T1.0) (15') Roundtable : participants present their partner (30') After the roundtable Damali shows how to put the name-tags	Specify participants they have 15 minutes to do the exercise. Celine writes down on paperboard participants expectations	Whiteboard + Markers Papers with names of participants Questions for the game on presentation written on whiteboard (doc T1.0)	45	Instore a budy system ?	
			Celine goes through the expectations and comments them (10') Celine presents training objectives and the agenda, Celine informs participants that training materials will be provided on USB stick after ther training (10')	Connect with participants experirence. Why are you here today ? Why hepatitis C is an issue ?	Projector + PPT	20		
			Damali exlains logistics (lunch and transportation allowance) and attendence sheet (5) Damali introduce the question box (5') Damali facilitate discussion for establishment of training ground rules and Celine writes down on the paperboard the rules (10 min) Damali distribute and explain the evaluation form, and take back evaluation form filled (10')	After the session the ground rules are sticked on the wall for the whole training While distributing the evaluation form Damali recalls that it is for evaluation of the training and not of the participants, and reads the whole document slowly for the participants to fill simultaneously	Question box Attendence sheet Printed evaluation form (x18)	30 min + 5' extra time		
		10H50 - 11H10	Tea break	-				
Session 2 : What is hepatitis C virus								
Participants understand what is hepatitis C virus	Faith (lead) Marie-Eve in support	11H10 - 11H25	Faith facilitates a brainstorming by asking participants what do they know about hepatitis, and especially hepatitis C, and what is their experience related to hepatitis C. Subquestions : Do you know what is the liver and where it is located in the body ? What are the different causes of hepatitis ? What are the different hepatitis virus ? How are they transmitted ? Is there vaccine ? Is there treatment ? How is transmitted hepatitis C virus ? (5-15mins)	Connect with participants experience. Try to bring out what they already know and what they don't.	Paperboard + markers	15		In the morning of every day write the learning objectives of the day on a paperboard that will be visible during the training – and refer to it in the beginning and end of every day for wrap up
		11H25 - 11H45	Faith present PPT (20 - 40 mins) Before starting new activity Faith asks if there are questions	This is the only place in the training where HCV is put in the context of the other hepatitis and more emphasis should be made on the viral hepatitis so that participant are able to understand HCV in it's broader context and remember that HCV rarely comes alone	Projector + PPT	20		

	Celine (lead) Marie-Eve and Faith in support for answers to the game	11H45 - 12H45	<u>Consolidation exercise facilitated by Celine and Marie-Eve</u> : participants are divided into 4 groups, each group recieves a table (doc. T2.1) and have 10 min to fill it. Each group recieve a flipchart, images and glue. Groups must draw the table on the flipchart and stick in it the images that correspond to their answers ; and stick the flipchart on the wall (5 min). Participants can observe the work of other groups (5 mins) - the facilitator reads and comments the result (10 mins) <u>if time remains -> quizz : each group is distributed a buzzer, Faith asks questions and the team who buzzer first can answer (15 mins)</u> Before ending the session Celine asks if there are remaining questions	Specify to participants that they have 10 mins to fill the table. After 10 mins circulate among the groups to provide a flipchart, images and glue. Explain to participants they must draw the table on the filpchart, glue the images corresponding to their answers on the flipchart table and stick the flipchart on the wall	Tables (doc T2.1) x 4 flipchart glue (4) Quizz (doc T2.3) Images (T2.2*4) + Buzzers (Céline will bring)	45 + 15' extra	Define groups in advance. In case there is no time, the quizz can be done after lunch	No time remaining for the quizz.
		12h45 - 13h45	Lunch break	Check if the attendence sheet has been signed				
Session 3 : Natural history of hepatitis C								
Objective	**Facilitators**	**Time table**	**Facilitation**	**Key points**	**Equipment**	**Time**		
Participants understand how HCV affects health and how to limit progression of chronic hepatitis C	Faith	13h45 - 14h15	After lunch : circulates attendence sheet + Damali does energizer Faith does a presentation on the natural history of hepatitis C - 30 min Before starting new activity Faith asks if there are questions	Acute infection, clearance of the virus. Chronic infection. Different level of fibrosis, cirrohsis (compensated and decompensated), symptoms, factors accelerating disease progression) Use the poster + pictures in the PPT Use image (scar, burn) to explain what is fibrosis, specify that if the agression on the liver stops the fibrosis can regress (until a certain point)	PPT + Projector Poster translated and laminated	30		
	Marie-Eve & Celine	14h15 -15h	Consolidation game : Celine divides participants into pairs and distributes to each pair a paper with a patient information. 3 corners of the room are identified as 1: factor accelerating liver disease, 2: factor protective, 3: no effect/indeterminate. Participants must chose in which corner to stand. Celine asks each pair to explain its decision, after the answer is provided Marie-Eve eventually corrects or completes. (45 mins) Before starting new activity Celine asks if there are remaining questions		Papers with list of factors (doc. T3.1) Papers to identify each corner (doc T3.2)	45	Need space for this exercize. Work in the library ? Outside ?	Participants have been divided in 2 groups of level for the exercise
	Tea break	15h-15h15		Check if the attendence sheet has been signed				
	Faith + Marie-Eve (support)	15h15 - 16h30	Participants are divided into 4 groups, each group must prepare a list of 4 questions to be asked to another group (15 mins), every group asks the question to the next group who has 2 mins to prepare the answer to the question (45 mins). Facilitated by Faith with support of Marie-Eve (after the answer is provided Faith asks Marie-Eve if she wants to complete) If time remains go for a second round of questions - stop at 16H30 at latest Before starting new activity facilitator asks if there are remaining questions	In case you use backup questions	Back up questions (Celine in charge)	1H + 15 extra	The group that asks the question will also chose the way the answer is providen (song, mim, etc) ? Need to decide if we do all together or in 2 separate groups	Not done (not enough time) a short quizz has been done instead with PE & ORW

Session 4 : Monitoring							Comments pre-training	Comments post-training
Objective	**Facilitators**	**Time table**	**Facilitation**	**Key points**	**Equipment**	**Time**		
To monitor participant's satisfaction of the training	Damali and Celine	16H30 -17H	Participants remain in their group. Damali distribute to each group 3 green post-its and 3 red post-its. Participants of each group must discuss and decide to write on each green post it one thing they think went well during the day, and on each red post-it on thing they think happend less well during the day ; and come to stick the post it on the paperboard. Damali and Celine read the post its and comments on them (30')	insist that only 1 thing shall be written per post-it before ending the session remind participant time and agenda of the next day	Post it of 2 different colours Paperboard with 2 columns : "what I liked about today's training", "what I would like to see improved for tomorrow"	30 min		
DAY 2								
Session 5 : learning review								
Objective	**Facilitators**	**Time table**	**Facilitation**	**Key points**	**Equipment**	**Time**		
The participants review the content of the previous day	Damali, Celine, Marie-Eve	9H - 9H30	Participants are divided into the same 4 groups than the previous day. Each group is provided with a flipchart and must draw a figure of "hepatitis C evolution" (15 mins), stick the flipchart to the wall and look the work of other groups (5 mins), facilitator ask one group to present and other to complete eventually + ask Marie-Eve if she wants to complete (10 mins)	Refer to the poster but hide it	Flipcharts + markers			
Session 6 : Hepatitis C transmission and drug use								
Objective	**Facilitators**	**Time table**	**Facilitation**	**Key points**	**Equipment**	**Time**		
Participants identify different risks of HCV transmission associated with drug use	Robert + Fatouma + Marie-Eve	9H30-11h	Robert present a short & dynamic presentation on the different drugs used in Tanzania and briefly recall prevention activites of MdM. Fatouma presents and demonstrates how drugs are procured, prepared and used in Tanzania (30 mins) Participants are divided into 4 groups, each group work on one drug use practice; each group must : 1/ identify the risk of HCV transmission related to the practice and formulate prevention message accordingly. (10+20+20) Slides presentation for recap (10)	Insist on the risk of being injected by the "doctor"/someone else	PPT + LDC Projector Material for demonstration (Robert in charge) Paperboard + markers	1h30	rediscuter cette session : 4 differents usages ? Préparer des scénarios ?	Took the whole morning. 2 groups worked on prevention in general, 1 group worked on doctors, 1 group worked on sharing drugs. Groups had to formulate mesages positively (not using "don't"/'"avoide")
Tea break		11h-11H20		Check if the attendence sheet has been signed				

Session 7 : Hepatitis C prevention in HR for PWID							Comments pre-training	Comments post-training
Objective	**Facilitators**	**Time table**	**Facilitation**	**Key points**	**Equipment**	**Time**		
Participants identify key components of harm reduction specific to prevention of HCV transmission in PWID	Marie-Eve	11h20 - 11h50	Lecture of Marie-Eve (30 mins)		PPT + Projector	30	To be prepared with Jiten regarding the activities/ strategy of the program	Postponed to Thursday. Participation of Jiten (programCo) to this session crucial++
	Marie-Eve + Jiten	11H50 - 12H45	Metaplan : participants are divided into groups, each group is given one flipchart on one topic (involvement of peers, awarness on hcv, etc). Each group discuss and writes a metaplan on how to improve program activities related to this topic. (15 min) Each group chose one representant that will present the metaplan, after the plan is presented other participants are invited to comment. 2 presentations before lunch (15min/metaplan = 30 min), 2 other will be presented after lunch	Specify to groups that they have 15 min to do the metaplan/answer the questions of the flipchart Take photo of each flipchart	Flipcharts with topic/questions	45 + 10' extra		
		12h45 - 13h45	Lunch break			60		
		13H45 - 14H20	After lunch : attendence sheet is circulated and energizer is done (5 min) The metaplans that have not been presented during th morning are presented (30 min)	Take photo of each flipchart		35		
Session 8 : HCV screening								
Participants understand and explain the possible results of hepatitis C anti-body test and their interpretation	Faith	14H20 - 15H10	Facilitator gives a lecture (PPT) on HCV testing - 25 mins Participants are divided into groups. Each group is provided with samples of 3 different HCV test results and a table they must fill - only to the first and second column of the table(doc. T8.1) - (10'); facilitator corrects the exercize (10')	During the lecture do not **hesitate to ask participants questions** (what is hepC test? What does it work? What is an antibody, etc.), to **use mental images** and to **draw on flipchart** to **make people understand what is an antibody**. Do not hesitate to **restate things**. This part is critical for participants to understand, and not easy for those without medical background. A strong image or metaphor should be chosen to help the team explain and the patient understand the difference between antibodies and viral load. This image should follow during the training and be used during the counseling section.	Samples of anti-HCV results Flipchart + markers HCV testing table (doc. T8.1)	45 + 5 extra	Ask Faith to collect samples of HCV test result positive, negative and non-valid	
Break		15H10 - 15H25		Check if the attendence sheet has been signed				
Session 9 : HCV diagnosis and disease assessment								
Participants understand the objectiveof the HCV confirmatory test and the different techniques of fibrosis assesment	Marie-Eve	15H25 - 16H05	Marie-Eve gives a lecture on HCV confirmatory test and on HCV disease staging (40 min)	Objective is to understand that there are different techniques for assessing the fibrosis, and the objective of assessing the fibrosis, we do not expect from participants to do those tests	PPT + Projector	40		this part is especially difficult to understand for participants. We spent a lot of time on this during learning review on next day
		16H10 - 16H30	Participants are given back the tables and they have 5 mins to complete their response to 3rd column. Facilitator asks groups to explain their answers to 3rd column of the table (15 min)	Check if the attendence sheet has been signed		20 + 5 extra		

Session 10 : monitoring							Comments pre-training	Comments post-training
Objective	**Facilitators**	**Time table**	**Facilitation**	**Key points**	**Equipment**	**Time**		
To monitor participant's satisfaction of the training	Damali and Celine	16H30 -17H	Damali distribute to every participant 2 post it of different colours and ask them to write on one post it what they like most about the training/ what was their favourite moment of the day and on the second what they don't/didn't like/what they would like to change for tomorrow ; participants stik the post-its to the paperboard (15). Damali and Celine read the post its and comments on them (10') Damali provides allowance for the 3 external participants (5')	Before leaving Marie-Eve asks participants to prepare for the next day a personal experrience of difficult counselling	Post it of 2 different colours Paperboard with 2 different columns	30 mins		cancelled (not enough time)
DAY 3								
Session 11 : learning review								
Objective	**Facilitators**	**Time table**	**Facilitation**	**Key points**	**Equipment**	**Time**		
The participants review the content of the previous day	Damali, Celine, Marie-Eve	9H - 9H30	Participants are divided into two groups, each group into 2 teams facing eachother, every one has a number. The ball is placed in between the 2 teams and a number is called by the facilitator, the participants with this number need to catch the ball first and recieve the right to answer a question. The participant can chose to respond alone (2 points) or to consult with his/her team (1 point), the other team has the chance to complete (1 point)		2 balls Questions for the learning review		Can we not do all together instead of creating 2 groups ?	It was raining so we did the questions in a quizz instead (worked++) Took a long time to reclarify content on testing
Session 12 : Hepatitis C counselling (1)								
Objective	**Facilitators**	**Time table**	**Facilitation**	**Key points**	**Equipment**	**Time**		
Understand the definition, objective and skills/approach of good counselling	Celine	9H30-9H50	**Celine presents the 5Cs of HIV testing on a flipchart (20min)**		Flipchart + markers	20		
	Marie-Eve	9H50-10H05	Marie-Eve asks Sakina, VCT counsellor, to define what is counselling, what is the objective of counselling and to share her experience as a counsellor, a definition of counselling is written on a flipchart that will remain visible during the whole session (15 min)			15		
	Marie-Eve	10H05 - 10H50	Demonstration of "bad" counselling : the client enters the counselling room, he/she is shy and uncomfortable, the counsellor asks questions/provide counselling without trying to make the client feel comfortable. Participants are asked what went wrong in this counselling. Group discussion (20') Demonstration : same counselling situation but the counselling is behaving adequally. Group discussion on what went better (20).	> Remind that there is no "good way" of announcing HCV+ result, but to be a good listener		40 min + 5 extra	Demonstration to be prepared with Damali	Demonstration appreciated+++
Tea break		10H50 - 11H10		Check if the attendence sheet has been signed				

Session 12bis : Hepatitis C counselling (2)							Comments pre-training	Comments post-training
Objective	**Facilitators**	**Time table**	**Facilitation**	**Key points**	**Equipment**	**Time**		
Identify adapted content and attitudes for hepatitis C test counselling	Marie-Eve	11H10 - 12H15	Training slides on counselling are printed and distributed to participants. 4 groyps : each group is provided with a table (doc T.10) and a flipchart, they must fill the key steps of HCV pre-test counselling (15'). The 2 first HCV videos are screened (10'). Marie-Eve facilitates group discussion/ask if participants need to complete their flipchart, or if they had something in their tab that was not mentioned in the video (20'). Participants are asked to fill the 2 columns on post-test counselling (10'). The videos 3 and 4 are screened (10'). Marie-Eve facilitates group discussion/ask if participants need to complete their flipchart, or if they had something in their tab that was not mentioned in the video (20')	> Insist on the pros and cons of HCV screening in the case of limited access to PCR (risk of destabilization, risk of stigmatization vs. identification of people that have been in contact with the virus for further care when available, prevention of transmission and liver disease progression, awarness and community mobilization to demand treatment, advocacy > Remind that there is no "good way" of announcing HCV+ result, but to be a good listener	Table T.12 printed (6) HCV videos + Projector (+ sound?) Flipchart + markers	1H05		Much better to facilitate this session this way
		11H15-11h25	MdM HCV test counselling guidelines are circulated and we remain their are on the USB given to participants (10)		HCV counselling Guidelines (S2AP) printed (Celine in charge)	10		
		12H25 - 12H45	Group discussion : participants are invited to share their bad experiences of counselling (20 min)	Discuss the case of someone who won't be interested by his/her HCV+ status - how to use all tools of HR/wait until the person is used to his/her HCV status and has sorted out things he/she needed to sort out Insist on HR approach to councelling	Flipchart + markers	20'		
Lunch break		12H45-13H45						
Session 13 : Alcohol risk reduction								
Participants understand basic knowledge on alcohol risk reduction	Marie-Eve	13H45-14H35	After lunch : attendence sheet is circulated and energizer is done (5) Role-play/demonstration on how to evaluate alcohol use (counselor asking questions to the client) 5min + discussion (15 mins) group discussion on how to counsel the client about his/her alcohol use (20 min). Presentation of the training slides (10)		PPT + Projector	50	Preparer le rôle du patien - écrire avec Robert. Un des formateurs joue le patient (Damali). Counsellor en chef va poser les questions.	Finally we decided to have only 3 roles plays - with the 3 counsellors - among them one including issue of alcohol risk reduction. It was more effective because it allows for longer discussion. During this afternoon the PE + Field manager (Robert) + 1 ORW (Ramson) were working separately in another room to prepare a role play of an outreach situation - the role play has been performed by the PEs at the end of the day in front of the whole group.
Session 14: Practical session								
Participants practice the knowledge and skills they have learned	Marie - Eve	14h35-15H05	Role plays : divide participants into 6 groups of 3 persons. In each group 2 people will play the role plays and the 3rd will observe. Provide scenarios to the groups (cf. doc. T12) 5mins preparation + 1 group (20min per role play/discussion)		Scenarios for role play (Celine in charge)	25+5	Role plays à préparer en groupe ou improvisation ? Voir si à un oiu deux groupes on donne une situation d'outreach	
		15h05-15h20	Tea break	Check if the attendence sheet has been signed		15		
		15h20-17h	The 5 other groups present (20min per role play/discussion)			1H40		
Group photo								

DAY 4							Comments pre-training	Comments post-training
Session 15 : learning review								
Objective	**Facilitators**	**Time table**	**Facilitation**	**Key points**	**Equipment**	**Time**		
The participants review the content of the previous day	Damali, Celine, Marie-Eve	9H - 9H30	Participants are divided into two groups, each group into 2 teams facing eachother, every one has a number. The ball is placed in between the 2 teams and a number is called by the facilitator, the participants with this number need to catch the ball first and recieve the right to answer a question. The participant can chose to respond alone (2 points) or to consult with his/her team (1 point), the other team has the chance to complete (1 point)		2 balls Questions for the learning review (Celine in charge)			Participants did not enjoyed the game with the ball for learning review so we organized a quizz instead (participants were competing with other of the same "profession" to allow for everyone to have the chance to participate).
Session 16 : introduction to HCV treatment								
Participants are introduced to key elements of HCV treatment	Marie-Eve	9H30-10H15	Marie-Eve gives a lecture on HCV treatment (45 min)	explain why adherence is crucial Discuss interractions with methadone, HIV drugs		45 min	one of the participants has been taking pegINF we can ask him before the training if he is ok to share his experience	
Tea break		10H15-10H35		Check if the attendence sheet has been signed				
Session 17 : Hepatitis C in Tanzania : current situation, issues and challenges								
Participants understand current situation regarding hepatitis C in Tanzania	Dr John	10H35-11H35	Dr John Rwegasha : lecture (30 min) + Q&A/discussion (30 min)	(epidemiology, availability and access to prevention, diagnosis, and treatment)	Projector	1h	Prévoir le cas où Dr. John serait en retard	Dr. John did not come so instead we continue working on HCV treatment for PWIDs
Participants reflect misconceptions about HCV treatment for PWID	Marie-Eve	11H35-12H20	Marie-Eve asks participants if PWID should be prioritized for treatment and facilitates a discussion on treatment for PWID. Marie-Eve presents training slides on adherence and reinfection ?		Flipchart + markers	45 min		We used the remaining time of the day for the session on HCV prevention in Harm reduction for PWID and metaplans (initially scheduled on Tuesday). It was good to have a lot of time because it allowed for more discussions around group suggestions. Participation of Jiten (programCo) has been crucial for this session.
Lunch break		12H30-13H45						
Session 18 : Practical session								
Participants practice what they have learned	Marie-Eve and Jiten	13H45 - 15h15	Practical session : participants are divided into 4 groups. 2 groups must prepare a health education session at the DIC for PWID, the other 2 groups must prepare key elements on how to attract clients' attention on hepatitis C in situatyion of outreach (15 mins). Each group presents its work + collective discussion (15 mins per group)	Groups can chose if they want to do a presentation on flipchart or role play	Flipcharts and markers	1h15 + 15 extra		
Tea break		15h15-15h30		Check if the attendence sheet has been signed				

Session 19 : Advocacy							Comments pre-training	Comments post-training
Objective	**Facilitators**	**Time table**	**Facilitation**	**Key points**	**Equipment**	**Time**		
Participants are provided with examples of successful advocacy for access to HCV treatment	Céline	15H30-16H	Celine gives a case study lecture on MdM advocacy on HCV		PPT+Projector	**30 ? 45 ?**	Discuss with Jiten if he wants to facilitate session on advocacy or other topic ? and adjust in consequence	Postponed to Friday morning – during the afternoon we continued work on metaplans on HCV prevention in harm reduction for PWID.
DAY 5								
Session 20 : learning review								
The participants review the content of the previous day	Damali, Celine, Marie-Eve	9H - 9H30	Game with the Ball.		2 balls Questions for the learning review (Celine in charge)			Quizz instead
Session 21 : transfert								
Participants project what they have learned into their professional activities	Damali + Jiten + Celine	10H-11H	Damali distributes the individual action plan, put participants into pairs and gives the instructions. After 5 minutes, Damali goes around to check whether the instructions are understood. After 20-30 mins, Damali facilitates the discussion about the individual action plan (ask who want to share their plan) and ask Jiten if he wants to comment. Damali recommends participants to follow up on his/her partner after 3 months.	After10/ 15 minutes state that pairs need to change roles (if you were filling the table of your partner it is now your partner that will fill your tabble)	Individual action plan (17)	1h		Very important to clarify the instructions for this exercise. Instructions have been well understood and outcomes were very relevant.
		11H-11H20	tee break	Circulate attendence sheet				
Session 22 : evaluation								
Participants evaluate the training	Damali + Celine	11H20-13H	Damali distributes the evaluation form and collects them once finished (30 mins) Damali asks participants if they want to provide oral feed-back (20 mins) Damali facilitates the distribution of certificates (participants will give the certificate + USB stick to other participant while saying what he/she liked the most about this person during the training (30 mins) Celine concludes and thanks trainers and participants for their participation (10 mins) Damali provides allowance for the 3 external participants (5)	Once the evaluation form has been distributed read the whole content and explain each step	Evalutaion forms certificates Transport allowance USB sticks (Celine will bring)	1h35 + 5 extra		It was good to have enough time to go around the participants and ask for personal evaluation (positive and negative). Official certificate distribution was also enjoyed by participants