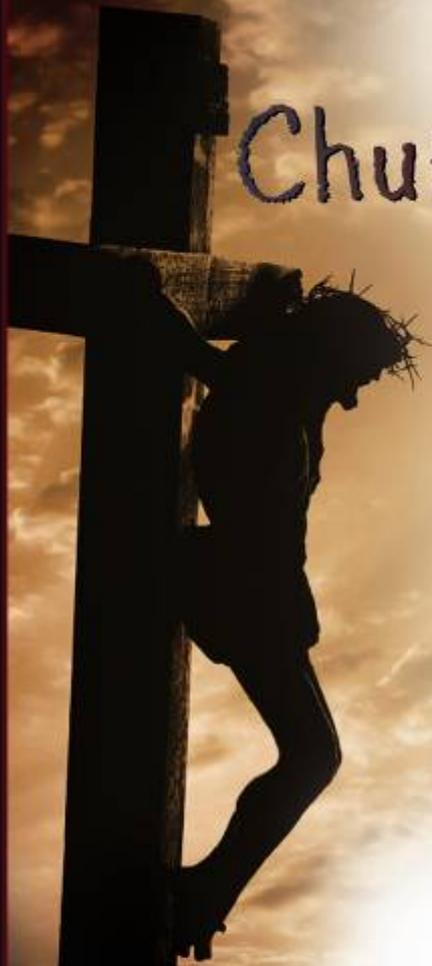# Churches Responding to HIV and AIDS

NEICORD
We care

ToT TRAINING MODULE - 2012

HEALTH AND HIV & AIDS

TRAINING THE MASTER TRAINER ON

HOW TO BECOME EFFECTIVE TRAINER

CONTENT

INTRODUCTION

The book is a tool which is a participatory methodology that helps trainers to conduct training effectively on HIV&AIDS. The main objective of this book is to bring about deeper community discourse about HIV and AIDS, which may lead to personal and community attitude and behavior changes.

Training Module for Churches Responding to HIV&AIDS is a compilation of training methodologies and approaches that has been field tested and implemented over the past in many training initiatives taken up by FBOs including NEICORD.

Rationale

Training is an entry point for equipping people to mobilize and organize the communities for sustainable transformation. Therefore, training has acquired an important role in public and private sector development organizations seeking to meet the need for effective agent of change. However, most training activities tend to be an extension of classroom-style education, usually involving lectures as the primary medium of communication. Although trainers are aware of learner-centered, participatory training, most are not prepared to conduct this type of training on their own. This manual will prepare the facilitators to conduct participatory training of trainers.

PURPOSE (Why – Overall learning objectives)

The purpose of the TOT is to strengthen the capacity of key church workers to enhance knowledge of latest update on HIV/AIDS and Churches response, by applying steps for training design, principles of adult learning, and a variety of training methodologies, facilitation skills; developing learning objectives and designing lesson plans; using audio-visuals; and practicing training sessions. The TOT is based on the principle that everyone has something to share, and by including the active input of participants, interest and efficacy is increased.

AUDIENCE (Who – target learners)

The target audience has been identified as a result of the baseline survey of 20 Key Church/Association Leaders from the four states of North East India – Manipur, Nagaland, Mizoram and Meghalaya, who have experienced in HIV&AIDS intervention programs in their respective states are selected for this training.

Baseline survey conducted during March 2012 shown that 20 Key Church workers from the four states of North East India – Manipur, Nagaland, Mizoram and Meghalaya have working experienced in HIV & AIDS intervention programs in their respective states but skills required for effective facilitation needs to be strengthened. Therefore, the course is designed to strengthen their training skills that enhance quality and effective facilitation for adult learning

COURSE OBJECTIVES

1) Enable the participants to reflect their church responses to HIV & AIDS
2) Update participant's knowledge on HIV & AIDS
3) Develop participants' capacity to plan, organize, and conduct training.
4) Equip participants on using steps of training design by practical presentation
5) Develop participants' capacity to formulate achievement-based objectives with knowledge of effective training methods, visual aids and skills to use them.
6) Introduce participants to principles and concepts of adult learning
7) Identify effectiveness of mock session during training
8) Help participants develop training plans.

METHODOLOGY

The training approach is based on principles of adult learning with a focus on peer review during all the steps of planning, organizing, and conducting a training/learning event. The course models a variety of effective training methodologies, including demonstration, practice, discussion, brain-storming, buzz groups, case studies, role play, games, visualization in participatory programming (VIPP), mock session and presentation.

The content of the course is basic to every adult training/learning event and does not vary with the changing technical emphasis. The difference becomes apparent in the application of skills.

STRUCTURE: The training is divided into 11 sessions which includes PPT, games, group work, interaction and short play

MATERIALS AND TOOLS: Each session includes an introduction, learning objectives, participatory methodologies, and activities. A pre/post course assessment, pre/post competency self-evaluation, and peer feedback form on practice sessions are included in the TOT Module.

TIME:11 hours technical content and 13 hours for practice.

Day I Session I	
Session title	Welcome, Introduction & Sharing of expectation
Estimated session length	30 minutes
Learning outcome	At the end of the session learners will be able to create good learning environment and have learnt how to know each other better
Methodology	Sharing and Games
Materials Required	Sticky note, Marker pens & OHP

Session I (a)

Expected outcome   : Participants have known each other better
Estimated Time   : 15 min
Methodology   : Game & PPT
Material/preparation required   : Object identify by the participants

Process:
(a)   Begin the topic by telling the Participants that they will be playing a game to know more about other participants.
- Tell the participants to listen carefully to all your instructions.
- Instruct participants to move around the room, and identify object that demonstrate their daily work
- Tell the participants that through this game they will introduce who they are!
- Now, ask to identify partner who have the similar object, close object
- Tell the participants to listen their partner carefully
- Now, ask the participants to introduce the partner to the larger

Key Take Home messages:
- Introduction on using object
- Learn how to listen
- Learn non-verbal skill communication through observation

Session I (b)

Expected outcome   : Identify participants' strengths and weaknesses.
Estimated Time   : 15 min
Methodology   : Game & PPT
Material/preparation required   : Chart paper, maker pens, and sticky pad

Process:
(a)   Begin the topic by telling the Participants that they will be displaying their expectation, contribution and anxieties for the 3 days training.
- Tell the participants to listen carefully to all your instructions.

- Tell the participants to draw wheel having 3 layers by using chart paper
- Ask the participants to write expectation in Layer 1, Contribution in 2, and Anxieties in 3
- Ask them to paste in board/wall for everyone to read
- Inform the group to have a transact walk

Key Take Home messages:
- Learn how to present your feelings
- Learn how to observe and understand other's feelings

Day I Session 2	
Session title	Churches response to HIV & AIDS
Estimated session length	60 minutes
Learning outcome	At the end of the session learners will be able to reflect their church responses to HIV & AIDS
Methodology	Presentation, sharing and Games
Materials Required	Sticky note, Marker pens & OHP

Process:

Brainstorming:
- Ask participants to brainstorm how their churches response to HIV & AIDS and list this out in the chart.
- Ensure that all participants participate in the exercise.

Presentation:
Begin the topic by telling the Participants that they will involve in all the process by sharing, participating in group work and listening from facilitators and other participants

Facilitator then presents how the church can respond, by using power point presentations
- Care and Support
- Stigma and Discrimination
- Counseling

Games: Ask the participants to divide in group of four, and instruct them to demonstrate short play on how Jesus would have approach and care PLHA

Key takes home messages:
- There are a number of reasons for church involvement in the providing care and support to PLHA
- Mainstreaming of HIV related issues in existing ministry will be the focus of the church. How do we do?

Day I Session 3	
Session title	Updates on HIV/AIDS Scenario in the North Eastern states
Estimated session length	1hr 30 min
Learning outcome	At the end of the session learners will be able to understand the epidemiological trends of HIV, Key areas of emphasis in NACP III & IV and services available in NE.
Methodology	Games, Group discussions & PPT
Materials Required	Chart paper, marker pens & OHP

<u>Session 3 (a)</u>

Expected outcome   : Participants have updated information on HIV/AIDS scenario in the NE

Estimated Time   : 45 min
Methodology   : Game (Bush Fire) & PPT
Material/preparation required : Cards for bush fire activity
- One card for each trainee
- Mark 80% of the cards "Follow my instructions"
- Mark 4 of these cards "C"
- Mark 2 of these cards "X"
- Mark the remaining 20% of the cards "Do not follow my instructions"

Process:
(a)   Begin the topic by telling the Participants that they will be playing a game to learn more about HIV and AIDS.
- Tell the participants to listen carefully to all your instructions.
- Distribute the 'bush fire' cards randomly to all participants, have them read their cards silently, and keep information written on their card a secret.
- Instruct participants to move around the room, tell them "you CAN shake hands with other participants". If they shake hands ask the participants and remember who they shook hands with. Be sure your instructions are that they CAN now shake hands and get signatures, not that they SHOULD.
- When the hand shaking stops, ask participants to stand in a large circle.
- Tell the participants that in this game a handshake was the equivalent to having sexual intercourse. Now ask the participants to look at their cards. Ask the two persons with cards marked with an "X" to move to the centre of the room. Tell the group to assume that these that the participants who received the card marked 'X' represented a HIV positive.
- Next ask all those who shook hands with these two participants to move to the centre of the room.
- Ask anyone who shook hands with those standing in the center of the room to move to the centre of the room. Continue this till most of the participants are in the centre of the room.

- Now ask those people who are standing in the centre and have cards marked with a "C" to sit down. Tell the participants that these people had protected sex with condoms and were therefore not exposed to HIV.
- Generate a discussion of what it is like to be in either position: those standing in the centre of the room, or those still sitting down. Ask questions such as:
  What are the thoughts that are running through the mind of those standing?
  What are the people sitting down thinking about those in the middle?
- Check whether people with cards marked, "Do not follow my instructions"
  Participated in the game. Did they shake hands?
  If yes ask: "Why did you join the game when your card was marked "Do not follow my instructions?"
  If no, ask: "Why did you choose not to shake hands?" Tell the other participants that these are the people who abstained from sex.

The facilitator should ensure that they debrief at the end of the activity. Let the participants know this is purely an activity to learn how HIV spreads. Debrief learning from this exercise using the flowing points:

- The speed of the transmission of HIV - The group should be aware that HIV spreads like a "bush fire". Explain that there were only 2 cards marked with an "X" indicating the initial HIV positive persons, but through contact (sexual intercourse) it spreads rapidly from person to person. Thus prevention of HIV transmission is important.

Process:
- Participants are asked to brain storm on their understanding of the HIV scenario in their respective state including statistics
- Facilitator then uses the power point presentation to explain the trends of HIV scenario in the state and presents updated statistics for the NE region
- Facilitator fields questions from participants

Key Take Home messages:
- HIV in the north eastern states is gaining epidemic proportions.
- Need for concerted effort to ensure the further spread of the disease. What can the church do?

Session 3 (b):

Expected outcome	: Participants are aware of services available under the National AIDS Control Programme & key area of emphasis in NACP III & IV
Estimated Time	: 45 min
Methodology	: Game & PPT
Material/preparation required	: Flash Cards & PPTs
	20 Flash Cards for activity
	- Mark half of the cards with abbreviations of services available under NACP
	- Mark the other half with the information related to the abbreviations.

Process:

Begin the topic by telling the Participants that they will be playing a game to learn more about services available in the under NACP.

- Divide the participants into two groups
- One group will be given the card with the abbreviated list of services (from entry point of services to continuum of care)
- One group will be given a set of card with explanations of these services
- Participants from the first group with the list of abbreviations will be asked to read out the abbreviation on the card and list and to elaborate on what he/she knows about this card. Other participants may also provide inputs (except for the one holding the explanation card)
- This exercise will continue till all flash cards have been explained.
- After this, the facilitator will make a brief presentation to reinforce on the list of services that are available with key area of emphasis under NACP III & IV

Abbreviations	Explanations
1. ICTC	Integrated counseling & Testing center: is now seen as a key entry point for a range of interventions in HIV prevention and care. It provides people with an opportunity to learn and accept their HIV sero status in a confidential and enabling environment and to cope with the stress arising out of HIV infection. ICT should become an integral part of HIV prevention programmes, as it is a relatively cost-effective intervention in preventing HIV transmission. The potential benefits of ICTCs include- Earlier access to care and treatment, Providing factual information about HIV /AIDS and clearing misconceptions, Reduction of fear and stigma through counseling, Creating enabling environment for PLHA, Emotional support, Better ability to cope with HIV related anxiety, Improved health status through good nutritional advice, Motivation to initiate or maintain safer sexual practices and behavior change, Prevention of HIV related illness, Motivation for drug related behavior, Safer blood donation ,Motivating HIV infected person to involve spouse/partner for future spread and care. ICTC is not a place just for testing a sample for HIV, but much more than that. One of the basic elements involved is a confidential discussion between the client and the trained counselor and the focus is on emotional and social issues related to possible or actual HIV infection. The aim of the ICTC is to reduce psycho-social stress and provide the client with information & support necessary to make decisions; therefore separate enclosures for male & female clients have been set up to provide confidential environment for encouraging disclosure and providing IPC. For the effective functioning of the ICTCs, two trained counselors and one laboratory technician have been provided in each ICTC. In order to ensure that the result of the HIV test is given on same day to the individual after post-test counseling, Rapid HIV Test Kits have been supplied to these centers or the client is asked to meet the same counselor for post test counseling on appointed date. Location- Manipur -70, Meghalaya-17, Mizoram- 27, Nagaland -56. Besides these there are a number of facility integrated centers & Mobile ICTCs in each state. Prevention of Parent to Child Transmission (PPTCT) - Since an HIV-infected mother can infect the child in her womb through her blood. The baby is more at risk if the mother has been recently infected or is in a later stage of AIDS, therefore some

	ante-natal clinics offer voluntary testing. All pregnant women can have an HIV test. A woman will never be tested without her consent. The importance of having HIV testing of pregnant women is that if she has a positive test result there are now drugs that can reduce the risk of her passing HIV on to her baby in the womb or at birth. Transmission can also occur at the time of birth when the baby is exposed to the mother's blood therefore delivery by elective Caesarean Section is recommended to reduce the risk of a baby becoming infected. It is usually best for babies to be breast-fed. However, if a mother has HIV, breast-feeding will increase the risk of her baby becoming infected. Location: Manipur -18NGO partners, Meghalaya-1, Mizoram-27 (ICTC), Nagaland- 4 stand alone.
2. ART	Anti retroviral Therapy centers– its main objective is to provide comprehensive services to eligible persons with HIV/AIDS Specific objective include: – Identify eligible persons with HIV for ART treatment, through lab services (HIV testing, CD4 counting & other investigations) – Provide ARV drugs – provide counseling before & during treatment for ensuring drug adherence – Referral to health centers – Provide comprehensive package of services including condoms & prevention education Location- ART center in the four NE states are located at – Civil Hospital Shillong, Meghalyay, District hospitals in Dimapur, Mokokchung, Tuensang, zunheboto, Kiphire, Naga Hospital Authority, Kohima in Nagaland, Civil Hospital in Aizawl, District hospital in Lunglei & Champhai, Center of Excellence (COE)RIMS in Imphal Manipur, Pediatric COE JN hospital, Imphal, ART center JN Hospital, District hospital of Chandel, Ukhrul, Bishnupur, Senapati, Churachandpur & thoubal
3. ART+	Same service as provided in ART centers, besides which they provide alternative 1st line treatment as well as 2nd line treatment Where- Guwahati , Aizawl in Mizoram & Kohima in Nagaland approved but yet to function.
4. CCC	Community Care Center – is established to expand the coverage of and access to services of PLHIV. It is established to ensure that PLHIVs receive various services in an environment without stigma, discrimination & denial. Services provided in CCCs include – Medical Services- Basic medical care, minor OI, referral services, treatment counseling- for ART drug adherence, management of ART side effects, Post Exposure Prophylaxis (PEP) Counseling services include- positive prevention, drug adherence, STI, PPTCT, Condom Use, Psychosocial counseling, Bereavement counseling etc. Referral- to other centers like DOTs centers, STI clinics, PPTCT, NGOs, DLNs and various other stakeholders.

		Advocacy against stigma- Meeting conducted with various stakeholders with the participation of DAPCU to advocate against stigma. Outreach activity – ORW attached to CCC contact with PLHIVs through outreach activities among PLHIVs to ensure drug adherence & provide counseling and access to other services. Location – 9 in Manipur, 3 in Mizoram, 3 in Assam, 1 in Arunachal, 4 in Nagaland . Treatment, Fooding & lodging in CCCs are free of cost. Duration of stay is for 15 days.
5.	LAC	Link ART Center – Provides ART drugs to patients on ART, (supply link chain), monitoring of patients on ART, Treatment of Opportunity Infections(OIs) & Management of Side effects & reinforcement of Drug adherence on every visit. Counseling for Drug adherence, Positive prevention, Nutrition etc is also provided. Mostly located in district hospitals & in some high prevalence states like Manipur may also be found in CHCs & PHCs.
6.	LAC+	Services provided under LAC+ is same as LAC, however the difference is that here Blood can be drawn from patients for CD4 testing, a facility which is not available in the LAC. Pre ART care – (registration & CD4 counting) can be availed here. It is equipped with one staff nurse.LAC+ is usually located in District Hospitals but in places like Jorhat, LAC+ is located in the Jorhat Medical College.
7.	STI	Sexually transmitted Infections: Most common symptoms include abnormal, fouls smelling discharge, itching, swelling painful urination etc STD causes some damage to the genital skin and mucous layer, which facilitates the entry of HIV into the body. The most dangerous are: Syphilis, Cancroids, Genital herpes, Gonorrhea. High rates of STD caused by unprotected sexual activity enhance the transmission risk in the general population. Early treatment of STD reduces the risk of spread to other sexual partners and also reduces the risk of contracting HIV from infected partners. Besides, early treatment of STD also prevents infertility and ectopic pregnancies. Health seeking behavior of those suffering from STDs is directly related to the stigma attached to the disease, because of which individuals with STI desire anonymity. As a result, they seek alternate source of medical aid including self-medication and only a small proportion report to public sector medical set-up. Because of this attitude and behavior of those suffering from STIs, they continue to transmit infection to their multiple sex partners. Under the STD Control Programme, the government has established STD clinics in each district hospital, all over the country. The STI drugs are provided free of cost by the Government of India and adequate confidentiality is ensured for those attending these clinics. Such clinics are managed by experts trained to treat STIs. Another major activity of STD Control Programme is Targeted Intervention under which, special facilities are made available easily to commercial sex workers, truckers, migrant workers and other marginalised segments of society. Partner notification, condom promotion and imparting IEC activities through peer-educators are the interventions organised as a part of the programme. Syndromic approach to STD management was adopted by NACO because it was found to be most suitable, it

		does not require laboratory tests, and treatment can be given at the first contact with health services. STI management through syndromic approach has been now practiced by trained medical officers at peripheral, middle and even at tertiary levels of healthcare where adequate lab facilities are not available
		Location:Manipur-10, Meghalaya-8, Mizoram-8, Nagaland-11 (DSRC)
8.	TI	In India, HIV is a concentrated epidemic which effects specific High Risk groups like IDU, FSW, MSM & Bridge populations (truckers & migrants). Targeted Intervention is a programme implemented by National AIDS control organization/ State AIDS Control Societies through NGOs to reach out to these HRGs in order to prevent further spread of the disease. Package of services under TI include – Behavior change communication, Enabling Environment, Condom promotion, Management of STI, Community mobilization & Referral & Linkages. In the NE , is implemented in all the states – in Manipur there are 53 in Mizoram 37, Arunachal -21, Meghalaya-8, Tripura-12, Assam 56, Nagaland-52 (including donor supported)
9.	DIC	Drop-in-centers (TI & PLHIV)- Drop in centers is a doorway for HRGs (IDUs/FSWs) to a welcome & caring environment. It is a hub for all services which an HRG can access as per his/her needs. It main objective is to provide services which are user friendly and easily accessible to HRGs. It is also a useful venue for service providers to address the HRGs. It is a safe space where HRGs can come together and have common voice. Services provided DICs Include Outreach, NSEP, IEC, Psychosocial support abscess management, STI treatment, referral, Condom programming and recreation & rest facilities. DICs under TI are located in project sites. In difficult terrains or hilly areas, there may be provisions of having a sub DIC.
		For PLHIVs -The Concept of Drop In Centre is developed for PLHIV for providing counseling & psychological support and to develop liaison with health care system of the institution. It also meant to reduce stigma & discrimination and to bring PLHIV together so as to develop self-help groups to provide support system to the PLHIV & their families. The Objectives of PLHIV DIC is to promote positive living among PLWHAs and improve the quality of life of the infected, To build the capacity and skills of PLWHAs to cope with the infection, To create an enabling environment for the PLWHAs, To establish linkages with PLWHAs with the existing health services, Stakeholder and other welfare and development Programmes. To protect and promote the rights of the PLWHAs. They also timely conduct support Group Meeting; get together, community sensitization program, general community awareness program in different places, PLHAs follow-up for linking with services etc. Some of very important daily services include, counseling of different kinds (PLHA/ NON PLHA), home visit as per need basis after consent of clients, family & couple counseling, providing IEC, behavior change communication to the PLHAs at immense. For peer counseling & psychology support through PLHIV infected and affected and general communities, Mobilization for voluntary HIV testing to general public, Tracing lost to follow-up cases, Treatment adherence, To attach PLHIV with Government welfare schemes, Networking, Care & support, Advocacy, Family counseling, Awareness program etc.

10. Blood Banks	A National Blood Policy has been formulated and is now being implemented with the mission to ensure easily accessible and adequate supply of safe and quality blood collected from voluntary non-remunerated regular blood donors.
	The National Blood Transfusion Council (NBTC) at the Centre and State Blood Transfusion Councils (SBTCs) in each state/UTs conducts Extensive awareness programmes for donor motivation through Information, Education, Motivation, Recruitment and Retention of voluntary donors.Each state is given an annual target for collection of blood through voluntary sources and this is regularly reviewed by NACO, this is done to enforce a a complete ban which was imposed on collection of blood from paid donors, with effect from 1st January, 1998. A number of steps were taken by NBTC to keep a strict check on exploitation of the blood users by commercial and private blood banks. SBTCs were provided funds by NBTC to mobilize blood collection through voluntary blood donations. It is mandatory on the blood banks to test every unit of blood properly for grouping, cross matching and testing for HIV, Syphilis, Hepatitis B & C and Malaria before it is issued for transfusion. Facilities have been provided by NACO to all the government and charitable blood banks.
	The blood that is collected from a donor at no cost, needs to be processed to make it free of infection, to ensure that it has certain minimum quality standards. It also needs to be stored and tested with recipient's blood before transfusion. Besides all these, establishment costs for the blood bank like infrastructure maintenance, salaries etc. add to the overall costs of providing a safe unit of blood to the patient. Blood banks attempt to recover these costs as service charge from the consumer. Location: Manipur -3, Meghalaya-6, Mizoram -10, Nagaland-9, Besides this, there are a number of blood storage facilities.

Key takes home messages:
- There are a number of services available for HIV prevention & care under NACP programme, from detection to continuum of care.
- Parallel programmes for HIV prevention is not an option for sustainability. Mainstreaming of HIV related issues in existing programmes will be the focus of NACP IV. What can the church do?

Day I Session – 4	
Session title	Overall Perspective on capacity building & skill development.
Estimated session length	1hr 15 min
Learning outcome	At the end of the session learners will be able to understand to concept of Capacity building, its components & strategies for capacity building.
Methodology	Brain storming & PPT
Materials Required	Chart paper, marker pens & OHP

Process:

Brainstorming:
- Ask participants to brainstorm on the concept of capacity building & list this out in the chart. Ensure that all participants participate in the exercise.
- Facilitator then clarifies the concept and levels of Capacity building by using power points presentations.

Games: Divide your training group into two teams. Write the following on a flip chart or overhead transparency: **"There is a hidden treasure in this room. Use the clues to help you find it. There are no other clues to help you find it. The winner is the team that discovers the treasure first."**

Make a set of cards with a letter on each: C, A, R, T, O, P, O, E, O, I, and N. Give cards, C, A, R, T, and O to one team. Give cards, P, O, E, O, I, and N to the other team. Tell the teams to begin their search for the treasure.

The game should end after 15 minutes of fruitless searching by both teams, and when the teams realize that, if they work together, their cards will spell out the hidden treasure, COOPERATION.

- Facilitator with the help of PPT clarifies on components, areas of capacity building.

Key takes Home Messages:
- Capacity building takes place at two levels, organizational & individual. At the organizational level capacity building would include -Strategic planning, Program design quality, Resource mobilization, Human resources and financial management, Team building, Proposal writing and resource mobilization, Leadership, Monitoring and Evaluation while at the individual level it would be attitudes, knowledge & skills.
- Individual capacity building alone is not enough, institutional system strengthening is also required in order to ensure that individuals perform at the desired capacity.
- It is important to conduct a needs assessment before conducting capacity buildings in order to asses participant capacity vis-a vie needs.
- Components of capacity building include – trainings, field visits/ exposure visits, onsite technical assistance, experience sharing, web based learning.

Day I Session – 5	
Session title	Steps of training design
Estimated session length	1hr 30 min
Learning outcome	At the end of the session learners will be able to use steps of training design
Methodology	Lecture, Brain storming, Group Work & PPT
Materials Required	Chart paper, marker pens, Cards & OHP

Session 5 (a)

Expected outcome   : Participants know how to design training plan in their own context
Estimated Time   : 45 min
Methodology   : Presentation, Game & PPT
Material/preparation required : Charts, Cards, chart paper & OHP
                              20 Cards for activity

Process:
Begin the topic by telling the participants that this will be a session on learning by doing

Brainstorming:
- Ask participants to brainstorm on how to conduct effective training.
- After this the facilitator will explain steps involved in training design

1	PURPOSE (Why) :	Define clear overall learning objectives Objectives should be SMART Develop objective on the basis of your LNRA findings Your objective should be on learners need, not your need
2	AUDIENCE (Who) :	Target learners Know the people group who will be coming for training helps the facilitators to prepare well Knowledge about the learners can include: age group, sex group, experienced, knowledge of the topics etc
3	COURSE OBJECT IVES :	Develop course objectives which will contribute to achieving overall learning objective (WHY) Specific objectives for each content if the course Your objective should be on learners need, not your need

4	METHODOLOGY :	Develop methodology on the basis of your LNRA findings It should be simple, easy and clear Don't used methods which you are not fluent Develop relevant methodology
5	STRUCTURE :	The key to training presentation structure is to build from the start of a topic, from the fundamentals. Don't assume that the audience understands why the material you are training on is important; don't assume that the audiences share the language and jargon you use in your presentation. Effective training presentations build upon shared objectives, shared language, a common understanding of basic ideas, and so on.
6	MATERIALS AND TOOLS :	Identify materials and tools relevant to the topic Identifying irrelevant materials will confuse the learners Ensure that the learning materials reach the venue before the learners arrived Identify your training venue on the basis of steps 1-5
7	TIME :	Date, days and total number of hours

- Ask the participants to arrange the training design card accordingly.

Group work: Divide your training group into four groups. Ask them to do Learning Need Assessment and set Learning Objectives

Session 5 (b)

Expected outcome	:	Participants design training plan
Estimated Time	:	45 min
Methodology	:	Group work & Presentation,
Material/preparation required	:	Charts, Cards & PPTs 20 Cards for activity

Process:
Group work: Divide your training group into state/organization wise. Ask them to design training plan using steps for training design

Brainstorming:
- Ask participants to analyze the situation of their state/locality
- Facilitator then quickly brief steps for training design using the chart
- Ask the participants to prepare training plan accordingly

Key takes Home Messages:
- It is important to conduct learning needs assessment before conducting training in order to asses participant capacity vis-a vie needs.
- Steps of training design have their own roles and purposes, none can be exempted and neglected

Day 2 Session – 6	
Session title	Feedback & Recap
Estimated session length	30 min
Learning outcome	At the end of the session learners will be able to know the new learning of the whole group
Methodology	Indicating in the mood Meter, interaction
Materials Required	Chart paper, marker pen, mood meter

Process:
Begin the day by welcoming the participants

Brainstorming:
- Ask participants to share their new learning's and doubts
- Ask the floor to clarify doubts

Key takes Home Messages:
- It is important to have recap and feedback session which is driving factors for creating good learning environment
- Mood meter helps the facilitators to be more aware of the participants feelings

Day 2 Session – 7	
Session title	Group presentation
Estimated session length	60 min
Learning outcome	At the end of the session learners will identify gaps of their training design and will improve skills from the feedback provided
Methodology	Presentation
Materials Required	Chart paper, marker pen

Process:
- o Instruct the participants how to provide feedback
- o Ask the audience to be a good listener
- o Tell the whole team to decide who will go first, middle and last
- o Tell the participants to make list of comments and queries but ensure that smart feedback are provided

Key takes Home Messages:
- Practicality of learning by doing
- Confident in facilitating training session
- Doubts on training design are clarify

Day 2 Session – 8	
Session title	Revisiting steps of training design
Estimated session length	60 min
Learning outcome	At the end of the session learners will identify gaps of their training design and will improve skills from the feedback provided
Methodology	Presentation
Materials Required	Chart paper, Chart, LCD, marker pen

Process:
- o Ask the participants their feelings about steps of training design
- o Ask the participants to listen other group presentation
- o Tell the participants to make list of comments and queries but ensure that smart feedback are provided

Key takes Home Messages:
- Practicality of learning by doing
- Confident in facilitating training session
- Doubts on training design are clarify

Day 2 Session – 9	
Session title	Principle and concepts of adult learning
Estimated session length	60 min
Learning outcome	At the end of the session learners will understand principles and concepts of adult learning
Methodology	Presentation
Materials Required	Chart paper, marker pen, OHP

Process:

Brainstorming:
- Ask the participants to share their learning principles
- After this the facilitator will explain Twelve Principles for Effective Adult Learning

1	Needs assessment	Participation of the learners in naming what is to be learned
2	Safety	The learning environment and the process. We create a context for learning. That context can be made safe.
3	Sound relationships	Create sound relationships between teacher and learner and among learners
4	Sequence of content and reinforcement	Sequence and reinforcement are vital but often overlooked as principles of adult learning. I have an axiom: do it 1,142 times and you will have learned it! Those 1,142 times should be properly sequenced: from easy to difficult, from simple to complex.
5	Praxis	Action with reflection or learning by doing.
6	Respect	Respect for learners as decision makers.
7	Ideas, feelings, and actions	Cognitive, affective, and psychomotor aspects of learning.
8	Immediacy of the learning	Adult learners need to see the immediate usefulness of new learning: the skills, knowledge, or attitudes they are working to acquire
9	Clear roles and role development	It is recognition of the impact of clear roles in the communication between learner and teacher
10	Teamwork and use of small groups	Teamwork is itself both a process and a principle. Teams provide, in the adult learning experience, a quality of safety that is effective and helpful
11	Engagement	Engagement of the learners in what they are learning.
12	Accountability	How do they know they know?

Brainstorming:
- Ask the participants to share within the group which of the principles do they feel most, moderate and lease important

Key takes Home Messages:
- It is important to conduct adult learning in a participatory approach
- Principles of adult learning have their own roles and purposes, none can be exempted and neglected

Day 2 Session – 10	
Session title	Facilitation skills
Estimated session length	90 min
Learning outcome	At the end of the session learners will identify gaps of their training design and will improve skills from the feedback provided
Methodology	Presentation
Materials Required	Chart paper, marker pen

Process:

Brainstorming:

- Ask the participants to share their experienced on facilitation
- After this the facilitator will explain facilitation skills

Facilitation is the art of bringing adults together with the learning, by helping adults learn through self-discovery.

For facilitation to be effective, the emphasis must be on both the acquisition and the use of the new knowledge, skills, attitudes, and abilities.

What's the Difference?

Facilitators are guides to the learning destination, "with" the learners, but not one of them; responsible and accountable to the group. Their goal is to equip the learners for self-development and continual learning. **Presenters** are positioned as the expert with a clear separation from the learner; learners are passive recipients of the knowledge. The goal is to transmit information.

Three areas differentiate facilitators and presenters:

Areas	*Facilitator*	*Presenter*
Focus	On the learner	On the Presenter
Control	Shared Control	Presenter in Control
Credibility	Based on ability to create and sustain a supportive learning environment.	Credibility Based on ability to Based on content knowledge, expertise, control of content and delivery.

Facilitators:

- Are learner-centred
- With the learners, not observers
- Make learning happen
- Create opportunities for learners to share own experience
- Protect and affirm ideas
- Create a safe and comfortable learning environment
- Remove obstacles to learning.

Facilitator Roles	Key Facilitator Skills
Group Leader	• Modeling appropriate communication skills: listening; repeating and summarizing • Ensuring a safe and conducive learning environment for all learners • Helping learners apply content to their jobs • Providing complete feedback during discussions and activities • Managing group involvement processes • Promoting the development of action plans
Agenda Manager	• Practice to ensure planned timing is adequate for content • Keep discussion on track and balanced among participants by monitoring time spent • Return discussion to the topic at hand when necessary • Establishes timing • Starts and ends on time • Manages the time to ensure content is covered
Content Expert	• Asking in-depth questions • Answering questions in depth and detail • Sharing experiences that enhance credibility • Using appropriate terminology for the topic and learners • Accurately representing expertise • Sharing relevant knowledge
Role Model	• Maintaining positive, professional demeanor • Modeling behaviors being taught
Consultant	• Helping participants understand and apply the concepts • Identifying environmental factors that support (or hinder) transfer to the job • Helping learners manage the above factors to ensure transfer

Key takes Home Messages:
- Facilitation as learners focus
- Facilitator is modeler – *do as you say, say as you do*

Day 3 Session – 11	
Session title	Mock session
Estimated session length	120 min
Learning outcome	At the end of the session learners will learnt effectiveness of mock session during training
Methodology	Group work, interaction and play
Materials Required	Chart paper, marker pen, space, OHP

Process:
Brainstorming:
- Ask the participants to stand according to date of birth
- Divide the whole group in four as sequence to their date of birth
- Ask each individual to identify topics from the first 2 day session provided in the module
- Tell them, at a time one should play the facilitator role and the remaining will be learners

GAME: Display the show separately.
Organizing team will observe each group

Key takes Home Messages:
- Enjoy the learning
- Learning to Listen Learning to Teach

Day 3 Session – 12	
Session title	Way forward for state training plan
Estimated session length	60 min
Learning outcome	At the end of the session learners will have training plan for their own state
Methodology	Group Work, Interaction, Presentation
Materials Required	Chart paper, marker pen

Brainstorming:
- Ask the participants to divide in state/organization wise (provide freedom ….whether state/organization)
- Ask each group to prepare plan for the way forward
- Tell them, the team will present their plan

PRESENTATION:
- Ask the group to present their action
- Encourage the audience to provide smart feedback

Key takes Home Messages:
- Practice learning in local /state level that improve skills

ANNEXURES

1. STIGMA AND DISCRIMINATION

1. Listen to the description of this activity, "Value Added, Value Lost", and play your role individually

(10 minutes)

- On five slips of paper, write down the five things you most treasure in your life
- One by one these are taken away

2.1 Individually define stigma and mention how you have experience stigma in your life   (5 minutes)

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2.2 Listen to the lecture on stigma and discrimination   (10 minutes)

What is stigma? Stigma is a negative attitude towards a person or group of persons who have or are perceived to have a specific characteristic
Stigma is the art of identifying, labeling or attributing undesirable qualities to those who are
Perceived as being different or deviant from the social moral code
Elicit fear because of lack of information

Stigma and other forms of inequality are class, race, gender, ethnicity, sexual orientation, HIV & AIDS status

What is discrimination? Discrimination refers to negative attitude toward someone based on any grounds or qualities such as class, race, ethnicity, HIV&AIDS status, gender, sexual orientation, age etc

Discrimination occurs when people are treated with less respect or worth than they deserve due to any of the above mentioned characteristics

Kinds of discrimination:
Discrimination can involve the distinction, exclusion, or preference of a person
Verbal and physical harassment including death threat
Denial of access to public or community services and health care services where they may experience discriminatory attitudes or separation from the normal patients
Avoidance and neglect in the work place, sometimes resulting in a person living with HIV being fired
Eviction from homes
Abandonment by partners and spouses
Pre employment screening or testing
Social isolation and avoidance
Refusal by health care workers to treat patients because of their HIV status and lack of confidentiality

Principles concerning stigma
Stigma does not come from the characteristic itself, but is a socially imposed attitude that we can choose to accept or not accept

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> Stigma is different from discrimination, much stigma has to do with fear and ignorance- we fear what we do not know or understand; we are suspicious of difference
>
> Religion as defender of moral and social norms often functions in such a way as to reinforce and ritualize symbolic stigma
>
> Self stigma can be internalized as self disgust, thus one collaborates in self stigma
>
> **Negative Impacts of stigma and discrimination**
> Negative media representation and language
> Results in person being afraid to disclose his/her status
> Religious condemnation- HIV is often seen as a punishment form God.
> Blame- people are often seen to be responsible for their own condition
> Fear and ignorance- myths eg. HIV is transmitted by touching

What are your questions?

3.1 In group of four draw the picture of kinds of stigma and discrimination. Display your drawing on the wall/board and we'll have a transact walk   (10 minutes)

3.2 Listen to the group presentation on the kinds of stigma and discriminations   (10 minutes)

4.1 Viewing a film   (15 minutes)

4.2 Individually list your learning's from the film, and also identify what can be done better   (5 minutes)

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5. Biblical principles for overcoming stigma and discrimination   (10 minutes)

5.1 In group read Genesis 1 and try to find out two lessons that can help us to understand specialty of mankind

5.2. In group read the following passages and answer the following questions
    Isaiah 52&53   John 20:19-3   Mathew 8:1-4
    Leviticus 13&14   Mark 5:21-43   John 9

   (1) What does it says about the characters of Jesus?
   (2) What does it tells us about Jesus?
   (3) What does it says about the Church?
   (4) What does these passages says about Jesus and the Old Testament regulations? How did Jesus deal with stigma?
   (5) What practical lessons can be drawn to overcome stigma and discrimination from these passages?

5.3. Read the following passages and learn how the early Church handles stigma and discrimination
- Acts 8 – ' inclusion of the marginalized'
- I Corinthians 12 - 'as one body; the weaker members are given special consideration'
- Romans 12:15 – 'called to weep with those who weep'

Six things the Church must practice to do

- Denounce stigma as a sin
- Recognize human realities
- Advance the status of women
- Promote ABC
- Promote social justice
- Ensure supportive Care

6. In state wise response the following points   (10 minutes)
- What are the symptoms of prevalence of stigma and discrimination of PLWHA in the Churches?
- What are the steps or activities to be taken by the Church to eliminate stigma and discrimination of PLWHA in the Church and promote love, care and support of PLWHA?
- 3 things you will do in your community to begin overcoming stigma against HIV&AIDS.

2.   UNDERSTANDING CARE AND SUPPORT

1. In state wise make the list of care and support your church have provided to PLHA

2. Listen to the short presentation on care and support

In most countries of the world, people living with HIV and AIDS, and their families, are likely to suffer form poverty and to lack basic necessities such as food shelter, medical, treatment and nursing care. Many children who have lost their parents to AIDS have found themselves turned into virtual slaves by their relatives, or have become almost totally destitute.

In many countries, the church has been at the forefront of responding to such needs. Yet most people living with HIV who need such support still does not receive it, or not enough of it. Often this is because they are regarded by their neighbor and church members as sinners who are themselves to blame for their suffering. Yet Jesus calls us to show generosity and kindness to all in need, not just to certain groups in our communities. In acting this way, however, we should do also for completely pure motives, not because we to avoid punishment to reap a reward for our efforts.

3. In group read Matthew 25:31-46 and reflect with the following provided questions

1) Who are the main characters in this story and who do they represent?
2) Why did the two groups of people who Jesus was talking about react with such surprise to what he said?
3) How did Jesus, in his own life, exemplify what he was preaching about here?
4) What does this passage teach us about how God wants his people to behave towards one another?

4. Individually identify care and support you have provided to sick person and share the most challenging experienced with the person sitting next to you

5. In group of four discuss relevant points from the following, and write your response on the chart paper for others to read, we'll have a gallery walk
   1) If you knew you were living with HIV and were ill, how would you like to be cared for and supported within your community?
   2) How do we as church members provide care and support for the sick in our families, our churches and our communities?
   3) Can a member of the group describe his / her feelings when suffered from HIV related discrimination, leading to lack of care and support from family members and neighbors?
   4) How would you provide care and support to your church leader or other member who happened to be ill and HIV positive?

6.1 Individually define Home Based Care

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6.2 Listen to the lecture on understanding of Home Based Care and underline what you feel is true and important

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HBC is defined as any form of care given to sick people in their homes. Such care includes physical, psychosocial, palliative and spiritual activities…

Goal of HBC is to provide hope through high-quality and appropriate care that helps **family caregivers** and **sick family members** to maintain their independence and achieve the best possible quality of life.
"Home-based care is taking us back to the root of human coexistence. It reminds us that we all have the responsibility to one another. If we hold hands through this tragedy… we will able to retain our humanity and will come out of this epidemic as a stronger community."   - Joy Phumaphi, Minister of Health, Botswana

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6.3 In state wise identify areas how members of the church and communities can involve better to provide care and support to PLHA and their families

7. Understanding Anti-Retroviral drugs

What is ARVs?   ARVs can improve the quality of life and increase life expectancy of people with HIV considerably. In an ideal world, everyone with HIV should have access to ARVs. However, ARVs are very expensive and are not available in some countries. It is unrealistic to hope that all people living with HIV and AIDS will be able to benefit from ARVs. However, new drugs are being developed all the time and ARVs are becoming cheaper and increasingly available. In some places governments are providing free ARVs. Patients usually take a few different ARVs. Therefore the term *anti-retroviral treatment* (ART) is sometimes used to refer to the package of drugs that a patient takes

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Importance of adherence to ART: Adherence is important to achieve maximum viral suppression and restore immunological function. Lower levels of adherence are associated with viral resistance, treatment failure and increased risk of disease progression.

Challenges in taking ART: ART consist of three or more antiretroviral medications to be taken in combinations. In Addition to ARVs, patients also have to take medication for treatment or prevention of opportunistic infections. In addition, some ARV requires specific food and fluid restriction.
Antiretroviral medication controls the replication of HIV. Even when the virus becomes undetectable in the blood with successful ART, there are some sites in the body where drugs are unable to reach the virus. These sites are called sanctuary sites. Therefore the virus cannot be completely eradicated from the body and continues to remain hidden in the sanctuary sites. The virus emerges when ART fails or is stopped. As the virus cannot be eradicated, ARVs have to be taken regularly, long term, for the rest of the patient's life. HIV infection can therefore be managed but not cured.

Monitoring therapy: Once ART is started, a reasonable schedule for the clinical monitoring is required to evaluate and possibly reinforce adherence to antiretroviral treatment. Monthly visits, which can be combined with drug dispensing, are encouraged as they are useful opportunities to reinforce adherence. At each visits inquiries should be made regarding any new symptoms that may be related to drug side-effects, to HIV disease progression.

8. In group discuss how can the Church be involved in educating Church members LWHA on the benefits of the ART? If ART is so helpful what should the Church do to help a person found to be nearing his last stages. Or How can the church play role to ensure the patients received proper medication

3. COUNSELLING

1. Individually share you're experienced on counseling to the person sitting next to you   (5 minutes)

2. Listen to the short description of HIV/AIDS counseling   (10 minutes)

HIV/AIDS counseling is essentially about educating and counseling communities in the control, management and prevention of HIV/AIDS

Alternatives definitions are:
It is special form of interpersonal communication in which feelings, thoughts and attitudes are expressed, explored and clarified.

In relation to HIV/AIDS prevention, counseling is the only practical means for promoting changes and adoption of long term low risk behaviors.

Counseling becomes necessary because people are at a loss and unable to decide what to do with their lives, once they are found to be HIV positive. Those who have practiced high risk behavior are unable to take a decision whether to go for HIV test or not. Another important issue is breaking the news to the family members and sex partners. In such circumstances, counseling helps a person to come to term with the realities of HIV/AIDS and act in a balanced way.

As HIV spreads, the need for emotional support is increasing, particularly for those living with HIV and AIDS. Some people with HIV or AIDS might not need to visit a counselor, but instead need someone to listen to their problems, pray with them and provide friendship. These people are not called counselors, as they are not professionally trained and should not be expected to provide the same level of support that a counselor can. Instead they are usually called "befrienders"

A befriender might be a member of the local church, a friend or neighbor or a career. They do not need to have medical knowledge or good education, but they need to be good listeners, understanding and sympathetic.

What are your questions?

3. Listen to the characteristics of a counselor and tick whichever is applicable to you   (5 minutes)

- o   Committed
- o   Open minded
- o   Non judgmental
- o   Sense of responsibility
- o   Patient listener
- o   Tolerant
- o   Attentive
- o   Informed
- o   Positive body language

4. Skills required in counseling   (5 minutes)

- o   Excellent communications skills
- o   Ability to judge state of mind of a person
- o   Quick empathetic response
- o   Focused
- o   Reflection of feeling
- o   Questioning
- o   Paraphrasing
- o   Respectful
- o   Structuring and prioritization
- o   Help to formulate strategies
- o   Help develop coping mechanisms

What are your questions?

5. Listen to the stages of counseling and share which will be the most challenging stages   (5 minutes)

- o   Pre test counseling
- o   Post test counseling
- o   Follow up counseling

6. Listen to the discussion on confidentiality and share your opinion to the larger group   (5 minutes)

> o Maintain the confidentiality of the very private information/ problems what the client share with you
> o Never make false promises
> o Have the commitment and try to help and support the client in an unbiased manner

What are your questions?

7. In group of 3 respond to the following question given below   (10 minutes)
  o What kind of things would we fear most if we discover we have HIV? How could we help to reduce these fears?
  o Many people will want to blame someone whom they think has infected them. This is natural reaction. How can we help people through this?
  o People who discover they have HIV often think they will develop AIDS and die soon. Reassure them that they are likely to have many healthy, productive and caring lives.

8. In group of 3 practices the role sample role play to practice counseling skills and display to the larger group   (10 minutes)
  • Role Play – 1 Why is it so important for people to tell their partner and close family and friends if they test positive for HIV? Discuss how difficult this is to do. What are the risks? What are the benefits? Could you role- play how counselor could help somebody gain the confidence to tell others?
  • Role Play -2 (Negative) "which shows judgmental attitude, not concern, less inform about HIV & AIDS".
  • Role Play- 3 (Positive) "non- judgmental attitude, sensitive, listen, comfort, give time, focus, take action/ referral".

What are your questions?

9. Discuss the sensitivity and approachability of counseling from the Biblical point of view   (5 minutes)

> • Jesus sensitivity in dealing with the woman at the well in John Chapter 4
>
> • Compassion: Jesus responded to people with compassion and love (Mark 1:41, 6:34, Luke 7:13)
>
> • Not judgmental Attitude, Confidentiality & trust: Prov.11:13, Ps 31:14
>
> • Listening : James 1:19
>
> • Comfort 2 Corinthians 1:3, 2 Corinthians 1:3, 2 Corinthians 1:4, Ps 9:9
>
> • Sharing God's word and praying with people: James 5:13; Jeremiah 29:11
>
> • Be willing 1 peter 2:21, Eph 2:10
>
> • Additional Verses: Pro 12:18, 1peter5: 7,9; matt 11:28, Matt 10:28

4.   CHURCHES RESPONSE TO HIV&AIDS

1. Listen to the brief introduction of the session

The church has a very important role in responding to the challenge of HIV and AIDS. Some churches have educated and mobilised their members and developed well-organized networks to support people affected by HIV and AIDS. They are showing the love of Christ in action.

Other churches are slow to speak out. Leaders may feel that it is a sign of weakness or shame to admit that there are church members or church leaders with HIV and AIDS. Leaders may feel too embarrassed to talk about sexual issues or drug abuse in their sermons. However, the church needs to take up this challenge. The message of hope, peace and love that Jesus brings is the most important message of all to give to people living with HIV and AIDS.

2.1 Individually define the word' church'

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2.2 Listen to short lecture on the church

Many people today understand the church as a building. This is not a biblical understanding of the church. The word "church" comes from the Greek word ekklesia which is defined as "an assembly" or "called-out ones." The root meaning of "church" is not that of a building, but of people.
The church is the body of Christ, of which He is the head. *Ephesians 1:22-23* says, "And God placed all things under his feet and appointed him to be head over everything for the church, which is his body, the fullness of him who fills everything in every way."

The purpose of the Church
The church is to be a place of fellowship, where Christians can be devoted to one another and honor one another (*Romans 12:10*), instruct one another (*Romans 15:14*), be kind and compassionate to one another (*Ephesians 4:32*), encourage one another (*1 Thessalonians 5:11*), and most importantly, love one another (*1 John 3:11*).

The church is called to be faithful in sharing the gospel through word and deed. That is to look after orphans and widows in their distress and to keep oneself from being polluted by the world not only sharing the gospel, but also providing for physical needs as necessary and appropriate.

We are to be doing the things that Jesus Christ would do if He were here physically on the earth. The church is to be "Christian," "Christ-like," and Christ-following.

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3. In group of four discuss the following points:
   o   Why as a Church positively not respond to HIV & AIDS?
   o   Why the Church respond to HIV & AIDS?

4.1 Understanding Integral mission

'Integral mission or holistic transformation is the proclamation and demonstration of the Gospel. It is not simply that evangelism and social involvement are to be done alongside each other. Rather, in integral mission our proclamation has social consequences as we call people to love and repentance in all areas of life. And our social involvement has evangelistic consequences as we bear witness to the transforming grace of Jesus Christ. If we ignore the world we betray the word of God which sends us out to serve the world. If we ignore the word of God we have nothing to bring to the world.'

4.2 Reason for church involvement in HIV/AIDS ministry

"The Churches have strengths, they have credibility, and they are grounded in communities. This offers them the opportunity to make a real difference in combating HIV/AIDS. To respond to this challenge, the Churches must be transformed in the face of the HIV/AIDS crises, in order that they may become a force for transformation bringing healing, hope and accompaniment to all affected by HIV/AIDS"

What the Church can do:
- Replace fear with Hope
- Replace ignorance with Knowledge
- Replace notions of moral failing with understanding
- Replace blame with Respect
- Replace shame and Denial with solidarity and openness

4.3 In group discuss the following points:
o What are the factors that hinder the Church to positively response to HIV & AIDS?
o Identify some of the potential areas for implementing the HIV & AIDS program in the context of Churches in N E India

4.4. Five things the Church Must DO

1. Denounce Stigma as a SIN
Stop condemning those with HIV/AIDS
Stigma prevents diagnoses and treatment
Stigma adds to the suffering of others – the church is called to alleviate suffering and to show compassion, not to add to suffering
Stigma destroys families – husbands reject wives, families reject women and children with AIDS
Stigma impoverishes us all and betrays the gospel.

2. Recognize Human Realities
BE Open and honest about Sexuality
Many people affected by AIDS are innocent
By seeing AIDS only as a moral issue we continue the stigma and prevent people from seeing the justice dimension of AIDS

3. Advance the Status of Women
Women must be empowered to have control over their own bodies
Women's voices must be heard so that others can be encouraged
Women are often the most stigmatized as sexually "dangerous persons or as "carriers of disease"
Women are in the best position to help other women

4. Promote ABC
Abstinence
Be faithful
Use a condom

5. Ensure Supportive Care
Pastoral care for the sick
Support for the family
Advocacy for the needy
Care for orphans
Provide care and Counseling
Create an AIDS ministry, unit or care team
Identify community members who are willing

5. In state wise name three things you will do in your community/Church to begin HIV/AIDS ministry.

Pray at your table that God will use you in the important work of combating HIV/AIDS

5.   PRINCIPLES ON ADULT LEARNING

A learning principle, philosophers tell us, is the beginning of an action. As you begin the action of designing a course, a seminar, or a workshop for adult learners, you can make informed decisions that will work for these learners by referring to certain educational principles. You will discover that these principles apply across cultures. All the twelve basic principles are deeply interconnected, intrinsically related one to the other.
Although these principles and practices have been tested in community education settings, they can also offer insight into educational processes for teachers and professors in more formal systems of education. As we shall see in the case studies that follow, they have been proven to work under diverse and sometimes extraordinarily difficult conditions.

One basic assumption in all this is that adult learning is best achieved in dialogue. *Dia* means "between," *logos* mean "word." Hence, *dia* + *logue* = "the word between us." The approach to adult learning based on these principles holds that adults have enough life experience to be in dialogue with any teacher about any subject and will learn new knowledge, attitudes, or skills best in relation to that life experience

Twelve Principles for Effective Adult Learning
In this approach to adult learning all twelve principles and practices are ways to begin, maintain, and nurture the dialogue:
1) *Needs assessment:* participation of the learners in naming what is to be learned.
2) *Safety* in the environment and the process. We create a context for learning. That context can be made safe.
3) *Sound relationships* between teacher and learner and among learners
4) *Sequence* of content and *reinforcement.*
5) *Praxis:* action with reflection or learning by doing.
6) *Respect for learners as decision makers.*

7) *Ideas, feelings, and actions:* cognitive, affective, and psychomotor aspects of learning.
8) *Immediacy* of the learning.
9) *Clear roles and role development.*
10) *Teamwork* and use of small groups.
11) *Engagement* of the learners in what they are learning.
12) *Accountability:* how do they know they know?

Principle 1: Needs Assessment

Doing an adequate needs assessment is both standard practice and a basic principle of adult learning, which honors the fact that while people may register for the same program they all come with different experience and expectations. No two people perceive the world in the same way. That's a standard axiom of quantum thinking.

How can we discover what the group really needs to learn, what they already know, what aspects of the course that we have designed really fit their situations? Listening to learners' wants and needs helps shape a program that has immediate usefulness to adults. The dialogue begins long before the course starts.

Thomas Hutchinson (1978) of the University of Massachusetts, Amherst, offers a useful question for needs assessment: Who needs what as defined by whom? This WWW question—*who* as needers, *what* as needs, *whom* as definers—reveals the political issues involved in preparing a course for adult learners. Who are, indeed, the decision makers of this course? Is it the teacher? Is it the learners? The answer, using quantum thinking, allows for both voices to be heard: adult learners must take responsibility to explain their context; the teacher must take responsibility to contact learners in every way possible, see them at work if possible, and be clear about what she can offer them. You cannot teach what you do not know. You have the issues and knowledge sets that you want to teach them.

They will vote with their feet if the course does not meet their needs. They will simply walk out. As their teacher, I need to discover what they already know and what they think they need or want to know. How do I hold these opposites, listen to these learners and their managers or their clients and to my own agenda, and then design a course that meets their needs? This listening effort is what we call a learning needs and resources assessment. It is both a practice and a principle of adult learning. Paulo Freire (1972) refers to it as thematic analysis, a way of listening to the themes of a group. Themes are issues that are vital to people. When adult learners are bored or indifferent, it means their themes have been neglected in the design of the course. Motivation is magically enhanced, however, when we teach them about their own themes. People are naturally excited to learn anything that helps them understand their own themes, their own lives.

"Listening to them" is the operative phrase here. How do we listen to adult learners, before we design a course for them, so that their themes are heard and respected? Today, we can use e-mail, faxes, and telephone conversations, we can use a small focus group to review the plan of a course or workshop or training, or we can do a survey. A well-distributed sample of even 10 percent of the group can give you important information for your design.

Principle 2: Safety
Safety is a principle linked to respect for learners as decision makers of their own learning. But it has an added connotation. It means that the design of learning tasks, the atmosphere in the room, and the very design of small groups and materials convey to the adult learners that this experience will work for them. The context is safe.

Safety does not obviate the natural challenge of learning new concepts, skills, or attitudes. Safety does not take away any of the hard work involved in learning. Should learning be designed to be challenging or to be safe? The answer is yes! Carl Jung, Swiss psychiatrist and teacher, suggests a pattern for addressing such dilemmas: hold the opposites! In the new science the question arises: Is light a wave or a particle? The only response is yes! It is seen as either a wave or a particle depending on the context, the state of the observer, and the kind of equipment used.

Safety is a principle that guides the teacher's hand throughout the planning, during the learning needs and resources assessment, in the first moments of the course. The principle of safety enables the teacher to create an inviting setting for adult learners. People have shown that they are not only willing but also ready and eager to learn when they feel safe in the learning environment.
What creates this feeling of safety?

First, trust in the competence of the design and the teacher enables the learners to feel safe. It is important to make your experience and competence clear—either through written materials that learners have read beforehand or through introductory words with them. This is a natural way to make learners feel safe and confident in their teacher.

Second, trust in the feasibility and relevance of the objectives makes learners feel safe. It is important not only to review the design with the group but also to point out how the objectives have been informed by the learning needs and resources assessment. You can point out that the objectives are empirically based, since they have been successfully used in similar sessions, and explain that you understand that this particular group is a unique context for this content to be learned. You will see physical manifestations of a feeling of safety appear after such a review of the whole design: people relax, smile, talk more freely to one another.

Third, allowing small groups to find their voices enhances the power of safety. One of the first learning tasks I do in any course is to invite learners to work in small groups to name their own expectations, hopes, or fears about a learning event or norms they want to see established in the large group. Four learners at a table large enough for their materials, small enough for them to feel included, provides physical and social safety for learners. You can hear the difference in the sound in the room as learners find their voices in the small group. The new science has demonstrated how context affects reality. I have seen how a safe context changes timid adult learners into assertive and daring colleagues. Using the principle of safety creates a context in which adults can do the hard work that learning demands. Fourth, trust in the sequence of activities builds safety. Beginning with simple, clear, and relatively easy tasks before advancing to more complex and more difficult ones can give learners a sense of safety so they can take on the harder tasks with assurance. Sequence and reinforcement will be seen later as a corollary principle to safety.

Fifth, realization that the environment is nonjudgmental assures safety. Affirmation of every offering from every learner, as well as lavish affirmation of efforts and products of learning tasks, can create a sense of safety that invites creativity and spontaneity in dealing with new concepts, skills, and attitudes.

How can safety be endangered? One great danger to safety is the fatal moment when an adult learner says something in a group, only to have the words hit the floor with a resounding "plop," without affirmation, without even recognition that she has spoken, with the teacher proceeding as if nothing had been said. This is a sure way to destroy safety in the classroom. A "plop" destroys safety not only for the person who spoke, but for all in the room. Just as you can see physical manifestations as learners feel safer and safer, you can observe definite physical manifestations of fear and anxiety after such a "plop." You can watch the energy draining out of learners. The rise and fall of learners' energy is an accurate indicator of their sense of safety. Energy is another of our selected quantum concepts.

Principle 3: Sound Relationships
Sound relationships for learning involve respect, safety, open communication,listening, and humility. offers an new reading of dialogue, *dia + logos,* as *dia* "through" and *logos* "relationship": "through relationship." She teaches that such dialogue is a central tool in quantum thinking.

The power relationship that often exists between learner and "professor" can be a function of a mechanistic system where power is frequently used to dominate. Our efforts through dialogue education to build a world of equity and mutual responsibility cannot be designed without attention to the power of sound relationships. If I show how accessible I am to learners through an early dialogue in
the learning needs and resources assessment, and respond to their questions with respect and affirmation in a safe environment, that world of equity already exists. We do "make the road by walking"

In order to be sound, this relationship must transcend personal likes and dislikes and obvious differences in wealth and power. In such instances, a teacher knows she must be even more careful about showing respect, affirming, and listening carefully. When the teacher fails to show respect or fails to affirm a learner in a group or allows the fatal "plop," the whole group begins to doubt the learning relationship and often manifests anger, fear, and disappointment.

Powerful a sound relationship can be in getting an adult learner to stretch beyond himself and grow in the knowledge, skills, and attitudes he needs.

Principle 4: Sequence and Reinforcement
Sequence and reinforcement are vital but often overlooked as principles of adult learning. I have an axiom: do it 1,142 times and you will have learned it! Those 1,142 times should be properly sequenced: from easy to difficult, from simple to complex. This seems such a basic concept. Failing to honor it, however, can lead to adults dropping out of courses, people acting out anger, fear, and disappointment, adults believing they cannot learn.

Principle 5: Praxis
Praxis is a Greek word that means "action with reflection." There is little doubt among educators that doing is the way adults learn anything: concepts, skills, or attitudes. Praxis is doing with built-in reflection. It is a beautiful dance of inductive and deductive forms of learning. As we know, inductive learning proceeds from the particular to the general, whereas deductive learning moves from a general principle to the particular situation. Praxis can be used in teaching knowledge, skills, and attitudes as learners do something with the new knowledge, practice the new skills and attitudes, and then reflect on what they have just done.

Principle 6: Respect for Learners as Decision Makers
Respecting learners as decision makers of their own learning is a principle that involves the recognition that adults are in fact decision makers in a large part of their lives. Healthy adults desire to be subjects or

decision makers and resist being treated as objects, something that can be used by someone else. In dialogue education, we assume that people are not designed to be used by others. Adults need to understand that they themselves decide what occurs for them in the learning event. The dialogue of learning is between two adults: teacher and student, learner and learner. For example, new content in a course can be shown to the learners with the question:

What else do you feel you need to learn about this topic? This approach makes the content an open system inviting critical analysis, editing, and additions by adult learners.

Principle 7: Ideas, Feelings, Actions
Learning with the mind, emotions, and muscles and giving attention to the cognitive, affective, and psychomotor aspects of adult learning is a vital principle that is often neglected. When the formalities of teaching and learning in the classroom and university take over without reflection, adult learners can be faced with a mass of cognitive matter: information, data, and facts that may seem impossible to comprehend or learn.

Using the principle that there are three aspects of learning: ideas (cognitive), feelings (affective), and actions (psychomotor), we can prevent that initial fear at the outset of a new adult learning event.

We know that learning involves more than cognitive material (ideas and concepts). It involves feeling something about the concepts (emotions) and doing something (actions). Whether I am learning the concept of *stakeholders* in strategic planning, or the skill of playing the piano, or the attitude of confidence when addressing an audience, I need to consider all three aspects of learning: cognitive, affective, psychomotor.

Principle 8: Immediacy
Research recognizes that adult learners need to see the immediate usefulness of new learning: the skills, knowledge, or attitudes they are working to acquire. Most adults do not have time to waste. We want to spend our time studying content that will make a difference *now.* We are willing to work in an appropriate sequence, and we recognize the need for reinforcement, but we want to see something in hand as soon as possible. A large percentage of adult learners start a course and then decide to give it up because they cannot see the immediate usefulness of what they are learning. Such immediacy is not a quick fix in a mechanistic sense. It is perceived usefulness, related to respect for the learner's context, sequence of learning tasks, and the data shared in the needs assessment. The immediacy perceived by learners will affect their determination to continue working. In quantum thinking, perception evokes reality. We participate in making our world.

Principle 9: Clear Roles
Another vital principle of adult learning is recognition of the impact of clear roles in the communication between learner and teacher. As Paulo Freire put it in conversation with us one evening: "Only the student can name the moment of the death of the professor." That is, a teacher can be intent upon a dialogue with an adult learner, but if the learner sees the teacher as "the professor" with whom there is no possibility of disagreement, no questioning, no challenge, the dialogue is dead in the water. Adult students need reinforcement of the human equity between teacher and student and among students. It takes time for adults to see themselves and the teacher in a new role.

Principle 10: Teamwork

Teamwork is itself both a process and a principle. Teams provide, in the adult learning experience, a quality of safety that is effective and helpful. The assurance of safety and shared responsibility available in teams has always proved welcome, no matter what the cultural setting. Teamwork cannot be taken for granted. Through the learning needs and resources assessment, the teacher can take advice about the formation of teams. People can be invited to work with friends when possible. This provides safety for undertaking the difficult tasks. The concept of optimal field works for us here. An *optimal field* is one designed for everyone to gain as much as possible, one where we design for a win-win situation by intentionally including everything in the field that makes for success. Respecting people as subjects means having people choose their own teams as often as possible, especially when the learning task is complex and difficult. You can set up arbitrary teams at the beginning of a course and then have people form work teams for themselves, choosing with whom they wish to work. At times gender, age, or race are serious considerations in naming teams.

All too often we hear people in educational settings say: "When we get back to the real world. . . ." Teams *are* the real world. Team efforts in a learning situation are not vicarious and they are not contrived. What happens in the team is what is happening every day. As adult educators we must remember that feelings are never simulated. If an adult feels overwhelmed and excluded in a small group of people, those feelings are real. That adult will act out of those feelings of fear or exclusion throughout the course either by not returning or by disturbing the learning of all involved. The teacher must design for the inclusion of all.

Principle 11: Engagement

When we do not use dialogue and instead ask learners to be passive, they do indeed learn. They learn how to be passive, to be "good" employees. They learn that they have no power, except to obey. This is not the goal of adult learning in my perspective. When learners are deeply engaged, working in small groups or teams, it is often difficult to extricate them from the delight of that learning. The director of that Hospice wisely invited complete engagement from all quarters. There were no levels of participation; everyone took part in the needs assessment and strategic planning.

Principle 12: Accountability

Accountability is one of the foremost principles of adult learning. Earlier in this chapter I spoke of it in terms of sequence and reinforcement. Who is accountable to whom? First, the design of learning events must be accountable to the learners. What was proposed to be taught must be taught; what was meant to be learned must be learned; the skills intended to be gained must be visible in all the learners; the attitudes taught must be seen; the knowledge conveyed must be manifest in adult learners' language and reasoning. Second, the learners in teams are accountable to their colleagues and to the teacher. They are accountable to themselves to recreate the content so it really is immediately useful in their context. Accountability is a synthesis principle—it is the result of using all the other principles. respect as subjects of a learning dialogue. Adult education, community education, and training are most effective when we honour that assumption. This is quantum thinking at its best. This is dialogue education. The twelve chapters of Part Two offer stories of adult learning situations based on such dialogue education.

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NEICORD is a non-profit international development organization founded in 1980. Its mission is to empower women at all levels of society to be full partners in development. NEICORD's comprehensive development strategy includes training, innovative community-based projects, partnerships with local organizations, and collaboration with training alumni in project implementation and institution building. Most programs are designed and managed by local partners to promote positive change.

NEICORD's training programs have enabled more than 6500 women and men from Northeast India develop new skills in leadership, management, institution building and in addressing the social evils prevailing in the northeast India. The participants include leaders of private voluntary organizations, faith based organization, governmental and non-governmental agencies, medical professionals, youth workers and educators.

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