

MÉDECINS DU MONDE 世界医生组织 DOCTORS OF THE WORLD منظمة أطباء العالم LÄKARE I VÄRLDEN MEDICI DEL MONDO ΓΙΑΤΡΟΙ ΤΟΥ ΚΟΣΜΟΥ DOKTERS VAN DE WERELD MÉDICOS DO MUNDO MÉDICOS DEL MUNDO 世界の医療団 ÄRZTE DER WELT दुनिया के डॉक्टर MÉDECINS DU MONDE 世界医生组织 DOCTORS OF THE WORLD منظمة أطباء العالم LÄKARE I VÄRLDEN MEDICI DEL MONDO ΓΙΑΤΡΟΙ ΤΟΥ ΚΟΣΜΟΥ DOKTERS VAN DE WERELD MÉDICOS DO MUNDO MÉDICOS DEL MUNDO 世界の医療団 ÄRZTE DER WELT



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Training Report

“Hepatitis C and harm reduction for people who use drugs”

20th-24th Sept. 2016, Nairobi, Kenya

Céline Grillon (S2AP) and Marie-Eve Goyer



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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 Nairobi, Kenya. 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 Nairobi from 20th to 24th 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 Nairobi with the objectives of evaluating mission's training needs regarding hepatitis C, selecting participants and identifying local resources to co-facilitate the training (see the mission report).

Participants

The participants to the training have been selected together with the program team. It has been decided that all the staff involved in HR activities will participate to the training as well as 4 peer educators. It has been decided not to include any participant from partner organization at this stage in order to first consolidate team knowledge and skills on hepatitis C before reaching out externally.

	Name	Position
1	Emilie Rivier	ProgramCo
2	Jules Alla Kouadio	MedCo
3	Wangari Kimemia	Training officer
4	Esther Wangui Mucara	Program assistant
5	Abigail Lukwaro Atsini	Advocacy officer
6	Gladys Mwende Ngwei	Nurse counsellor
7	Manasseh Murage Muriithi	Nurse counsellor
8	John Mbugua Gicheha	ORW
9	Lucy Auma Were	ORW
10	Peter Wairagu Kuria	ORW
11	Silas Ochieng Olouch	ORW
12	Maureen Wanjiku Ndirangu	ORW
13	Yvonne Akinyi Ochieng	ORW
14	Godfrey Okemwa Omweri	PE
15	Peter Nganga Ngugi	PE
16	Simon Njenga Wanjiku	PE
17	Hassan Wahome Nyaguthie	PE

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.**

The specific learning objectives of the training were that, at the end of the training, the participants are able to :

- Enunciate the specificities of hepatitis C virus infection
- Explain and prevent the progression of chronic hepatitis C
- Analyze the risks of HCV transmission associated with different types of drug use and identify key components of harm reduction to prevent them Interpret the result of HCV screening test and identify what further medical care to provide
- Apply a range of techniques/steps to provide hepatitis C test counselling
- Understand key elements of HCV treatment and MSF treatment protocol
- Understand key elements related to HCV treatment for PWID
- Identify key gaps in access to hepatitis C prevention and care in Kenya and advocacy strategies to address them

Initial training agenda

	Tuesday 20 Sept.	Wednesday 21 Sept.	Thursday 22 Sept.	Friday 23 Sept.	Saturday 24 Sept.
9-9H30	Introduction	Learning review	Learning review	Learning review	Learning review
9H30-11H		Hepatitis C transmission and drug use	Hepatitis C Counselling (1)	HCV treatment	HCV advocacy : case study
11H-11H15					
11H15 - 12H45	What is hepatitis C virus?	Hepatitis C prevention in HR for PWID	Hepatitis C Counselling (2)	HCV treatment for PWID	Advocacy to improve access to hepatitis C prevention and care in Kenya
12H45 - 13H45					
13H45 - 15H15	Natural history of hepatitis C (1)	Hepatitis C testing and diagnosis	Risk reduction of poly-drug use	Practical session	Transfer/action plans
15H15 -15H30					
15H30- 16H30	Natural history of hepatitis C (2)	Hepatitis C testing and diagnosis	Practical session	Challenges of access to Hepatitis C prevention and care in Kenya	Final evaluation
16H30-17H	Monitoring	Monitoring			Conclusion

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.

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

- Wangari Kimemia has supported the preparation and facilitation of the training,
- Emilie Rivier, program coordinator has co-facilitated the session “Hepatitis C prevention in HR for PWID” and the transfer session.
- Dr. Jules Alla Kouadio, medical coordinator, has prepared and facilitated the sessions “What is hepatitis C”, “Natural history of hepatitis C” and “HCV screening”
- Esther Wangui Mucara, program assistant and Godfrey Okemwa Omweri, peer educator, have presented and demonstrated on “drug use in Kenya” during the session “Hepatitis C transmission and drug use”
- Colleagues from MSF - who are partnering with MdM for HCV treatment in Nairobi – have prepared and facilitated the session on HCV treatment
- Abigail Lukwaro Atsini, advocacy officer, has prepared and facilitated the two sessions dedicated to advocacy for HCV treatment in Kenya

Pedagogical method

The training has involved a various set of training activities: lectures, videos, role-plays, case studies, quiz, etc. We used as much as possible the inductive approach – especially for the sessions “what is hepatitis C”, “HCV screening” and “counselling” ; and 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.

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

Language

After discussion with the team, it has been decided to facilitate the training in English - except of two specific exercises where participants spoke Swahili. To address the challenge of some participants not speaking good English, we established a “buddy system” where participants not understanding good English were paired with – and supported by - participants understanding good English. Finally this system did not worked very well – one reason might be that participants were focused on the training and could hardly support their buddy at the same time. Finally it was mainly during the exercises and learning reviews that content was translated and/or clarified in Swahili for those who had difficulty to understand – an additional reason to dedicate sufficient time for exercises and learning reviews.

We noticed that translation in Swahili remains an important issue – sometimes participants were disagreeing with the translation of specific content or messages. For these reason we organized on the last day a specific exercise aiming at finding the right translation in Swahili of key concepts and messages. This exercise clearly showed that further efforts should be put in these issue, in order to adopt simple and consensual translation of key concept and messages on hepatitis C that can be used by the team with clients, to avoid misunderstandings.

Logistics

The training took place at the Lenana House Conference Centre, one reason being that MdM coordination office was moving. The training venue was very comfortable with enough space for participants to be comfortable and for the different activities and games. Holding the training outside the office really help having participants being dedicated completely to the training and bonding together.

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 (+46%), with average confidence >80% for all objectives at the end of the training (see figure 1).

The objectives related to specificities and progression of hepatitis C infection were the ones on which participants felt less confident before the training and for which the highest increase in self-confidence was reported – this confirms the relevance of dedicating a full training day to the hepatitis C infection.

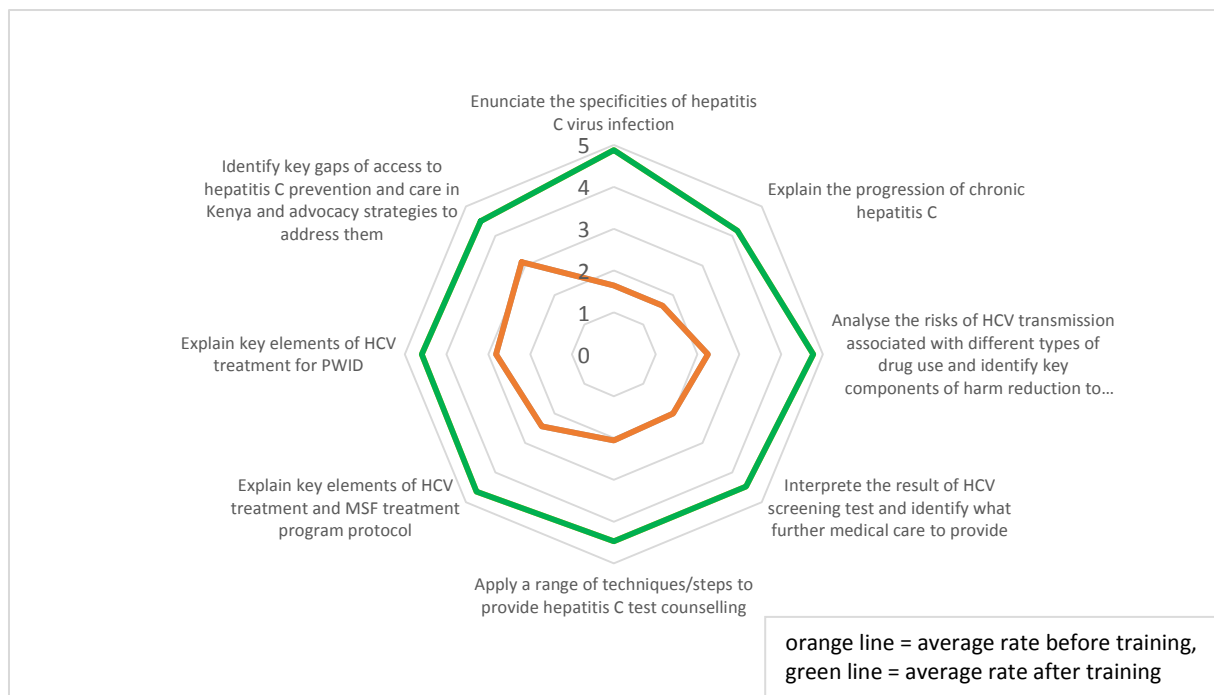
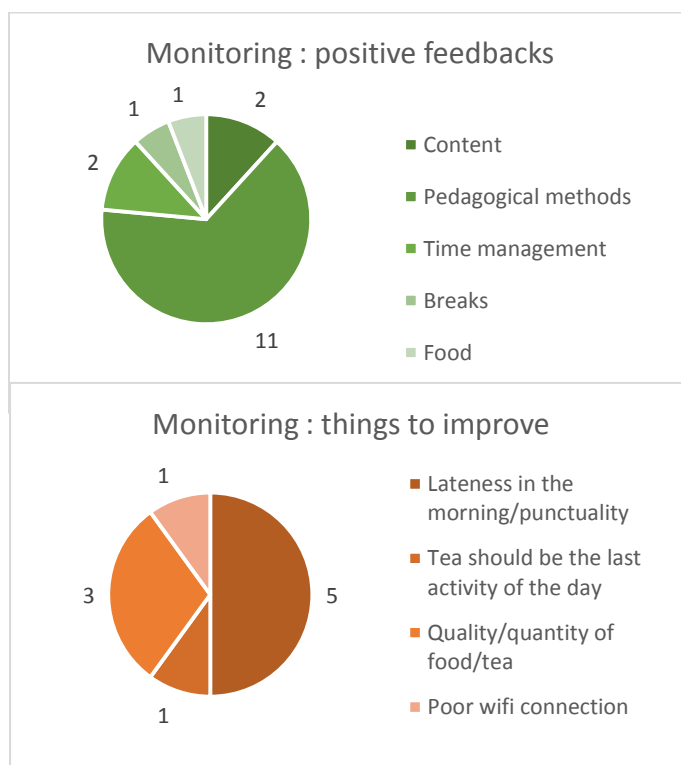
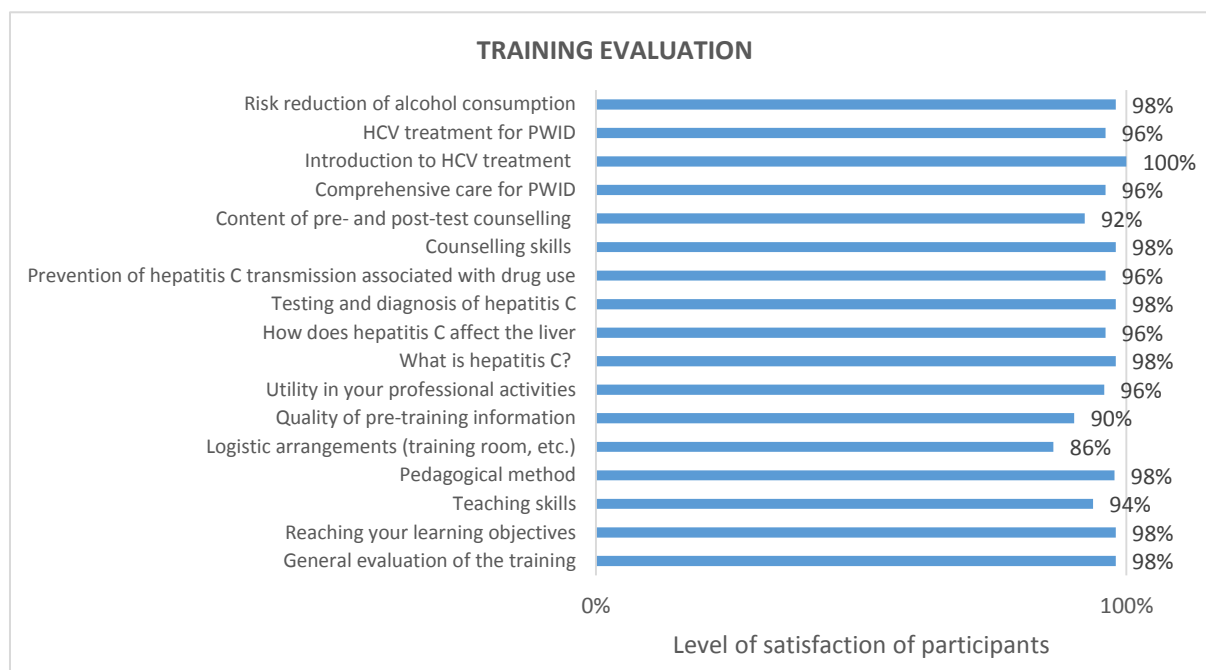


Figure 1: Participants self-evaluation before and after the training (0=unconfident, 5=very confident)

Participants have evaluated very positively the training. During the monitoring carried out at the end of first day, 17 positive feedbacks and only 10 negative feedbacks have been formulated. Among the positive feedbacks 2 related to the content and 11 to the pedagogical methods, while none negative feedback was relating to content nor methods. Negative feedbacks were mainly related to lack of punctuality in the morning (5). Indeed we started late in the first morning due to new location - participants had trouble finding their way - and some participants needing to go to the methadone clinic in the morning. 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.



During the final evaluation only the logistics reached less than 90% of satisfaction.



Comments and recommendations

In overall the training has been successful and appreciated from participants and trainers. The group demonstrated great interest in hepatitis C which is stimulated by the MdM/MSF treatment program.

- 1) The group has demonstrated a strong team spirit across participants which is a strength of the program for pluridisciplinary collaboration (ensures better quality of activities) and for empowerment of peers. This is facilitated by the small size of the team.
- 2) The choice of English language has greatly lightened the preparation of the training and facilitated interaction between the participants and the trainers. But we have noticed during the training that there is a need for consensual and simple translation of key concept and messages on hepatitis C to avoid misunderstandings and help the team communicate the right information to clients (see above "language"). In general it is better to do the training in the language in which the activities related to the training will be made. If impossible or inconvenient it is important to dedicate time during the training for translating/manipulating the content learned in the language that will be used *in fine* with the clients.
- 3) An issue has occurred around how specific the ORW and PE should be with clients regarding medical information, specifically regarding the counselling around HCV screening test and the concept of antibodies. We should have made more clear the



difference between the information provided in the frame of the training (what we want you to understand) and the information that should be given by ORW and PE to clients. While the training has succeeded in transferring knowledge regarding hepatitis C to participants, further work is required to provide ORW and PE with relevant guidance and tools (IEC) to communicate with clients on HCV. HQ has issued HCV test counselling recommendations intended for counsellors in which it is recommended to talk about antibodies. HQ could clarify what is expected from PE and ORW in terms of information related HCV test result.

- 4) The pedagogical method that included consolidation exercise and games was very effective (stimulant) and enjoyed by participants. Exercises and learning review are also the occasion to understand what participants have understood, clarify content and translate it into Swahili when needed. Attention should be given for next trainings to include enough space for participants to practice the content.

Learning review

- 5) The use of graphic materials (especially the poster on natural history of hepatitis C) has facilitated learning. It is recommended to use these materials and exercises referring to these materials in further trainings. We realize how important it is to repeat and review the information from one day to the other. Having the poster there for the whole training helps going back to the theory when needed.

- 6) Demonstration of a “bad” and a “good” counselling was a very effective activity to discuss counselling skills. Having one of the trainers doing the bad counselor help trainees feel free to comment instead of having to criticize someone they are working with.



Poster on the natural history of hepatitis C

aims at reflecting how program activities can be improved regarding prevention of hepatitis C.

- 8) Globally we underestimated time for each activity and were forced to postpone and cancel some of them. Especially the session “Hepatitis C transmission and drug use” requires a full half day – in order that participants develop prevention messages adapter for hepatitis C. Another reason of time issue has been that we have used more in this training the inductive approach that is very effective but also time consuming.



Group work

- 9) Specific comments are attached to related session in Appendix 2.



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

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

The mobility of PWID in Nairobi appears to be the greatest challenge and the fact that PWID are sparse. It seems that in opposition to Myanmar or Tanzania, PWID use much less shooting galleries. Thus, it has been suggested by the team to increase MDM mobile activities and outreach. Mobile testing and medical services has been recommended.

PWID who are not seen are the workers, those who hide because they don't want other to know they're using/injecting, people who use at home, PWID who don't want their data to be taken.

Actions that could be undertaken: mapping for other injection sites, strengthen peer interventions (peers can reach PWID hiding from MDM ORW), increase incentives for support groups and design group support in a way that allow time for testing, develop night outreach, advocate for inclusion of HCV work in the grants from GF and OSF.

▪ **WHAT IS THE SITUATION OF YOUNG INJECTORS IN NAIROBI?**

Young injectors sometimes are in party houses (not on site) and thus difficult to see by MDM. Some are hiding because of the stigma linked to IV use (separation in sites between injectors and non-injectors, fear of being kicked out of the site).

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

Peer intervention is a key activity to reinforce to reach the new injectors as PE can be aware from other peers of someone having starting injection. Outreach schedule could be also adapted according to their presence on site: early morning or late afternoon outreach could be an option to explore.

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

Women face lower acceptance of drug use, so they are ashamed and hide. Moreover it has been clear during this exercise that women PWID face a complete different reality and that their main problematic is around sex work. According to the team, these PWID need a broad range of services including: family planning, contraception, STI screening and treatment, access to abortion and services where children could be brought. These women face the need to care and feed their children and services that want to reach them should also address that.

Actions that could be undertaken: organize women's day (first one has been held on 8th of September), women support group, special room or infrastructure for Women PWID in the DIC, referral to specific intervention (SRH, GBV, child support and night care, SW support organizations).

▪ **HOW ARE MDM PEERS INVOLVED REGARDING HCV?**

How can we improve peer involvement regarding HCV?

The current situation shows PE have more opportunities for one to one meeting with clients. Peer involvement could be improved by designing together with PE adapted HCV tools (IEC, leaflets), increasing PE's incentives, involving PE in the running of the DIC, offering more training, empowerment and involvement in activities such as trainings.

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

Some people do not know nothing about HCV, some other do not know about that sharing of drug paraphernalia can transmit HCV

How can we increased HCV knowledge in MDM program?

Health Education on site, at MAT clinic and at DIC could be organized more often
HCV poster or other IEC materials could be developed at mission level for dissemination in DIC, MAT clinic, all health facilities in Kenya.

PE to be empowered to give information (IEC).

Find language/messages understandable and easy to remember on hepatitis C.

MdM Involvement for updating national guidelines on HCV.

Appendix 2: training session plan

DAY 1						Comments pre-training	Comments post-training
Session 1 : Introcution							
Specific objective	Facilitators	Facilitation	Key points	Equipment	Time		
Participants and trainers are introduced as well as the training agenda and objectives, ground rules for the training are collectively defined	Celine + Wangari	Celine introuce herself, and ask Marie-Eve to introduce herself, and ask Wangari to introduce herself. 10 min		Prepare training room : each sit = notebook+pen+agenda Printed training Plan D1	10 min 9H-9H10		
		Wangari explains the rules for participants presentation and distribute papers with participants name (10') Wangari says time is over, asks participants to sit next to the person they will introduce, Wangari starts round table introductions (30') Wangari explains the budy system and how to put properly the name tag on the table (5')	Wangari reminds participants to take notes while asking the questions to their partner Celine writes participants expectations on the flipchart in a hidden place	Name tags (doc T1.1) Flipchart with questions to ask for the game on presentation written on whiteboard (see doc T1.2) Flipchart and markers	45 min 9H10-9H55		budy system did not work very well
		Celine exposes the flipchart and goes through the expectations and comment them (10') - <i>Celine asks participants to write down 3 things they would like to be able to do after the training (learning objectives) and if one or two persons would like to share those with the group (10 min)</i> Celine present training objectives and the agenda (10 min) Celine informs participants that training materials will be provided on USB stick after ther training and that printed material will be provided on demand (5')	Connect with participants experience. Why are you here today ? Why hepatitis C is an issue ? Why do you need to be trained on hepC?	Projector + Training slides	25 min 9H55-10H20		
		Wangari explains logistics (WC, tea-break and lunch) and attendance sheet - to be signed at arrival, or breaktime and immediately afterlunch (5) Wangari introduce the question/request/comments box (5') Wangari facilitate discussion for establishment of training ground rules and writes down on the flipchart the rules (10') Celine distribute and explain the evaluation form, and asks participants to give it back before they go to teabreak (10')	After the session the ground rules are sticked on the wall for the whole training While distributing the evaluation form Celine 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	Box Attendance sheet Printed evaluation form (x19)	30 mins + 10 extra 10H20-11H		
Tea break		check if every participants signed attendance sheet Arrange tables for group work (4 groups)	tea will need to be prepared in advance				

Session 2 : What is hepatitis C virus							
Objective	Facilitators	Facilitation	Key points	Equipment	Time		
Participants understand what is hepatitis C virus	Jules	Divide participants into 4 groups and distribute to each group a flipchart with draw on it table of different hepatitis viruses (document T2.1), participantst fill the table - tell participants they have 15min (15 mins). Jules facilitates restitution of group work (20 mins) Presentation PPT (30 mins) Quizz (20 mins)	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 its broader context and remember that HCV rarely comes alone	4 flipchart with table of document T2.1 written on it Projector + PPT printed Quizz (doc T2.2) 4 buzzers (Céline in charge of buzzers)	1h25 + 5 mins de sécurité	Prepare groups in advance	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
Lunch break							
Session 3 : Natural history of hepatitis C (1)							
Objective	Facilitators	Facilitation	Key points	Equipment	Time		
Participants understand how HCV affects health and how to limit progression of chronic hepatitis C	Jules	After lunch : circulates attendance sheet + Wangari do energizer (5) Jules presentation PPT (25 mins),	Acute infection, clearance of the virus. Chronic infection. Different level of fibrosis, cirrohsis (compensated and decompensated), symptoms, factors accelerating disease progression 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) use poster + pictures in the PPT	Projector, PPT	1h15		
	Marie-Eve + Celine	Consolidation game : Celine distributes to each participant a paper with a client 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)		papers to identify the corners Instructions for the consolidation (doc. T 3)			
Tea break							

Session 3bis : Natural history of hepatitis C (2)							
Objective	Facilitators	Facilitation	Key points	Equipment	Time		
Participants have the occasion the practice the content learned during the day	Jules (lead) Wangari (translation) ME (support)	group work (same 4 groups) : each group has 15 min to prepare a list of 4 questions to be asked to another group (15 mins), one group asks 1 question to the next group who has 2 mins to prepare the answer to the question (60 mins). Facilitated by Jules with support of Marie-Eve (after the answer is provided Jules asks Marie-Eve if she wants to complete)	In Swahili with translation of Wangari Ideas of questions that can also be asked : Hepatitis C virus (HCV) causes severe liver disease in everyone who has it, true or false ? You can have hepatitis C and not even feel sick. True or False?	Paper and pen T3.3 Back Up Questions	1H15		Very good that the Q&A were in swahili
Session 4 : Monitoring							
Objective	Facilitators	Facilitation	Key points	Equipment	Time		
To monitor participant's satisfaction of the training	Wangari (lead) Celine	Participants remain in their groups. Wangari distributes to each group 3 green and 3 pink stickynotes ; ask them to discuss together and write on each green stickynote one thing they think happend well during the day ; and on every pink note one thing they think did not happend very well ; and after to stick the notes on the flipchart. participants stik the post-its to the paperboard. (15mins) Wangari and Celine read the post its and Celine comments on them (15')	insist 1 thing only per note. Wangari specifies to write in english or swahili Before ending the session recall time for the next day and remind to be on time	stickynotes of 2 different colours Flipchart with 2 different columns	30 min		
DAY 2							
Session 5 : learning review							
Objective	Facilitators	Facilitation	Key points	Equipment	Time		
The participants review the content of the previous day	Wangari (Jules and Marie Eve for support)	Wangari welcomes participants and ask them to take the same place as yesterday (4 groups) and makes them sign the attendance sheet. 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), Wangari ask one group to present and other to complete eventually + ask Jules and Marie-Eve if they want to complete (10 mins) Wangari closes the session and introduce next session : "prevention"	Before the session starts Wangari checks that everyone sits in the good place. Explain clearly the rule and circulate among groups to see if the exercize is understood	Training plan day 2 4 flipchart "Hepatitis C evolution" + makers patafix Attendance sheet	30 min		Very appreciated activity

Session 6 : Hepatitis C transmission and drug use							
Objective	Facilitators	Facilitation	Key points	Equipment	Time		
Participants identify different risks of HCV transmission associated with drug use in Kenyan context	Esther and Godfrey and Marie-Eve	Esther or Godfrey present a short & dynamic presentation on the different drugs used in Kenya and briefly recall prevention activities of MdM. Godfrey presents and demonstrates how drugs are procured, prepared and used in Kenya (30mins). Marie-Eve writes on a paperboard the different drugs and facilitates a group discussion on risks associated with each drug (40 mins). After the discussion Marie-Eve presents summary slides (5 mins)		Esther in charge of preparing material for demonstration PPT+Projector	1H15		Took more time than planned : the whole morning. Group work added : to define prevention messages to target specific risky practices -> provide alternatives. + general prevention messages -> try not to start by "don't" or "avoid"
Tea break		check if participants signed attendance sheet	tea will need to be prepared in advance				
Session 7 : Hepatitis C prevention in HR for PWID							
Objective	Facilitators	Facilitation	Key points	Equipment	Time		
Participants identify key components of harm reduction specific to prevention of HCV transmission in PWID	Marie-Eve + Emilie	Lecture of Marie-Eve (30 mins). Metaplan : participants are divided into groups, each group is given one flipchart on one topic (involvement of peers, awareness on hcv, etc). Each group discusses and writes a metaplan on how to improve program activities related to this topic. (15 min) Each group chooses one representative that will present the metaplan, after the plan is presented other participants are invited to comment (15 min per metaplan)	Specify to groups that they have 15 min to do the metaplan/answer the questions of the flipchart	PPT + Projector Flipcharts with topic/questions	1h45	To prepare together with programCo depending on the activities, strengths and weaknesses of the program.	Not enough time to do the activity -> rescheduled on Friday This session, in Myanmar, Tanzania or Kenya, is always very useful for the team and really allows to understand where the risks of transmission in a specific setting are. In Kenya, it made the team realize that they were many places where HCV transmission could occur that they didn't notice. Moreover, we specifically asked them to provide positive harm reduction messages, meaning that they could not use the words «don't do» or they could not only say to a user that he should not share, but instead they should help him share safely. This has really widened the scope of action of the team and help increase the understanding of what is harm reduction on a daily life perspective.
Lunch break							

Session 8 : HCV testing and diagnosis (1)							
Objective	Facilitators	Facilitation	Key points	Equipment	Time		
Participants interpret and explain the possible results of hepatitis C anti-body test	Jules	Wangari do energizer after lunch (5 min) Participants are divided in 4 groups and given samples of HCV test results (3 cases) and a table they must fill 1st and 2nd column (15 mins) ; tables are taken by the facilitator. PPT Presentation (20 mins). Tables are given back to participants, facilitator asks a group to read its response to case 1 and if they were right or need to correct the answer ; and so on with case 2 and case 3 (15 mins)	Understand what is an antibody, be introduced to OraQuick HCV test kit, be able to read the result and interpret it.	Projector + PPT T8.1 Table exercise HCV testing T8.2 Samples exercise HCV testing	55 mins		The interpretation of the results of the HCV screening (anti-body) test is difficult to understand by participants (especially because they compare with HIV test that does not need confirmatory test). It should be explained several times differently and repeated during the learning review and other sessions.
Session 8bis : HCV testing and diagnosis (2)							
Objective	Facilitators	Facilitation	Key points	Equipment	Time		
Participants understand what are the further test to diagnose hepatitis C and assess liver disease	Marie-Eve	Marie-Eve gives a lecture on HCV confirmatory test and HCV disease staging (30 min) Participants are given back the tables and they have 10 mins to complete their response to 3rd column (10 mins). Facilitator asks groups to explain their answers to 3rd column of the table (15 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	55 mins		
Tea break			circulates attendance sheet				
Session 9 : Practical session							
Objective	Facilitators	Facilitation	Key points	Equipment	Time		
Participants practice the knowledge and skills they have learned	Marie-Eve	Group work (the same 4 groups). Each groups must prepare a roleplay on how to discuss HCV in outreach (15 min preparation) - 2 groups present and the other participants can comment Role play 1 + feedback (20 min) Role play 2 + feedback (20 min)		Flipcharts + markers	55min	The 2 groups that cannot present will present in priority during session 18 Or make only 2 big groups ?	Not enough time to do the activity.
Session 10 : monitoring							
Objective	Facilitators	Facilitation	Key points	Equipment	Time		
To monitor participant's satisfaction of the training	Wangari (lead) Celine	Wangari distribute to every participant 2 post it of different colours and ask them to write on one post it what was their "wow moment" ; what they would like to change for tomorrow, participants stik the post-its to the flipchart. If there is time enough Wangari and Celine read the post its and comments	Only if time remains	Post it of 2 different colours Flipchart + paper with 2 different columns	15 mins		Not enough time to do the activity

DAY 3							
Session 11 : learning review							
Objective	Facilitators	Facilitation	Key points	Equipment	Time		
The participants review the content of the previous day	Celine (lead) Marie-Eve	Participants are divided into 2 teams, in each team participants have a number 1-2-3-4-5-6-7-8. 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 receive the right to answer a question. The participant can choose to respond alone (2 points) or to consult with his/her team (1 point), the other team has the chance to complete (1 point)		1 ball Questions for the learning review	30 min		Very appreciated activity
Session 12 : Hepatitis C Counselling (1)							
Objective	Facilitators	Facilitation	Key points	Equipment	Time		
Understand the definition, objective and skills/approach of good counselling	Celine	Celine presents the 5Cs of HIV testing on a flipchart (20min)		Flipchart + markers Projector + PPT	20		
	Marie-Eve	facilitator asks a nurse counsellor to define what is counselling, what is the objective of counselling and to share his/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, + Wangari (demonstration)	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 during the counselling. Group discussion (20) Demonstration : same counselling situation but the counselling is behaving adequately. Group discussion on what went better (20).			40min + 5 extra	Demonstration to be prepared with Wangari or Esther	
Tea break		circulates attendance sheet	tea will need to be prepared in advance				
Session 12bis : Hepatitis C Counselling (2)							
Identify adapted content and attitudes for hepatitis C test counselling	Marie-Eve	Participants are divided into 4 groups. Each group is provided with a table (doc T.10) and a flipchart, they must fill the key steps of <u>HCV pre-test counselling</u> (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, awareness 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		
		Training slides are presented and the HCV testing counselling guidelines are circulated and we remain there are on, the USB given to participants (10)		HCV counselling Guidelines (S2AP) printed (Celine in charge)	10		Not enough time

		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 counselling	Flipchart + markers	20'		
Lunch break							
Session 13 : Polydrug use risk reduction							
Objective	Facilitators	Facilitation	Key points	Equipment	Time		
Participants understand basic knowledge on polydrug use risk reduction	Marie-Eve	Wangari do energizer after lunch (5 mins) Lecture and group discussion facilitated by Marie-Eve					Very appreciated. Low level of knowledge of participants on this topic
Session 14 : Practical session							
Objective	Facilitators	Facilitation	Key points	Equipment	Time		
Participants practice the knowledge and skills they have learned	Marie -Eve	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		
		Tea break	Check if the attendance sheet has been signed		15		
		The 5 other groups present (20min per role play/discussion)		Scenarios for role play (Celine in charge)	1H40		
Group photo							
DAY 4							
Session 15 : learning review							
Objective	Facilitators	Facilitation	Key points	Equipment	Time		
The participants review the content of the previous day	Wangari (lead) Marie-Eve	Participants are divided into 2 teams, in each team participants have a number 1-2-3-4-5-6-7-8. 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)		Ball Questions for the learning review	30 min		

Session 16 : HCV treatment							
Objective	Facilitators	Facilitation	Key points	Equipment	Time		
Understand and explain key elements of HCV treatment	MSF	Lecture by MSF	Identify the two objectives of HCV treatment and how to measure treatment success Understand key aspects of DAAs (efficacy, tolerance, need to associate different molecules - present WHO ttt recommendation - drug-drug interactions) Understand key element for good treatment outcome (observance)	Projector + PPT	2H		
Tea Break		check if participants signed attendance sheet	tea will need to be prepared in advance		15min		
Session 17 : HCV treatment for PWID							
Participants reflect on the arguments usually used to refuse PWID access to HCV treatment	Marie-Eve	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 (50 mins) Celine presents rapidly MdM HCV treatment program in Georgia (25 mins)		Projector + PPT Flipchart + markers	1H15	Is it ok to have lunch at 1PM ?	
Lunch break		LUNCH					
Session 18 : Practical session							
Objective	Facilitators	Facilitation	Key points	Equipment	Time		
Participants reflect on the arguments usually used to refuse PWID access to HCV treatment	Marie-Eve	Participants are divided into 4 groups. Each group must prepare a health session on HCV for PWID at DIC (15 mins). 2 groups presents their health session (20 minutes per group)	If enough time other groups will present as well		1H30	Decide if they have to prepare role play of just highlights of what they want to discuss in the Health session. The 2 groups that did not present in session	HCV prevention adn HR rescheduled here. Very good session, role of progCo in this session important++
Tea break		circulates attendance sheet	tea will need to be prepared in advance				

Session 19 : Challenges of access to HCV services in Kenya (1)							
Objective	Facilitators	Facilitation	Key points	Equipment	Time		
Identify key elements of global situation regarding access to hepatitis C services that are relevant for Kenyan context Participants identify gaps in the access for HCV services for PWID in Kenya	Celine, Abigail (with support of Emilie)	Lecture by Celine on key elements of global situation regarding access to HCV services for PWID, that are connected with Kenyan challenges (30 mins) Brainstorming : participants are divided into groups of 2 or 3 participants, they need to discuss and identify together 3 challenges and 3 solutions of access to hepatitis C services in Kenya, write them on sticky notes of 2 different colours and stick them on 2 flipcharts (20min) Abigail groups the sticky notes with challenges and discuss them (30') PPT presentation to summarize and capture the missing points (10 mins)	If few time remaining facilitate as individual brainstorming	sticky notes of 2 different colours projector + PPT 2 flipcharts	1H30		Not enough time - brainstorming rescheduled on Saturday
DAY 5							
Session 20 : learning review							
Objective	Facilitators	Facilitation	Key points	Equipment	Time		
The participants review the content of the previous day	Wangari (lead) Marie-Eve	Game with the ball		Ball Questions for the learning review			
Session 21 : HCV advocacy : cases studies							
Participants are provided with examples of successful advocacy for access to HCV treatment	Celine	case study lecture (45 mins)	World Hepatitis day July28th	PPT + Projector	45 mins		Maybe already too specific - only few participants actively participated
Tea break		circulates attendance sheet	tea will need to be prepared in advance				
Session 22 : Advocacy to improve access to HCV services in Kenya							
Participants reflect on what are the advocacy targets, what activities can be implemented, and what is their own role in those activities	Abigail (Emilie)	Abigail groups the sticky notes related to solutions into 3 groups : 1)awareness/access to information; 2)availability of services and treatment ; 3) policies reforms (10 mins)		Flipchat + markers sticky notes of previous day	10		
		Participants are divided into 3 groups. Each group is provided with one solution identified, and one flipchart with instructions. The instructions : "who do we need to target/influence to reach this solution?", "what activities can be done to reach your solution? ", "how are you going to participate in these activities?" (30 mins) Participants read the flipcharts of other groups (5 mins) Each group presents its work, other participants are provided opportunity to comment/add/clarify (45 mins) PPT presentation on the strategies suggested (10 mins)		3 flipcharts with the solution suggested, and the table : target, activity, your role Projector PPT	1H20		
		Abigail facilitates a discussion around advocacy targets and allies (45 mins)	If more time is needed, we can take one hour after lunch.		45		
Lunch break							

Session 22 : Transfer and action plans							
Objective	Facilitators	Facilitation	Key points	Equipment	Time		
Participants project what they have learned into their professional activities	Esther (lead) + Emilie	Wangari do energizer after lunch Esther distributes the individual action plan, put participants into pairs and explain how to fill the table in pairs. After 20-30 mins, Esther facilitates the discussion about the individual action plan (ask who want to share their plan). Esther recommends participants to follow up on his/her partner after 3 months.	facilitators tell participants that they will go around the training room during the exercise to answer eventual questions. 5 min after the exercise has begun Esther and Emilie goes around to answer eventual questions and <u>check whether the instructions have been understood and the exercise is done correctly</u>	Individual action plan (17)	1h		Activity added : translation of HCV related concepts (reinfection risk, adherence, etc.) into Kiswahili & election of best translation
Session 23 : Final evaluation and conclusion							
Objective	Facilitators	Facilitation	Key points	Equipment	Time		
Participants evaluate the training	Celine	Celine distributes the evaluation form and collects them once finished (20 mins) Celine asks participants if they want to provide oral feed-back (20 mins) Celine distributes the certificates and USB stick (10 mins) - (if time allows make participants distribute certificates to eachother. Celine concludes and thanks trainers and participants for their participation (10 mins)		Evalutaion forms certificates Transport allowance USB sticks (Celine will bring)	1H		