



# Training Programme for Community Health Workers (CHW) engaged in work with men who have sex with men (MSM) in Europe: Pilot Training Evaluation Report (D10.4)

**Contract 2015 71 01** A behavioural survey for HIV/AIDS and associated infections and a survey and tailored training for community based health workers to facilitate access and improve the quality of prevention, diagnosis of HIV/AIDS, STI and viral hepatitis and health care services for men who have sex with men (MSM).



Prepared by: Deutsche AIDS-Hilfe e.V., Berlin, Germany  
Results in Health, Leiderdorp, The Netherlands  
January 2019

Public  
Health

, 4! . P, A% - . //ISSI. %

**EUROPEAN COMMISSION**

-#nsu ers, Health, A(riculture and 2##d , 3ecuti\*e A(ency  
4nit: Health unit - B

*Contact: Chafea*

*E-mail: CHAFEA@ec.europa.eu*

*European Commission*

*L2920 Luxembourg*

# Training Programme for Community Health Workers (CHW) engaged in work with men who have sex with men (MSM) in Europe: Pilot Training Evaluation Report (D10.4)

Consumers, Health, Agriculture and Food Executive Agency  
Health Programme 2014-2020, 2015 AWP priority 4.1.3.

***Europe Direct is a service to help you find answers to your  
questions about the European Union. Freephone number (\*):  
00 800 6 7 8 9 10 11***

(\*) The information given is free, as are most calls (though some operators, phone boxes or hotels may charge you).

This report was produced under the Third EU Health Programme (2014-2020) in the frame of the service contract 20157101 - behavioural survey for HIV/AIDS and associated infections and a survey and tailored training for community based health workers to facilitate access and improve the quality of prevention, diagnosis of HIV/AIDS, STI and viral hepatitis and health care services for men who have sex with men (MSM) with the Consumers, Health, Agriculture and Food Executive Agency (Chafea), acting under the mandate from the European Commission.

The content of this report represents the views of the contractor and is its sole responsibility; it can in no way be taken to reflect the views of the European Commission and/or Chafea or any other body of the European Union. The European Commission and/or Chafea do not guarantee the accuracy of the data included in this report, nor do they accept responsibility for any use made by third parties thereof.

More information on the European Union is available on the Internet (<http://europa.eu>).  
Luxembourg: Publications Office of the European Union, 2019

Print	ISBN	ISSN	doi:	DS-AU-15-001-EN-C
PDF	ISBN	ISSN	doi:	DS-AU-15-001-EN-N

© European Union, 2019

Reproduction is authorised provided the source is acknowledged.





## Acknowledgements

We would like to thank all those who have provided expert review and support for the SSI- / Project, including members of the Advisory Board: Cynthia Delaney, HA2, A?, and Philipp Velina Pendel's and Sean-Denis Sante, Seyour, -D-?, Shas Seyler and Julian Vicente, /-DDA?, Aeith Sabin =4%AIDS?, Sini Pasanen and "uis / enda# =-i\*il S#ciety 2#ru #n HIV<AIDS?.

We would also like to thank all project partners of the SSI- / project for their input and support including all colleagues from the / IS and / H. / S surveys, especially the front than' Barrie Dyer and Sa' udD7a / u' i7a =Serrence Hi((ins \$rust?, Dr. Alrich / arcus and Susanne Schin' =! AI?.

We also thank the following organizations, institutions, European projects and their participants for their helpful input: AIDS A-\$I. % , 4! . P, , , A\$G, / -D-, %A/ =Aids ap?, / , / , ur# HIV , DA\$, . pt\$est and I%\$, G! A\$, . , \*eryb#dy that supported us in identifying and contacting potential partners in several European countries is highly appreciated for their support. Finally, we would not be able to conduct the training (Pr#(ra e 7ith#ut all the partner organizations throughout Europe that participated in this &#r' Pac' a(e.

In particular, we thank all (re than @) participants in the training (of trainer &#r' sh#ps, the organizations from 1+ countries who organized national pilot training and the (re than +) trainers who conducted these pilot trainings in their countries. With their energy, support and for the implementation of the pilot training (Pr#(ra e 7#uld n#t ha\*e been possible.

## Contents page

"ist #f acr#ny s .....	8
, 3ecuti*e su ary .....	1)
Intr#ducti#n .....	11
1.1 Bac' (r#und .....	11
1 \$rainin( #f \$rainer &#r' sh#ps e*aluati#n .....	1+
1.1 \$\$ &#r' sh#p su ary rep#rt .....	1+
6 %ati#nal Pil#t \$rainin(s =%P\$? e*aluati#n .....	61
6.1 %P\$ su ary rep#rt .....	61
6.1 \$rainin( Pr#cess .....	;
6.6 \$rainin( I pact .....	);
6.+ "i itati#ns #f the %P\$ , *aluati#n .....	; 1
6.; General -#nclusi#ns .....	; 6
6.@ ! ec# endati#ns f#r 2uture \$rainin(s f#r -# unity Health &#r' ers .....	; +
+ ! ep#rt fr# the Pil#t \$rainin( Pr#(ra e #bser*ati#n and learnin(s f#r the	
, S\$ - . / trainin( aterial re*isi#n .....	; @
+.1 "ess#ns learned and first i pact fr# the Pil#t Pr#(ra e f#r the final	
trainin( aterial .....	; @
+.1 General less#ns learned that ha*e an i pact #n the de*el#p ent #f the	
trainin( aterial and pr#(ra e .....	; @
+.6 "ess#ns learned 7ith direct i pact #n the trainin( aterial and pr#p#sed	
chan(es t# the , S\$ - . / \$rainin( / #dules .....	@)
; -#nclusi#n .....	96
@ Appendi3 .....	9+
@.1 Data Analysis Guideline E , *aluati#n \$\$\$ls	
@.1 , *aluati#n ! ep#rt \$\$\$ &#r' sh#ps Berlin	
@.6 , *aluati#n ! ep#rt \$\$\$ &#r' sh#ps &arsa7	
@.+ , *aluati#n ! ep#rt \$\$\$ &#r' sh#ps Vilnius	
@.; , *aluati#n ! ep#rt \$\$\$ &#r' sh#ps Athens	
@@ Su ary ! ep#rt \$\$\$ e*aluati#n	
@.9 , *aluati#n ! ep#rt %P\$ ! # ania < / #ld#*a	
@.: , *aluati#n ! ep#rt %P\$ P#land	
@.8 , *aluati#n ! ep#rt %P\$ , n(land	
@.1) , *aluati#n ! ep#rt %P\$ Ger any	
@.11 , *aluati#n ! ep#rt %P\$ Austria	

@.11 , \*aluati#n ! ep#rt %P\$ Spain  
@.16 , \*aluati#n ! ep#rt %P\$ Greece<- yprus  
@.1+ , \*aluati#n ! ep#rt P#rtu(al P#rt#  
@.1; , \*aluati#n ! ep#rt %P\$ - r#atia  
@.1@ , \*aluati#n ! ep#rt %P\$ S7itDerland  
@.19 , \*aluati#n ! ep#rt %P\$ Italy  
@.1: , \*aluati#n ! ep#rt %P\$ -Dech ! epublic  
@.18 , \*aluati#n ! ep#rt %P\$ Baltic -#untries "at\*ia, "ithuania, , st#nia  
@.1) , \*aluati#n ! ep#rt %P\$ 2inland  
@.11 , \*aluati#n ! ep#rt %P\$ S7eden  
@.11 , \*aluati#n ! ep#rt Bul(aria  
@.16 , \*aluati#n ! ep#rt P#rtu(al "isb#n  
@.1+ , \*aluati#n ! ep#rt %P\$ Den ar'  
@.1; Su ary ! ep#rt %P\$ , \*aluati#n  
@.1@ . \*er\*ie7 trainin( #dules used in the %P\$fs  
@.19 . bser\*ati#n t##l sheet



## List of acronyms

AA,	AIDS A-\$I. % , 4! . P,
-H&	-# unity Health &#r' er
, -D-	, ur#pean -entre f#r Disease Pre*enti#n and -#ntr#l
, , A	, ur#pean , c#n# ic Area
, -H. , S	, ur#pean -# unity Health &#r' er . nline Sur*ey
, /IS	, ur#pean /S/ Internet Sur*ey
, S\$I-. /	, ur#pean Sur*ey\$ and \$rainin( t# l pr#*e /S/ -# unity Health
, 4	, ur#pean 4ni#n
HAV	Hepatitis A *irus
HBV	Hepatitis B *irus
H-V	Hepatitis - *irus
HIV	Hu an i un#deficiency *irus
ID4	In0ectin( dru( user
/S/	/en 7h# ha*e se3 7ith en
%G.	%#n-G#*ern ental . r(anisati#n
%P\$	%ati#nal Pil#t \$rainin(
S\$I	Se3ually trans itted infecti#n
\$#\$	\$rainin( #f \$rainer &#r' sh#p
&P	&#r' Pac' a(e

## Executive summary

### Training Programme for Community Health Workers (CHW)

Community Health Workers (CHWs) play a crucial role for sexual health, community health promotion and HIV/SSTI prevention (Gaylen and others have shown since HIV appeared over 6) years ago -H& have been major players in the communities and within the community-based organisations. -H& play a central role in coping with the requirements that HIV, SSTI and Viral Hepatitis are associated with. Despite the importance of -H& for the sexual and community health of /S/, their concrete work, role, 'n' led (e and s' ills are almost un' n' n' n' the , ur#pean le\*el.

The aim of the Training Programme is to develop a 3-year training package suitable for -H&, aimed at improving access, quality of prevention, diagnosis of HIV, SSTI and Viral Hepatitis and health care for /S/ they are in contact with. This Training Programme will be developed and conducted aimed at increasing the attitudes, 'n' led (e and s' ills of -H& to develop and implement a range of activities and services for /S/.

The Training Programme consists of 7 parts:

- Training of Trainers (TTT)
- National Pilot Training

Deliverable 8.1 - developed in August 1997 provided a first draft of the training material for -H&, developed by Terrence Higgins Trust and supported by the 'Pac' a (e 1) staff at Deutsche AIDS-Hilfe. 'Pac' a (e 8 developed an evidence-based 3-year curriculum for training -H& in all parts of Europe which have different backgrounds, approaches, needs and structures.

Deliverable 1.1, which covered the Training Programme draft, was delivered in October 1997, revised in November 1997 and approved by -H& in December 1997.

Building upon this, the National Pilot Training Programme has been conducted and evaluated. Based on these findings and the results of the associated /S/ 1997 and -H& , S surveys a final version of the training material will be developed and published in 1998.

The first part of the National Pilot Training Programme was the implementation of Training of Trainers (TTT) between January and April 1998. The implementation of these 7 parts is the subject of Deliverable D1.1, submitted in August 1998.

From May until October 1998, the National Pilot Training Programme was implemented. The implementation of these training parts was the subject of Deliverable 1.6, submitted in December 1998.

This D1.6 evaluation reports cover all important data and results from the Training of Trainers (TTT) and the National Pilot Training Programme and the full pilot programme evaluation.

Deliverable 1).@, following in February 18, will cover D1).1, D1).6, D1).+, the final training material =D1).; ?, an executive summary and a PowerPoint presentation.

# Introduction

## 1.1 Background

Community Health Workers play a crucial role for sexual health and community health promotion and HIV/SI prevention (Young and others 2013). Since HIV appeared 6 years ago, HWs have been key players in the communities and the community-based interventions in the world. HWs play a central role in helping the community deal with the needs (requirements) that HIV, SI and Viral Hepatitis place upon them. Despite this importance of HWs in the sexual and community health field, an in-depth evaluation of their core roles, needs, and skills is almost unmet at a Pan-European level.

The project has conducted the first survey in Europe addressing HWs to increase the evaluation about this group. It addresses people who currently provide sexual health support in a community setting directly (gay, bisexual and others who have sex with men =/S/). Sexual health support in Europe includes services related to HIV/SI and Viral Hepatitis (Hepatitis A, B and C), and other issues which can affect and influence sexual health. It is also the task of the project to evaluate and gain a recent European definition of HWs aligned with the results of the European survey.

The definition for Community Health Workers in the project includes members who have prepared and gained initial training:

HWs are those who currently provide sexual health services directly (gay, bisexual and others =/S/ which include HIV/SI and Viral Hepatitis (H, P B E -?). A HW delivers health promotion and public health services directly (gay, bisexual and others =/S/ in a community =i.e. non-clinical? setting).<sup>1</sup>

A final definition for HWs will be prepared in the European report.

The core aim of the project is to develop training packages for HWs to improve access, quality of prevention, diagnosis of HIV, SI and viral hepatitis and health care =/S/. The training material as well as the training materials are intended to be suited to the different contexts HWs are found in Europe. An evidence-based training curriculum for training HWs in all parts of Europe with different backgrounds, approaches, needs and structures has been developed and was tested in the Pilot Training Package.

This report presents the evaluation results of the implementation of the project, SI =/S/ training Pilot Package. The Pilot Training Package consisted of 7 parts, which are described with this report:

---

<sup>1</sup> , SI =/S/ , &P; , A ! e<sup>7</sup> for Community Health Workers in HIV/SI prevention and practices related to the sexual health =/S/, including existing training materials and manuals in Europe and the neighboring countries: European Commission, Brussels, 1) 19

The first part of the Pilot Study (Phase 1) was the implementation of the intervention (the 'Intervention') between January and April 2011. The implementation of the intervention is reported in the 'Intervention' (Deliverable D1).1, submitted in August 2011: ?.

During the period from January 2011 to the end of the Pilot Study (Phase 1), the implementation of the intervention was the subject of the 'Intervention' (Deliverable D1).6, submitted in December 2011: ?.

The main part of this report is the Pilot Study (Phase 1) report that covers the data and results from the implementation of the 'Intervention' and the 'Intervention' that ran within the project timeframe from January until December 2011. It was conducted and written by the 'Intervention' team (results in Health: Aryanti, Indiyati and Arië Veenstra). The 'Intervention' is an important resource for the 'Intervention' team for the implementation of the intervention (material).

All 'Intervention' and all 'Intervention' were also observed by Barrie Dyer from Serence Hi (ins 'Intervention' for 'Intervention' Deutsche AIDS-Hilfe (D1)). The 'Intervention' in Sweden was observed by Aryanti, Indiyati, results in Health (D1) in parallel to the implementation due to scheduling problems. His observation was important to (gain important direct feedback from the trainers and the 'Intervention' participants for the revision of the intervention (material). It also includes the results from the Pilot Study (Phase 1).

The 'Intervention' reports from the 'Intervention' were already included in D1).1 = 'Intervention' (Deliverable D1).

Based on the results of this 'Intervention' report the intervention (material) will be revised until February 2011 for the peer review process (March - May 2011). After the feedback from the experts (Peer Review Report D1).9? the material will be (again) revised, amended with the 'Intervention' components and finalised for publication in August 2011 (D1).: ?.

This report contains:

1. 'Intervention' (Phase 1) reports

- The four 'Intervention' reports from all four 'Intervention' sites in Berlin, Warsaw, Vilnius and Athens
- The summary report of all four 'Intervention' sites.

These reports were already included in D1).1 as part of the 'Intervention' (Deliverable D1).

- 'Intervention' reports from the 'Intervention' (Phase 1)
- The summary report of all eighteen 'Intervention' sites that were conducted within the project timeframe

2. 'Intervention' (Phase 1) report

- Results from the observation of the 'Intervention' and the 'Intervention' that are considered to have an impact on the revision of the intervention (material)

## 2 Training of Trainer Workshops evaluation

### 2.1 ToT Workshop summary report

#### 2.1.1 Introduction

The training programme aims to increase the knowledge and skills of community health workers to deliver and implement a range of activities and services to improve access to HIV, SSI and viral hepatitis prevention and health care for /S/. The training programme consists of two parts: training of trainers and national pilot training. This report presents the findings of the evaluation of the *Training of Trainer (TOT) workshops*, conducted in Berlin, Germany and Warsaw, Poland and Vilnius, Lithuania and Athens, Greece.

The main aim of the training of trainers is to educate experienced health workers from a variety of countries and continents to perform national pilot training in their home countries. The programme is designed to increase the capacity and confidence of the participants to plan and facilitate national training based on the modules and materials developed by the WHO.

#### Evaluation

The overall purpose of the training evaluation is to assess the training materials developed by the project. The aim of the evaluation is to provide insights into the results achieved, lessons learnt, relevant findings, obstacles and recommendations for the finalisation of the training material. It covers feedback on the training material as well as the training process and process.

During the training of trainers workshops, three activities were evaluated<sup>1</sup>:

- Training sessions: Individual and group assessment of the session content and didactical methods used
- Training process: Group assessment and individual observation by an independent observer focusing on training organisation and experience
- Training impact: Measured short-term level of confidence in specific topics. Endline (short-term) represented by changes that have occurred following participation in the training.

This evaluation report presents a summary of the evaluations conducted for all training sessions. Although there were some differences between the sessions, the findings in the order, length and duration of sessions, based on experiences in the previous sessions, the main topics and learning outcomes included remained the same to ensure consistency across the sessions. This report focuses on the topics/sessions that were addressed in all sessions. For session-specific information, please be referred to the

---

<sup>1</sup> Wherever descriptive of evaluation approach and methods are presented in the evaluation, Design which is included as Annex D.1.

individual evaluation reports that were developed, which can be found in Annex 1 B @.;

The following section provides information about the training of trainers' shops, evaluation results regarding the training sessions are presented addressing session content and didactical methods used?, including feedback received on specific sessions/topics. Next, the report addresses the participants' satisfaction with the training, including evaluation results of training process and experience and the level of satisfaction regarding specific topics =e.g. usefulness of training and how/if it will influence their work as trainers. Next, the facilitators' role and performance are considered, followed by the evaluation of the training impact. The impact evaluation includes the short-term impact = measured by the level of confidence in certain topics? and long-term impact = measured by changes experienced in participants' lives following their participation in the training. Finally, some general conclusions are drawn, and specific recommendations (even for the organization and provision of the National Pilot Trainings).

## 2.1.2 Training of Trainers Workshops

Each training of trainers consisted of 1 training week ends, separated by 1 month. Figure 1 shows the organization of the training topics addressed during the training weeks.

**Figure 1.** Overview of Topics & Activities



Table 1 shows an overview of the locations, dates, number of participants and facilitators involved in each site. Participants came from various backgrounds (academics, policy officers, researchers and service providers = e.g. counsellors, outreach workers, trainers and testers) in both community-based and national /S/, HIV and pre-vention programmes, check points and gay community centres.

**Table 1.** Overview of sites

	Dates	Number of Participants	Facilitators
<b>Berlin - Deutsche Aids Hilfe (DAH) office</b>			
Site 1	1-11 January	10	Deirdre Seery
Site 2	16-17 February	10	Deirdre Seery
<b>Warsaw - Lambda Warszawa Association</b>			
Site 1	1-2 February	10	Barrie Dwyer
Site 2	1-2 March	10	Barrie Dwyer
<b>Vilnius - Comfort Hotel Vilnius</b>			
Site 1	8-11 March	10	Deirdre Seery
Site 2	16-17 April	11	Deirdre Seery
<b>Athens - Ilisia Hotel</b>			
Site 1	1-11 March	10	Deirdre Seery
Site 2	1-11 April	10	Deirdre Seery

### 2.1.3 Training Sessions

The training sessions for each site were evaluated by asking the participants about their level of satisfaction with the content *‘would they agree that the session provided a clear and up-to-date overview of the topic(s) addressed?’* and the didactical methods used in each session *‘would they agree that the methods were helpful in enhancing their understanding of the session?’*.



Table 1 shows an overview of the sessions and topics that were included in all studies<sup>6</sup>.

**Table 2.** Overview of the sessions

<b>Weekend #1</b>
1. Introduction to the , SSI- / project and . \$ 7r' sh#p
1. -#untry c#nte3ts, stren(th and challen(es #f -H& 7#r'
6. Discriminati#n and resilience and its effects #n /S/ health and 7#r' in( as a -H&
+ . Belief systems, attitudes and cultural c#petency
; . %eed Assess ent 1: &hy a needs assess entM
@. %eeds Assess ent 1: Pr#cess and -#ntent
9. %eeds Assess ent 6: -#llab#rati#n and the ne3t steps
<b>Weekend #2</b>
: . Intr#ducti#n E Stren(th and challen(es #f 7#r' in( 7ith /S/ in different c#untries
8. Successes and challen(es #f l#cal needs assess ents
1). Applyin( the#retical #dels f#r plannin( inter*enti#ns
11. %#n-0ud( ental practices: e3pl#rin( the difference bet7een feelin(-thin' in(-actin(
11. -# p#nents #f n#n-directi*e and n#n-0ud( ental ser*ices f#r /S/: pr#*isi#n #f appropriate and acceptable ser*ices f#r /S/ E h#7 t# inc#rp#rate th#se insi(hts int# %P\$
16. 2acilitati#n s' ills: , 3pl#rin( different learnin(<trainin( styles
1+. 2act#rs c#ntributin( t# successful trainin( 7#r' sh#ps E plannin( c#ncrete #utline f#r %P\$
1; . %P\$ Plannin( pr#cess, supp#rt E e*aluati#n

Overall, data shows that the . \$ participants were satisfied with the training sessions regarding both their content and the didactical methods used. The didactical methods used during the first sessions were considered to be particularly satisfactory and useful. Participants enjoyed the learning activities (=r#up exercises? which were intended B and considered B as a (reat 7ay t# (et t# 'n#7 their fellow participants =particularly the *Carousel exercise*?. In Athens, several participants asked for more time for these sessions/exercises to improve the connections within the (r#up and increase their understanding of the , SSI- / training(s. But in (eneral, this (r#up in particular was very appreciative in their feedback about the way the sessions provided space for the interaction between the participants. See it in (r#up 7#r' , #r plenary:

*HI think the most useful part of this session Nsession 1, Athens0 was the wonderful exchange between the group members which stimulated learning from each other” P  
“The open discussion in the end brought many interesting topics and exchanges” P  
Nsession +, Athens0.*

Several sessions/topics received more specific feedback, due to the fact that they were very well received and led to some confusion among the participants. A high level of satisfaction was reported in Berlin and &arsa7 for the session addressing *stigma &*

<sup>6</sup> For a specific overview of the sessions and timing of each . \$ 7ee' end, please be referred to the pages; -@ of the individual . \$ e\*aluati#n reports =Anne3 @.1 - @.; ?.

*belief systems, with a specific focus on the H&H when I was Q&A (exercise, which had the participants explain and reflect on discriminatory practices from different sides.*

*"[...] I wanted to pinpoint how important the exercise with the MSM vs. Male connotations was to me. With just an exercise and within minutes, you could see how far the discrimination and internalised stigma effects can go on MSMI =&#x2013;".*

However, in both Athens and Vilnius, participants were a bit more critical of this session, struggling with the H&H value line = a (re-evaluation) in the exercise and definitions used = e.g. *MSM, culture?*. In addition, some felt confused about the direction and wanted the exercise to be *"more tangible, and 'hands on' to our day to day work"* =Athens?

Another critique that was mentioned by participants in all sessions was that *\*arius sessions, would have benefited from more time. More time to discuss and exchange experiences and properly address the topics covered in the sessions.*

critique was also received regarding the sessions addressing the B planning of the B Needs Assessment during the first training week end. In Berlin, this session sparked a discussion on what was expected from the participants in between the training week ends = conducting a Needs Assessment? and afterwards = organising and facilitating a national Pilot Training?. It turned out some participants had not been aware of these expectations which caused some concerns and confusion: *"Finding out we need to deliver the NPT was a shock!" P "They overwhelmed me with this needs assessment, but very supportive and explained a lot about it".*

During this experience, the Needs Assessment sessions were placed elsewhere in the schedule for the other sessions so that they received more focused attention. In addition, the expectations were explained more clearly at the start of the training sessions.

In general, data from both Berlin, &#x2013;, and Athens? shows that there was some confusion regarding the Needs Assessment that needed to be conducted in the first training week end. However, data from the second training week end in the same locations also shows that a lot of insight and confirmation was gained due to the Needs Assessment. Particularly in Berlin and Athens, participants appreciated the experience of conducting the needs assessment and sharing the results with the other participants in the session *on successes and challenges of the local needs assessment* learning and talking about other countries' experiences. *"It was really useful to see the needs assessment of all teams and see the truly different approaches and needs of each country/team"* =Athens?.

Some specific written feedback was received for the session *on facilitation skills*, where participants explained different learning styles and techniques. In Berlin, participants were particularly satisfied with the didactical methods used in this session. &#x2013; in their facilitation skills cause some participants to rethink their training approach: *"I really changed my mind [about] what I should provide in a training. In the beginning I was concentrated on hard skills and providing information and not it changed to providing soft skills like we learned it today"* P *"Very useful to discuss merits of teaching styles I would not usually do"*. However, in Vilnius and Athens, some more critical feedback was received as well: *"Some words of different learning styles [than what was*

used during the TOT] would have been nice” =Vilnius? P “The different approaches in teaching was truly useful. Yet, the time to prepare the presentations/ teaching activities and then discuss about each approach was not enough” =Athens?.

## 2.1.4 Satisfaction with Training of Trainer Workshops

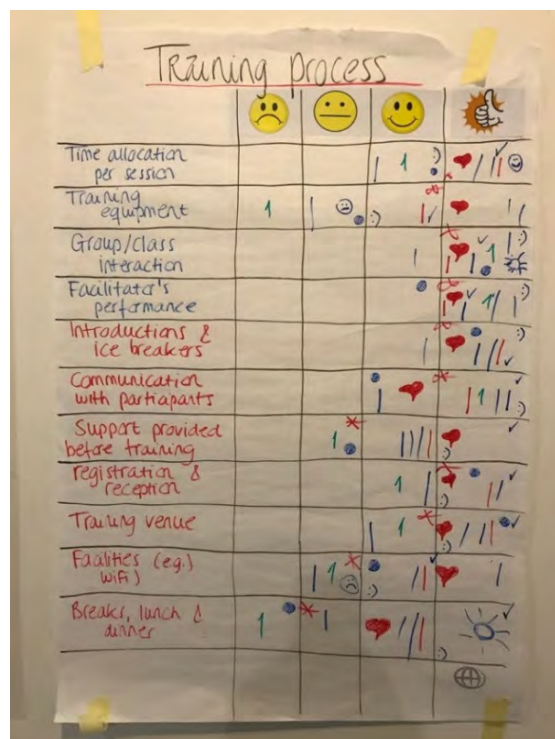
Figure 2. Group Assessment of Training Process

### Training Experience & Organisation

During the training, participants were asked to rate several aspects of the training in terms of *experience* and *organisation*. For all the sessions, the majority of the feedback received was very positive. The group/class interaction and the facilitator's performance received particularly high scores across the board. Items such as training equipment and facilities were rated lower by some participants, particularly in Athens, where there were some technical issues during both sessions.

### Overall Satisfaction with Training

At the end of training week end L1, participants were asked to indicate their level of satisfaction with various topics related to the training they had just completed. All participants indicated they had enjoyed the training and a large majority agreed strongly that the training was useful for their work as Community Health Workers. They felt that the training was an appropriate use of their time and would recommend it to their colleagues.



The training was rated with an overall score =1-1?, with an average score of :.1 =Athens?, :.6 =Berlin?, :.7 =Vilnius? and :.9 =Athens? B ran(in( fr# @-1).

When asked about how they thought they would use the training in their **future work** as CHWs, responses showed various ideas. The main feedback received had to do with the *usings* (the lessons learned from the sessions):

#### (1) Their daily activities as CHW:

"The training is already affecting my work; I'm implementing my skills, using tools and plan to 'grab' some parts of the training materials to train my association" =Athens?

"The knowledge and skills help me a lot to improve my work with MSM" =&ars7?

"The training was an inspiration for me, so I will try to disseminate this inspiration and the info gained to the rest of my colleagues and all together work towards further ameliorating our prevention services" =&ars7?

## **(2) Conducting the National Pilot Trainings and providing training in general:**

"I realised over the course of the weekend that the training is not as complicated as I had believed and the opportunities for CHWs to meet and share practices are also valuable; so it doesn't need to be completely set in stone/top-down learning" =Berlin?.

"It will help me with the NPT organisation and also my future trainings" =Athens?.

"I will not only organise an NPT, I would like to continue my work with healthcare professionals, training them to provide LGBTIQ friendly services" =Vilnius?.

"Giving trainings myself. [I will use] some of the suggested ways of work/models [and] the evaluation format. Plus, [I have] a more open European view instead of a local one!" =Berlin?.

### **2.1.5 Training facilitators and Facilitation process**

The post-training assessment evaluation of participants' level of satisfaction with various aspects of the training, shows that the majority of all trainees (r#ups either agreed or strongly agreed that the facilitation process was good, and they would like to be trained by the facilitators again. "I felt welcomed. I liked the group dynamic and the structure created by the participants and the facilitators".

The facilitators' performance was rated very positively across the board. The facilitators were clear and open in their communication with the participants and provided an open space for the 'n#7led(e, experience and questions of the participants. In addition, data from all sessions shows that facilitators were seen as highly engaged (=good interaction?, professional =able to answer all the questions and provide concrete examples? and able to adapt to the needs of the participants. , n(lish proficiency =different levels a #n( participantsk s# e needed translators? and critical questions about cultural diversity were specific points of attention during the sessions in &ars7 and Vilnius. These points were handled well by the facilitatorsk ta' in( ti e t# ans7er questions and a' in( sure all participants were #n the same pace in terms of understanding content<ass( n ents<discussions.

## 2.1.6 Training impact

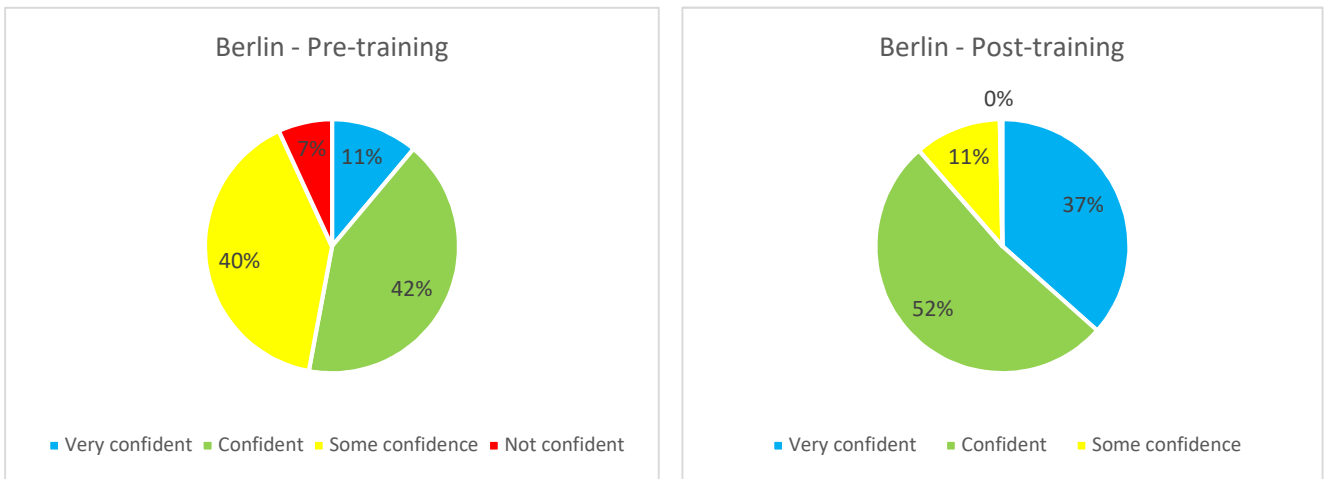
The training of trainers was designed to increase the capacity and confidence of participants to plan and facilitate national pilot trainings based on the modules and materials developed by the ISSI / consortium. The impact of the training is measured both short- and long-term. The short-term impact evaluation focuses on the achievement of specific learning outcomes, whereas the long-term evaluation assesses in participants' experiences with training and facilitating an impact and, more broadly, any changes that have occurred in their life and work as a result of attending the training.

### 2.1.6.1 Short-term Impact of TOT: Level of Confidence

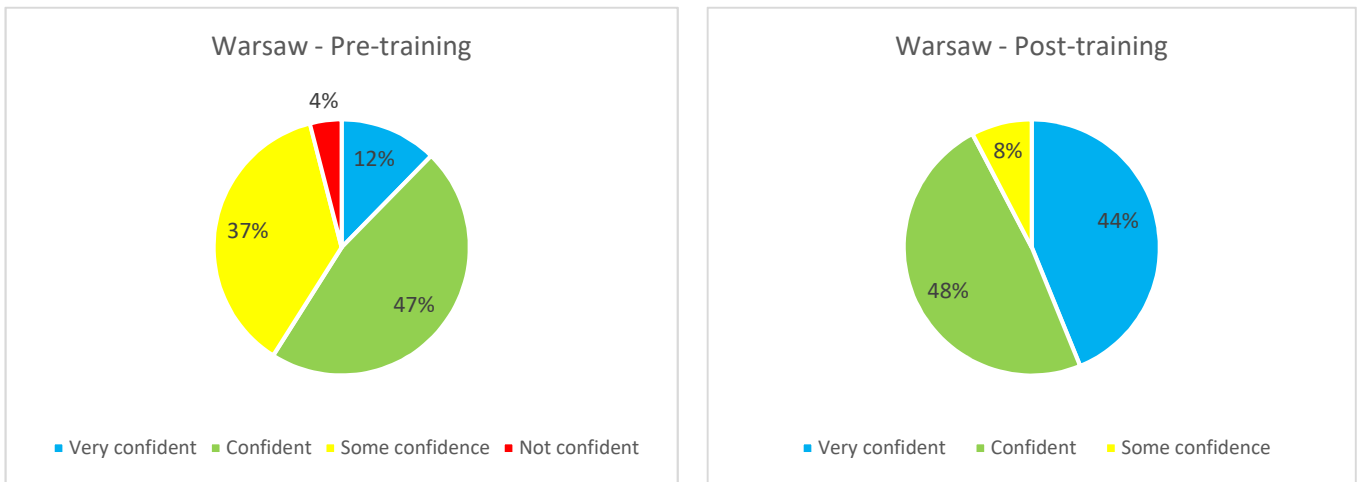
Participants' level of confidence was measured to assess their achievement of the intended learning outcomes. The level of confidence was measured using a fully anonymous self-assessment questionnaire, administered before and after each training session.

Results from all sessions show that there is a significant increase in the proportion of participants who feel confident or very confident about the selected topics after the training. Figures 6-1 show the cumulative data of the pre and post training impact evaluation for both training sessions, per location.

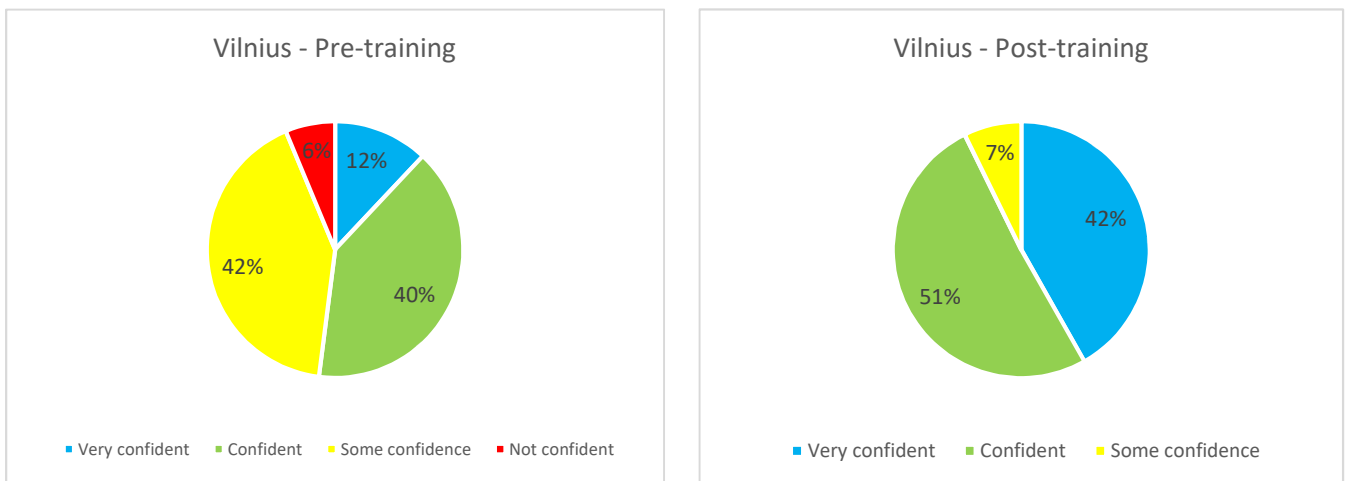
**Figure 3-4.** Pre-Post Impact Evaluation Berlin = End Line 1



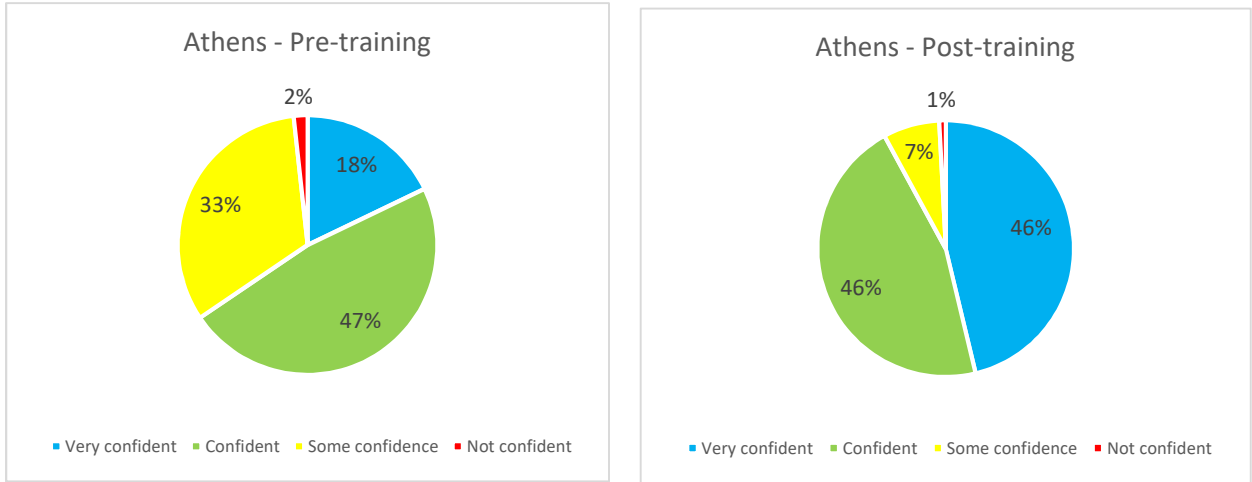
**Figure 5-6.** Pre-Post Impact Evaluation of the Warsaw L1 E L1?



**Figure 7-8.** Pre-Post Impact Evaluation of the Vilnius L1 E L1?



**Figure 9-10.** Pre-Post Impact, \*Evaluation Athens = 7ee' end L1 E L1?

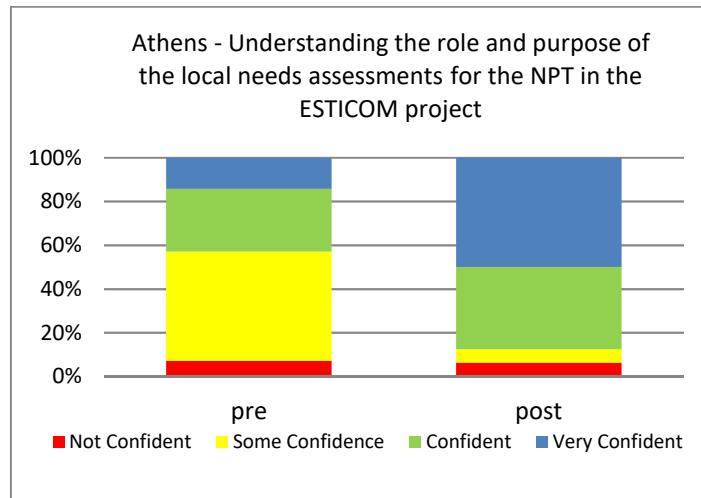


Planning - Conducting a Needs Assessment

One of the objectives of the \$... was to help the participants to plan and conduct a local Needs Assessment, to gather information about the needs of -H& in their respective countries and inform their P&S. During the first training week ends, the main learning outcome connected to this objective was to increase the participants' understanding of the role and purpose of the local needs assessments in the \$... / project. Results from all \$...s show a significant increase in participants' level of confidence with these topics, with a large majority feeling either confident or very confident.

However, in Athens, a small percentage of the respondents still felt uncertain about their understanding of the \$... / project, the \$... and the role and purpose of the Needs Assessment. This corresponds with the feedback that was received regarding the Needs Assessment session, where some participants felt slightly confused about what was expected and reported that there was a lack of time to address the topics properly.

**Figure 11.** "e\*el #f c#nfidence re(ardin( r#le E purp#se %eeds Assess ent in Athens

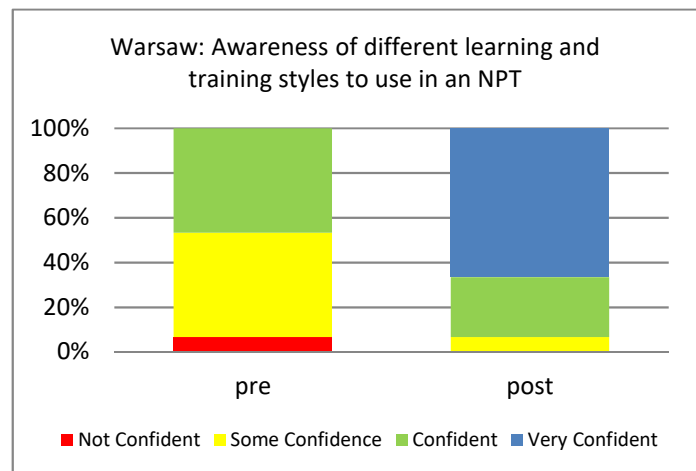
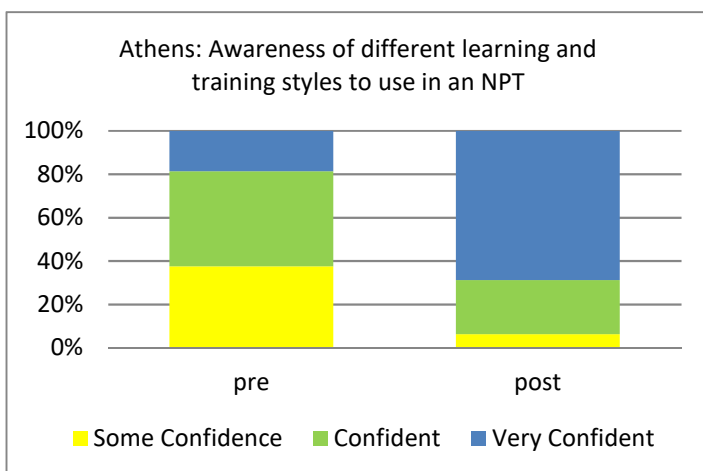


2acilitati#n S' ills

A sec#nd #b0ecti\*e #f the \$. \$ 7as t# increase participants' c#nfidence and s' ills in facilitatin( a %ati#nal Pil#t \$rainin(. She ain learnin( #utc# es directly c#nnected t# this (#al B =1? a7areness #f different learnin( and trainin( styles t# use in an %P\$K =1? a7areness #f fact#rs c#ntributin( t# the success #f a trainin( 7#r' sh#p B sh#7 an increase in c#nfidence acr#ss all \$#\$fs. \$he learnin( #utc# e reflectin( the ' n#7led(e #f different learnin( and trainin( styles sh#7s a particular hi(h percenta(e #f pe#ple feelin( \*ery c#nfident in Athens and &arsa7 =see 2i(ures 11-16?.

**Figures 12-13.** -#nfidence in A7areness #f "earnin( E \$eachin( Styles

&arsa7 E Athens





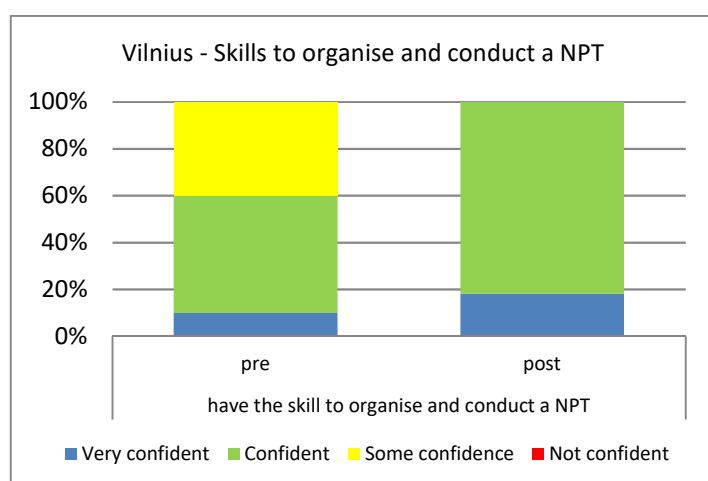
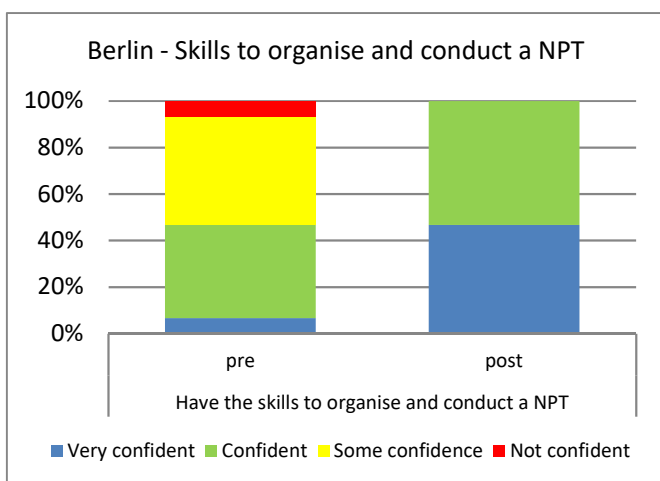
Plannin( E -#nductin( a %ati#nal Pil#t \$rainin(

&hen it c# es t# participants' le\*el #f c#nfidence in plannin( and c#nductin( an %P\$ =#ne #f the ain (#als #f the \$. \$ 7#r' sh#ps?, results sh#7 an increase in c#nfidence f#r all related learnin( #utc# es.

&hen it c# es t# their ability t# apply the rec# endati#ns fr# their needs assess ent t# the %P\$, bef#re the sec#nd trainin( 7ee'end, a lar(e part #f the participants already felt Quite c#nfident. H#7e\*er, the nu ber had still increased after attendin( the \$. \$.

P#siti\*e chan(es can als# be #bser\*ed f#r the learnin( #utc# es directly related t# the %P\$: ha\*in( the ability t# de\*el#p a 7#r' sh#p #utline f#r their %P\$K and #r(anisin( and c#nductin( their #7n trainin(. 2#r b#th #utc# es, the nu ber #f pe#ple feelin( s# e7hat c#nfident decreased si(nificantly after all the \$\$\$fs, 7ith all participants feelin( c#nfident they ha\*e the s'ills t# #r(anise and c#nduct their #7n %ati#nal Pil#t \$rainin(.

**Figures 14-15.** -#nfidence in s'ills t# #r(anise and c#nduct an %P\$ B Berlin E Vilnius



### 2.1.6.2 Long-term Impact Evaluation: Facilitating NPT and Changes in work as CHW

\$# be able t# easure the effecti\*eness and i pact #f the \$. \$, a l#n(-ter e\*aluati#n is c#nducted f#r each \$. \$. \$his l#n(-ter e\*aluati#n #f the \$. \$ ser\*es t7# ain purp#ses: =1? t# ans7er 7hether attendin( the \$. \$ 7#r' sh#p has helped participants in desi(nin( and facilitatin( a %ati#nal Pil#t \$rainin(. And =1? t# ans7er 7hat chan(es =if any? ha\*e #ccurred in the li\*es and 7#r' #f the participants, f#l#7in( their participati#n in the \$. \$.

1. Design and facilitating an E&R in Lithuania / training materials

This part of the evaluation will focus on the level of confidence the participants experience regarding the design and facilitation of the E&R and if the E&R has helped the participants gain confidence. In addition, this part of the evaluation will include participants' experience with and feedback on the E&R training materials. Data from this topic will be gathered from these E&R participants that have become E&R facilitators, after each E&R. Data collection started on 11/1/11, when the first E&R was held, and will finish on 11/1/11. Data from all E&Rs conducted within the E&R timeline. Data gathered will be presented in a separate report.

1. Changes as a -H&K

A month after the end of their E&R, participants were asked to write a short story describing the changes they have experienced since their participation in the E&R. This could be a reflection of changes that occurred in their lives as a -H&K but could also represent changes in their lives and mindset in general. If desired, they were given the opportunity to support their story with visual materials =i.e. pictures, to represent the change they describe. Data collection for this part of the literature evaluation started in April 11/11 and was conducted from all E&R participants. Data collection took place from April-June 11/11.

In total, 11 stories were received =Berlin 9; K & 7 9K Vilnius 6K and Athens 9?. "##" in that the changes that were reported by the E&R participants, three categories can be distinguished: =1? Building new relationships as a -H&K =1? -changes in mindset as a -H&K =6? -changes in their approach to training of -H&K and improved confidence as a trainer.

### (1) CHW Network

Participants from all E&Rs highlighted the fact that, due to their participation in the training of trainers workshops, they have come to realize that they are part of a global network of professionals across Europe that deals with both similar and different experiences in their lives with E&R. The training has helped participants build a new larger network with -H&K from different countries, where they can continue to share experiences with and learn from. In addition, the gathering of these -H&K with different backgrounds and perspectives, was thought to significantly contribute to the value of the E&Rs and the lessons learned throughout.

*"The interaction with so many colleagues from different countries working with the same population was one of the most positive experiences of all the training. The different perspectives, ways of solving problems, of addressing issues, were exceptionally enriching. It helped me to relativize some taboos, insecurities and to strengthen the work already done with the new ideas received"* =Athens?.

*"I understood why we were brought together – we all have much in common in our work and that was really helpful. It was a good opportunity to share experience and to know*

*how other people manage same things. I was able to learn a lot of good new ideas and approaches which I can use in my work at home” =&arsa7?.*

*One of the stories specifically mentions the change in the participant's net7#r' : "[Networking] is one of the most important things that is left after trainings. This is what [had to] be updated in my practice. And now it is. Some prevention activities are not used in [my country], but I know now who I can contact for knowledge and experience sharing” =&arsa7?.*

## **(2) Mindset as a Community Health Worker working with MSM**

Stories received from the participants in B particularly B Athens and &arsa7, show that, following their participation in the &arsa7, they experienced changes in their personal mindsets. Discussions and a deeper understanding of gay men identities and their sexual attitudes and needs caused some changes in terms of mindset and the way they approached their daily work with /S/. A participant in the &arsa7 in Athens wrote about how the colorful group of participants, with its diverse opinions and approaches to being -H&S caused a change in his mindset and understanding of alternative approaches to his work as a -H&S. Regarding about his own orientation, he states that:

*"Being a quite homogenous group of volunteers, the group itself is sometimes resistant to accept and include some 'diversity' because we are not prepared, skilled, ready or open-minded enough to do it. The training itself, with its topics and modules, deeply inspired me: it really opened my eyes on skills and attitudes useful to be a CHW that I haven't considered in the past of I couldn't give to a precise name. The mirroring with other international groups in these weekends and their activities [...] showed clearly how many possibilities of actions are still there. [...] The first results of this, is that I love my work as CHW even more: I appreciate my association and deeply respect the efforts we make, with all our limits. On the other hand, I want to work to share my new consciousness with the whole group, to let it grow in number and efficacy. I am especially convinced that we have to expand our range of action, trying to get closer to those groups of populations that we have only randomly touched: migrants, trans and not binary people, different ethnic groups. I think that on the aspect of openness, the ESTICOM TOT can be defined something like a 'big bang' for me!" =Athens?*

Several stories discussed how the changes in their personal mindsets have caused changes in the way they approach the clients they work with on a daily basis

*"The way I interact with the beneficiaries during the examination and counselling sessions has changed. Specifically, the change is relevant to my advanced ability to adjust into the different needs of diverse MSM subgroups and respect the right of choice regarding their sexual practices. This was triggered by the emphasis been given during the TOT on the cultural competency and the role of 'good' CHW that provides objective information without any influence from personal beliefs. [Thus] far, I used to aim for changes on the beneficiaries' sexual practice by pointing what is safer. After the TOT, my point is to put them into a critical point of view supporting their judgments with all the information needed” =Athens?.*

*"These exercises [...] [have made me try to] be much more inclusive and embracing of all different MSM categories with which we come along on a daily basis in our work practices. More specifically now that we have also started doing HIV prevention (mainly counselling and testing) in refugees and immigrant populations"* =Vilnius?

Another participant from the USA in Vilnius noticed a specific change in his personal mindset and behaviour when working with clients. A change he considers to be very different from the way he has been brought up, and the way he approached his tasks as a health worker before the training. The training made him reflect on his own behaviour and prejudices. "I began to think more about what I do, how I do it, and why I do it" and he no longer cautions himself not to offend his clients:

*"Every time a person who had a high number of sexual partners comes to the test, I tend to judge whether this is a lot or still a number which is adequate to the age of the client. I thought never before, that it was bad and especially: useless! My task in the checkpoint is to provide a counselling before the test, to advise if needed, and that is all. I do not have to think about whether the announced behaviour is promiscuous or not. Not to judge is actually easier. Not to have prejudice is easier!"* =Vilnius?

### **(3) Approach to training CHW and confidence as trainers**

Multiple stories, particularly from the group in Berlin, address people's increased confidence in their abilities as trainers. Further, participants report that, due to the USA, their skills in designing and facilitating trainings have improved.

*"After TOT trainings I have organised two MSM-meetings in [my organisation]. I feel that I have been more relaxed and confident steering groups and open to group's demands"* =Vilnius?

*"What has changed most for me is that I now see myself as a (future) trainer. I knew it was coming and I probably already had some skills and experience, but I would never have described myself as a professional trainer. This change was created both by the activities we did at the TOT and by talking to colleagues who were doing the same job as me and would define themselves as trainers. In addition to that, I was inspired by the great team of facilitators that we had in Berlin. It made me want to be like them"* =Berlin?

In addition, the exercises and discussions during the USA (as well as the new ideas and methods) help to implement workshops that are interactive and beneficial for their participants: *"The exercises [...] gave me an impression of how the NPT can be done interactively" | HI learnt a lot of possibilities how we can implement the training so that the participants benefit from it"* =Berlin?

Further, several stories discuss the changes in participants' approach to training of community health workers, shifting their approach from mainly information provision to a focus that is more focused on skills-development and learning how to apply information and 'nudge' in the field:

*"Since participating in the TOT, particularly TOT2, I have noticed that my focus on what training is needed among our CBVCT staff has shifted from a focus on information and*

updates on guidelines to a focus on skills and competency development. I have become increasingly aware that we offer training, which is really a supply of knowledge, yet little support in developing skills to transfer that knowledge into practice, or indeed insuring that the basic skills are present for a worker to implement information and/or form strong, sustainable relationships with service users. [...] Staff continue to request more information on [various] topics. I believe this is mainly because we are not helping them to transfer this knowledge and information in to practical skills and competences on HOW to use information as opposed to HAVING the information. Therefore, this will be something we will attempt to change going forward in terms of how we offer training on a topic. [...] I believe that my shift in focus has enabled me to further qualify discussions [within my organisation [ and to add a different dimension to how we offer the best possible training programme to enable the best possible service delivery” =Vilnius?.

She stories received from the 10 participants, showed that, even shortly after the 10 days, participants have already experienced positive changes. -hand (es that they have integrated in their daily work, that they feel will positively have a future impact on their work as -# unity Health &#r' ers and trainers.

## 2.1.7 General conclusions

### Training Process

All 10 days were well organised and positively experienced by 10 participants. She at #sphere was positive and open during all 10 days, with participants eager to learn, share experiences, ask questions and build relationships with other participants. This contributed significantly to a positive (group dynamic and active participation.

#### Level of Satisfaction with TOT

Very positive feedback was received regarding participants' overall satisfaction with the training. All participants indicated they had very much enjoyed the training and that they consider the training to be useful for their work as -# unity Health &#r' ers.

### Facilitators' Process & Performance

The facilitators' performance was highly valued, particularly their openness, engagement and ability to sense and adapt to the atmosphere and needs of the group. In addition, the time they allocated to exercises/breaks, etc. for the group to get to know each other better and be able to exchange experiences, was highly appreciated.

### Training Sessions – Content & Didactical Methods

The topics addressed, and didactical methods used during the 10 days were rated very satisfactory by the participants. Based on the data collected, these selected topics and methods can be recommended for the national Pilot Training(s).

### **Training Impact – Short term**

The training sessions supported the achievement of the pre-defined learning outcomes, with the confidence of participants increasing in all topics evaluated.

### **Training Impact – Long term**

The stories of change collected among the 50 participants, show that various positive changes were experienced following their participation in the 5 days. These changes can be grouped in three main categories:

1. Building trust with the 50 has opened up a new world of collaboration across the workplace with which participants can connect and collaborate. Having the opportunity to share experiences and learn from each other is considered to be incredibly valuable for their own future work.
1. - Changes in mindset and approach as a -H&K participants see important changes in the way they think about and approach their focus groups having reflected on their own attitudes and belief systems in the 5 days.
6. Training skills participants feel more aware of their role as a trainer and more confident about their capabilities to provide training.

## **2.1.8 Recommendations: essential training components for National Pilot Trainings**

This section addresses several recommendations that can be used in the preparation and implementation of the National Pilot Trainings. Whereas the content of each National Pilot Training will differ, depending on content and participants, there are several training components that are important to consider when designing and implementing the 5 days and future trainings. These components have to do with the training process, and - based on the results of the 5 evaluations - can help 5%? facilitate in designing and implementing an effective, participative training, which can significantly contribute to reaching objectives.

### **1. Training organisation**

Data from the 5 days shows that excellent organisational aspects of the training were. & i-2i, the training venue, breaks, on-time dinner, support for and communication with participants during and around training week ends contribute to the overall level of participants' satisfaction with the training. Considering these organisational aspects of a training can help 5%? facilitate to effectively create an enjoyable, comfortable atmosphere in which participants are satisfied and engaged.

### **2. Interactive character**

The 5 days have shown the success of an interactive approach to this type of training. The 5 days built on and highly benefited from the experience and input of the participants and participants very much appreciated the interactive and participative character of the training process. Inclusion of multiple didactical methods, with a focus on interactive and participative sessions, allows for participants to get their own and learn from each

Participants share their experiences, discuss their questions, and explore topics in a more in-depth manner where desired.

### 3. Facilitators' role

All staff should play a role of the facilitators in protecting and ensuring a safe atmosphere and an interactive training process. Facilitators need to engage with the group and take the time to address questions, acknowledge and adjust the group processes and actively work on creating an open and safe space in which participants feel free to share their experiences, questions and concerns. An effective way to do this are to allow the group enough time to let them discuss each other's experiences, concerns, questions and lunch/dinner. In addition, facilitators should be aware of the time in the group and be flexible about possible adjustments to the schedule. We ensure that the group is in the safe space, participants understand the learning objectives, and no one is left behind, facilitators should introduce new sessions and facilitate feedback sessions on a regular basis.

### 4. Training Evaluation

Evaluating training allows both participants and facilitators to reflect on the training process and gain insight into the lessons learned for further improvement. Training evaluation should include evaluation of the process, content, sessions, and impact of the training. The effectiveness of a training can be measured by evaluating the different aspects of the training (i.e. the achievement of the learning outcomes, participants' satisfaction with the training including content and methods used, feedback on the strengths and weaknesses of the training process, etc. It is recommended that the evaluation is assigned to a neutral person, not the training facilitators.

The individual evaluation reports are included as Annex 1 B; in this report.

This summary report is included in a designated version as Annex 2.

## 3 National Pilot Trainings (NPT) evaluation

### 3.1 NPT summary report

#### 3.1.1 Introduction

The main aim of the NPTs was to pilot and implement the training materials developed within the SSI- / project. The trainings were facilitated by former SSI participants, who developed and ran (anised NPTs in their own countries and local contexts, under the umbrella of SSI- / . The objective of the NPT is to support -H& T in ( with /S/ in providing appropriate services, particularly in the following areas:

1. *Increasing the access to prevention*, including testing services for HIV, SIFs and Viral Hepatitis A ( /S/ and priority sub-groups
1. *Improving the linkage and retention in care as well as quality of care*, including treatment for HIV/AIDS, SIFs and Viral Hepatitis infections
6. *Improving the integration of services to ensure patient-centred care*, including inpatient and outpatient facilities
- +. *Reducing stigma and discrimination* due to sexual orientation and of people living with HIV/AIDS in the health care settings

#### Evaluation

The overall purpose of the training evaluation is to assess the training materials developed by the objective 6. The aim of the evaluation is to provide insights into the results achieved, lessons learnt, and recommendations for the finalisation of the training material. It covers feedback on the training material as well as the training process and process.

During the NPTs, three main items were evaluated<sup>+</sup>:

- Training sessions: Individual and any other assessment of the session content and didactical methods used based on training materials?
- Training process: Group assessment and individual observation by an independent observer focusing on training organisation and experience
- Training impact: Measured short-term level of confidence in specific topics?

This evaluation report presents a summary of the NPT evaluations conducted including: 1: trainings. The report focuses on these topics: sessions that were most frequently included in the NPTs. 2: NPT-specific information, please be referred to the individual evaluation reports that were developed, which can be found in the Annexes of this document.

Following the contextual information about the NPTs, evaluation results regarding the training sessions are presented addressing session content and didactical methods used?, including feedback received on specific sessions/topics. Next, the report

---

<sup>+</sup> A thorough description of the evaluation approach and methods are presented in the evaluation Design included as Annex 3 @.1



addresses the participants' satisfaction with the %P\$fs, including e\*aluati#n results #f trainin( #r(anisati#n and e3perience and the le\*el #f satisfacti#n re(ardin( specific t#pics =e.( usefulness #f trainin( and h#7<if it 7ill influence their 7#r' as -H&?. %e3t, the facilitat#rsf r#le and perf#r an(ce are c#nsidered, f#ll#7ed by the e\*aluati#n #f the trainin( i( pact. \$he i( pact e\*aluati#n includes the sh#rt-ter i( pact #f the trainin( = easured by the participants' le\*el #f c#nfidence in certain t#pics?. 2inally, s# e (eneral c#nclusi#ns are dra7n, and specific rec# endati#ns (i\*en f#r the #r(anisati#n and pr#\*isi#n #f future trainin(s and the re\*isi#n<finalisati#n #f the , S\$I-. / trainin( aterial.

### 3.1.2 The ESTICOM National Pilot Training

In t#tal, 18 %P\$fs 7ere #r(anised durin( the , S\$I-. / pr#0ect ti(eline =/ay-. ct#ber 1) 1: ?, in\*#l\*in( 1+ , ur#pean c#untries. 1: #f these trainin(s, #r(anised in 19 c#untries<sup>5</sup>, 7ere e\*aluated<sup>6</sup>.

\$he %P\$fs 7ere #r(anised bet7een 1 t# 6 days 7ith : -1; c#ntact h#urs. \$he trainin(s t##' place in either a =c#(ercial? trainin( \*enue #r at the #ffice #f the l#cal h#st #r(anisati#n. All %P\$fs 7ere de\*el#ped and #r(anised by facilitat#rs 7h# had attended the , S\$I-. / \$rainin( #f \$rainers 7#r' sh#ps earlier in 1) 1: . Si3 =@? #f the %P\$fs 7ere funded by the , S\$I-. / pr#0ect =Bul(aria, Baltic c#untries, -r#atia, Greece, P#land, and ! # ania?. \$he #ther %P\$fs 7ere funded by the l#cal #r(anisers the sel\*es, #r 7ith supp#rt fr# e3ternal funds pr#\*ided by their partners. 2i(ure 1 sh#7s an \*#er\*ie7 #f the c#untries 7here %P\$fs 7ere #r(anised and e\*aluated. \$he participatin( c#untries are #ran(ce.

**Figure 1 | "#cati#ns #f , S\$I-. / %P\$fs**



<sup>5</sup> In P#rtugal, t7# separate %ati#nal Pil#t \$rainin(s 7ere #r(anised  
<sup>6</sup> Please be referred t# Deli\*erable 1) .6 f#r detailed inf#r(ati#n ab#ut the i(ple(entati#n #f the %P\$fs

The background of the participants varied. In some of the studies, participants were professionals - qualified teachers and their colleagues and professionally employed. (Austria). In other studies, participants were largely volunteers - trained teachers and their colleagues, peers and non-peers, working as teachers in their free time. (Spain). In countries such as Croatia and Italy, the group of participants was a mix of professionals and volunteers.

### 3.1.3 Evaluation of the NPT Training Sessions

The studies aimed to pilot and implement the training materials developed within the project. Therefore, the sessions that were taught in the studies were designed based on these materials. We evaluate each session, and the materials that were used in the studies, participants were asked to assess the sessions' content and the didactical methods that were used by the facilitators.

In total, 168 sessions (see Table 1) were organised within the 10 studies evaluated, consisting of 119 technical sessions and 11 sessions focusing on theoretical and practical matters. The technical sessions focused on topics related to teachers' work. These topics could be considered and/or skills-based. The theoretical sessions included evaluation, feedback, establishment of groups, introduction to the project, introduction as a participant and facilitator, etc.

**Table 1.** Number of sessions in the studies

Category	Number of Sessions	Category	Number of Sessions	Category	Number of Sessions
Portugal - Portugal	8	Spain	9	Portugal - Portugal	8
Denmark	8	Italy	9	Bulgaria	8
Sweden	9	Finland	9	Croatia	1
Poland	9	Switzerland	9	Germany - Federal Republic	1
Finland	9	Greece	1	Austria	11
Germany	9	Baltic countries	1	Poland	11

The studies had a minimum of 8 and Portugal - Portugal? and a maximum of 11 (Austria, Poland) sessions, depending on the duration of the training and the length allocated to each session. The decision to include a particular number of sessions was made by the study facilitators with input from the project manager (8 and 1). Considerations were mainly the results of the local needs assessments that were

conducted beforehand, the time available for the PEs, facilitator's input and logistical matters =e.g. travel time, available funding).

### 3.1.3.1 NPT Session Topics

Figure 1 presents the 10 most frequently taught topics during the PEs, showing the number of sessions where each topic was included =see the topics were addressed in more than one session?. A detailed overview of which topic was addressed in which country<PE> can be found in Appendix 3 @.1@.

**Figure 2.** Most frequently taught topics during the SSI- / PEs



Sessions on Cultural Competence were included in all PEsK indicating the importance allocated to this topic by the facilitators and respondents of the local need assessments. See whether the topics that were addressed during the PEs, though less frequently, included:

- o Behaviour change =Spain<Austria?
- o Action Planning < Action Learning B Intervention in the 7th process =Italy<Spain<Sweden?
- o Partnerships between statutory and community health services E =Italy<Spain<Sweden? of state and non-profit organisations and NGOs =, n(land E =Dech ! epublic?
- o &h#le Systeme Approaches =Austria<Austria?

The selection of the topics taught during the PEs was based on the results of the local need assessments, in-country situation =e.g. trends in /S/ health<situation, health

systems, factors related to the back (around 10 participants = i.e. professional <#> volunteer?, the facilitators' capacity to design and facilitate training (practices, logistical issues and input from SSI- / 7th' practice (es 8 and 1).

When comparing the selection of topics taught during the sessions against the overall objectives of the SSI- / perspective?, it can be concluded that the sessions actively addressed all pre-defined objectives = see the introduction to this report?. Table 1 shows that, for each objective, specific sessions/topics were included in the sessions, showing a perceived need to address these objectives across local contexts.

**Table 2.** Comparison of the SSI- / objectives and topics taught during NPT's

ESTICOM's Objectives of NPT	Topics taught during NPT's
1? Increasing the access to prevention, including testing services for HIV, SSI and Viral Hepatitis A ( / S / and priority sub-groups	<ul style="list-style-type: none"> <li>• Prevalence of</li> <li>• - he se3</li> <li>• Physical and online settings for intervention</li> <li>• Behavioral - han(e</li> <li>• Action Planning</li> </ul>
2? Improving the linkage and retention in care as well as quality of care, including treatment for HIV/AIDS, SSI and Viral Hepatitis infections	<ul style="list-style-type: none"> <li>• Sexual health for / S /</li> <li>• , pide i#l#(y #f HIV and SSI in , ur#pe</li> </ul>
6? Improving the integration of services to ensure patient-centred care, including inpatient and outpatient facilities	<ul style="list-style-type: none"> <li>• Har ! educati#n, ! esilience and / #ti*ati#nal Inter*ie7in( = / I?</li> <li>• Synde ic pr#ducti#n</li> <li>• &amp;h#le syste appr#ach</li> <li>• Partnership bet7een statuty and c# unity health services</li> </ul>
7? Educating staff and discriminating due to sexual orientation and of people living with HIV/AIDS in the health care settings	<ul style="list-style-type: none"> <li>• - reatin( %#n-Cud(e ental services</li> <li>• - # unicati#n and Interpers#nal s' ills</li> <li>• - ultural - # petence</li> </ul>

### 3.1.3.2 Feedback on the NPT Session Content

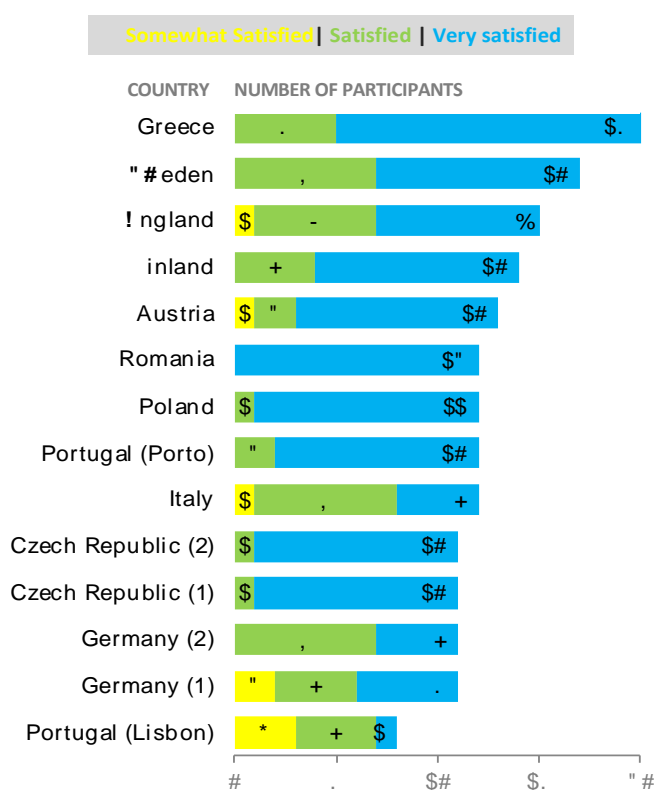
In order to pilot and improve the training materials developed within the SSI- / project, the SSI- / facilitators designed their training sessions based on these materials. The sessions were evaluated by assessing the SSI- / participants' level of satisfaction with the session's content and whether or not the materials used provided a clear and up-to-date overview of the topics addressed.

Across all SSI- / evaluations, participants indicated they were satisfied with the content of the SSI- / sessions, particularly enjoying the diverse approach: "The NPT has a very nice

mix of theory and practice". As an example, figure 6 provides an overview of participants' level of satisfaction with the clarity and accuracy of the content of all sessions focusing on Pre-ventive Techniques – the most frequently taught topics<sup>9</sup>.

Overall of the sessions that were taught, a higher level of satisfaction was reported. Overall example, feedback regarding the content of the session on *Behavioural change in the planning and implementation of prevention programme*, shows that the way this topic was presented in – rather than considered to be the theoretical.

**Figure 3.** Satisfaction with Session – content for Pre-ventive Techniques



### 3.1.3.3 Feedback on Didactical Methods used in the NPT's sessions

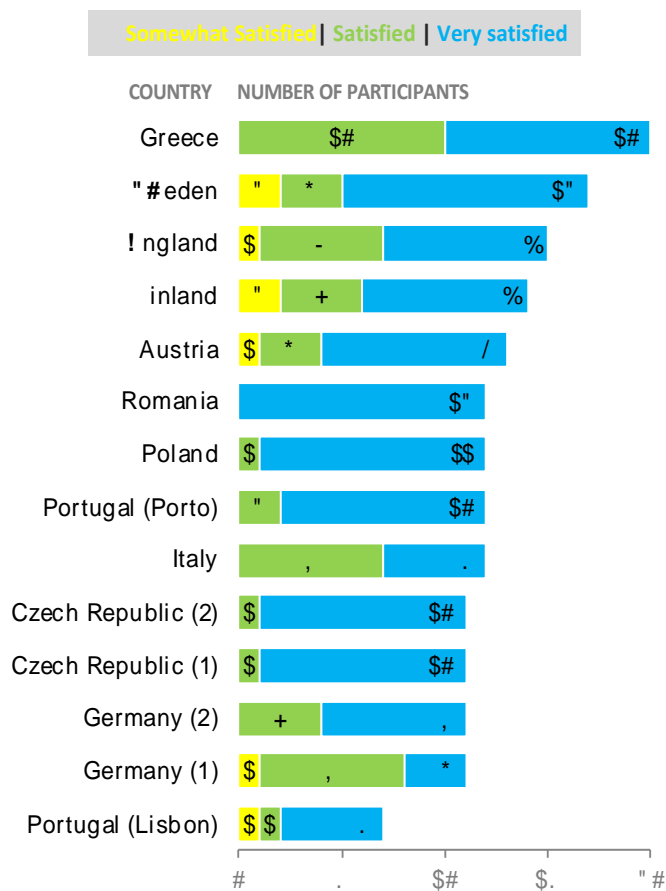
The 100% of participants were considered to be very interactive and participative, which was a new approach for the participants and facilitators in most of the countries. Data shows that, for the didactical methods used during the PEs, there is an overall agreement that the participants in all countries that they were helpful in enhancing the understanding of the topics addressed during the PE.

<sup>9</sup> The PEs in Germany and the Republic included two sessions on Pre-ventive Techniques

- ...This concept of training works perfectly fine...
- The practical training and tasks were fun and instructive
- ...Amazing and very useful sessions. Interactive, creative, diverse and relaxed!

The didactical methods used in the sessions focusing on cultural competence were particularly highly valued – see specific feedback for the session on cultural competence in section 6.1. As an example of the high levels of satisfaction with this aspect of the training, 21% of participants were satisfied with the didactical methods that were used during the sessions on Pre-emptive Techniques

**Figure 4 | Satisfaction with Didactical Methods for Pre-emptive Techniques**



However, some participants also indicated specific needs for improvement for the didactical methods used in the sessions on Harassment reduction, Resilience and Organisational Intermediation (e.g. training, mental services in Germany and Behavioural change in the planning and implementation of pre-emptive practices in Romania).

### 3.1.3.4 Using Ice Breakers and Energizers

Ice Breakers and energizers were integrated in the didactical methods used during the %P\$fs and were often utilised, for various reasons. In some trainings they were used to transfer information led (e.g. in sessions on communication skills, for example, to get them to each other to introduce participants and facilitate and to elaborate the energy in the training. Furthermore, they were used to introduce participants to a particular session topic in a playful manner.

The decision to include ice breakers and energizers in the , SSI-. / %P\$ was left up to the facilitators. The use of ice breakers and energizers was sometimes pre-defined - discussed prior to the %P\$ and included in the training plan? but used on an ad-hoc basis. Decided during the %P\$fs. / Most facilitators had several activities in hand and chose those that felt appropriate at a specific time.

Examples of Ice-breakers and energizers that were used during the %P\$:

- 7chances for session subgroups / S/
- What people usually asked (e.g. "GBI people in the dating app")
- Self-ethic unique about yourself
- Share attack
- Exercise: 'Shin', 'Feel' and 'D'
- 'Curney' to 'Cerule'
- The Samaritans
- Standing according to birthday date and months
- Standing according to their length
- Online (e.g. Aah#t)

### 3.1.3.5 Specific Feedback on Particular Sessions of the NPT

This section presents some of the specific feedback received regarding particular sessions/topics.

#### 3.1.3.5.1 Sessions on Cultural Competence

The topic of cultural competence was included in all %P\$fs - either as a single session or combined in multiple sessions (e.g. 6? - and often taught in combination with the exercise 'When I was young'. This topic covered discussions about factors affecting / S/ and their health, acceptance of cultural issues, drivers of stigma and culturally competent services for / S/.

In general, the content of these sessions was considered to be very personal yet discussed professionally. Discussions around the topics addressed were intense in some %P\$fs and often lasted longer than planned but were highly valued by participants.

Participants were very much engaged and aware of possible sensitivities –stopping the discussions when this became too personal?.

- ... I would have liked more time for this activity. I found it very interesting...
- ... I think it was a beneficial exercise that highlighted exactly what I should think about...
- ... I would love to participate in this session again...

Sessions on cultural competence were contextualised to each country's local situation. The topic was often scheduled early in the P&S and positively influenced the overall atmosphere of the P&S. After experiencing this session, participants and facilitators often felt more comfortable, becoming more open and reflective. This atmosphere contributed to the level of engagement in all (or) group discussions and other topics within the P&S.

Box 1 present the suggestions recorded and finalised the materials for the sessions on cultural competence.

**Box 1.** Suggestions for improvement for the sessions on cultural competence.

- "It would be useful to present the idea[s] on video with concrete cases before doing the exercises".
- "I could not sufficiently follow the theoretical contents of PowerPoint... The contents of the slides were very extensive".
- "The wording of the questions in the small group exercise was not quite clear at the time".
- "The manner in which the learning objectives were delivered/presented could be stronger and improved"
- "The instructions for tasks could be [clearer]"
- "To include (more) examples or assign specific instructions to guide the participants in the exercises/group work, to help it flow and be understood easier. instead of mainly theoretical reference to cultural competency"
- "Perhaps structure the exercise a little more, be it in relation to the themes attributed to each group or the subsequent exercises".
- "The group work didn't quite work as most of us were confused by what was needed. I would suggest that this topic be further developed, in terms of how it is delivered to ensure maximum impact".
- "The small group task was formulated very extensively, so that we were busy in our small group the first 10 minutes to find out what we should do"



### 3.1.3.5.2 Sessions on New Prevention Technologies

This session included topics of P, P, Pr, P, SasP and Self-testing the advantages, disadvantages and barriers of the new technologies and access to the internet in some countries – especially Pr, P?. The content of these sessions was considered high in many countries and were very well received by participants. The sessions included many interactive Guestions – where to find the educational service?, the Guestions about this new prevention technology – how to communicate the new clients?. Feedback included:

- *"The exercise at the end of the session was very interesting, helped to fix the notions taught"*
- *"Lots of great discussion and providing the way forward"*
- *"It was good as [it] explored all methods and how we can utilise them effectively".*

The level of discussion and the session for at every such depended on the level of the facilitator, participants and the local situation regarding this topic. The discussions went deep when a lot of information was available in the room and because there were general when information was limited. In case of limited information the facilitators, facilitators ended up reading slides or computer-based information. Similarly, when participants had only limited information, they would not ask questions and the sessions tended to become a one-way learning format.

Below present the suggestions for improvement received for the sessions and the prevention technologies.

**Box 2.** Summary of participant feedback for the sessions on Pre-Exposure Prophylaxis (PrEP)

- "Better illustration on the different prevention techniques is required as the discussion is dependent on knowledge of the local situation and (mis-)information of the groups".
- "In the context of the PrEP all the other STDs against which it does not work should possibly have been included even more resolutely".
- "I would have liked more specific medical knowledge (discussion on alternative dosing regimens) to be able to answer exact questions".
- "The topic is in flux. Must be constantly updated; important single tool for "newcomers" to the topic PrEP, too little information; possibly send information material by post in advance".
- "More information on where and how to obtain information about PrEP and PEP".
- "It would have been good to receive more information [on] how to buy self-testing and self-sampling kits. The questions discussed in the group work should be made more specific, they were somewhat general".
- "More time should be given for the theory part, for example, I could not always read the content of the slides and follow the speaker's presentation"
- "Need to have more information on the subject before splitting into small group discussion.
- "Include literature on this topic"
- "To receive more information for their practical application and/or counselling in the context of screening".

### 3.1.3.5.3 Sessions on Creating Non-Judgmental Services

Issues discussed during these sessions were acceptance, respect, honesty, and reflecting on yourself as a recipient of the service discussed. These sessions served as a space to talk about self-identification. Testimonies such as: *If you were wanting to use the service, how would you want it to be used to stimulate discussion.* During these sessions, participants were very engaged and eager to share their personal experiences. Below provides a summary of feedback from participants on this session:

**Box 3.** Summary of participant feedback for the session on Mental Services

- *"Adapt the session to local needs and current policies. This session should have more practical exercises; and less reading from PowerPoint"*
- *"The presentation can be made clearer, as 2 out of 3 groups were unclear about what they needed to do".*
- *"More time allocated so that we could better and in depth understand the session".*
- *"More guidance through slides"*
- *"This session needs high level facilitation skills".*
- *"This session needs a good support from the facilitators, so that participants gained a better understanding and enjoyed this session".*

#### 3.1.3.5.4 Sessions on Chemsex

Participants welcomed this session as this topic was considered to be very new and interesting: *"New and good information about Chemsex issues"*. During the PFS, sessions addressed these issues were given in 1 of 3 parts. Box 3 provides summary of participant feedback for the session received from participants, which were mainly directed at the perceived need to spend more time on this topic.

**Box 4.** Summary of participant feedback for the session on these issues

- *"Visual aid (slides) would help participants understand the topic"*
- *"[The] subject is so vast, that diving into specific needs of each group is not possible"*
- *"Chemsex is such [an] extensive theme and four hours to cover the topic will only grasp the surface. A week-long seminar would be needed instead"*

#### 3.1.3.5.5 Additional feedback for sessions less frequently taught during NPT's

Some additional feedback was received for these topics less frequently taught in the PFS. For example, the sessions that addressed *Harm Reduction, Resilience and Motivational Interviewing*, received some summary of participant feedback. Participants indicated that the session would be better with a more dynamic presentation and less time being read out loud. In addition, they added that this more dynamic approach, a summary would include scenarios for role plays. Further, the idea was put forth to schedule a session on Motivational Interviewing earlier in the day and allocate sufficient time, since it included a lot of information and exercises.

Sessions in the *Epidemiology of HIV and STIs in Europe* including the 4% AIDS (8) - (8) strategy included an explanation about the epidemiology of HIV and STIs in the %P\$ country concerned and whether countries if the %P\$ was attended by participants from more than one country? B#3 ; provides some criticisms and suggestions received from participants.

**Box 5.** Suggestions for improvement for the session in , epidemiology of HIV and STIs in , Europe

- "A brief theoretical input on relevant knowledge on this topic would have encouraged a more in-depth discussion (e.g. what does this mean for my work)".
- "Include local data"
- "Provide bibliography for the session"
- "The session went too fast and more time was needed",
- "Need a more structured discussion, rather than leaving it to participants to initiate discussions"

Sessions addressing *Physical and Online settings for interventions focusing on MSM* included discussions on how to use appropriate use of social media and social networking in designing and implementing such interventions. Feedback from the %P\$ in , n(land showed a lot of appreciation for this topic, particularly the interactive approach to it:

- "[I] really enjoyed the group task! Able to share ideas"
- "Loved this session – really engaging and allowed a lot of dialogue to swap experiences and share successes".

### 3.1.3.6 Recommendations for the finalisation of the ESTICOM training materials

In addition to the specific feedback received regarding the session content and didactical methods used during the %P\$s, evaluation data shows several general suggestions that were made by participants to further improve the %P\$ sessions and , STI- / training materials – see B#3 @?.

**Box 6.** Suggestions for presenters

- "Simplify and schematize the theory, with lots of examples if it's possible"
- "Accentuate goals of each module in slides and add more practical examples".
- "Use recent and understandable terminology (LGBTQ+, sex work)"
- "[Include] cases of good/new practices in Europe or in the world"
- To deepen the discussion: "consider giving all reading material at the beginning of the session to develop a more natural [way of] learning of the concepts during discussion and exercises".
- "It would be more understandable if the info provided was clear, with less words on the slides and not too dense slides".
- "Add information on drug resistance, more medical-related information and a guide for arguing with different (extreme) opinions"

### 3.2 Training Process

#### 3.2.1 Training Experience & Organisation

##### 3.2.1.1 Training Experience

At all P&Fs, the majority of the participants were either satisfied or very satisfied with both the overall training experience including (or not) interactive training equipment, facilitator performance? and training organization including communication with participants, training venue, facilities available?. Participants were particularly happy with the dynamics and atmosphere. Results show high levels of satisfaction regarding (or not) interactive and the breaks and dinners that were arranged.

Since analysis and all categories she majority of P&Fs satisfied or very satisfied with the Time Management and allocation – with the exception of Greece and Italy, where the majority of participants indicated neutral. In any P&Fs, there were sessions that took longer than scheduled whereas some participants indicated that they felt slightly less satisfied, others felt happy about it: it provided opportunity to elaborate on certain topics as guests. However, data also shows that some sessions – especially those including (or not) ...

The table is a hand-drawn feedback form with four columns representing sentiment levels: Unhappy (sad face), Neutral (neutral face), Happy (smiley face), and Very Happy (crazy face). The rows list various activities in Greek. The data is summarized below:

Activity	Unhappy	Neutral	Happy	Very Happy
Διάρθρωση του προγράμματος και οι διαθέσιμες δραστηριότητες	+	++	+++	+
Ετοιμότητα εκπαιδευτών (προσόντες κ.λπ.)	++	+	+++	+
Αλληλεπίδραση μέσα στην αίθουσα και μετ' αυτού		+	+++	++
Απόδοση χρόνου Εισηγητών		+	++	+++
Κατανομή (χρονική στο Σελινόφωρο - Ice Breakers		+	+++	++
Οργάνωση Εκπαιδευτικού			+	+++
Επικοινωνία με τους συλλειτουργούς			+	+++
Υποστήριξη (π.χ. φαγητό) Ενημέρωση για το ασθενοφόρο (παιδιά) - Χώρος διαμονής (αίθουσα & δωμάτιο)		+	+++	++
Check in και εφύπνιση στο χώρο διαμονής		+	+++	++
Σημείωση: Χώρος Εκπαίδευσης		+	+++	++
Υποψήφιοι στους συλλειτουργούς (Wi-Fi)	++	+	+++	++
Διαθέσιμος για καφέ, σνακ και βράδια		+	+++	++

needed additional time due to the unclarity about instructions (as well as exercises). Sometimes this could be explained by the facilitator's inexperience with certain topics, and the high difficulty to explain it.

### 3.2.1.2 Training Organisation

Despite challenges encountered, results from all PSEs showed that the majority of participants were either satisfied or very satisfied with the training. Only 5% of participants presents an exception, with a majority of the participants indicating that they were not satisfied with these aspects of the training. In Sweden, on the other hand, participants were very satisfied with the training, particularly the venue, spaciousness and provided enough space for break-out sessions.

### 3.2.2 Satisfaction with NPT

The average score that was given to the PSEs by the participants ranged from 8.5 to 9.5. In general, participants from all PSEs indicated they very much enjoyed the training and a large majority agreed or strongly agreed that the training was useful for their work as H&A. In addition, they felt the training was an appropriate use of their time and would recommend it to their colleagues.

#### 3.2.2.1 General Feedback on the NPT's

As mentioned above, participants were satisfied with both the content of and the didactical methods used in the PSE sessions. They particularly valued the combination of tea building, short lectures, discussions, group work, fun and a general mix of theory and practice. The space and time provided for interaction between participants was also highly appreciated. Participants indicated that the PSE improved the connection and facilitated knowledge sharing between the :


- *"Mixture of participants good, many participants from small organisations with the same problems".*
- *"Thank you for the space provided and the mixture of internals and externals, even we internals don't meet often enough, so important for the work to discuss with the colleagues and see that we have a common ground"*  
*"Exchange is very useful, and it gives me a feeling to be on the right track and feel more secure in the job"*
- *"I am grateful for quality fulfilled time, funny and lovable people, who with I became aware of some secret concepts of your opinion. Useful and educative!"*

Across the PSEs, there were also some critical thoughts reported. An example of this is a participant from Germany, who reported that: *"The NPT content had nothing to do with the invitation, too theoretical, missing practical topics for outreach-workers, conclusions from the scientific discussions for the concrete outreach work was also missing"*.

Overall, the %P\$fs were well received, and almost all sessions went as planned. The %P\$fs were seen, in the first place, as an opportunity for people who were as -H&s to meet and network with other -H&. In addition, the %P\$ served as events for -H&s to learn about new topics related to their work and exchange ideas and experiences with colleagues, learning from each other. Due to the interactive and reflective character of the training sessions, the %P\$fs also served as an opportunity for participants to actively reflect on their thoughts and behaviour in their work as -H&s. The value of the %P\$fs for -H&s in Europe is reflected by their intention to use/integrate what they learnt during the %P\$fs in their daily work (see Table 6):

**Table 3.** The value of the %P\$fs for -H&s in Europe


	<b>VALUE 1</b> <b>NPT as an opportunity to learn about new topics and/or learn from the experience of other CHW</b>
<b>Lisbon:</b>	"Ideas that emerged during the training can be applied/worked with in 'real life', in our day to day".
<b>Greece:</b>	"I will revisit topics addressed during training and increase knowledge/skills further to be able to better integrate them in daily work"
<b>Croatia:</b>	"My newly acquired soft skills will improve communication with clients"
<b>Czech Republic:</b>	Most of the feedback regarding the use of the training in their daily work focuses on ability to provide more non-judgmental services, looking at the client as an individual, with individual needs and choices
<b>Spain &amp; Croatia:</b>	Feedback focuses on how skills/knowledge acquired can be used for personal growth and in their immediate environment/social lives (i.e. provide advice to friends on sexual health and risk reduction)
<b>Italy:</b>	Feedback shows that the lessons learned and insights gained - including the clarification of certain topics - will help them in their work as CHW



**VALUE 2**  
NPT as an opportunity to Exchange or share experience or ideas with other CHW

**Denmark:**  
Feedback included that participants would like to try techniques used by fellow CHW in their own work

**Switzerland:**  
Focus on increasing and improving more open communication with clients. In addition, increase exchange and collaboration with colleagues from other services for a more holistic approach



**VALUE 3**  
NPT as an opportunity to reflect on working as a CHW

**Sweden:**  
"I feel much more confident regarding the different session [topics], meaning that I will feel even more confident in my work"

**England:**  
NPT has provided an opportunity to reflect on current activities and approach and adjust where possible/necessary.

**Finland:**  
"I got new perspectives on MSM work. Some of the information shook me; there is still much work to do"

**Finland:**  
"All information given in the training and good discussions help in processing themes clearly in my work"

**Denmark:**  
"I will think about the language I use and how I can be more aware when asking questions at the Checkpoint"

**3.2.3 Facilitation Process and Facilitators Performance**

The %P\$ were facilitated by facilitat#rs 7h# attended #ne #f the , S\$1- . / \$rainin( #f \$rainers 7#r' sh#ps earlier in 1) 1: . , ach %P\$ 7as #r(anised by 1 #r 6 facilitat#rs: . S# e facilitat#rs 7#r' ed as pr#fessi#nals, #thers #n a \*#luntary basis, but all 7ere -# unity Health &#r' ers 7#r' in( in the field #f /S/ health. \$heir indi\*idual s' ills and e3perience as trainers<facilitat#rs \*aried si(nificantly.

Hi(h le\*els #f satisfacti#n 7ith the %P\$ facilitat#rs 7ere rep#rtd acr#ss the b#ard. Participants indicated that they 7#uld li' e t# be trained by the a(ain. 2urther #re, data sh#7s that the at #sphere durin( all %P\$ 7as lar(ely p#siti\*e, 7ith all participants bein( in\*ited t# acti\*ely en(a(e in the discussi#ns and e3ercises and t# share their e3periences and Guesti#ns #penly 7hile space 7as (i\*en t# th#se that 7ere less e3tra\*ert. In s# e %P\$ 7as, facilitat#rs needed t# ana(e certain participants

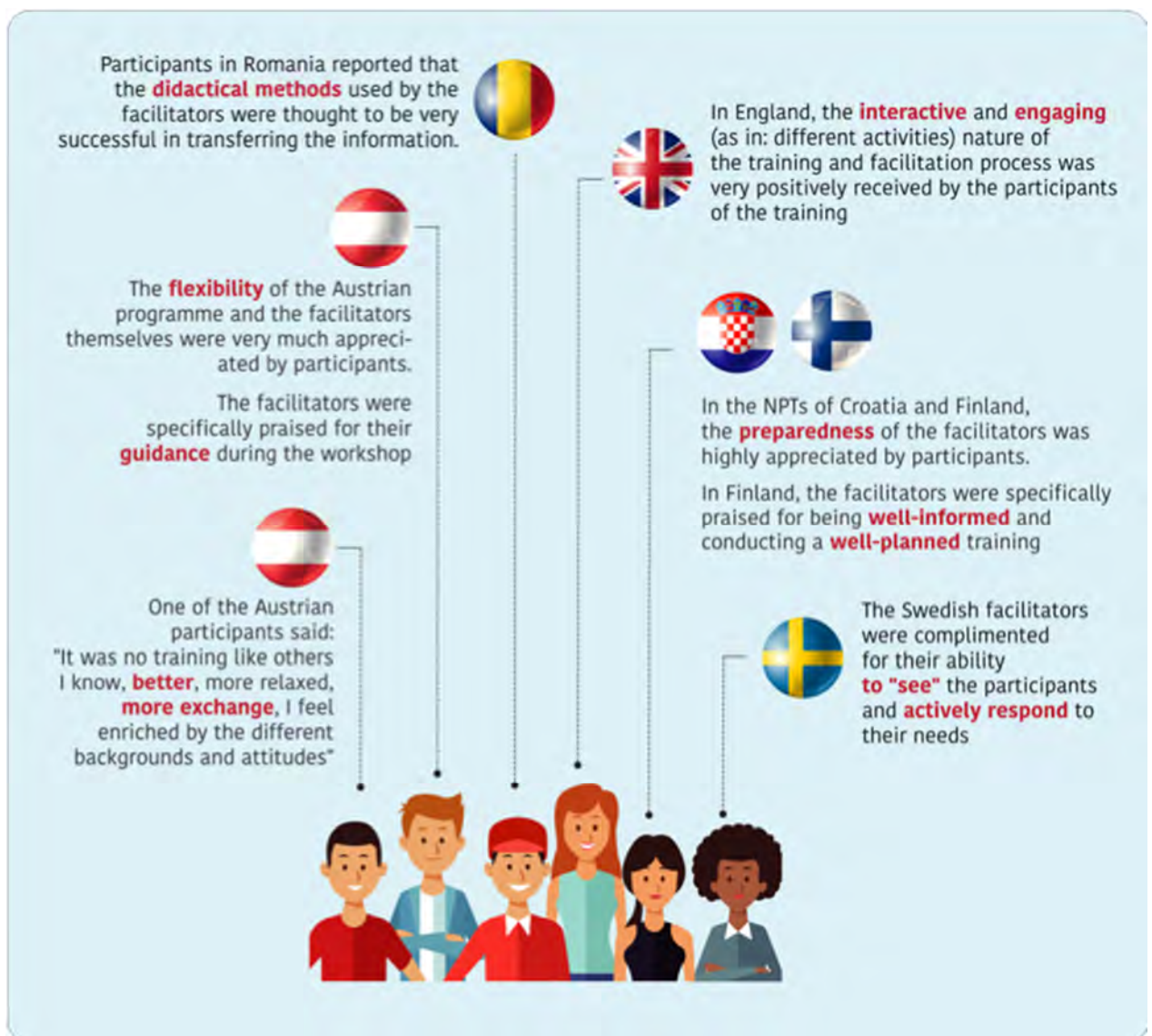
With the e3cepti#n #f the %P\$ #r(anised in P#rtu(al B P#rt#, 7hich had 1 facilitat# +:



Participants reported the content, but no significant feelings or discussions were reported anywhere.

For many participants, the interactive approach was a new experience. However, data shows that this approach was highly appreciated by the participants. Positive feedback was received about the value and use of trust and building on the participants' experiences and the guiding role of the facilitators – see figure 4 for specific feedback on the role and performance of the facilitators.

**Figure 4.** Examples of Participants' feedback on Facilitator's Role & Performance



In designing and preparing the NPTs, the facilitators were supported by the SS1- / training team. This included support in designing, planning and evaluating the NPTs.

During the preparatory phase, certain elements of the ,SSI-. / %P\$fs =interacti\*e, participati\*e and reflecti\*e? were hi(hli(hted. These elements imply that the facilitat#rs were expected to act as enablers/ =as #pp#sed to trainers<teachers?, facilitatin( discussi#n and creatin( and pr#tectin( a safe space for the participants. This inherently meant that complete mastery of the topics tau(ht in the %P\$fs was not fully required. Rather, facilitat#rs were encouraged to use the ' n#7led(e and experience of the trainin( participants. 2#r #st of the facilitat#rs, this type of trainin( was new, whereas for others it was already a familiar concept. In addition, there was a large variety in the level of facilitati#n skills and confidence with facilitati#n among the participants. They were responsible for the design and organization of their #7n %P\$. Overall, it was observed that the %P\$ facilitat#rs were becoming more and more confident in facilitatin( this type of trainin( as their %P\$fs went on.

Ensure that the elements of the ,SSI-. / %P\$fs =interacti\*e, participati\*e and reflecti\*e? are integrated in the training effectively, %P\$ participants made the following suggestions:

Interacti*e character:
<ul style="list-style-type: none"> <li>• <i>"More or less for all the sessions, more space for discussions would have positively affected the whole training"</i></li> <li>• <i>"I would like to have more time to hear experiences from each association"</i></li> <li>• <i>"More time should be given for exchange between participants"</i></li> </ul>
Participati*e character
<ul style="list-style-type: none"> <li>• <i>"Put more discussions into the presentations, [to] call the participants more to action!"</i></li> <li>• <i>"The PowerPoint slides could be distributed in advance, so that the participants have the opportunity to take notes or make additions"</i></li> </ul>
! efecti*e character
<ul style="list-style-type: none"> <li>• <i>"I liked to reflect on myself in terms of cultural competences, next time reflection should also be included in this exercise".</i></li> </ul>
General facilitat#r s' ills
<ul style="list-style-type: none"> <li>• <i>"Too many sessions and high intensity in such a short time (Too much content for the planned time)".</i></li> <li>• <i>"Content of the first day should be split into two days minimum, nobody's attention span can last that long! Applicable for %P\$fs that last more than 1 day"</i></li> </ul>

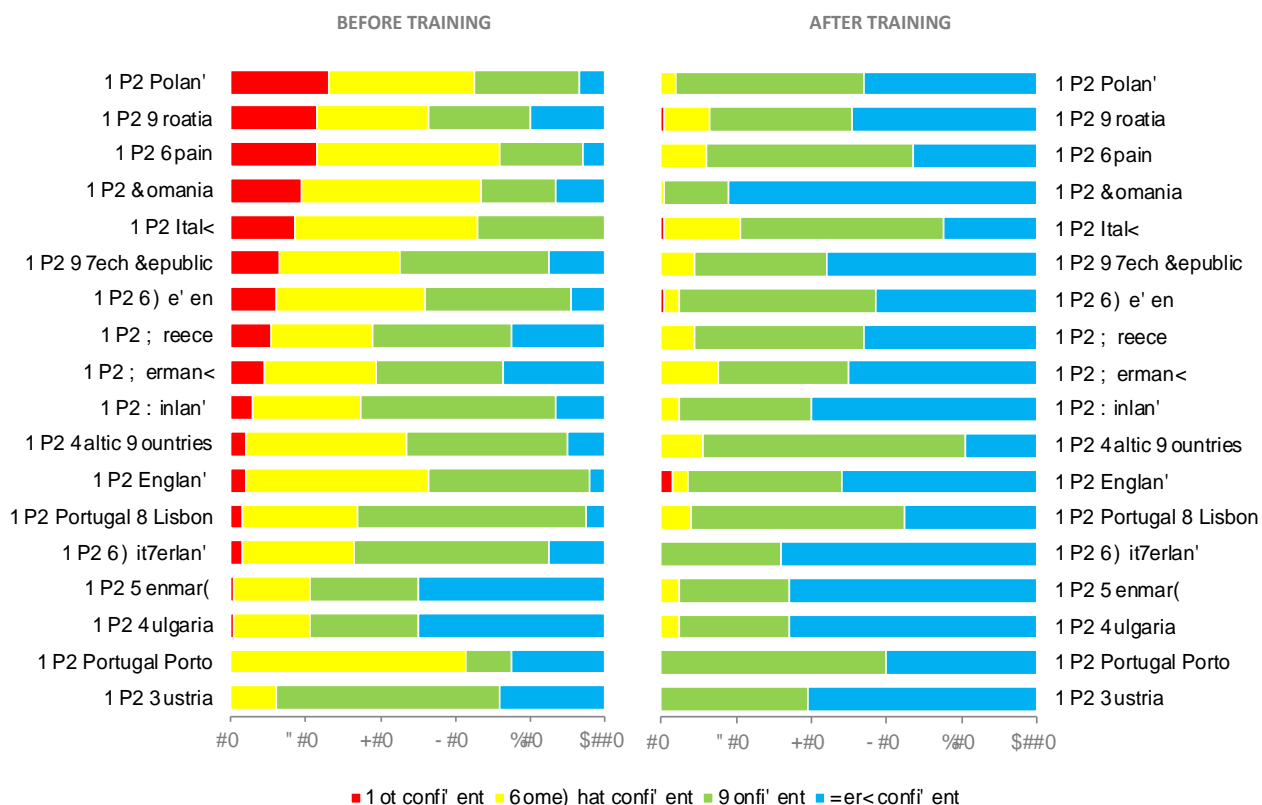
### 3.3 Training Impact

For each %P\$, the facilitat#rs prepared "earnin( . utc# es =". s? for the topics tau(ht during their %P\$. Each session may have one or more "s. She ". s may be related to participants' n#7led(e, skills for the applicati#n of the ' n#7led(e acGuiredK and closely connected to the content = materials? and didactical methods used for the topics tau(ht during the %P\$.

The results were used to determine the training's impact. This was done by measuring the level of confidence for each country before and after the PBL, by means of self-assessment. The results were analysed at an aggregate level. Table 4 provides an overview of the proportion of the level of confidence among participants regarding the results connected to each PBL, before and after the training.

The data shows a clear trend of participants' level of confidence related to the topics taught during the PBL increasing. Across the PBLs, the proportion of participants who did *not feel confident* or *only somewhat confident* decreased significantly, increasing the proportion of participants who felt *confident* or *very confident*.

**Table 4.** Proportion of participants' level of confidence on the topics taught during the PBL = in %?



In some countries the increase in level of confidence was significantly big. For example, participants in Romania, Poland and Spain had the lowest level of confidence before the training, with a majority of the group feeling *unconfident* or *only somewhat confident*. However, after attending the PBL, the balance shifted with a large majority feeling *confident* or *very confident*. This can be explained by the fact that these PBLs addressed topics that were relatively new to the participants.

In some other countries =Austria, Bulgaria and Denmark? the increase in the proportion of participants feeling *very confident* before and after the training was minimal. This

could be explained by the fact that the topics selected for these P\$fs were relatively 'n7n t# the participants before attending.

The positive impact of the P\$fs on the participants' level of confidence with specific topics can be connected to the content materials and didactical methods that were used to address these topics. The impact results indicate that the P\$fs met the needs of and provided an effective way of learning for European -H&.

### 3.4 Limitations of the NPT Evaluation

In the evaluation of the P\$fs, the following limitations were encountered and addressed:

#### Approach to evaluation

The evaluation of the P\$fs was led by the facilitators and their approach varied across the P\$fs:

- The time provided to complete the evaluation for each day may not have been sufficient due to the participants' time constraints. In addition, some facilitators emphasized the importance of the written feedback, while others did not. This may have resulted in more elaborate evaluation data in some categories.
- Some facilitators preferred to evaluate each session immediately after a session ended, while others evaluated the sessions completed per day, not only once the training had finished. This may have introduced some bias in the accuracy of the evaluation data as people may have forgotten part of what was taught the previous day or been influenced by the amount of data collected with people feeling tired or filling in the evaluation forms more hastily.
- Some facilitators organized rounds of verbal evaluation as an addition to the written evaluation. This verbal feedback was not always recorded mainly due to language barriers. Such feedback sessions often resulted in limited information being written in the evaluation forms as most feedback was already provided verbally.

#### Data related matters

Language barriers and reliance on others may have influenced the depth of the data analysis:

- Lack of involvement of participants and facilitators in data analysis. Due to the limited resources and time, it was not possible to involve the P\$ participants and their facilitators in the data analysis process. While considering the content of each P\$, their involvement would have been highly useful and relevant. Particularly because of the fact that the feedback from participants may have been contentual and have specific references to his/her personal or country's situation which may not be 'n7n t# the evaluator, and therefore not taken into account in the data analysis.
- Incompleteness of data. For some P\$fs, the number of participants completing the evaluation forms varied

in the beginning and at the end of the training, and not all evaluation items were completed by participants. Therefore, some gaps were found in the evaluation data.

- The evaluation of the , SSI-. / %P\$ and its evaluation were largely conducted in the latter part of the training, rather than in the beginning. For the purpose of data analysis and reporting, the evaluation data was translated to the beginning. During this translation process, specific content references may have been changed, influencing the depth of the analysis.
- Reliance on others in the evaluation process  
Due to the high number of %P\$s, it was not possible for &P11 to evaluate all %P\$s in person, which meant there was a certain level of dependence on others in conducting the evaluation data. This may have limited the interpretation and depth of analysis &P11 was able to conduct.

Specific limitations regarding the evaluation of the training impact

The limited information and high variety of the %P\$ participants' background posed difficulties in determining a starting point for measurement of the learning outcomes. In addition, the measurement was based on self-reports of learning outcomes, which participants may interpret subjectively.

### 3.5 General Conclusions

1. The , SSI-. / %ational Pilot Training (SSIT) for the , ur#pean -H&s were successfully organised across , ur#pe, highly valued by its participants and served its function to pilot and implement the training materials developed within the , SSI-. / project. The evaluations of the , SSI-. / %P\$s were successfully conducted and able to obtain relevant findings to finalise the training materials.
1. The , SSI-. / %P\$ sessions were highly valued by %P\$ participants. The content materials and didactical methods used in the sessions clearly address the needs of , ur#pean -H&s in their role with /S/ population, with emphasis on the development of soft skills as professionals. , experiences and data gathered from the %P\$s evaluation should support the need for having an appropriate , ur#pean-wide training material.
6. The , SSI-. / %P\$ training facilitation was highly appreciated by %P\$ participants, due to its interactive, participatory and reflective character. , experiences and data gathered from the %P\$s evaluation should support the need for having skilled facilitators who are able to provide future trainings that share the same characteristics as the , SSI-. / %P\$s for the , ur#pean -H&s.
- +. The , SSI-. / %P\$s served as the first opportunity for , ur#pean -H&s Health &#r'ers to meet, learn, share and exchange their experience of their role with /S/ in , ur#pe. , experiences and data gathered from the %P\$s evaluation should

support a (general desire to continue the PFS-H&I training after the ,SSI-. / project.

### 3.6 Recommendations for Future Trainings for Community Health Workers

Based on the PFS evaluation results, we propose the following recommendations:

1. Future training for -H&I, similar to the ,SSI-. / PFS, should be continued as part of a ,ur#pean-wide training approach for -H&I, serving as a forum for ,ur#pean -H&I to meet, network, learn, share experiences/ideas with their peers and reflect on their work as -H&I.
1. The materials for ,ur#pean training for -H&I should focus on the development of -H&I soft skills and be accompanied and facilitated by materials for the 'n#led(e-based topics. The 'n#led(e-based materials may be delivered as self-study materials.
6. The materials for ,ur#pean training for -H&I should address different work-related definitions and terminology. In addition, it should acknowledge the presence of language barriers in ,ur#pe, offering strategies to work with such barriers.

**Box 7.** The role and terminology of H-Community Health Workers in ,ur#pe

Sessions on the scope and content of the ,SSI-. / project were held in any PFS, including discussions about the term H-Community Health Workers. In the Austrian PFS, a (r#up activity was included to define the term -H&I and its purpose. During this session, participants discussed their understanding and meaning of H-H&I and Community, not only increasing mutual understanding of these terms, but also a connection to the idea of belonging to a ,ur#pean-wide (r#up for -H&I.

This type of session could provide valuable input to further define the term -H&I and contribute to efforts in having a ,ur#pean-wide definition of -H&I, with people connecting to its meaning and significance.

- +. The ,ur#pean training materials for -H&I should be designed in such a way that they offer a place for the materials to be contextualized and tailored, including inclusion of local, regional or global evidence-based data.

**Box 8. Italy B 4sin( sur\*ey data**

The %P\$ in Italy made use of concrete examples from results from (IS 1)1) as part of their session on Sexual Health for /S/ =for example: best-sex life?. The inclusion of this session serves as an example to show the link between training and survey activities. It can therefore be used to justify the timing of both activities with the survey ideally preceding the training. Surveys received from participants to improve this session included:

- Participants commented this session had a lot of information -sub-(r#ups 7ithin /S/? and it would have been better not to overhel participants with such a big topic.
- The survey was selected as a topic, discuss it intensely and leave other topics for the next training meeting.

;. European training for -H&s needs to accommodate the importance of participant interaction and networking, facilitating sufficient time for participants to connect, share and learn from each other -be it through specific activities or by all-in-one for breakfast dinners, etc.?. Therefore, it should preserve the character of the , S\$- . / %P\$s, namely interactive, participatory and reflective

@. European training for -H& should be facilitated by facilitators who have the skills and capacity to plan, design and deliver training that is interactive, participative and reflective which addresses a particular focus on skills in order to experience <idea- e3chan(e?. We ensure the quality of such a training, our surveys should be designed to help a required set of relevant facilitator skills and competences.

9. 2#r Quality assurance, European training for -H& should include participative evaluation activities to enable continuous improvement of its materials, process and impact.

The individual %P\$ evaluation reports are included as Annex @.9 B @.1+ in this report.

This %P\$ summary report is included in a dedicated version as Annex @.1; .

## 4 Report from the Pilot Training Programme observation and learnings for the ESTICOM training material revision

### 4.1 Lessons learned and first impact from the Pilot Programme for the final training material

The , SSI-. / Pil#t \$rainin( Pr#(ra e pr#\*ided i p#rtant insi(hts f#r the de\*el#p ent #f the final trainin( aterial and the future i ple entati#n #f the , SSI-. / trainin( aterial and pr#(ra e. \$he #bser\*ati#n #f all \$\$\$fs and %P\$fs that 7ere run 7ithin the pr#0ect ti efra e fr# Canuary until . ct#ber 1) 1: pr#\*ided i p#rtant inf#r ati#n and findin(s in additi#n t# the e\*aluati#n results presented in -hapters 1 and 6 #f this rep#rt.

\$he i ple entati#n #f the \$\$\$ &#r' sh#ps and the %P\$fs 7as already described in detail in Deli\*erables D1).1 =\$\$\$ I ple entati#n ! ep#rt? and D1).6 =%P\$ I ple entati#n ! ep#rt?. \$his -hapter c#\*ers the learnin(s that c# ple ent the findin(s fr# the e3ternal e\*aluati#n pr#\*ided by &#r' Pac' a(e 11. Alth#u(h this rep#rt f#\*uses #n the i pact #f the pil#t trainin(s f#r the de\*el#p ent #f the final trainin( aterial, #ther i p#rtant findin(s #f the #bser\*ers are als# c#\*ered, as l#n( as they als# influence the final trainin( aterial and the future #f the trainin( pr#(ra e.

### 4.2 General lessons learned that have an impact on the development of the training material and programme

\$he , SSI-. / Pil#t \$rainin(s br#u(ht a l#t #f insi(hts in the ser\*ices and 7#r' -H& in all parts #f , ur#pe deli\*er t# i pr#\*e the health #f (ay en and #ther /S/. \$he , SSI-. / tea #bser\*ed : \$\$\$fs and 18 %P\$fs c# prised #f participants fr# 18 c#untries in the Pil#t Pr#(ra e =1+ in the %P\$fs plus participants fr# ; c#untries in the \$\$\$fs that didn't #r(anise a %P\$ in the pr#0ect ti efra e = \$he %etherlands, Ireland, Bel(iu , 2rance, Hun(ary?. \$his #bser\*ati#n and the c#llab#rati#n thr#u(h#ut the pr#0ect 7ith -H& and #r(anisati#ns fr# all parts #f , ur#pe c#\*erin( nearly all , ur#pean c#untries (a\*e an #\*er\*ie7 #f the lar(e \*ariety #f ser\*ices, structures, c#nditi#ns, appr#aches and en\*ir#n ents -H& acr#ss , ur#pe 7#r' in that 7as pre\*i#usly un' n#7n. \$he learnin( fr# this real-life e3perience t#(ether 7ith the e\*aluati#n results and the results #f the , -H. , S sur\*ey f#r a s#lid basis f#r the de\*el#p ent #f the final , SSI-. / trainin( aterial and future trainin( pr#(ra es f#r -H& in , ur#pe. &ith @1 participants fr# all #\*er , ur#pe in the \$\$\$fs and a l#t #f %P\$fs that c#\*ered #re than #ne c#untry and included -H& fr# different re(i#ns, pr#0ects and en\*ir#n ents that ne\*er c#llab#rated bef#re, the Pil#t \$rainin( Pr#(ra e had an i pact #n the c##perati#n and net7#r' in( #f -H& acr#ss , ur#pe. \$he a#n#rity #f -H& lac' a le\*el #f e3chan(e and c##perati#n in their 7#r' 7ith c#llea(ues, b#th #n a nati#nal le\*el and especially #n a , ur#pean le\*el. . ne #f the #st i p#rtant results #f the #bser\*ati#n #f the \$rainin( Pil#t is that #ne #f the ain strate(ies that lead t# the success #f the pr#(ra e 7as (ettin( -H& interactin(,



sharing their experiences, learning from each other, working together and having a space to reflect and discuss their experiences. Based on the experience and the feedback from the participants this interaction sees to have a high impact in providing the services - H&P provide than only? the provision of the service. Most participants reported how much they learned by sharing their experiences, getting to know each other, structures and conditions there - H&P in and sharing their discussions their skills and attitudes. The training events supported the building of networks across previously perceived barriers. The collaboration between the participants was supported by the project processes, e.g. support for the needs Assessment but additionally the H&P built their own individual networks, both nationally and across Europe, which already has had an impact beyond the project. The participants realised that despite different approaches, job titles, backgrounds they all cover similar tasks, have common aims and face comparable barriers e.g. stigma and discrimination. Therefore, the Pilot Programme supported network building, cooperation and the gaining of a common understanding of what they do as Community Health Workers. They realised the advantages of exchange and collaboration, to learn from each other and the similarities and differences they face in their work. This learning from the participants for the training will be taken into account in the development of the training material by focusing the material for the face-to-face training on interactive modules and e-learning based topics with the "learning. By working on the sustainability of the training programme and its future implementation, the project partners will be able to strengthen and extend this positive impact in the future.

In addition to the learning from the participants, the Pilot Programme also brought important insights for the training material in regards of support that the trainers need and the training process and setting.

Most of the training in Europe, as already described in D1.1 and D1.6, but also in the H&P and the preliminary - H&P, S report, mainly cover network related topics. Most trainers it was a new experience to work as facilitators and not only as teachers in a training. At the same time the experience in the P&S shows that it was not always easy for the trainers to understand the goals and aims of exercises in the material and that they need more tips and support within the material to facilitate exercises and that their expected outcome is. This will be considered in the development of the final material. In addition, two types of training history and experience were identified: reactions with more didactical training experiences and reactions with more mixed approaches. Trainers from the reactions used the more didactical training needed more support to include and facilitate interactive modules in their work shops. As their participants are also more used to this didactic approach their expectations and experiences adapt to the concept used in the P&S. In training. Often the participants cited differences between across the training events and even within the same P&S. At the start of the training most participants expected a majority of e-learning based topics, live presentations and studies and data, as this is what they are used to. Alongside this, issues such as the discussion of important health topics, their own working experiences, network building and

learning for each other and practical skills to help enhance and reflect on their own  
work were requested. The development of the training material will include facilitation  
tips for the trainers to support them in dealing with these different expectations and  
needs of the participants.

Trainers often were paced with too much content, despite clear recommendations of  
the SSI- / team in the individual support process that less may be more. Any  
trainers also fed back their concerns around the complexity for them to find the right  
balance between input and interactive exercises, for the sake of their health and  
and also in training hours per day for which they keep participants engaged. For the  
future implementation of the training material it should be considered to train the  
trainers more on facilitation skills and group processes. In a European wide approach  
cultural differences also have to be considered as they became quite obvious during  
the pilot training process. Issues such as punctuality and possible starting times  
differed a lot throughout Europe, the length of exercises and discussions were also  
very diverse, which led to very different requirements on time and the flow of the  
workshop and possible topics covered in the timeframe given. This will also be covered  
by the facilitation skills in the training material and in the concept for a possible future  
European wide training process.

Trainers also fed back that it was a challenge for them to deal with topics they didn't  
feel competent in. Due to their experience in the past it was asked to include experts  
from outside to cover these topics, and sometimes the SSI- / team agreed to this  
and sometimes supported the trainers in their own understanding so they felt able to  
run the session themselves. Any of the trainers gained a very positive learning point,  
that by using the knowledge and skills of the participants as a resource, they  
themselves do not need an encyclopaedic knowledge across all the topics covered in  
the training. For many of them this was a paradigm shift in their workshop to develop from  
teacher to facilitator. The concept and structure of the material will reconvene these  
findings. The success for the structure of the material is to focus on exercises and  
interaction in the face-to-face-workshops and include more knowledge-based topics in  
the online learning that also can be run independently from training and in a context  
where the H&E feels comfortable.

To create a safe and enjoyable training setting was crucial for the openness of the  
participants and the open and honest exchange between them. Continuously negotiated  
group agreements supported this safe and open space and helped in situations that  
had a negative impact on the training process. The flexibility of the trainers and their  
reaction on group processes and discussions was also important for a successful  
training. This also has to be considered for the future material and its implementation.

At least in regards of the training concept and structure to different  
approaches were used by the facilitators of the PSHs: to focus more on HIV, SSI and  
Viral Hepatitis as sexual health topics for to focus more on "GBSTI health topics  
including sexual health. For different backgrounds and environments, each of the  
approaches proves to be more successful. For workshops including more peers  
= volunteers or paid staff? the "GBSTI approach may help them to identify more with

the topics, for training with the -H& with a medical background (around the sexual health approach) may be more useful. Both aspects of the 7#r' with /S/ have to be included in the training to support -H& to provide their services and adapt them better to the needs of the target groups and the different subgroups. Depending on their background, they have a different access to the community related topics and the balance the training may differ. This has to be considered in the training concept based on the needs assessment and background of the participants. The training material and programme covers both aspects and enables trainers to choose the modules they need for their training.

In the development of the Pilot Training Programme, the preliminary, -H&, S results were integrated and the, -H&, S team provided the Training Programme with preliminary data from all countries that participated in the \$\$\$\$ to support their Needs Assessments. In addition, the findings and recommendations of the literature review were included in the planning of the Pilot Training Programme. The integration of both datasets was very helpful for developing the \$\$\$\$ and %P\$. The \$\$\$ participants feedback that the preliminary, -H&, S data helped them in developing their Needs Assessment and the participants of these %P\$ there, /IS and<#r, -H&, S data were presented and were very useful for their 7#r'.

As previously mentioned it was observed that the needs for training are high everywhere in Europe and that -H& in all countries mainly receive the training that their representatives find useful for their 7#r' = mostly 'non-led(e-based?'. This is why the whole, SSI-. / project =, /IS1) 19, -H&, S E Training Programme is important: to help -H& in the countries and different contexts they 7#r' to identify and reflect their gaps and needs from a wider perspective and approach. The, SSI-. / training material and programme is a useful addition to the already available extensive 'non-led(e-based training programmes. It is strongly supported for the European wide training concept to focus on this wider approach, especially on skills and attitudes as the identified gaps in the existing training programmes in developing the final material and the future development of the training programme.

The %P\$ have already had additional learning effects to those already discussed: Due to the experiences with the %P\$ the coordination of the -H& points and health services for /S/ in Switzerland was reinforced of the necessity and positive effects of regular face-to-face meetings for -H& and the exchange of 7#r' experience and has decided to re-introduce regular -H& meetings, which were dropped many years before. In Poland the 7-up training based on the %P\$ and, SSI-. / training material are already planned and the national representatives are applying for funds to finance them. In the learning-outcome report of the \$\$\$ &#r' shops several participants stated that the \$\$\$ already had a positive impact on their 7#r' and the quality of services. This was confirmed in the feedback the observation team gained during the %P\$ process and participation.

### 4.3 Lessons learned with direct impact on the training material and proposed changes to the ESTICOM Training Modules

The , SSI-. / training material and programme is a (##d addition to the already available, predominantly 'n#7led(e based national trainings. As already mentioned, the collaboration between national approaches and the , SSI-. / training(s will be crucial for the further implementation of the , SSI-. / training(s. As , -H. , S and the #bser\*ation of the Pilot \$rainin( Programme discussed, the level of 'n#7led(e and confidence in that 'n#7led(e is high a #n( -H& all #\*er , ur#pe. 2#r these reasons, we will continue to focus on training components that address skills and attitudes, especially in face-to-face settings.

#### 4.3.1 Structure of the ESTICOM trainings

2#r the structure of the training material the suggestion is as follows:

- 2#cus #n interactive training modules, exercises and skills and attitudes in the **face-to-face trainings**
- Include topics that are #re 'n#7led(e-related, that -H& can #r' #n by the #el\*es at h# e #r that can be taught #nly #r primarily in the **E-Learning**
- Address and include local data and Qualities and 'n#7led(e-based topics based #n the by collaboration with the **local/national training programmes**

Some open questions that need to be dealt with the development of the material will be asked to the experts in the peer review to gain their advice:

1. As research carried out to support Objective 3 shows that over 90% of the training that is currently available and accessed by Community Health Workers (CHW) is informational, knowledge-based training do you consider it important that knowledge-based modules should continue to be included within the ESTICOM training? If so, how do we avoid replication of ESTICOM materials with other materials currently in use?

Our concerns are:

- Knowledge based, informational training gets outdated quickly, and it cannot be guaranteed that there will be funding to provide permanent updates to the materials.
- Information needs vary widely across the European region, based largely on the different legal, organisational and regional systems CHW's work within. Therefore, informational, knowledge based materials need to reflect this difference, adding an additional layer of administrative work that cannot be guaranteed to happen with proper process.

Our suggestions are:

- Following the observation and evaluation of the materials during the National Pilot Training events, it is suggested that the face to face training component of the

@)

*training focusses on interactive modules covering skills and attitudinal work, as these are the largest identified gaps in current training provision in Europe.*

*- Knowledge based modules that do not need constant updating and that are deemed important to the ESTICOM training materials will become the E-Learning tools – allowing CHW's to access and work through them at a time and place most appropriate for them.*

*- To include links to relevant online sources of information/resources in Europe (i.e. ECDC) allowing trainers to easily access materials to use for any knowledge based training events.*

*Do you agree that confining informational, knowledge based modules to the E-Learning Tool and concentrating on the skills and attitudinal modules for the face-to-face sessions is the best approach?*

*Which informational, knowledge based topics do you feel need to be included/provided within the E-Learning component of the ESTICOM training?*

*2. Which of the materials provided for review do you consider relevant to the work conducted by CHW, especially considering a long-term timeframe?*

*- Do we continue to include 90-90-90 considering this may no longer be relevant after 2020 and that many changes to the model have been made at a local regional level?*

*- Can you identify any other topics that have been covered that you consider could be outdated and useless within a short timeframe?*

*- Can you identify core materials that you consider are definitely relevant?*

*- What do you think could be done with any materials that are not considered relevant? Exclude them? Keep them as the currently are, and not amend or expand on the current materials?*

*3. A core piece of feedback from the evaluation was that the amount of material available for use was overwhelming, and it was not easy to clearly identify topics relevant to the training needs identified. We have attempted to address this by restructuring the format of the materials to address this issue.*

*- Is the structure of the training programme you are reviewing easy to understand and use? Do you consider it easy or difficult to navigate the document? Does the document follow a logical structure?*

*- Are the tools developed to navigate the document (i.e. the curricula) useful? Could they be optimised?*

*- Are there duplications in the materials that could be avoided?*

*- Do you think any of the materials or modules currently included could be excluded to enable easier accessibility and use of the materials?*

*2#l#7in( the e\*aluati#n and Pil#t \$rainin( Pr#(ra e #bser\*ati#n the ain c#ntent f#r the trainin( aterial 7as identified as f#l#7s:*

2#r the face-t#-face trainin(s the #st i p#rtant #dules are:

- -ultural -# petency B -#ncept E Practice
- &hen I 7as Q#un(
- Dri\*ers #f HIV and Se3ual . rientati#n related sti( a
- Har !educti#n, !esilience and /#ti\*ati#nal Inter\*ie7in( =this #dule 7ill be re-structured in separate #dules?:
  - Har reducti#n
  - !esilience
  - /#ti\*ati#nal Inter\*ie7in( =this #dule 7ill be included in the -#unsellin( /#dule?
- Beha\*i#ur chan(e
- Synde ic Pr#ducti#n /#dels e3ercises =the e3ercises 7ill be included in the face-t#-face trainin( aterial and the #dels in the , -"earnin(?
- -he Se3 =this #dule 7ill be c# pletely re\*ised includin( trainin( ele ents fr# %P\$fs de\*el#ped by nati#nal partners?
- Partnerships Bstatut#ry E -# unity Health < Partnership &#r' "GB\$TI #r(anisati#ns =7ill be e3panded 7ith J%et 7#r' sf?
- Sti( a B Se3ual Health =this #dule 7ill be re\*ised and the c#ntent clarified?
- -# unicati#n E Interpers#nal S' ills
- &h#le Syste Appr#ach
- Vulnerable /S/-sub-(r#ups
- Acti#n Plannin( < Plannin( /#del e3ercise =needs fir er l#(ic?
- \$hin' < 2eel < D# =this #dule 7ill be ne7ly a ended t# the aterial?

. ther t#pics ay be included in the , -"earnin( f#ll#7in( the strate(y enti#ned ab#\*e. In the Peer !e\*ie7 s# e #f these t#pics ay still be s#rted #ut as they are c#\*ered by nati#nal trainin( pr#(ra ers #r c#nsidered as less i p#rtant, s# that they d#nft ha\*e t# be included in the , S\$I-. / trainin( aterial:

- S\$I inf#r ati#n f#r /S/
- %e7 Pre\*enti#n \$echn#l#(ies
- Pre\*enti#n \$e#ry B e\*idence-based ele ents #f a S t# HIV
- , pide i#l#(ical dyna ics
- Synde ic Pr#ducti#n /#dels = #dels #nly, e3ercises in the face-t#-face trainin(s?
- Physical E . nline settin(s B /S/ 7#r'
- Plannin( /#del < Acti#n Plannin( the#ry
- S#cial /edia
- An#7led(e-/ana(e ent =identifyin( useful 7ebsites, (ainin( ' n#7led(e and ' eepin( it up-t#-date?

. ne #dule is addressed c#ncretely f#r Peer-!e\*ie7 feedback' : is the /#dule #n JHIV 8)-8)-8)Fi p#rtant f#r the future #r sh#uld it be s' ipped as it ay bec# e #utdated s##n. If it still sh#uld be included in the final trainin( aterial it is su((ested t# a end

Derivatives of the training material should be based on the needs and requirements of the participants (see also the chapter on the design of the training material).

### 4.3.2 General changes in the training material

The real-life examples of the training material in the Pilot Training Programme has been identified as important issues for participants (general aspects of the training material).

As already mentioned, it is suggested that the final training material should include expanded tips for facilitators to support the learning in running the training. This could cover strategies to help with different levels of learning (experience and background) to integrate and reflect on the influence of cultural difference, especially between peer and non-peer structures, the contents they cover and their previous training history adds to this. The final training material will also include criteria for the selection of training venues and for setting up the venue, as this has an important impact on the atmosphere and success of the training.

Including more concrete examples in the material should support the trainers in the transfer of the theoretical input into the practice and experiences to help the participants learn and practice. The trainers should also be encouraged by elements in the training material to include more examples from their own and others' real-life and their experience as to help support this transfer.

The training pilot also showed that in all aspects of the programme the material needs to be edited to be the essential items. Any trainers reported that the training material is too extensive and that it is hard to identify topics. It was also feedback that some topics are replicated in the material and could be merged. Besides participants the structure of the material – see above? – general aspects in the material will be edited to be more concise.

In the Pilot Training Programme only one country used the participants' background in their training. The general feedback was that this was not needed. Therefore it will be dropped from the final training material and participants will be referred to the learning materials to provide additional support for their learning. The training material will be focused on what will be needed to run the exercise.

The Facilitator Manual information is suggested to be split into

- (a) the information needed to run the exercises and
- (b) extra information that may enable the facilitator to answer any questions that arise from the exercise.

Each session should also include information about its impact within the training and whether the exercise is completed within the session or if it has a longer-term effect. For example, the cultural competence exercise when I was young that helps

participants experience the session (especially since childhood) that affect attitudes, social and self-esteem factors and therefore /S/, could greatly influence the subsequent training topics because of the effects of the exercise on any participants, especially peer -H&. The proper running and success of this exercise impacts other topics such as creating a non-0ud(e mental services. Possible impacts and correlations within the training material should be emphasized.

Another feedback in the training pilot was the structure of the preliminary Preparation slides. The slides contained too much information and were therefore too complex to use in the setting. It became clear that the slides need a better, clearer structure. The final slides should include further short points at a point that will support the trainer by structuring the topic and addressing the main elements. This clearer structure helps the facilitators in the training preparation and running the course.

The format of the training modules will also be re-structured to ease the access and support the training facilitators. Each exercise should be self-contained with everything needed to run that exercise lined together in one element rather than across elements.

A facilitator Preparation for the preparation guide section will be included with each exercise module with suggestions for how to address the training exercise for the local need, when to identify and use local initiatives in the exercise and that preparation is needed to get the maximum benefit from the exercise.

Some topics like Cultural Competency are linked to the Anglo-American culture and terminology and the training pilot showed that they are not easy to understand throughout, but need explanation. Therefore, a key to provide an extensive explanation for terminology such as Cultural Competency will be included.

Some topics are dependent on the target group of participants in the training. This will also be reflected in the training material. For example, a training session could have a specific target group = i.e. - hec' point staff? will be included.

"I've already mentioned it is likely that three categories of training will emerge: face-to-face only, face-to-face plus online support and online, -learning only. The training material will explain why sessions in a face-to-face training that are didactic information only based are generally a waste of time and could be better communicated in other settings like, -learning. At the same time it will be explained how to optimize the very limited resources available in the face-to-face setting and why experiential materials are difficult to replicate online.

It has become clear that more attitudinal buffers for needs should be included to minimize the risk of the trainer being used in an inappropriate way, i.e. in a way that stimulates substance use /S/. , exercises similar to when I was young but concerning substance use and sexual choices needs to be included and provided.



An additional layer of consultation with the P&S facilitators was started to gain more feedback outside of the evaluation. One of the questions is to determine success which languages would be easiest for the trainees to translate the materials from if they are not being translated into the main language of their region. Example B which would be the easiest Slavic language, the easiest Romance language etc.

An example of the materials for the training materials being suggested for use will be provided for the expert review.

During the discussion and findings with the participants in the training pilot, the feedback from the evaluation team and the observation of the P&Ss and P&Ss the following outlines of changes to the training modules are suggested:

## Curriculum A: Skills

**Communication Skills:** diverse / **Interpersonal Skills:** diverse

- o "in's exercise modules will be provided if appropriate and if they feed into one another
- o Facilitators will be encouraged to consider the use of exercises to trigger specific conversations

## Cultural Competency: When I was Young

- o - can be run 7 days: as written currently in the preliminary training material for the shortened version used in the P&Ss. Both versions will be provided, but the facilitators encouraged to use the longer version
- o A number of appropriate pre-empt questions will be added to aid facilitators, addressing use of three questions to pre-empt conversation and (a) when it may be time to end the session

## Cultural Competency

**Including strategies to remove barriers to access; improve quality of services and retention into care; Patient Involvement; Peer Mentoring; Capacity Building and Community Engagement**

**Module 2: Core Concepts in Practice?**

@;

- , 3planati#n #f -ultural -# petency 7ill be edited d#7n t# f#ur p#ints and the lin' a(e t# se3ual health and /S/ a3i ised
- An e3planati#n #f 7hat Jcultural c# petencyf can be in practice t# (r#und discussi#ns 7ill be added
- Set and issue #r enc#ura(e facilitat#rs t# set an issue i.e. Pr, P f#r the s all (r#up discussi#ns #n the f#ur t#pics #utlined t# all#7 c#nsiderati#n #f the sa e t#pic usin( a different f#cus

## **MSM Cultural Competency: Sexual Identity and Gender; Language and Community; Sexual Practices; Homophobia and Mental Health; Age; Ethnicity and Religion**

### **Module 4: Core**

- \$he te3t 7ill be edited appr#priately t# atch #ther -ultural -# petency e3ercises
- \$he issues 7ill be br#' en up, s# that the (r#up d#esnft ha\*e t# c#nsider the all t# c# plete the e3ercise

## **Drivers of HIV and sexual orientation related stigma including lack of knowledge; lack of visibility and social norms relating to sex, sexuality and gender identity**

### **Module 4: Core**

- A (r#up discussi#n =either lar(e #r s aller (r#ups dependant #n nu bers #f participants? #n 7hat the (r#up<s c#nsider t# be sti( a issues related t# HIV and se3ual #rientati#n 7ill be included, then #\*ed t# the e3ercise as 7ritten s# that the discussi#n 7ill be #re Jinf#r edf and the (r#up be 7#r' in( al#n( the sa e lines
- \$he Jfinal presentati#nf sheet 7ill be pr#\*ided as supp#rt d#cu ent rather than (r#up de\*el#pin( #7n B they can flipchart their ans7ers easily fr# these sheets

## **Vulnerable MSM subgroups and subsequent sexual health needs: MSM Youth; MSM Migrants; Non Gay/Bi identified MSM; MSM from ethnic or cultural minority groups; Trans\* MSM; MSM with drug (ChemSex) and alcohol needs; MSM in prison settings**

### **Module 3: Specialist**

- \$he /#dule 7ill be(in 7ith a (r#up discussi#n t# help identify 7hat the (r#ups thin' #f as J\*ulnerable /S/ sub(r#upsf, and als# t# thin' ab#ut 7hich #f th#se they d#nft currently see. Include sh#rt list #f pr# pt (r#ups

=i.e. deaf /S/? t# help the (r#up thin' #f alternates t# th#se they already ' n#7

- o /#\*e #nt# e3ercise as 7ritten, #nly tal' in( ab#ut the sub(r#ups #f interest, aybe th#se n#t 7#r' ed 7ith currently but are ' n#7n ab#ut
- o Pr#0ect De\*el#p ent c#uld be a lar(er (r#up discussi#n as 7ell as s all (r#ups as t# 7hat c#uld be the appr#prie fra e7#r' <settin(<appr#ach t# 7#r' in( 7ith the sub(r#ups they are c#nsiderin(. H#7 c#uld these sub(r#ups participate in the 7#r' bein( de\*el#ped Hby us, f#r usl
- o 2acilitat#r Preparati#n pr# pt t# identify sub(r#ups and 7#r' pr#\*ided 7ith<f#r the bef#re sessi#n

## Case Studies of anti-HIV/LGBT stigma interventions

### Mod 4: Specialist

- o \$his #dule 7asnft used in any %P\$ and it i(ht be difficult t# (et e3a ples #f appr#prie inter\*enti#ns identified f#r use as case studies. \$his /#dule ay be s' ipped #r used #nline as , -learnin( sessi#n #nly. \$he , 3pert ! e\*ie7ers are as' ed f#r their (uidance #n h#7 t# deal 7ith this #dule.

## Curriculum B: Basics

### Health Promotion: Theory & Practice – Harm Reduction, Resilience & Motivational Interviewing

#### Mod 1: Core

- o \$he three ele ents 7ill be splitted apart, li' e discussed ab#\*e:
  - Har ! educti#n and ! esilience 7ill be separated int# indi\*idual e3ercises
  - /#ti\*ati#nal Inter\*ie7in( 7ill be c# bined 7ith -#nsultin( and f#r the face-t#-face trainin( f#cused #n a s all (r#up practice 7ith e phasis #n the practice
- o \$he facilitat#rs 7ill be enc#ura(ed t# pr#\*ide e3a ples fr# the #r(anisati#n and<#r the #7n e3perience

### MSM – Settings for Interventions – Physical and Online

#### Mod 1: Core

- This module will be provided for online, -"earnin( #nly. If any face-t#-face elements ha\*e t# be included they c#uld c#nsist #f a Guic' #\*er\*ie7 #f setting(s and a (r#up discussi#n #f appr#priate inter\*enti#ns #r a facilitat#r pr# pt t# capture discussi#ns ab#ut peer t# peer \*ersus #n-n-peer staffin( #f inter\*enti#ns in places that ay include se3ualised spaces.

## **HIV 90-90-90: the importance of the continuum of care**

### **Mod 2: Core**

- This module is addressed specifically in the Guesti#ns f#r the , 3pert ! e\*ie7ers. It is discussed t# s' ip this #dule c# pletely as it ay ha\*e n# i p#rtance in the future #r included as . nline , -"earnin( #nly f#r pe#ple ne7 t# sect#r. Different re(i#ns ha\*e added their #7n 8)fs int# the Jf#r ulaF =) -8) -8) -8) =Der# sti( atisati#n added?, 8) -8) -8) -8) =added different f#urth J8)F (#als?,S?, this ay be the #nly area f#r discussi#n as t# 7hy and ay be better handled in staff inducti#ns rather than trainin(

## **The epidemiological dynamics of HIV infection among MSM in Europe**

### **Mod 2: Core**

- . nline , -"earnin( #nly as it is ' n#7led(e-based and data #utdates Guic' ly
- "#cal fi(ures t# be pr#\*ided by #r(anisati#n<a(ency pr#\*idin( the trainin( 7ill be su((ested by #nline s#urces =e.(. , -D-? #nly

## **STI information specific to MSM including Epidemiology; Transmission "Risks"; Prevention Options & Resistance**

### **Mod 2: Core**

- / #dule t# be pr#\*ided as . nline , -"earnin( #nly
- 2acilitat#r 7ill be supp#rted in the preparati#n #n l#cal inf#r ati#n B specific l#cal incidence and aybe lin' s t# #n(#in(<ne7 ca pai(ns
- ! esistance B is t## uch e phasis placed #n this 7hen there is a lac' #f e\*idence it is an issue acr#ss the re(i#nsM 2eedbac' fr# , 3pert ! e\*ie7ers (ained
- Partnerships bet7een statut#ry and c# unity health ser\*ices 7ill be e phasised

### Mod 3: Core

- , efficacy of initial questions to the (r#up H&hen and why 7#uld y#u 7ant t# build a partnership? Will be increased
- Gr#up 7ill be re#uested t# identify benefits and ris' sk 7hat pr#jects c#uld benefit fr# partnership 7#r' and share e#periences that they ha\*e #f partnership 7#r' in(
- Inf#r mati#n #dels ar#und partnership 7#r' in( 7ill be pr#\*ided #nline #nly t# be c#nsulted pre- #r p#st-sessi#n
- Partnership 7#r' 7ith "GB\$TI #r(anisati#ns.

### Mod 4: Specialist

- /#dule 7ill be edited t# f#ll#7 the e#ercise #n partnerships bet#een statut#ry and c# #unity health ser\*ices
- Additi#nal e #phasis up#n: understandin( the 7#r' #f "GB\$TI #r(anisati#ns, sti( a and discri #nati#n faced by "GB\$TI pe#ple and p#ssible p#7er dyna #ic i #balances bet#een s #all and lar(e #r(anisati#ns 7ithin partnerships.

## Curriculum C: Good Practice

### Prevention Theory: Evidenced based components of a basic response to HIV, STI\$ and Viral Hepatitis

#### Mod 1: Core

- &hen run in %P\$fs this #dule 7as called H&hat is safer se3 n#7MI, s# it is su((ested t# use this friendlier title
- "in' s bet#een the e\*idence based and p#sited c# p#nents, i.e. \*iral l#ad in anal #ucus n#t ha\*in( researched e\*idence base, sh#uld be stren(thened
- /ainly #nline, but discussi#ns #f H&hat is safer se3 n#7MI and the difference bet#een e\*idence based and p#sited c# p#nents c#uld be useful f#r the face-t#-face trainin(s. \$his 7ill be discussed 7ithin the , 3pert ! e\*ie7.

### Prevention Frontline Interventions (1to1 & Group Information and advice; 1to1 & Group Therapeutic change, [counselling & groups]; Community HIV Testing; Information Resource Provision and dissemination.

#### Mod 1: Core

- Only Jc#unsellin(f 7as run in the %P\$ in Spain and then in a \*ery different f#r at t# the su((ested e3ercise
- , 3ercise sh#uld be br#' en d#7n int# the different c# p#nents and the facilitat#r sh#uld ch##se 7hich ele #nts t# run based #n needs assess #nt rather than the (r#up (#in( thr#u(h all #f the ele #nts
- \$he e3ercise f#r H/#ti\*ati#nal Inter\*ie7in(l 7ill be inte(rated here
- \$he#retical input pr#\*ided #nline #nly

## **Patient engagement and involvement**

### **Mod 3: Core**

- %#t run in any %P\$
- -#uld be s'ipped #r #nline #nly. \$his 7ill be discussed in the , 3pert ! e\*ie7

## **Creating a non-judgemental environment/service**

### **Mod 4: Core**

- \$his e3ercise sh#uld be lin' ed in a clearer 7ay t# #ther e3ercises ar#und cultural c# petency and sti( a
- Initiat#r discussi#n #f 7hat Jn#n-0ud(e #ntalf #ans in s all<lar(e (r#up<s sh#uld be added
- &hen c#nsiderin( chan(es in ser\*ices, the (r#up sh#uld be re #nded t# c#nsider the s all chan(es =i.e. rainb#7 stic' er<fla( in \*ie7? as 7ell as lar(e chan(es =i.e. n#n-discri #nati#n p#licies?
- "in' c#n\*ersati#ns bac' t# real life e3periencesK facilitat#r preparati#n t# c#nsider issues 7ithin #7n -hec' p#int<ser\*ices<#r(s B HH#7 d# staff tal' ab#ut the clients<users #f the ser\*iceMI and #ther pr# pt Guesti#ns.

## **Advanced development exercise in how to improve linkage and retention into care, using case studies as the basis for the development of best practice based on local situations. Topics to include: Using Technology and Online Tools; Using MSM Networks: Peer Led Services and strengthening pathways via Cultural Competence**

### **Mod 2: Specialist**

- %#t run #n %P\$fs.
- \$here has been a difficulty in identifyin( appr#priate inter\*enti#ns t# use as case studies f#r this e3ercise.

- The benefits are completely provided only what should be the benefit of any (bring up discussions here, 3pert! e\*ie7ers input needed.

## Curriculum D: Development

### Prevention Theory: Behaviour change in the planning and implementation of prevention programmes.

#### Mod 1: Core

- The information has to be broken down to basics
- /#dels used should be edited and the planning (t##l provided outside of the P#7erP#int Slide =# it PP slide as it's unreadable? as pdf
- , 3ercise done #nline first and then project de\*el#p ent section #f e3ercise to be done face to face
- Possibly #nline #nly. , 3pert re\*ie7 needed.

### Syndemic Production Model on intertwining factors for poor sexual health for MSM

#### Mod 3: Core

- , dit down to base theory
- Include the simple #del as used #n the \$\$\$ to illustrate syndemics
- Give additional examples to help prompt discussions
- Facilitate Preparation: identify 7#r' that addressed a syndemic if possible

### Sexual Health as part of a whole systems holistic approach to MSM health.

#### Mod 3: Core

- Needs to be linked to exercises #n sti( a and discrimination
- Discussions to be expanded #ut fr# HIV and sexual health to include #ther /S/ health issues that they are linked to.
- "in' to Syndemic Production /#dels useful

## **New Prevention Technologies: TasP; PEP; PrEP; Self Sampling/Self Testing**

### **Mod 1: Specialist**

- , 3ercise t# be edited t# all#7 each techn#l#(y t# be e3pl#red separately, s# that #nly secti#ns rele\*ant t# the 7#r' can be c# pleted
- 2acilitat#r Preparati#n: 7hat is the l#cal situati#n re(ardin( the techn#l#(y bein( e3pl#redM

## **Social Marketing: Digital Media, Social Media, Influencer Engagement & PR, other media i.e. Print & Broadcast**

### **Mod 1: Specialist**

- %#t used as 7ritten in %P\$fs.
- It is su((ested t# use this #dule #nline #nly usin( , -D- #dules. Is there a benefit in the pr#0ect buildin( ai #f that secti#n #f the e3ercise after the #nline secti#n has been c# pletedM Peer ! e\*ie7 , 3perts ad\*ise needed.

## **Tailored training for: Mainstream Sexual Health services; Primary Care Doctors; Healthcare Assistants; Mental Health Services; Drug & Alcohol Services; Prison Services**

### **Mod 4: Specialist**

- %#t used in %P\$fs.
- . nline #nly, as itfs an ad\*is#ry, preparati#n-based e3ercise t# help the ser\*ice identify trainin( needs



## 5 Conclusion

The SSI- / Pilot Training Program was successful and provided important feedback and insights into training needs and the work of H&I in very different settings, environments and conditions throughout the year. It is an important resource for the development and enhancement of the SSI- / Training Material and future training programs for H&I in the future. The evaluation results and the recommendations of the evaluation team as well as the findings of the pilot training observers will be integrated in the revised version of the Training Material.

This revised Training Material forms the basis for the Peer Support Initiative. It will be presented as Deliverable D1) on 2 February 2018 and then included in the Peer Support Initiative Package (D1) on 7 February 2018, which will be presented to the contracting authority latest on 14 February 2018.

## **6 Appendix**

**6.1 Data Analysis Guideline & Evaluation Tools**

**6.2 Evaluation Report ToT Workshops Berlin**

**6.3 Evaluation Report ToT Workshops Warsaw**

**6.4 Evaluation Report ToT Workshops Vilnius**

**6.5 Evaluation Report ToT Workshops Athens**

**6.6 Summary Report ToT evaluation**

**6.7 Evaluation Report NPT Romania / Moldova**

**6.8 Evaluation Report NPT Poland**

**6.9 Evaluation Report NPT England**

**6.10 Evaluation Report NPT Germany**

**6.11 Evaluation Report NPT Austria**

**6.12 Evaluation Report NPT Spain**

**6.13 Evaluation Report NPT Greece/Cyprus**

**6.14 Evaluation Report Portugal Porto**

**6.15 Evaluation Report NPT Croatia**

**6.16 Evaluation Report NPT Switzerland**

**6.17 Evaluation Report NPT Italy**

**6.18 Evaluation Report NPT Czech Republic**

**6.19 Evaluation Report NPT Baltic Countries Latvia, Lithuania, Estonia**

**6.20 Evaluation Report NPT Finland**

**6.21 Evaluation Report NPT Sweden**

**6.22 Evaluation Report Bulgaria**

**6.23 Evaluation Report Portugal Lisbon**

**6.24 Evaluation Report NPT Denmark**

**6.25 Summary Report NPT Evaluation**

**6.26 Overview training modules used in the NPT's**

**6.27 Observation tool sheet**



**Deliverable D10.4**

**ESTICOM Training Programme**

**Pilot Training Evaluation Report**

**Appendix 6.1**

**Data Analysis Guideline &  
Evaluation Tools**

# **Evaluation National Pilot Trainings**

## **Data Analysis Guideline & NPT Evaluation Tools**

Developed by Work Package 11 of the ESTICOM Project –  
ResultsinHealth, Evaluation Team

## Table of Contents

<b>1. Evaluation of the Training Process .....</b>	<b>3</b>
<b>1.1. Training Organisation and Experience .....</b>	<b>3</b>
1.1.1. Group Assessment.....	3
1.1.2. Observation by an External Evaluator .....	3
<b>2. Post-training Evaluation: Participants' Satisfaction with NPT .....</b>	<b>4</b>
<b>3. Evaluation of Facilitation Process &amp; Facilitators' Performance.....</b>	<b>5</b>
<b>4. Evaluation of Training Sessions .....</b>	<b>6</b>
<b>5. Evaluation of Training Impact .....</b>	<b>8</b>
<b>6. Template Evaluation Report .....</b>	<b>10</b>
<b>7. Guideline and Tools NPT Evaluation .....</b>	<b>11</b>
Guideline for NPT evaluation tools .....	11
Summary of Tools & Timing .....	12
Tool No. 1 – Evaluation of TOT Training Process – Group Assessment .....	14
Tool No. 2 - Observation Tool TOT – For Independent Observer/Evaluators .....	15
Tool No. 3 – Post-training Assessment; Satisfaction with Training.....	16
Tool No. 4 – Evaluation Training Sessions.....	17
Tool No. 5 - Pre-training Assessment - Training Impact .....	21
Tool No. 6 - Post-training Assessment - Training Impact.....	22
Logos ESTICOM Project.....	23

# 1. Evaluation of the Training Process

## 1.1. Training Organisation and Experience

For the evaluation of the training process, there are 2 sources of data gathered while the training is conducted: group assessment and observation by an external evaluator.

### 1.1.1. Group Assessment

#### Evaluation Tool No. 1

Please note: results of the line “*facilitators’ performance*” should be included in the evaluation of the facilitation process and facilitator’s performance (see Section 2 of this manual).

#### Analysis:

- Review or count the number of reactions for each line/item
- Describe the pattern or trends – *see example below:*

*Most participants agreed that the organisation of the training (in terms of communication with the participants and support provided beforehand, but also the training venue, facilities and the breaks during the training and joint dinner) was either satisfactory or very satisfactory. Some participants were less satisfied with ...*

... you may continue with more detailed information ....

### 1.1.2. Observation by an External Evaluator

#### Evaluation tool No. 2

#### Analysis:

- Review the data obtained and match or compare this data with the data gathered in the group assessment
- Present the (combined) data in a table using 4 different colours: Red (*unsatisfactory*), Yellow (*neutral*), Green (*satisfactory*) and Blue (*very satisfactory*) for each session. If the results from the Group Assessment and those from the observer differ significantly for one or more of the items, you can choose to split the corresponding square into two colours – *see the example table below*

- The numbered row indicates the session numbers (1 = session 1; 2 = session 2, etc.)
- The main column lists the items evaluated

Figure x; Table of training process evaluation

Aspects of training process	Session						
	1	2	3	4	5	6	7
Time Management and allocation	Green	Yellow	Yellow	Green	Yellow	Green	Green
Training equipment's	Green	n/a	Blue	Green	Green	Green	n/
Group/Class interaction (including group exercises)	Blue	Blue	Blue	Green	Green	Blue	Blue
Facilitators performance	Blue	Green	Blue	Blue	Green	Yellow	Blue
Introduction and ice-breakers	Blue	Green	Blue	Green	Green	Green	n/
<b>Scale:</b>							
<b>Unsatisfactory</b>	<b>Neutral</b>		<b>Satisfactory</b>		<b>Very satisfactory</b>		

- c. Describe or narrate the main results accordingly - see example below.

*Data collected shows that the time management and allocation could have been better in session 1 (title of the session), session 4 (title) and session 5 (title). In all three sessions, more time was used. This extra time was allocated to small group exercises and discussing the questions that came up in the group. Participants did not have a problem with this. If anything, some expressed the need for more time to be allocated to these particular sessions.*

## 2. Post-training Evaluation: Participants' Satisfaction with NPT

### Evaluation Tool No. 3

*Please note: results of the lines on the "facilitation process" and "wanting to be trained again by the facilitators of this training" should be included in the evaluation of the facilitation process and facilitator's performance (see Section 2 of this manual).*

#### Analysis:

- Count and/or tabulate the quantitative data manually or with support of software such as MS Excel or other comparable software;
- List the qualitative feedback obtained and group them according to themes if applicable. For instance: participants take-home lessons, skills acquired, etc.

	B	C	D	E	F
	1 (disagree)	2 (somewhat agree)	3 (agree)	4 (strongly agree)	Total Count of Value
1	Count of Value	Count of Value	Count of Value	Count of Value	
2 <b>Row Labels</b>					
3 I enjoyed the training			3	11	14
4 I feel that this training was an appropriate use of my time		2	3	9	14
5 I would like to be trained again by the facilitators of the training			1	3	4
6 I would like to be trained again by the facilitators of the training		1	2	7	10
7 I would recommend this training to my colleagues		2	3	9	14
8 The participants workbook was helpfull in enhancing my understanding of the sessions	1	3	7	2	13
9 The reading materials provided were relevant and supportive		5	6	2	13
10 The slides presented during the training were clear and are of added value to the session		2	6	5	13
11 The training is useful for my work			7	7	14
12 The training's facilitation process was good		1	6	7	14
13 <b>Grand Total</b>	<b>1</b>	<b>16</b>	<b>44</b>	<b>62</b>	<b>123</b>
14					
15 <b>Qualitative Feedback:</b>					
16 How will you use what you have learnt during this training in your future work?					
17 really enjoy being a part of this training. Was a real positive experience					
18 clearly to check occurence between Esticom and my usual work					
19 new theoretical model to implement new project, experience from other participants to get a new fresh point of view to trains my new "volunteers"an					

- c. Describe or narrate the main results accordingly and include quotes where appropriate – see the example below:

*At the end of training weekend #2, participants were asked to indicate their level of satisfaction with various topics related to the training they had just completed. No*



negative feedback was received. All participants indicated they had very much enjoyed the training and that they consider the training to be useful for their work as Community Health Workers. They felt the training was an appropriate use of their time and would recommend it to their colleagues. “[I] really enjoyed being a part of this training. [It] was a real positive experience.”

Participants rated the training with an overall score (1-10), with an average score of 8.3 (ranging from 6 to 10). When asked about how they thought they would use the training in their future work, responses showed various ideas. Feedback was received regarding the use of the training in terms of theory, shared experiences and future collaborations: “New theoretical models to implement [in] new projects, experiences from other participants to get a new fresh point of view to train my ‘new’ volunteers and colleagues.” In addition, several participants felt what they had learned would be very useful in their own training activities: “I think it will help me become a trainer in my organisation.”

### 3. Evaluation of Facilitation Process & Facilitators’ Performance

#### Evaluation Tools No. 1 and 3

*Please note:* as mentioned above, the data for this part of the evaluation is obtained from the training process evaluation (*facilitators’ performance*) and the post-training evaluation (*facilitation process* and “*wanting to be trained again by the facilitators of this training*”).

#### *Analysis:*

- a. Count and/or tabulate the quantitative data manually or with support of software such as MS Excel or other comparable software – *see example in Section 1.2*
- b. List the qualitative feedback obtained
- c. Describe or narrate the results accordingly – *see example below*

*The facilitators’ performance was rated very positively overall. The facilitators were very clear and open in the way they communicated with the participants. They provided a clear and open space for the knowledge, experience and questions of the participants. Facilitators introduced each session clearly and checked in with the participants to see if there were any remaining questions or feedback from the previous session/day.*

*In session 4, facilitator’s performance was valued particularly high. Participants appreciated the trainers’ active engagement. In addition, participants felt the facilitators had a good feel for the group, being able to adapt where necessary: “Pleasant to see that the trainers also participate, and they are open about the fact that this is the first workshop, they really sense the vibe in the group”.*

## 4. Evaluation of Training Sessions

### Evaluation Tool No. 4

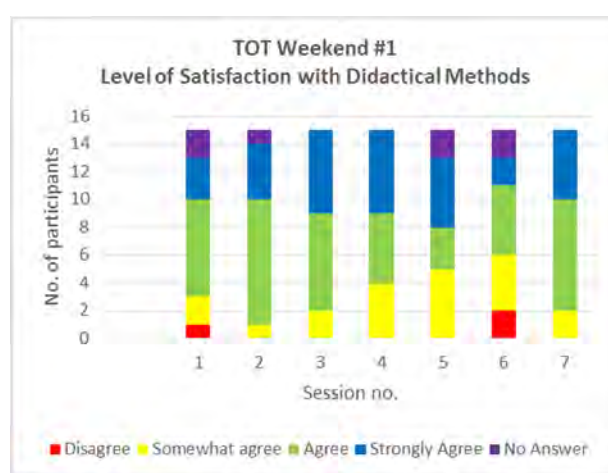
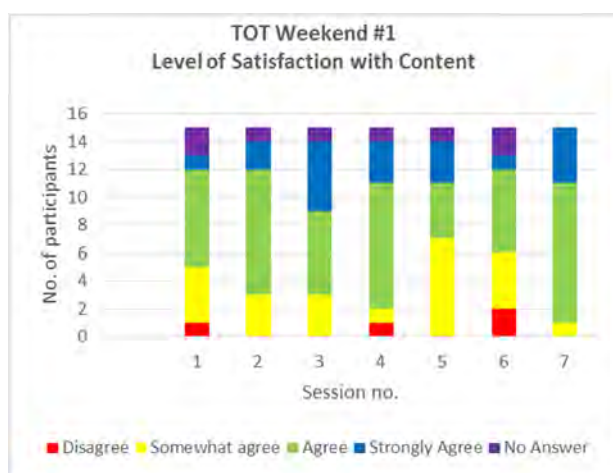
#### Analysis:

- Check the completeness of the forms you receive. The number of completed forms should match the number of participants.
- Count and/or tabulate the quantitative data manually or with support of software such as MS Excel or other comparable software – *see example below*:

Session	Question	1 (Disagree) Count of Project	2 (Somewhat agree) Count of Project	3 (Agree) Count of Project	4 (Strongly agree) Count of Project	No Answer Count of Project	Total Count of Project
1	content of this session			1	5	7	2
	learning and teaching methode used			1	2	10	2
2	content of this session			2	6	6	1
	learning and teaching methode used			1	4	9	1
3	content of this session				2	12	1
	learning and teaching methode used			1	1	12	1
4	content of this session			2	2	10	1
	learning and teaching methode used				4	10	1
5	content of this session			1	5	8	1
	learning and teaching methode used	1			4	9	1
6	content of this session			2	8	5	
	learning and teaching methode used	1		2	8	4	
7	content of this session				3	12	
	learning and teaching methode used				5	10	
8	content of this session				3	12	
	learning and teaching methode used				4	11	
<b>TOTAL</b>		<b>2</b>	<b>13</b>	<b>66</b>	<b>147</b>	<b>12</b>	<b>240</b>

Figure 1; example of coding data into excel sheet (training sessions)

- Present or visualise the quantitative data using column-graphs (or other) and use the 4 colours: Red (*disagree*), Yellow (*somewhat agree*), Green (*agree*), Blue (*strongly agree*) and Purple (*no answer*) for each session – *see the example graphs below*:



- List the qualitative feedback obtained per session using the following table:

Session	Feedback
1	The goal of the session was not entirely clear, I would advise you to have example as materials, training and clear overview of expectations
2	For me personally more structure/summary will be useful
3	A very good session; perfect wrap of presentation and reflection on it.
4	Perhaps a role play can serve this session's objectives e.g. CHW counsellor - Muslim, CHW counsellor - Roma person

- e. Describe or narrate the main results accordingly by combining the quantitative and qualitative data:

***Session 3**, where participants focused on stigma-related topics and exercises, was considered very satisfactory in terms of both content and didactical methods used and there being “time for emotions and to express them”.*

*Looking at **Session 5**, the content was considered less satisfactory by the participants. This can be explained by the fact that some participants were not aware that they were supposed to organise an NPT and conduct a needs assessment in their respective countries: “Finding out we need to deliver the NPT was a shock!”; “They overwhelmed me with this needs assessment, but very supportive and explained a lot about it”. In addition, there was some confusion about the purpose of the NPT and the needs assessment, what they entailed exactly and how to go about organising them. The fact that these topics were addressed at the end of the day may have contributed to the confusion: “I don’t think at the end of the day was the right time to have this session in such a way this felt like the most important session and the energy level was low”.*

## 5. Evaluation of Training Impact

### Evaluation Tool No. 5 and 6

There are 2 evaluation tools used to assess the training impact: pre-training assessment (No. 5 - completed before the start of the training) and post-training assessment (No. 6 - completed after the training).

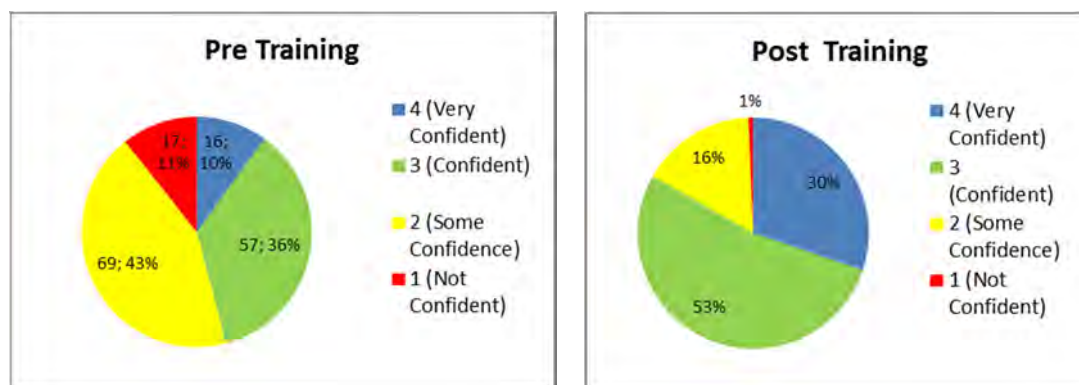
#### Analysis:

- Check the completeness of the forms you receive. The number of completed forms should match the number of participants.
- Count and/or tabulate the quantitative data manually or with support of software such as MS Excel or other comparable software – *see example below*:

Pre and post assessment on level of confident on certain items or topics

No	Items or topic	Very Confident (4)		Confident (3)		Some confidence (2)		Not Confident (1)	
		Pre	Post	Pre	Post	Pre	Post	Pre	Post
1	Have a good understanding of the ESTICOM project and TOT workshop		8	3	5	10	2		
2	Have a greater understanding of the context, strengths and challenges of working as CHW	1	4	11	11	4			
3	Am aware of the strengths and challenges of my work with MSM	5	6	10	9	1			
4	Have a good understanding of the origin of stigma and discrimination and its impact on CHW and MSM health	4	6	8	7	3	2	1	
5	Am aware of the concept of cultural competency and existing belief systems, attitudes, and cultural needs within the context of MSM health		1	9	11	7	2		
6	Have a broad perspective of the potential needs of National Pilot Training (NPT) participants			1	8	10	6	5	1
7	Understand the role and purpose of the local needs assessments in the ESTICOM project	1	5		8	12	2	3	
8	Have good knowledge of the main behaviour change theories and how to apply them to an intervention	2	1	4	6	8	8	2	
9	Am aware of the role of facilitators and facilitation in the training context	1	9	7	4	6	2	2	
10	Have knowledge of practical strategies and increased confidence in working with groups	2	5	4	10	8		2	
Total		16	45	57	79	69	24	17	1

- Visualise the aggregate (total) data using a pie chart or other chart, using the 4 different colours: Red (*not confident*), yellow (*some confidence*), Green (*confident*) and Blue (*very confident*) for each session – *see example pie charts below*:

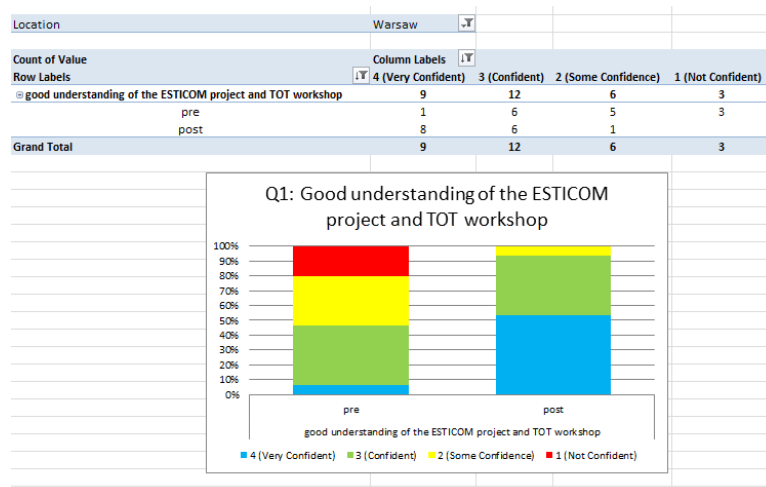


- Describe or narrate the main results accordingly – *see example below*:

*Participants' level of confidence was measured to assess their achievement of the intended learning outcomes (Qx-Qx). The level of confidence was measured using a fully anonymous self-assessment questionnaire, administered before and after the training.*

Results show that participants feel more confident on all topics evaluated. This result is visualised in the pie charts above, showing the significant increase in the proportion of participants who feel confident (green) and very confident (blue) about the selected topics after the training. Specifically, whereas before the training, several participants indicated that they had no confidence regarding certain topics, only one person still felt unconfident, with only one of the topics, after the training.

- e. Select results that are relevant for the NPT (i.e. represent achievement of the objectives of the training) and visualise that data using a bar chart, using the 4 different colours: Red (*not confident*), yellow (*some confidence*), Green (*confident*) and Blue (*very confident*) for each session – see the example below:



- f. Describe or narrate the results accordingly and – where applicable - connect them to corresponding results from other tools – see the example below:

*A second objective of the training is to increase participants' confidence and skills in facilitating a Training. The learning outcomes directly connected to this goal - awareness of the role of facilitators and facilitation [Q.9], knowledge of practical strategies and increased confidence in working with groups [Q.10] and awareness of different learning and training styles to use in a training [Q.16] - all show a significant increase in confidence. This increase is particularly high for Q.16, with more than 70% of the participants feeling very confident regarding this topic after attending the TOT, whereas more than half of the participants had felt little confidence beforehand. This increase in the level of confidence reflects the positive feedback received on the session connected to this learning outcome (session 13), where participants were very satisfied with both the content and didactical methods used.*

## 6. Template Evaluation Report

### 1. Introduction:

About the context of the training (where and when did it take place, who attended, what are their backgrounds, etc.)

### 2. The training

Explain the content and the evaluation of the training. Include a table with the titles, didactical methods used and learning outcomes per session – see the example below

No	Session Title	Didactical methods	Learning outcomes
1	Belief systems, attitudes and cultural competency	Plenary presentation (Cultural Competence); group work (groups of 4 working on Cultural Competency Assessment) & Facilitated feedback on group work)	Q.5. Am aware of the concept of cultural competency and existing belief systems, attitudes, and cultural needs within the context of MSM health
2	...etc.		

### 3. Results: Evaluation of The Training Process

3.1. Training organisation and Experience

3.2. Post Training evaluation: Participants' satisfaction with the training

3.3. Evaluation of facilitation and facilitator's performance

### 4. Results: Evaluation of Training sessions

4.1. Feedback per session

### 5. Results: Training impact

### 6. General Conclusions

- Training process
- Level of satisfaction with the training
- Facilitation process and performance
- Training Sessions – Content and Didactical methods
- Training impact

## 7. Guideline and Tools NPT Evaluation

### Guideline for NPT evaluation tools

#### General:

- Please include the logos of ESTICOM and the Training Programme to the tools (see last page of this document)
- Feel free to add your own logo as well

#### Tools included in this document:

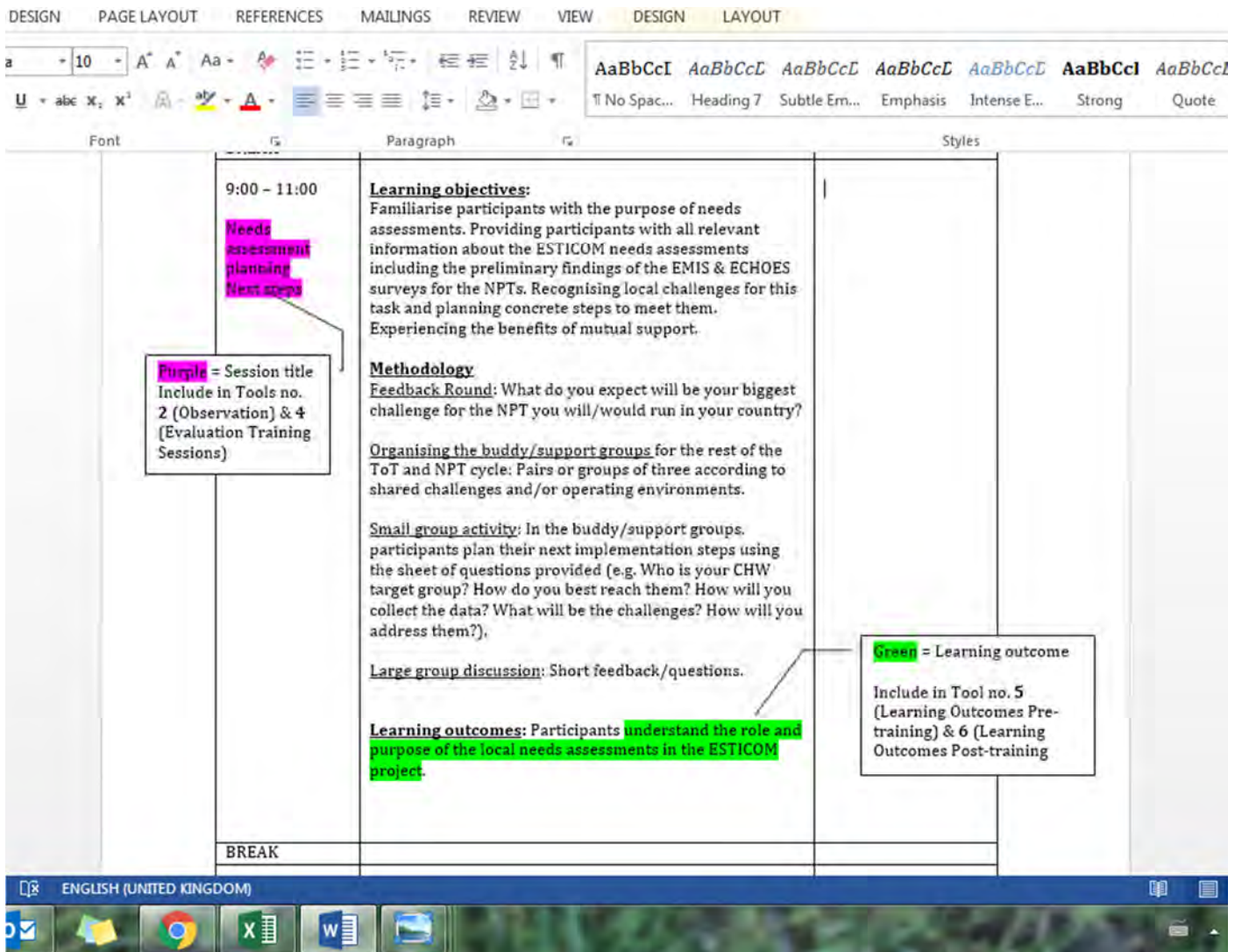
- Tool no. 1** - Training Process; Group Assessment  
*Goal:* Gather group data about level of satisfaction with training organisation and experience  
*When:* Put up in training room to be filled out by participants during the training
- Tool no. 2** - Training Process; External observer  
*To be filled in by ESTICOM representative*
- Tool no. 3** - Post-training Evaluation; Satisfaction with Training  
*Goal:* Gather anonymous, individual data about level of satisfaction with specific aspects of the training delivered  
*When:* Filled out after the last training session has finished
- Tool no. 4** - Evaluation of Training Sessions  
*Goal:* Gather anonymous, individual data about level of satisfaction with specific aspects of each training session (e.g. content addressed, didactical methods used)  
*When:* Filled in at end of each training day, covering the sessions addressed that same day
- Tool no. 5** - Pre-training Assessment; Training Impact  
**Tool no. 6** - Post-training Assessment; Training Impact  
*Goal:* Gather anonymous, individual data about the level of confidence regarding pre-defined learning outcomes for each training session  
*When:* Pre-training assessment is filled in before the training starts; Post-training assessment is filled in after the last training session has finished

## Summary of Tools & Timing

Type	Format	Source of Data and Tool	Timing
<b>1. Training Process</b>			
Training organization and Experience	Group	Participants (Tool #1)	Tool #1 is put up mid-training. Tool#2 is completed during the training.
	Individual	External observer (Tool #2)	
Participants' level of satisfaction	Individual	Participants (Tool #3)	Tool #3 at the end of training
<b>2. Training Facilitation</b>			
Facilitation Process and Facilitators' performance	Individual	Participants (included in Tool #1 and #3)	See above
<b>3. Training Materials (On Learning objectives per session)</b>			
Content and didactical methods	Individual	Participants (Tool #4)	Tool #4 is split up per training day and handed out at the end of each day (addressing training sessions of that day)
<b>4. Training Impact (On Learning outcomes per session)</b>			
Level of confidence on selected learning outcomes	Individual	Participants (Tool #5 and #6)	Tool #5 is handed out at the beginning and Tool #6 at the end of training.







The **screenshot** below shows the items in your training programme that need to be integrated into the evaluation tools.



## Tool No. 1 – Evaluation of TOT Training Process – Group Assessment

**Date:**

**Location:**

<b>Please indicate your assessment of the following items:</b>	 Unhappy	 Neutral	 Happy	 Very happy
<b>Training Experience</b>				
Time management and allocation per session				
Training Equipment (projector, other devices)				
Group/Class Interaction				
Facilitators' Performance				
Introductions and ice breakers				
<b>Training Organisation</b>				
Communication with participants				
Support (e.g. information provided beforehand regarding the training, venue and accommodation)				
Registration and reception				
Training venue				
Facilities for participants (Wi-Fi etc.)				
Coffee-tea breaks, lunch and joint dinner				

**Notes:**

- The form will be printed in A3 and be put up in the training room during the training

Tool No. 2 - Observation Tool TOT – For Independent Observer/Evaluators

Date: \_\_\_\_\_

Location: \_\_\_\_\_

Observer: \_\_\_\_\_

	Session title: ...				
Item	Unsatisfactory	Neutral	Satisfactory	Very satisfactory	Observer's Notes
Time management and allocation					
Training Equipment (e.g. projector, other devices)					
Group/Class Interaction <i>(including group exercises)</i>					
Facilitators' Performance					
Introductions and ice breakers					

### Tool No. 3 – Post-training Assessment; Satisfaction with Training

**Date:** \_\_\_\_\_ **Location:** \_\_\_\_\_

We would like to know whether you are satisfied with the training you attended, so that we can improve it where necessary. To do this, we ask you to fill in this form.

Please indicate your level of satisfaction in each of the following:

<b>1 (Disagree)</b>	<b>2 (Somewhat agree)</b>	<b>3 (Agree)</b>	<b>4 (Strongly Agree)</b>
<b>This training is <i>useful</i> for my work</b>			
1	2	3	4
<b>I <i>enjoyed</i> the training</b>			
1	2	3	4
<b>I feel that this training was an <i>appropriate use of my time</i></b>			
1	2	3	4
<b>The training's <i>facilitation process</i> was good</b>			
1	2	3	4
<b>I would like to be trained again by the <i>facilitators</i> of this training</b>			
1	2	3	4
<b>I would <i>recommend</i> this training to my colleague(s)</b>			
1	2	3	4
<b>Overall score for this training (from 1 – 10)</b>			
<b>How will you use what you have learned during this training in your future work?</b>			

## Tool No. 4 – Evaluation Training Sessions

### Day 1

**Date:** \_\_\_\_\_ **Location:** \_\_\_\_\_

To be able to evaluate the training sessions of the National Pilot Training, we would like to ask you to indicate your level of satisfaction with some aspects of the sessions that were addressed today.

Please indicate your level of satisfaction using the below scale in each of the following:			
1 (Disagree)	2 (Somewhat agree)	3 (Agree)	4 (Strongly agree)
<b>Session 1. ...</b>			
The <b>content of this session</b> provides a clear and up-to-date overview of the topic(s) addressed			
1	2	3	4
The learning and teaching <b>methods used</b> were helpful in enhancing my understanding of this session			
1	2	3	4
Do you have any suggestions for improvement?			

Please indicate your level of satisfaction using the below scale in each of the following:			
1 (Disagree)	2 (Somewhat agree)	3 (Agree)	4 (Strongly agree)
<b>Session 2. ...</b>			
The <b>content of this session</b> provides a clear and up-to-date overview of the topic(s) addressed			
1	2	3	4
The learning and teaching <b>methods used</b> were helpful in enhancing my understanding of this session			
1	2	3	4
Do you have any suggestions for improvement?			

Please indicate your level of satisfaction using the below scale in each of the following:			
1 (Disagree)	2 (Somewhat agree)	3 (Agree)	4 (Strongly agree)
<b>Session 3. ...</b>			
The <b>content of this session</b> provides a clear and up-to-date overview of the topic(s) addressed			
1	2	3	4
The learning and teaching <b>methods used</b> were helpful in enhancing my understanding of this session			
1	2	3	4
Do you have any suggestions for improvement?			

Please indicate your level of satisfaction using the below scale in each of the following:			
1 (Disagree)	2 (Somewhat agree)	3 (Agree)	4 (Strongly agree)
<b>Session 4. ...</b>			
The <b>content of this session</b> provides a clear and up-to-date overview of the topic(s) addressed			
1	2	3	4
The learning and teaching <b>methods used</b> were helpful in enhancing my understanding of this session			
1	2	3	4
<b>Do you have any suggestions for improvement?</b>			

<b>Is there anything else on your mind?</b>
---

Day 2

Date: \_\_\_\_\_ Location: \_\_\_\_\_

Please indicate your level of satisfaction using the below scale in each of the following:			
1 (Disagree)	2 (Somewhat agree)	3 (Agree)	4 (Strongly agree)
<b>Session 5. ...</b>			
The <b>content of this session</b> provides a clear and up-to-date overview of the topic(s) addressed			
1	2	3	4
The learning and teaching <b>methods used</b> were helpful in enhancing my understanding of this session			
1	2	3	4
Do you have any suggestions for improvement?			

Please indicate your level of satisfaction using the below scale in each of the following:			
1 (Disagree)	2 (Somewhat agree)	3 (Agree)	4 (Strongly agree)
<b>Session 6. ...</b>			
The <b>content of this session</b> provides a clear and up-to-date overview of the topic(s) addressed			
1	2	3	4
The learning and teaching <b>methods used</b> were helpful in enhancing my understanding of this session			
1	2	3	4
Do you have any suggestions for improvement?			

Please indicate your level of satisfaction using the below scale in each of the following:			
1 (Disagree)	2 (Somewhat agree)	3 (Agree)	4 (Strongly agree)
<b>Session 7. ...</b>			
The <b>content of this session</b> provides a clear and up-to-date overview of the topic(s) addressed			
1	2	3	4
The learning and teaching <b>methods used</b> were helpful in enhancing my understanding of this session			
1	2	3	4
Do you have any suggestions for improvement?			

Please indicate your level of satisfaction using the below scale in each of the following:			
1 (Disagree)	2 (Somewhat agree)	3 (Agree)	4 (Strongly agree)
<b>Session 8.</b>			

The <b>content of this session</b> provides a clear and up-to-date overview of the topic(s) addressed			
1	2	3	4
The learning and teaching <b>methods used</b> were helpful in enhancing my understanding of this session			
1	2	3	4
<b>Do you have any suggestions for improvement?</b>			

<b>Is there anything else on your mind?</b>



### Tool No. 5 - Pre-training Assessment - Training Impact

We would like to be able to measure the effectiveness of the sessions you attend during the Training to ensure that you are getting what you need from the training. To do this, we ask you to fill in a pre-training assessment form before each training weekend. After each training weekend, you will be asked to fill out a post-training evaluation form.

**Date:** \_\_\_\_\_

**Location:** \_\_\_\_\_

Before attending the National Pilot Training, please indicate your level of confidence with each of the following:

	<b>Very confident</b>	<b>Confident</b>	<b>Some confidence</b>	<b>Not Confident</b>
<b>I am confident I...</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>
Learning outcome 1...				
Learning outcome 2...				

### Tool No. 6 - Post-training Assessment - Training Impact

We would like to be able to measure the effectiveness of the sessions you attend during the Training to ensure that you are getting what you need from the training. To do this, we ask you to fill in this post-training assessment form.

**Date:** \_\_\_\_\_

**Location:** \_\_\_\_\_

After attending the National Pilot Training, please indicate your level of confidence with each of the following:

	Very confident	Confident	Some confidence	Not Confident
<b>I am confident I...</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>
Learning outcome 1...				
Learning outcome 2...				

Logos ESTICOM Project





**Deliverable D10.4**

**ESTICOM Training Programme**

**Pilot Training Evaluation Report**

**Appendix 6.2**

**Evaluation Report**

**Training of Trainer Workshops  
Berlin**



# **Evaluation Report Training of Trainers Workshop ESTICOM**

**Berlin, Germany**

*26-28 January & 23-25 February 2018*

# Table of Contents

- 1. Introduction** ..... 3
- 2. Training of Trainers Workshop Berlin**..... 3
- 3. Evaluation of Training Process** ..... 4
  - 3.1. Organisation & Experience ..... 4
  - 3.2. Post-training Evaluation: Participants’ Satisfaction with TOT ..... 7
  - 3.3. Evaluation of Facilitation Process & Facilitators’ Performance ..... 8
- 4. Evaluation of Training Sessions** ..... 9
  - 4.1. Feedback per session ..... 9
- 5. Training Impact** ..... 11
  - 5.1. Short-term Impact of TOT: Level of Confidence ..... 11
  - 5.2. Long-term Impact Evaluation: Facilitating NPT and Changes in work as CHW..... 14
- 6. General conclusions** ..... 16
- 7. Essential training components for the NPTs**..... 16
- Acknowledgements and Disclaimer..... 17
- Contact details for this document ..... 17

## 1. Introduction

This report falls under Objective 3 of the European Surveys and Training to Improve MSM Community Health (ESTICOM) project, which is funded from September 2016 to August 2019 by the Consumers, Health, Agriculture and Good Executive Agency (CHAFEA) of the European Commission. Objective 3 aims to develop training material and a training programme for Community Health Workers (CHW) that work with men who have sex with men (MSM) in Europe. The Training Programme consists of two parts: (1) Training of Trainers workshops and (2) National Pilot Trainings. This report presents the findings of the evaluation of the first Training of Trainer workshop, organised in Berlin, Germany.

The training programme aims to increase the knowledge and skills of Community Health Workers to develop and implement a range of activities and services to improve access to HIV, STI and viral hepatitis prevention and health care for MSM. The main aim of the Training of Trainer workshops is to educate experienced CHW from a variety of countries and contexts to perform National Pilot Trainings (NPT) in their home countries. The programme is designed to increase the capacity and confidence of TOT participants to plan and facilitate national training based on the modules and materials developed by the ESTICOM consortium.

The overall purpose of the training evaluation is to assess the training materials developed by Objective 3. The aim of the evaluation is to provide insights to the results achieved, lessons learnt, relevant findings, obstacles and recommendations for the finalisation of the training material. It covers feedback on the training material as well as the training programme and process.

## 2. Training of Trainers Workshop Berlin

Each Training of Trainers consists of 2 training weekends, separated by 1 month. The Training of Trainers workshop in Berlin, Germany was organised at the office of Deutsche Aids Hilfe. The first TOT weekend was held from Friday 26 – Sunday 28 January 2018. This weekend was attended by 16 participants from 8 countries (France, Germany, England, Ireland, the Netherlands, Austria, Belgium and Switzerland). The participants' backgrounds ranged from managers, technical/policy officer and/or service providers. The second TOT weekend was organised from Friday 23 – Sunday 25 February 2018. This training was attended by 15 participants, with one participant from the first weekend not being able to attend<sup>1</sup>.

Both TOT weekends were facilitated by Matthias Wentzlaff-Eggebert and Deirdre Seery (professional trainers, agreed upon by the ESTICOM consortium). The first training weekend consisted of 7 sessions, the second weekend of 8 sessions. For each session, specific learning outcomes were defined, and various didactical methods were used. Table 1 lists the sessions, didactical methods and learning outcomes for both TOT weekends. Figure 1 shows the main topics and timeline of the TOT workshop.

### *Evaluation*

For this TOT, three main items were evaluated:

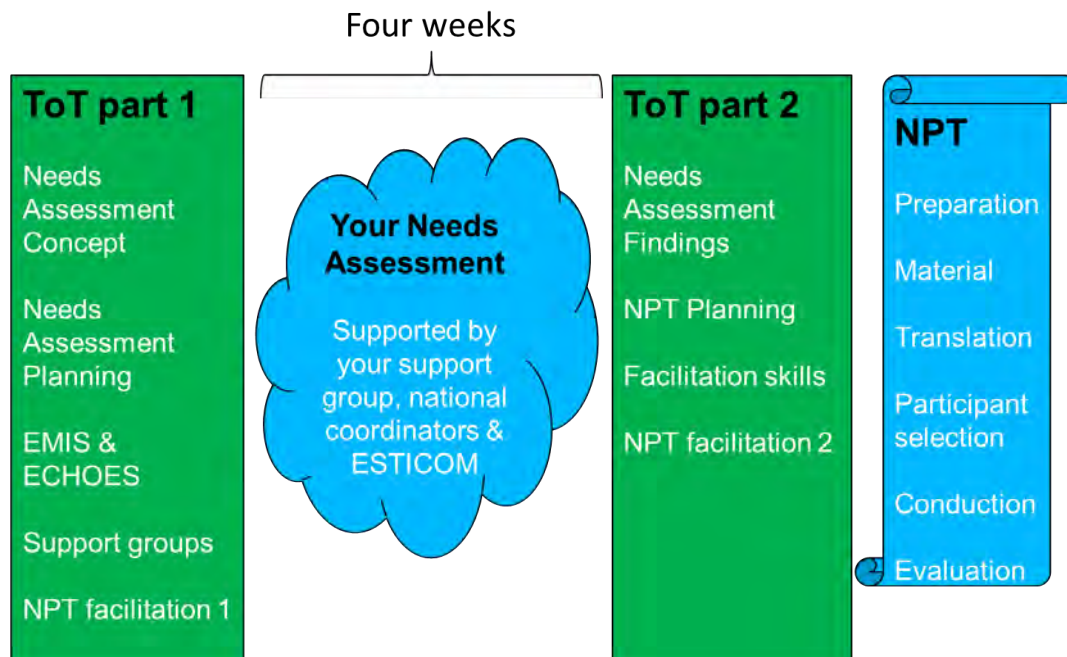
- ! Training process – group assessment and individual observation by an independent observer
- ! Training materials – collected per session, individual and anonymous
- ! Training impact – measured short-term & long-term

---

<sup>1</sup> This participant was able to attend the second TOT in Athens in April 2018

Data was collected among participants and by an independent observer. All participants were asked to fill in the evaluation forms. They received 1 or 2 forms per day, taking a maximum of 5-7 minutes to fill in. Evaluation forms were shared before or after the training sessions started/finished to provide the participants with enough time to fill them in. All participants were keen to help evaluate the training and provide their feedback to the trainers/evaluators.

**Figure 1. Overview Topics & Timeline ToT**



During the first weekend, all 16 participants filled in the pre-evaluation forms and returned them to the evaluator. One participant did not attend the last training day of the first weekend and therefore did not submit the forms handed out on Day 2 and 3. The same person could not attend the second TOT weekend. In addition, another participant did not hand in his evaluation forms. Therefore, during the second weekend, 14 sets of evaluation forms were collected and analysed.

### 3. Evaluation of Training Process

#### 3.1. Organisation & Experience

##### *Overall Training Organisation*

Most participants agreed that the organisation of the training (in terms of communication with the participants and support provided beforehand, but also the training venue, facilities and the breaks during the training and joint dinner) was either satisfactory or very satisfactory. Some participants saw room for improvement (judged with a “neutral”) when it came to the communication with participants, support provided beforehand and the training facilities.

##### *Overall Training Experience*

Participants were positive about most of the aspects covered under training experience (time management, training equipment, group interaction). Participants were particularly satisfied with the



**Table 1. TOT Berlin – Session Titles, Didactical Methods and Learning Outcomes**

Weekend #1			
Session No.	Session Title	Didactical Methods	Learning Outcomes (Q)
1	Introduction to the ESTICOM project and TOT workshop	Small group activity in groups of 3 (3 questions about the city); Paired reflection (what will be different when you leave, contributions and expectations); Large group discussion (facilitated feedback on group work and establishing group norms); Plenary (ESTICOM presentation)	Q.1. Have a good understanding of the ESTICOM project and TOT workshop
2	Context, strengths and challenges of CHW work and understanding of the ESTICOM training curriculum	Group activity ('Carousel' speed dating); Large group discussion (facilitated feedback on group work); Plenary (ESTICOM presentation on training modules)	Q.2. Have a greater understanding of the context, strengths and challenges of working as CHW; Q.3. Am aware of the strengths and challenges of my work with MSM
3	Stigma, discrimination and its effects on MSM health and working as a CHW	Individual reflection and group discussion ('When I was young' exercise; adapted from Module 2); Energizer; Syndemic production - plenary presentation & facilitated large group discussion	Q.4. Have a good understanding of the origin of stigma and discrimination and its impact on CHW and MSM health
4	Belief systems, attitudes and cultural competency	Plenary presentation (Cultural Competence); group work (groups of 4 working on Cultural Competency Assessment) & Facilitated feedback on group work)	Q.5. Am aware of the concept of cultural competency and existing belief systems, attitudes, and cultural needs within the context of MSM health
5	Needs assessment: concept, planning and provision of support from the ESTICOM project	Plenary introduction to Needs Assessment; Feedback round (expected challenges); Small group activity in identified support groups (planning implementation steps); Facilitated feedback; Plenary (presentation ESTICOM expectations/support for NA); Group work support groups (construct NA questionnaire, using NA example from materials); Large group facilitated feedback	Q.6. Have a broad perspective of the potential needs of NPT participants; Q.7. Understand the role and purpose of the local needs assessments in the ESTICOM project
6	Theoretical frameworks used in the ESTICOM training materials	Plenary (presentation Theoretical Frameworks); Group work (4's discussion what level they work on); Large group facilitated feedback (are Theoretical Models useful for your work)	Q.8. Have good knowledge of the main behaviour change theories and how to apply them to an intervention
7	Group facilitation in the training context: competencies and confidence	Small group work (reflect on successes/challenges of facilitation, identifying common themes); Large group facilitated feedback/discussion; Small group work (strategies to use build on/deal with these successes/challenges); Large group discussion (how do you remind yourself of your strengths, what keeps you confident)	Q.9. Am aware of the role of facilitators and facilitation in the training context; Q.10. Have knowledge of practical strategies and increased confidence in working with groups

**Weekend#2**

<b>Session Nr.</b>	<b>Session Title</b>	<b>Didactical Methods</b>	<b>Learning Outcomes (Q)</b>
8	Introduction & Strengths and challenges of working with MSM in different countries	Reflection and group round; small group activity (sharing successes and challenges); Large group facilitated feedback; Plenary discussion (facilitators explaining TOT#2 aims and programme)	Q.11. Am aware of the strengths and challenges of my work with MSM
9	Successes and challenges of local needs assessments	Small group activity in support groups (share results NA); Group presentations; Large group facilitated discussion; Plenary (ESTICOM curriculum presentation); Small group activity in support groups (NPT planning template; how to use available curriculum to respond to results NA - draft recommendations)	Q.12. Have the ability to apply the recommendations from the needs assessment to the National Pilot Training
10	Applying theoretical models for planning interventions	Plenary (facilitators present case study of developing intervention); Small group work (use adapted version of logic model); Plenary (introduction of whole systems approach - 'circles of influence'); Small group work (apply 'circles of influence' to NPT plans); Large group facilitated feedback	Q.13. Have the ability to plan an intervention and use relevant theoretical models accordingly
11	Non-judgmental practices: exploring the difference between feeling-thinking-acting	Small groups (4 people) work on case studies presenting ethical dilemmas; Large group facilitated feedback	Q.14. Have a good understanding of the difference between having particular feelings and thoughts; and in actively delivering non-judgmental services
12	Components of non-directive and non-judgmental services for MSM: provision of appropriate and acceptable services for MSM & how to incorporate those insights into NPT	Large group brainstorm session (what entails a non-directive, non-judgmental service); Small group work (discussion different levels of non-directive, non-judgmental service - link to cultural competency); Large group facilitated feedback	Q.15. Have the skills to provide non-directive and non-judgmental services for MSM; and incorporate them in the National Pilot Training curriculum
13	Facilitation skills: Exploring different learning/training styles	Large group activity (participants place themselves along a line representing different teaching-styles); Small group activity (three groups preparing 10-minute training sessions); Large group facilitated discussion	Q.16. Am aware of different learning and training styles to use in a National Pilot Training
14	Factors contributing to successful training workshops & planning concrete outline for NPT	Large group discussion (Australian Equality Campaign Statement of Respect - discuss what participants need to think about when planning a workshop); Small group activity (use results of discussion and template for workshop to outline NPT); Large group facilitated feedback	Q.17. Am aware of factors that contribute to the success of the training workshop
15	NPT Planning process, support & evaluation	Plenary (ESTICOM presentation on NPT process and support); Large group brainstorm (next steps); Small group work (discuss and decide concrete next steps); Plenary (Evaluation presentation)	Q.18. Have the skills to develop a workshop outline for the National Pilot Training; Q.19. Have the skills to organise and conduct a NPT; Q.20. Have a good understanding of the evaluation concept of ESTICOM, and how to perform the evaluation of the NPT

time management and allocation per session, the interaction within the group and the performance of the facilitators.

**Table 2. Overall Level of Satisfaction with Aspects of Training Process**

Aspects of training process	Session														
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Time management and allocation	Yellow	Green	Green	Yellow	Red	Green	Green	Green	Yellow	Green	Yellow	Green	Green	Green	Green
Training equipment	Green	Green	Green	Green	Green	Green	Green	Green	Green	na	Green	na	Green	Green	Green
Group/Class interaction (including group exercises)	Blue	Blue	Green	Green	Green	Yellow	Blue	Green	Green	Green	Green	Green	Blue	Blue	Green
<b>Scale:</b>															
<b>Unsatisfactory</b>	<b>Neutral</b>				<b>Satisfactory</b>						<b>Very satisfactory</b>				

*Time management and allocation*

Data collected during TOT #1 shows that the time management and allocation could have been better in session 1 (introducing the ESTICOM project), session 4 (addressing belief systems, attitudes and cultural competence) and particularly session 5 (concept and planning of the Needs Assessment). In all three sessions, more time was used. This extra time was allocated to small group exercises and discussing the questions that came up in the group. Participants did not have a problem with this. If anything, some expressed the need for *more* time to be allocated to these particular sessions.

During TOT #2, the group ran out of time during sessions 9 (successes and challenges of local needs assessments) and 11 (addressing non-judgmental practices). This mainly had to do with the fact that the group work took longer; people needed more time to discuss their experiences and opinions. This meant that a presentation was pushed back, and the break got cut shorter. This was decided among the facilitators (regarding the presentation) and the group (regarding the break) and did not cause any problems.

*Training Equipment*

All data supports the conclusion that the training equipment used by the facilitators (slides, flipcharts, etc.) were perceived as useful and supportive when used in the sessions.

*Group interactions (including group exercises)*

All data shows a very positive feeling towards the dynamic and interaction within the group. The participants came from different backgrounds and countries and were eager to share their experiences and ask questions to learn from others. Some didactical methods used (group exercises) provided a good illustration of that: participants engaged with enthusiasm and the feedback was very satisfactory. The positive atmosphere created a safe space for people to share and ask their questions.

**3.2. Post-training Evaluation: Participants’ Satisfaction with TOT**

At the end of training weekend #2, participants were asked to indicate their level of satisfaction with various topics related to the training they had just completed. No negative feedback was received. All participants indicated they had very much enjoyed the training and that they consider the training to be useful for their work as Community Health Workers. They felt the training was an appropriate use of their time and would recommend it to their colleagues. “[I] really enjoyed being a part of this training. [It] was a real positive experience.”

Participants rated the training with an overall score (1-10), with an average score of 8.3 (ranging from 6 to 10). When asked about how they thought they would use the training in their future work, responses showed various ideas. Feedback was received regarding the use of the training in terms of theory, shared experiences and future collaborations:

*“New theoretical models to implement [in] new projects, experiences from other participants to get a new fresh point of view to train my ‘new’ volunteers and colleagues.”*

*“[I will use what I’ve learned] at work with my freelancers, but also with clients, collaborations...”*

*“It was useful to learn about the differences across Europe faced by workers with MSM. I got some great ideas from other group members and feel very confident that I was able to share good practice”.*

In addition, several participants felt what they had learned would be very useful in their own training activities:

*“I think it will help me become a trainer in my organisation.”*

*“I will more consciously develop interactive rather than didactic trainings.”*

*“Giving trainings myself. [I will use] some of the suggested ways of work/models [and] the evaluation format. Plus, [I have] a more open European view instead of a local one!”*

*“The training facilitation techniques will come in useful for my own training delivery”.*

Others saw opportunities/an increase in their confidence regarding the National Pilot Training:

*“I realised over the course of the weekend that the training is not as complicated as I had believed, and the opportunities for CHWs to meet and share practices are also valuable; so it doesn’t need to be completely set in stone/top-down learning”.*

*“Thanks for the organisation [of the TOT]! Was great, feeling ready for the NPT 😊”*

### 3.3. Evaluation of Facilitation Process & Facilitators’ Performance

The post-training assessment evaluating participants’ level of satisfaction with various aspects of the training, shows that the majority of the group either agreed or strongly agreed that the facilitation process was good. In addition, all participants would like to be trained by the facilitators again.

The facilitators’ performance was rated very positively overall. The facilitators were very clear and open in the way they communicated with the participants. They provided a clear and open space for the knowledge, experience and questions of the participants. Facilitators introduced each session clearly and checked in with the participants to see if there were any remaining questions or feedback from the previous session/day. During the first sessions of the training, the facilitators allocated quite a lot of time to ice breakers and exercises to get to know each other’s backgrounds, which was highly appreciated by the participants. Similarly, participants really enjoyed the longer breaks (included by the facilitators to allow for more sharing and networking between participants).

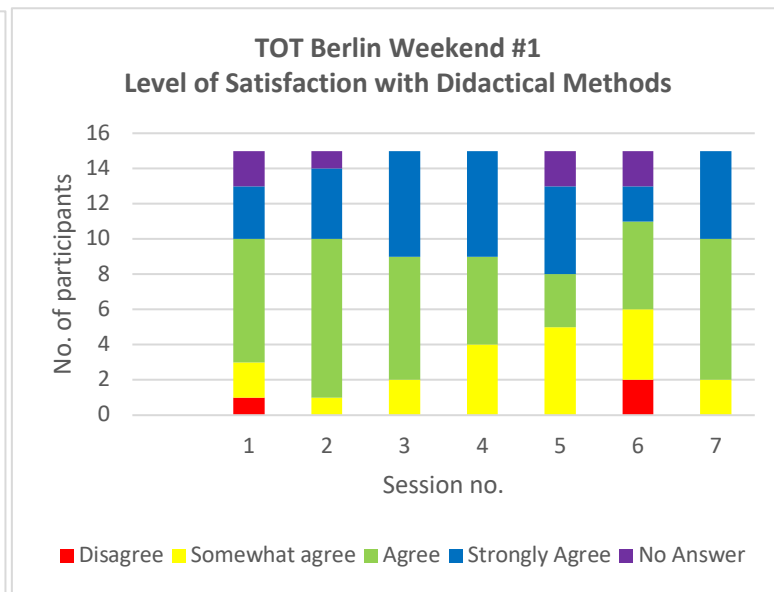
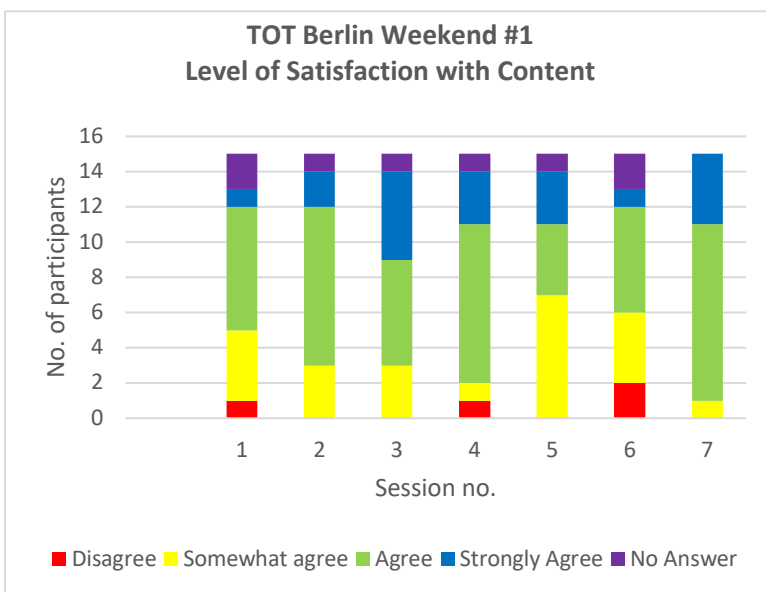
In session 4, facilitator’s performance was valued particularly high. Participants appreciated the trainers’ active engagement and openness about the fact that – with this being the first TOT – trial and error were part of the process and they very much welcomed the participants’ feedback. In addition, participants felt the facilitators had a good feel for the group, being able to adapt where necessary: *“Pleasant to see that the trainers also participate, and they are open about the fact that this is the first workshop, they really sense the vibe in the group”*.

#### 4. Evaluation of Training Sessions

The training sessions were evaluated by asking the participants about their level of satisfaction with the content (*would they agree that the session provided a clear and up-to-date overview of the topic(s) addressed?*) and the didactical – learning and teaching – methods used in each session (*would they agree that the methods were helpful in enhancing their understanding of the session?*). Overall, the majority of the participants were satisfied with the training sessions regarding both their content and the didactical methods used. The section below presents an overview of the participants’ level of satisfaction with each session and their written feedback regarding particular sessions.

##### 4.1. Feedback per session<sup>2</sup>

Weekend #1



**Session 1 and 2** received both positive and critical feedback. Some participants felt that these sessions could use a bit more time for presentation and explanation of the ESTICOM project and goals. However, data also shows that session 1 provided insights into the goals of ESTICOM and the purpose and structure of the TOT: *“It became so much [clearer] during the session”*.

The *didactical (learning and teaching) methods* used during the first sessions were considered to be particularly satisfactory and useful. Participants enjoyed the learning activities (group exercises),

<sup>2</sup> For the titles of the sessions and the didactical methods used, please be referred to Table 1 on page 4-5 of this report

which were considered a great way to get to know their fellow participants: “[I] really enjoyed the learning activities used, was a great way of meeting everyone and finding out what everyone does”.

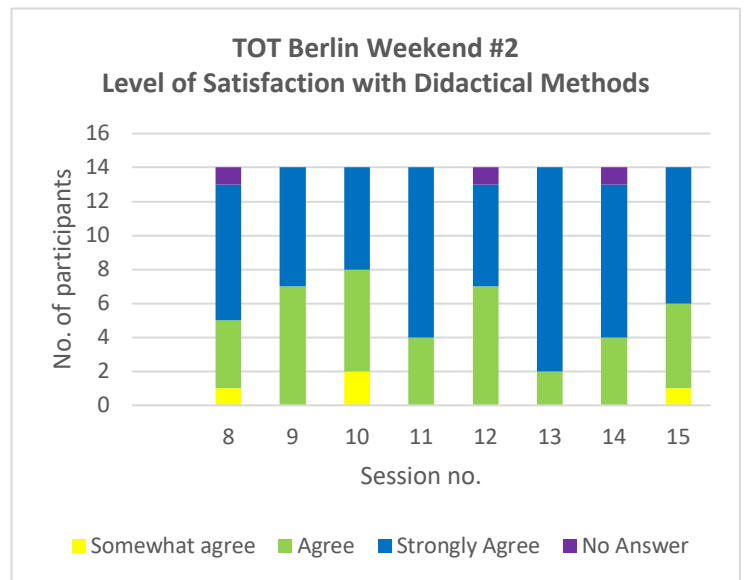
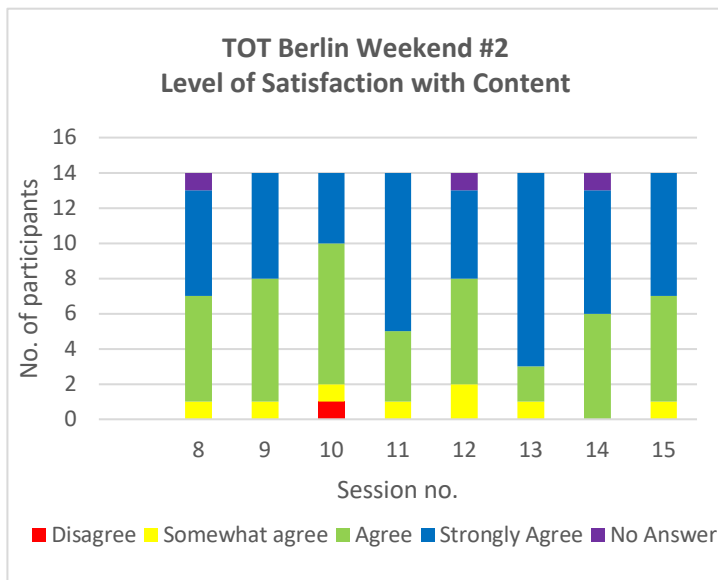
**Session 3**, where participants focused on stigma-related topics and exercises, was considered very satisfactory in terms of both content and didactical methods used and there being “time for emotions and to express them”.

Another participant, though satisfied with the session, expressed some confusion as well: “I enjoyed this, [but] didn’t really understand why stigma was such a big part of the day as opposed to anything else”.

Looking at **Session 5**, the content was considered less satisfactory by the participants. This can be explained by the fact that some participants were not aware that they were supposed to organise an NPT and conduct a needs assessment in their respective countries: “Finding out we need to deliver the NPT was a shock!”; “They overwhelmed me with this needs assessment, but very supportive and explained a lot about it”. In addition, there was some confusion about the purpose of the NPT and the needs assessment, what they entailed exactly and how to go about organising them. The fact that these topics were addressed at the end of the day may have contributed to the confusion: “I don’t think at the end of the day was the right time to have this session in such a way this felt like the most important session and the energy level was low”.

**Session 6** was also considered less satisfactory in terms of both content and didactical methods. Participants struggled to keep up with the session: “I struggled with this session”; “I am not sure if I really understood the learning outcome of this session” and made some suggestions to improve it: “[Maybe]use an example of a framework in practice”.

#### Weekend #2



During TOT weekend #2, there seemed to be more clarity in the group regarding the goal and purpose of the TOT, and the majority of the participants were either satisfied or very satisfied with the content and didactical methods of all the sessions.

**Session 8 and 9** were considered very useful by the participants: the sessions provided them with an opportunity to share experiences from their various countries and working contexts and hear about the successes and challenges of all the Needs Assessments.

Session 8; *“Really interesting information sharing, it was [also] very relevant to the needs assessment”*. Session 9; *“Useful to see everyone’s Needs Assessments, I didn’t really have enough time to compare notes with any colleagues beforehand”*. *“Really useful session”*.

Some participants would have liked to have a bit more time to work in groups during session 2: *“Great, maybe add a small group reflection on questions that were raised during the presentation and steps to answer [those]”*.

**Session 11** got positive feedback and people were happy about the didactical methods used: *“Really enjoyed this. Best session of the day”*. *“Very interesting to add the drama”*.

Participants were particularly satisfied with the use of didactical methods in **Session 13**. Working on their facilitation skills caused some participants to rethink their training approach: *“I really changed my mind [about] what I should provide in a training. In the beginning I was concentrated on hard skills and providing information and now it changed to providing soft skills like we learned it today”*. *“Very useful to discuss merits of teaching styles I would not usually do”*.

Finally, most of the participants were satisfied with the opportunity to discuss and start planning their National Pilot Training and the tools provided in **session 14 and 15**: *“It was good to have the opportunity to plan”*; *“Useful tool for planning and developing once at home”*; *“Very useful tools and support”*.

## 5. Training Impact

The Training of Trainers workshop is designed to increase the capacity and confidence of TOT participants to plan and Facilitate National Pilot Trainings based on the modules and materials developed by the ESTICOM consortium. The impact of the TOT is measured both short- and long-term. The short-term impact evaluation focuses on the achievement of specific learning outcomes, whereas the long-term evaluation zooms in on participants’ experiences with designing and facilitating an NPT and, more broadly, on changes that have occurred in their work as CHW after attending the TOT.

### 5.1. Short-term Impact of TOT: Level of Confidence

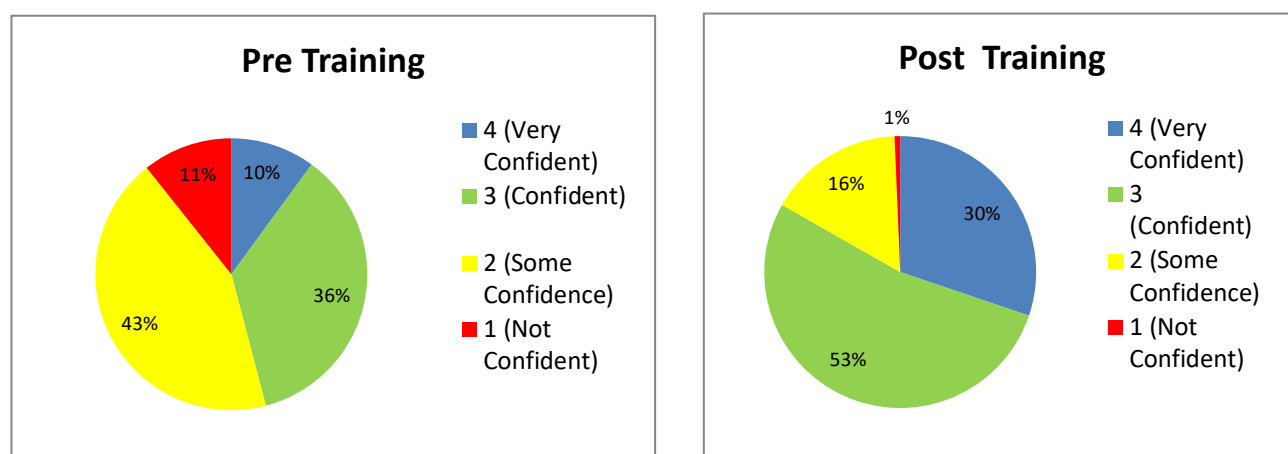
Participants’ level of confidence was measured to assess their achievement of the intended learning outcomes (Q1-Q20; see Table 1 on page 4-5). The level of confidence was measured using a fully anonymous self-assessment questionnaire, administered before and after each TOT weekend (short-term impact measurement).

Results show that participants feel more confident on all topics evaluated. This result is visualised in the pie charts below, showing the significant increase in the proportion of participants who feel confident (green) and very confident (blue) about the selected topics *after* the TOT. Specifically, whereas before the training, several participants indicated that they had *no* confidence regarding certain topics<sup>3</sup>, only one person still felt unconfident, with only one of the topics, after the training.

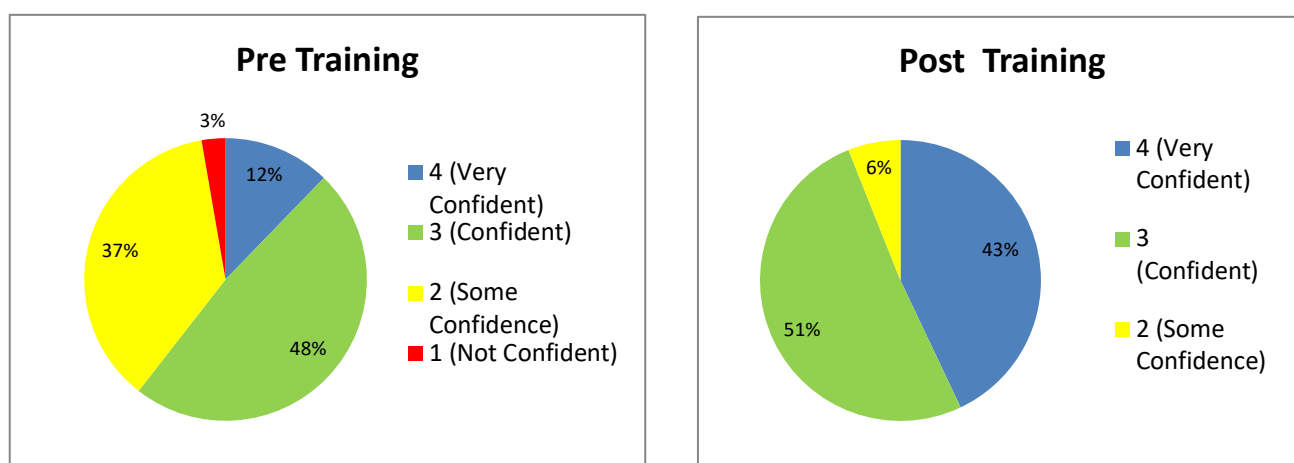
---

<sup>3</sup> Q1, Q4, Q7, Q8, Q9, Q10, Q12, Q16, Q17, Q18, Q20

**Figure 3. Level of Confidence - Learning Outcomes TOT Weekend #1**



**Figure 4. Level of Confidence - Learning Outcomes TOT Weekend #2**



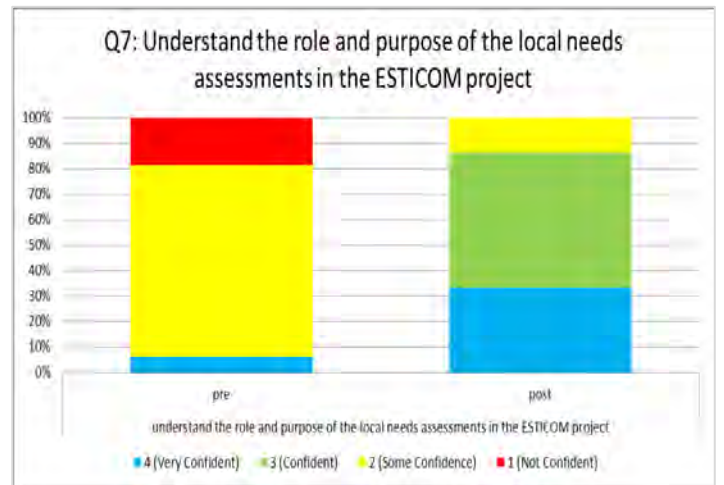
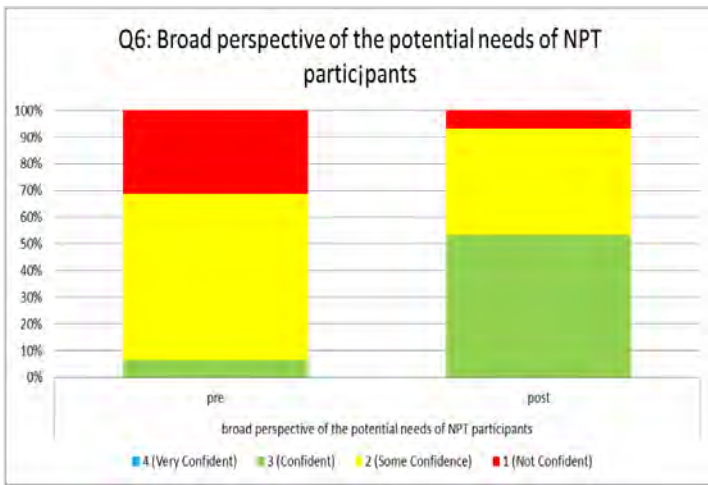
### 5.1.1. Level of Confidence reflecting TOT goals

#### Planning & conducting a Needs Assessment

One of the objectives of the TOT was to help the participants to plan and conduct a local Needs Assessment, to gather information about the needs of CHW in their respective countries and inform their NPTs. During the first TOT weekend, learning outcomes connected to this objective were to broaden the participants' perspective of the potential needs of NPT participants (Q.6) and increase their understanding of the role and purpose of the local needs assessments in the ESTICOM project (Q.7).

For Q.7, results showed a significant increase in participants' level of confidence. Q.6 showed an increase as well, but 50% of the participants still indicated they only felt *some confidence*, or *no confidence* regarding this topic after attending the TOT.

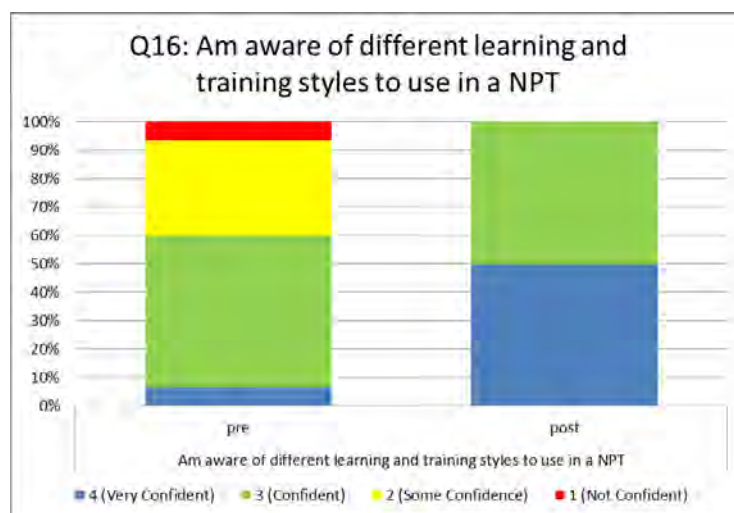




### Facilitation Skills

A second objective of the TOT is to increase participants' confidence and skills in facilitating a National Pilot Training.

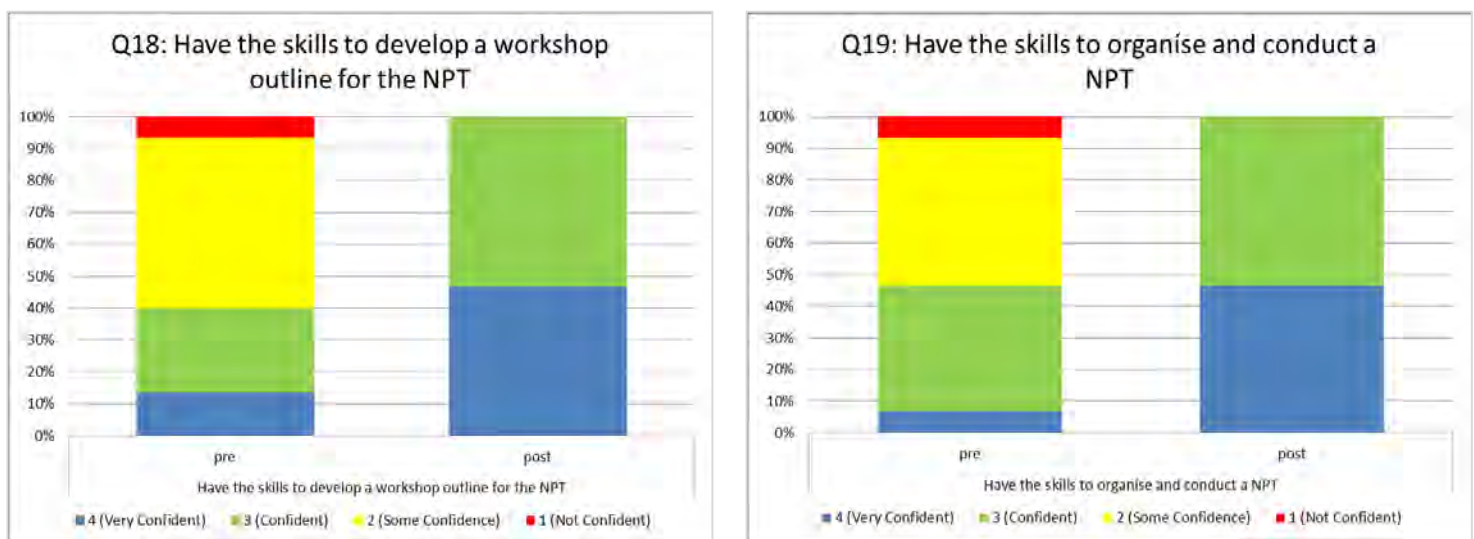
The learning outcomes directly connected to this goal - awareness of the role of facilitators and facilitation [Q.9], knowledge of practical strategies and increased confidence in working with groups [Q.10] and awareness of different learning and training styles to use in a NPT [Q.16] - all show a significant increase in confidence. This increase is particularly high for Q.16, with more than 70% of the participants feeling very confident regarding this topic after attending the TOT, whereas more than half of the participants had felt little confidence beforehand. This increase in the level of confidence reflects the positive feedback received on the session connected to this learning outcome (session 13), where participants were very satisfied with both the content and didactical methods used.



## Planning & Conducting a National Pilot Training

When it comes to participant's level of confidence in planning and conducting an NPT, results show an increase in confidence for all related learning outcomes. Though already quite confident in terms of their ability to apply the recommendations from their needs assessments to the NPT (Q.12) and their awareness of the factors that contribute to the success of a training workshop (Q.17); confidence had increased after attending the TOT.

The biggest change was seen regarding the learning outcomes directly related to the NPT: whereas before the TOT, more than half of the participants felt they had little to no confidence in terms of having the ability to develop a workshop outline for their NPT (Q.18) and organising and conducting their own NPT (Q.19), for both outcomes, this number decreased after the TOT, with all participants feeling either confident or very confident about these topics.



### 5.2. Long-term Impact Evaluation: Facilitating NPT and Changes in work as CHW

To be able to measure the effectiveness and impact of the TOT, a long-term evaluation will be conducted for each TOT. This long-term evaluation of the TOT serves two main purposes: (1) to answer whether attending the TOT workshop has helped participants in designing and facilitating a National Pilot Training. And (2) to answer what changes (if any) have occurred in the lives and work of the participants, following their participation in the TOT.

#### Designing and facilitating an NPT

The TOT participants facilitating their own NPT will be asked about their level of confidence regarding the design and facilitation of the NPT and if/how the TOT has helped them improve that confidence. Data focusing on this topic will only be gathered among TOT participants that have become NPT facilitators, and *after* conducting their NPT. Data collection will start end of May 2018, when the first NPT is held, and finish end of October, covering all NPTs organised within the ESTICOM timeframe. Data gathered will be presented in a separate report.

## Changes

A month after the end of their TOT, participants were asked to write a short story/reflection describing the changes they have experienced since their participation in the TOT. This could be a reflection of changes that occurred in their work as a CHW but could also represent changes in their lives and/or mind-set in general. If desired, they were given the opportunity to support their story with visual materials (i.e. pictures/video), to represent the change they describe. Data collection for this part of the long-term evaluation started in April 2018 and is conducted among all TOT participants. Data collection takes place from April-June 2018.

For Berlin, a third of the participants wrote a story (N=5), showing that they experienced various changes after their participation in the TOT. Most changes reported are positive, with participants writing that they expanded their networks with peers/CHWs from all over Europe, and now have access to training materials they can use to design trainings (“a great help for peer-to-peer education”). However, one participant also experienced additional strain on his daily workload, having to organise and facilitate a National Pilot Training: *“Where it has impact on my daily work is that I don’t feel comfortable with the NPT, because it will take a lot of time for preparing and these are resources [that are lacking]”*.

One of the participants felt particularly inspired by the focus and approach of the TOT ('cultural competency' and reflecting on your own attitudes) and integrated this approach in his own trainings with youth. Focusing less on information provision and much more on reflection.

*“The last years I had the focus always on knowledge. So, I changed the program for this time and it was the right decision. [...] It's much easier to get information about different topics. But there are barely occasions to reflect [on] your attitudes”*.

The change was very well received by his participants, and he plans to have his future trainings take a similar approach, *“avoiding (too much) theoretical input”*.

A change reported by almost all the participants is that, due to the TOT, their skills in designing and facilitating trainings have improved. Several stories showed TOT participants’ increased confidence as facilitators:

*“What has changed most for me is that I now see myself as a (future) trainer. I knew it was coming and I probably already had some skills and experience, but I would never have described myself as a professional trainer. This change was created both by the activities we did at the TOT and by talking to colleagues who were doing the same job as me and would define themselves as trainers. In addition to that, I was inspired by the great team of facilitators that we had in Berlin. It made me want to be like them”*.

In addition, the exercises and discussions during the TOT gave them new ideas on how to implement workshops that are interactive and beneficial for their participants: *“The exercises [...] gave me an impression of how the NPT can be done interactively”*; *“I learnt a lot of possibilities how we can implement the training so that the participants benefit from it”*.

The stories received show that, even shortly after the TOT, participants have experienced changes in – particularly – their mind and skills-sets; changes that they have already integrated in their daily work, or that will most likely have a future impact on their work as Community Health Workers and trainers.

## 6. General conclusions

### Training Process

The first TOT in Berlin was well organised and positively experienced by TOT participants. The participants were eager to learn, share experiences, ask questions and build relationships with other participants. This contributed significantly to a positive group dynamic and active participation.

### *Level of Satisfaction with TOT*

No negative feedback was received regarding participants' overall satisfaction with the training. All participants indicated they had very much enjoyed the training and that they consider the training to be useful for their work as Community Health Workers.

### Facilitators' Process & Performance

The facilitators' performance was highly valued, particularly their openness, engagement and ability to sense and adapt to the atmosphere and needs of the group. In addition, the time they allocated to exercises/breaks, etc. for the group to get to know each other better and be able to exchange experiences, was highly appreciated.

### Training Sessions – Content & Didactical Methods

The topics addressed, and didactical methods used during the TOT were rated very satisfactory by the participants. Based on the data collected, these selected topics and methods can be recommended for the National Pilot Trainings.

### Training Impact - Short-term

The training sessions supported the achievement of the pre-defined learning outcomes, with the confidence of participants increasing on all topics evaluated.

## 7. Essential training components for the NPTs

Whereas the content of each National Pilot Training will differ, depending on context and participants, there are several training components that are important to consider when designing and implementing *all* NPT. These components have to do with the *training process*, and - based on the results of this TOT - can help NPT facilitators in designing and implementing an effective, participative training, which can significantly contribute to reaching the training objectives.

### 1. Training organisation

Data from the TOT in Berlin shows that excellent organisational aspects of the training (e.g. WiFi, the training venue, breaks, joint dinner, support for and communication with participants during and around training weekends) contribute to the overall level of participants' satisfaction with the training. Considering these organisational aspects of a training can help (NPT) facilitators to effectively create an enjoyable, comfortable atmosphere in which participants are satisfied and engaged.

### 2. Interactive character

The TOT in Berlin has shown the success of an interactive approach to this type of training. The TOT built on and highly benefited from the experience and input of the participants and participants very much appreciated the interactive and participative character of the training process. Inclusion of multiple didactical methods, with a focus on interactive and participative sessions and a balanced mix of plenary sessions and group work, allows for participants to get to know and learn from each

other's experiences, share and discuss their questions, and explore topics in a more in-depth manner where desired.

### **3. Facilitators' role**

The TOT in Berlin has shown that the facilitators are key in protecting and ensuring a safe atmosphere and an interactive training process. Facilitators need to engage with the group and take the time to address questions, acknowledge and adjust to group processes and actively work on creating an open and safe space in which participants feel free to share their experiences, questions and concerns. An effective way to do this are to allow the group enough time to get to know each other (ice breaker exercises, long(er) breaks and joint lunch/dinner). In addition, facilitators should be aware of the vibe in the group and be flexible about possible adjustments to the schedule. To ensure that the group is on the same page, participants understand the learning objectives, and no one is 'left behind', facilitators should introduce new sessions and facilitate feedback moments on a regular basis.

### **4. Training Evaluation**

Evaluating trainings allows both participants and facilitators to reflect on the training process and gain insight into the lessons learned for further improvement. Training evaluation should include evaluation of the process, content (sessions) and impact of the training. The effectiveness of a training can be measured by evaluating the different aspects of the training; i.e. the achievement of the learning outcomes, participants' satisfaction with the training (including content and methods used), feedback on the strengths and weaknesses of the training programme, etc. It is recommended that the evaluation is assigned to a neutral person, not the training facilitators.

### **Acknowledgements and Disclaimer**

WP 11 is grateful to the TOT participants for their feedback. This evaluation report is part of the ESTICOM project and should be used only within the context of the ESTICOM project

### **Contact details for this document**

**Work Package 11** – *Monitoring and Evaluation for the ESTICOM project*

Marije Veenstra & Aryanti Radyowijati

Email: [veenstram@resultsinhealth.org](mailto:veenstram@resultsinhealth.org) | [aryanti@resultsinhealth.org](mailto:aryanti@resultsinhealth.org)



**Deliverable D10.4**

**ESTICOM Training Programme**

**Pilot Training Evaluation Report**

**Appendix 6.3**

**Evaluation Report**

**Training of Trainer Workshops**

**Warsaw**



# **Evaluation Report Training of Trainers Workshop ESTICOM**

**Warsaw, Poland**

*2-4 February & 2-4 March 2018*

# Table of Contents

- 1. Introduction..... 3**
- 2. Training of Trainers Workshop Warsaw..... 3**
- 3. Evaluation of Training Process ..... 4**
  - 3.1. Organisation & Experience..... 4
  - 3.2. Post-training Evaluation: Participants’ Satisfaction with TOT ..... 8
  - 3.3. Evaluation of Facilitation Process & Facilitators’ Performance ..... 8
  - 4.1. Feedback per session..... 9
- 5. Training Impact..... 11**
  - 5.1. Short-term Impact of TOT: Level of Confidence..... 11
  - 5.2. Long-term Impact Evaluation: Facilitating NPT and Changes in work as CHW ..... 14
- 6. General conclusions..... 16**
- 7. Essential training components for the NPTs ..... 16**
- Acknowledgements and Disclaimer ..... 17
- Contact details for this document ..... 17



## 1. Introduction

This report falls under Objective 3 of the European Surveys and Training to Improve MSM Community Health (ESTICOM) project, which is funded from September 2016 to August 2019 by the Consumers, Health, Agriculture and Food Executive Agency (CHAFAEA) of the European Commission. Objective 3 aims to develop training material and a training programme for Community Health Workers (CHW) that work with men who have sex with men (MSM) in Europe. The Training Programme consists of two parts: (1) Training of Trainers workshops and (2) National Pilot Trainings. This report presents the findings of the evaluation of the first Training of Trainer workshop, organised in Warsaw, Poland.

The training programme aims to increase the knowledge and skills of Community Health Workers to develop and implement a range of activities and services to improve access to HIV, STI and viral hepatitis prevention and health care for MSM. The main aim of the Training of Trainer workshops is to educate experienced CHW from a variety of countries and contexts to perform National Pilot Trainings (NPT) in their home countries. The programme is designed to increase the capacity and confidence of TOT participants to plan and facilitate national training based on the modules and materials developed by the ESTICOM consortium.

The overall purpose of the training evaluation is to assess the training materials developed by Objective 3. The aim of the evaluation is to provide insights to the results achieved, lessons learnt, relevant findings, obstacles and recommendations for the finalisation of the training material. It covers feedback on the training material as well as the training programme and process.

## 2. Training of Trainers Workshop Warsaw

Each Training of Trainers consists of 2 training weekends, separated by 1 month. The Training of Trainers workshop in Warsaw, Poland was organised at the Lambda Warszawa Association (a Polish LGBT organisation). The first TOT weekend was held from Friday 2 – Sunday 4 February 2018. This weekend was attended by 15 participants from 7 countries (Poland, Czech Republic, Hungary, Romania, Moldova, Russia and Greece). The participants work as counsellors, outreach workers, trainers and testers in organisations ranging from community-based HIV- and prevention organisations, checkpoints and gay community centres. The second TOT weekend was organised from Friday 2 – Sunday 4 March 2018. This training was attended by the same 15 participants.

The TOT weekends were facilitated by Matthias Wentzlaff-Eggebert (professional trainer, agreed upon by the ESTICOM consortium), supported by Barrie Dwyer (developer of the ESTICOM training materials) due to the absence of Deirdre Seery. Each training weekend consisted of 8 sessions. For each session, specific learning outcomes were defined, and various didactical methods were used. Table 1 lists the sessions, didactical methods and learning outcomes for both TOT weekends. Figure 1 shows the main topics and timeline of the TOT workshop.

### *Evaluation*

For this TOT, three main items were evaluated:

- ! Training process – group assessment and individual observation by an independent observer
- ! Training materials – collected per session, individual and anonymous
- ! Training impact – measured short-term & long-term

Data was collected among participants and by an independent observer. All participants were asked to fill in the evaluation forms. They received 1 or 2 forms per day, taking a maximum of 5-7 minutes to fill in. Evaluation forms were shared before or after the training sessions started/finished to provide

the participants with enough time to fill them in. All participants were keen to help evaluate the training and provide their feedback to the trainers/evaluators. During both TOT weekends, all 15 participants filled in the evaluation forms and returned them to the evaluator.

**Figure 1. Overview Topics & Timeline ToT**



### 3. Evaluation of Training Process

#### 3.1. Organisation & Experience

##### Overall Training Organisation

The organisation of the training was highly valued, particularly when looking at the data from the first TOT weekend. Most participants agreed that the organisation of the training (in terms of communication with the participants and support provided beforehand, but also the training venue, facilities and the breaks during the training and joint dinner) was either satisfactory or very satisfactory. During the second weekend, some participants saw room for improvement (judged with a “neutral” or “unhappy”) when it came to the breaks/lunch/dinner, facilities and the support provided before the training.

##### Overall Training Experience

Participants were positive about most of the aspects covered under training experience (time management, training equipment, group interaction). During the first weekend, all aspects related to the training experience received only positive feedback. Participants were particularly satisfied with the group interaction. During the second weekend, some participants felt that the training equipment could be improved.

**Table 1. TOT Warsaw – Session Titles, Didactical Methods and Learning Outcomes**

Weekend #1			
Session No.	Session Title	Didactical Methods	Learning Outcomes (Q)
1	Introduction to the ESTICOM project and TOT workshop	Small group activity in groups of 3 (3 questions about the city); Paired reflection (contributions and expectations); Large group discussion (facilitated feedback on group work and establishing group norms); Plenary (ESTICOM overview presentation, purpose of TOT)	Q.1 Have a good understanding of the ESTICOM project and TOT workshop
2	Country contexts, strengths and challenges of CHW work	Group activity ('Carousel' speed dating); Large group discussion (facilitated feedback on group work)	Q.2 Have a greater understanding of the context, strengths and challenges of working as CHW; Q.3 Am aware of the strengths and challenges of my work with MSM
3	Discrimination and resilience and its effects on MSM health and working as a CHW	Individual reflection and group discussion ('When I was young' exercise; adapted from Module 2); Energizer; 'Lifeline activity' - participants place themselves on lifeline in answering questions; Large group activity (building a visual model of health); Leading into a short plenary presentation on Syndemic Production.	Q.4 Have a good understanding of the origin of stigma and discrimination and its impact on CHW and MSM health
4	Belief systems, attitudes and cultural competency	Plenary presentation (Cultural Competence); group work (groups of 4 working on Cultural Competency Assessment) & Facilitated feedback on group work)	Q.5 Am aware of the concept of cultural competency and existing belief systems, attitudes, and cultural needs within the context of MSM health
5	The role of facilitator: strategies and approaches	Small group work (reflect on successes/challenges of facilitation, identifying common themes); Large group facilitated discussion on common themes, overcoming challenges, etc.	Q.6 Am aware of the role of facilitators and facilitation in the training context; Q.7 Have knowledge of practical strategies and increased confidence in working with groups;
6	ESTICOM overview of training modules and National Pilot Training needs assessment	45-minute session. Plenary (ESTICOM presentation on training modules); Group discussion to develop shared understanding of NA and its relevance to continuous improvement cycle	
7	Needs Assessment planning activity (1) - Process	Small group activity in identified support groups (planning implementation steps); Facilitated feedback	
8	Needs Assessment planning activity (2) - Content	Small group work support groups (construct NA questionnaire, using NA example from materials); Large group facilitated feedback	Q.8 Understand the role and purpose of the local needs assessments in the ESTICOM project; Q.9 Have a broad perspective of the potential needs of National Pilot Training (NPT) participants

Weekend#2			
Session Nr.	Session Title	Didactical Methods	Learning Outcomes (Q)
9	Introduction & Strengths and challenges of working with MSM in different countries	Reflection and group round; small group activity (sharing successes and challenges); Large group facilitated feedback; Plenary discussion (facilitators explaining TOT aims and programme)	Q.10 Am aware of the strengths and challenges of my work with MSM
10	Successes and challenges of local needs assessments	Small group activity in support groups (share results NA); Group presentations; Large group facilitated discussion; Plenary (brief introduction plan-do-check-act & NPT planning tool); Small group work in support groups (discuss how to respond to results NA)	Q.11 Have the ability to apply the recommendations from the needs assessment to the National Pilot Training
11	Applying theoretical models for planning interventions	Plenary (introduce Logic planning tool); Small group work in support groups (use logic model template to develop outcomes/outputs etc.); Large group facilitated feedback; Plenary ('circles of influence'); Large group activity & discussion (brainstorm on stakeholders)	Q.12 Have the ability to plan an intervention and use relevant theoretical models accordingly
12	Non-judgemental practices: exploring the difference between feeling-thinking-acting	Small groups (4 people) work on case studies presenting ethical dilemmas; Large group facilitated feedback;	Q.13 Have a good understanding of the difference between having particular feelings and thoughts; and in actively delivering non-judgmental services
13	Components of non-directive and non-judgemental services for MSM: provision of appropriate and acceptable services for MSM & how to incorporate those insights into NPT	Large group brainstorm session (what entails a non-directive, non-judgmental service)	Q.14 Have the skills to provide non-directive and non-judgmental services for MSM; and incorporate them in the National Pilot Training curriculum
14	Facilitation skills: Exploring different learning/training styles	Large group activity (participants place themselves along a line representing different teaching-styles); Small group activity (three groups preparing 10-minute training sessions); Large group facilitated discussion	Q.15 Am aware of different learning and training styles to use in a National Pilot Training
15	Factors contributing to successful training workshops & planning concrete outline for NPT	Plenary (ESTICOM curriculum); Large group brainstorm (what to think about when organising a workshop schedule); Small group activity (use results of discussion and template for workshop to outline NPT); Large group facilitated feedback	Q.16 Am aware of factors that contribute to the success of the training workshop
16	NPT Planning process, support & evaluation	Plenary (ESTICOM presentation on NPT process and support); Small group work (discuss and decide concrete next steps); Plenary (Evaluation presentation)	Q.17 Have the skills to develop a workshop outline for the National Pilot Training; Q.18 Have the skills to organise and conduct an NPT; Q.19 Have a good understanding of the evaluation concept of ESTICOM, and how to perform the evaluation of the NPT

**Table 2. Overall Level of Satisfaction with Aspects of Training Process**

Aspects of training process	Session															
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Time management and allocation	Yellow	Green	Blue	Yellow	Green	Green	Yellow	Yellow	Yellow	Green	Yellow	Green	Green	Green	Green	Green
Training equipment	Yellow	Green	Green	Yellow	Yellow	Yellow	Yellow	Green	Green	Green	Green	Green	Green	Yellow	Green	Green
Group/Class interaction (including group exercises)	Blue	Blue	Blue	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green
<b>Scale:</b>																
<b>Unsatisfactory</b>	<b>Neutral</b>			<b>Satisfactory</b>						<b>Very satisfactory</b>						

*Time management and allocation*

Data collected during TOT#1 shows that the time management and allocation could have been better in session 1, 4, 7 and 8. During session 1, many questions arose among participants and a lot of time was needed to address/answer those questions. The longer start-up that was needed might also be somewhat influenced by the fact that participants were tired due to lengthy travel times. Session 7 and 8 were merged and shortened to accommodate participants' travel schedules on the last training day, which meant there was less time to address/work on these topics. For session 2 and session 5, the exercises took longer than planned, however, it was experienced as pleasant and did not affect the rest of the schedule.

During TOT#2, the group ran out of time during sessions 9 and 11. Session 9 (the introductory session of the second weekend) started late due to the late arrival of some participants and the fact that, before the training started, the group discussed the food/snacks they brought from their respective countries. During session 11, many questions again arose among the participants which were addressed before moving on to the next session.

In general, the group needed a bit more time here and there for translation/additional explanation and/or questions from the participants. This caused certain aspects of sessions to be moved or skipped but did not take away from the core of the training. However, the qualitative feedback received at the end of the training does show that some participants felt there was limited time for some of the sessions: *"There are more sessions than what we have time for"* (also see section 4).

*Training Equipment*

Data shows that the training equipment used by the facilitators (projector, slides, flipcharts, etc.) were not always perceived as useful and supportive when used in the sessions. This may have to do with the fact that, during the first training weekend, there were some issues with internet access and WIFI and, during the second weekend, the projector did not work properly. This was solved later on. In addition, for both weekends, a laptop needed to be placed in the middle of the room to be able to use the projector, which was impractical for the presentations.

*Group interactions (including group exercises)*

Participants were highly interested and engaged in learning and sharing their experience throughout all sessions. All data shows a very positive feeling towards the dynamic and interaction within the group. Cross-learning occurred between participants and both group and plenary sessions included valuable discussions. The participants came from different backgrounds and countries and were eager to share their experiences and ask questions to learn from others. Some didactical methods used

(group exercises) provided a good illustration of that: participants engaged with enthusiasm and the feedback was very satisfactory. The positive atmosphere created a safe space for people to share and ask their questions. The participants form an assertive group; interrupting when they have a different opinion, a question, or just want to add something.

### 3.2. Post-training Evaluation: Participants' Satisfaction with TOT

At the end of training weekend #2, participants were asked to indicate their level of satisfaction with various topics related to the training they had just completed. No negative feedback was received. Except for one participant (who 'somewhat agreed'), participants indicated they had very much enjoyed the training and considered it to be an appropriate use of their time. Everyone agreed the training was useful for their work as Community Health Workers and would recommend it to their colleagues.

Participants rated the training with an overall score (1-10), with an average score of 8.7 (ranging from 6 to 10). When asked about how they thought they would use the training in their future work, responses showed various ideas. The main feedback received had to do with participants' daily activities (e.g. training and working with MSM) and conducting the National Pilot Trainings:

*"I will use the methods in future training, in particular the needs assessment approach, facilitator skills, planning and implementation skills";*

*"Conduct NPT and after that in community work [...] in this and other organisations as volunteer and professionally";*

*"The knowledge and skills help me a lot to improve m work with MSM. Thank you so much!"*

*"I will use all the info while conducting the NPT".*

One participants also expressed his motivation to share what he learned with colleagues in order to improve the quality of their prevention services further:

*"This training was an inspiration for me, so I will try to disseminate this inspiration and the info gained to the rest of my colleagues and all together work towards further ameliorating our prevention services".*

### 3.3. Evaluation of Facilitation Process & Facilitators' Performance

The post-training assessment evaluating participants' level of satisfaction with various aspects of the training, shows that the majority of the group either agreed or strongly agreed that the facilitation process was good, and they would like to be trained by the facilitators again. *"I felt welcomed. I liked the group dynamic and the structure created by the participants and the facilitators".*

The facilitators' performance was rated very positively overall. The facilitators were very clear and open in the way they communicated with the participants. They provided an open space for the knowledge, experience and questions of the participants. Facilitators checked in with the participants to see if there were any remaining questions or feedback from the previous session/day. In addition, they were able to manage the excitement and enthusiasm of the participants well.

Data shows that satisfaction with the facilitators' performance was very high during both training weekends. The facilitators were seen as highly engaged (good interaction), professional (able to answer all the questions and provide concrete examples) and able to adapt to the needs of the

participants. English proficiency (different levels among participants; some needed translators) and critical questions about cultural diversity were main points of attention during this ToT. These points were handled well by the facilitators; taking time to answer questions and making sure all participants were on the same page in terms of understanding content/assignments/discussions.

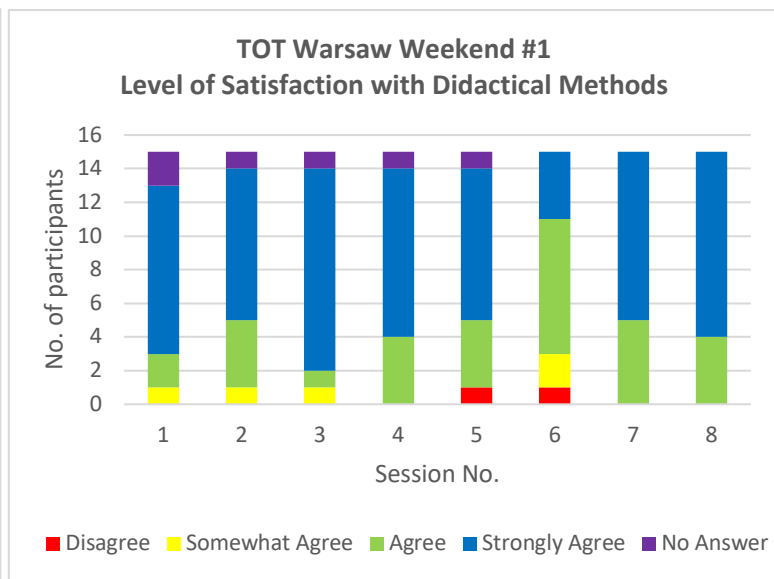
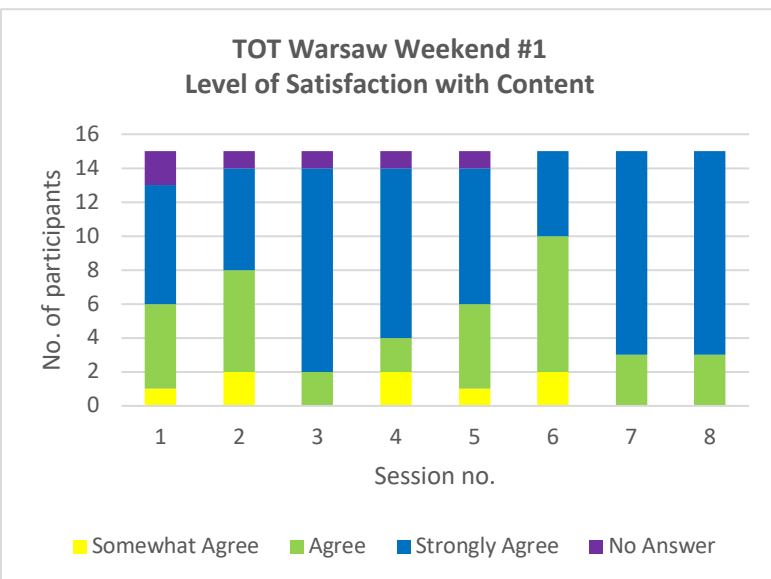
## 4. Evaluation of Training Sessions

The training sessions were evaluated by asking the participants about their level of satisfaction with the content (*would they agree that the session provided a clear and up-to-date overview of the topic(s) addressed?*) and the didactical – learning and teaching – methods used in each session (*would they agree that the methods were helpful in enhancing their understanding of the session?*).

Some of the content and didactical methods used in the TOT in Warsaw were revised based on the feedback received and experience during the TOT in Berlin. Overall, the majority of the participants were satisfied with the training sessions regarding both their content and the didactical methods used. The section below presents an overview of the participants’ level of satisfaction with each session and written feedback regarding particular sessions.

### 4.1. Feedback per session<sup>1</sup>

Weekend #1



The majority of the participants indicated that they were very satisfied with both the content and didactical methods used during the first training weekend. However, the qualitative feedback received does include some critique/suggestions regarding the session’s goals and structure, the allocated time and methods used.

Participants were particularly satisfied with the content and methods used in **Session 3** of the first training weekend (addressing Discrimination and resilience and its effects on MSM health and working as a CHW). This was reflected in some of the feedback: *“Perfect way of presentation and reflection on it.*

<sup>1</sup> For the titles of the sessions and the didactical methods used, please be referred to Table 1 on page 4-5 of this report

Thank you” || “No suggestions for improvement, but I wanted to pinpoint how important the exercise with the MSM vs. Male connotations was to me. With just an exercise and within minutes, you could see how far the discrimination and internalised stigma effects can go on MSM”.

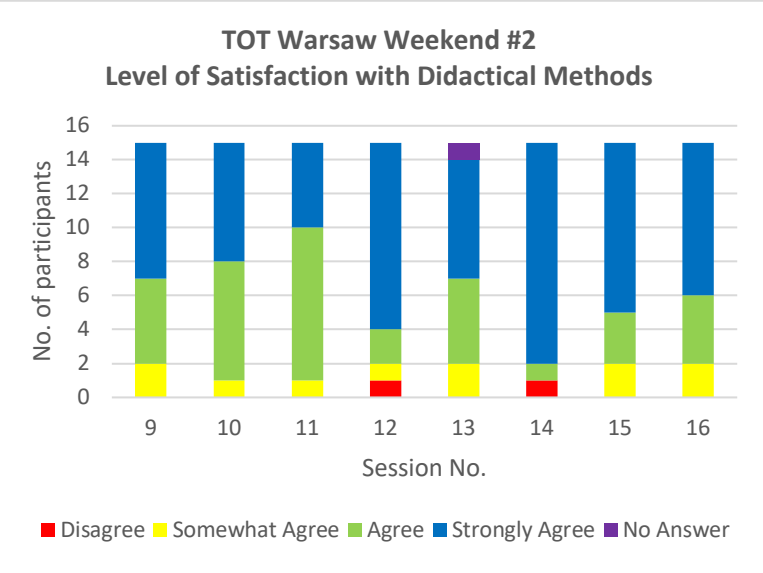
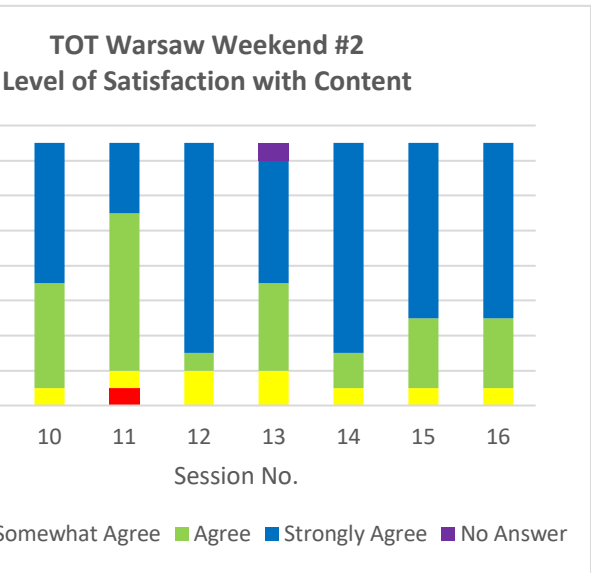
However, one participant also suggests using a different method for this session. When asked about suggestions for improvement, he states: “Different method. The sentences start with ‘always’ and ‘never’. It is not true that all men or MSM behave the same”.

**Session 6** (addressing the ESTICOM overview of training modules and the National Pilot Training needs assessment) shows a slightly lower level of satisfaction among participants in terms of the didactical methods used. Feedback included: “The presentation was too fast for me, I did not have [a chance] to ask questions” || “Was too heavy for the end of the day” || “I would like to get more detailed explanation about this” || “It was too [quick], but there wasn’t enough time, I know”.

Although **Session 7 and 8** (needs assessment planning activities) received positive scores in terms of level of satisfaction with their content and the methods used, a lot of the participants felt these sessions needed more time: “I wanted to have [the] opportunity to present results to the trainers/audience and receive feedback” || “Perhaps these sessions should have been allocated more time. I found them most useful but felt I need more time. Other sessions were less important than these today” || “More time for planning”. As mentioned earlier in section 3.1., session 7 and 8 were merged and shortened to accommodate participants’ travel schedules on the last training day, which meant there was less time to work on the topics addressed.

For session 7, an additional suggestion was made regarding possible additional handouts/materials: “Maybe a checklist on needed skills/resources would help the participants see what they need assistance/help with (i.e. project management, reaching out...)”

Weekend #2



Though slightly less satisfied compared to the first training weekend, the majority of the participants still indicated that they were either satisfied or very satisfied with the content and didactical methods used during the second training weekend.



Participants did not share a lot of written feedback regarding these sessions. However, **Session 12** did receive some feedback, with participants noting that some of the didactical methods could be improved: *“I needed more summary after the exercises, to make sure that the results [were] proper”*; *“Everyone started splitting up into country groups, and we did not get the time to synthesize”*.

Whereas quantitative data shows that participants were most satisfied with **Session 14** (addressing facilitation skills), one participant wrote that *“[this] part was too basic”* for him.

**Session 16**, where the NPT Planning process, support & evaluation were addressed, also received positive scores, but feedback was received that it might have been useful to address this at an earlier stage: *“I would like to know all of [this] in the beginning of the work. It would have given me the understanding of why and what we are doing which is very important to me”*.

## 5. Training Impact

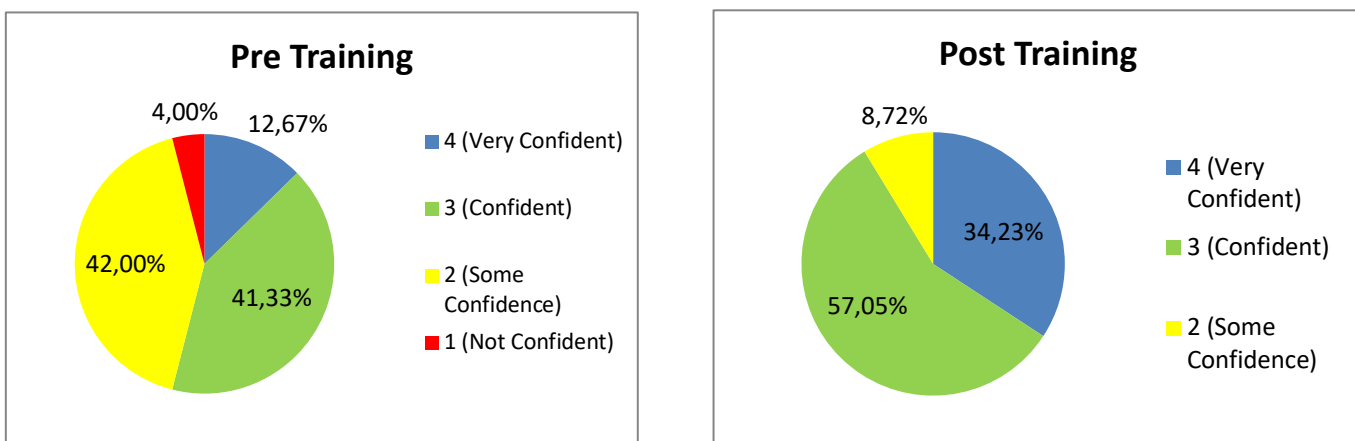
The Training of Trainers workshop is designed to increase the capacity and confidence of TOT participants to plan and Facilitate National Pilot Trainings based on the modules and materials developed by the ESTICOM consortium. The impact of the TOT is measured both short- and long-term. The short-term impact evaluation focuses on the achievement of specific learning outcomes, whereas the long-term evaluation zooms in on participants’ experiences with designing and facilitating an NPT and, more broadly, on changes that have occurred in their work as CHW after attending the TOT.

### 5.1. Short-term Impact of TOT: Level of Confidence

Participants’ level of confidence was measured to assess their achievement of the intended learning outcomes (Q1-Q19; see Table 1 on page 4-5). The level of confidence was measured using a fully anonymous self-assessment questionnaire, administered before and after each TOT weekend (short-term impact measurement).

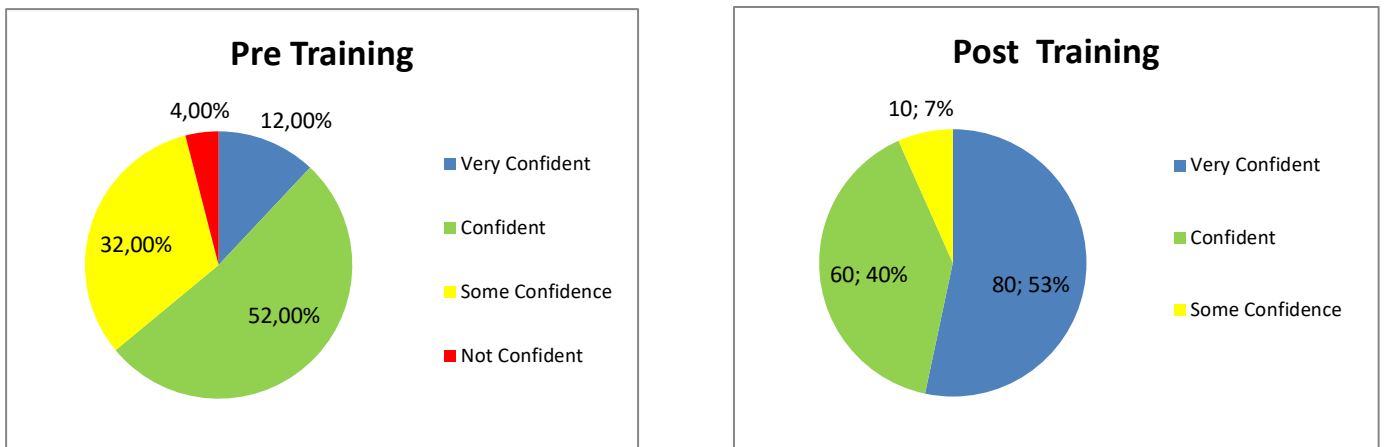
Results show that participants feel more confident on all topics evaluated. This result is visualised in the pie charts below, showing the significant increase in the proportion of participants who feel confident (green) and very confident (blue) about the selected topics *after* the TOT. Specifically, whereas before the training, several participants indicated that they had *no* confidence regarding certain topics<sup>2</sup>, all participants felt at least *somewhat confident* after the training, with a large majority feeling (very) confident.

Figure 3. Level of Confidence - Learning Outcomes TOT Weekend #1



<sup>2</sup> Q1, Q8, Q11, Q15, Q16, Q17, Q19

**Figure 4. Level of Confidence - Learning Outcomes TOT Weekend #2**

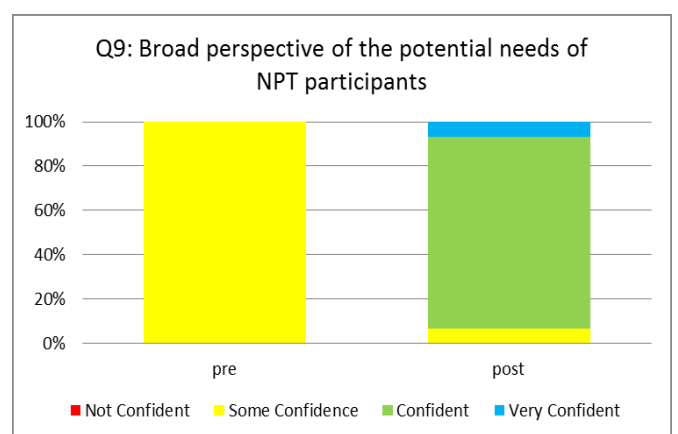
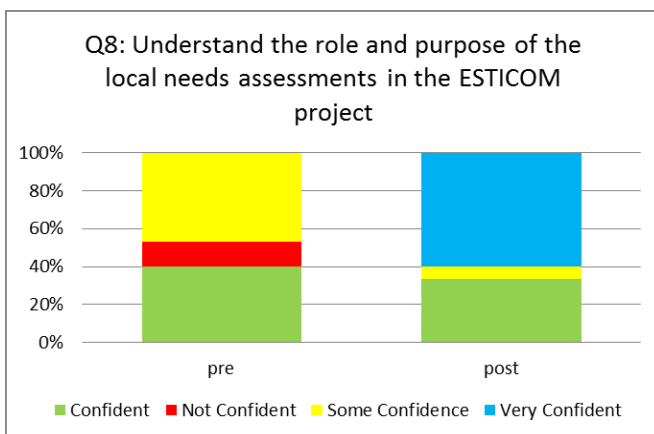


**5.1.1. Level of Confidence reflecting TOT goals**

**Planning & conducting a Needs Assessment**

One of the objectives of the TOT was to help the participants to plan and conduct a local Needs Assessment, to gather information about the needs of CHW in their respective countries and inform their NPTs. Learning outcomes connected to this objective were to increase the participants' understanding of the role and purpose of the local needs assessments in the ESTICOM project (Q.8) and broaden the participants' perspective of the potential needs of NPT participants (Q.9).

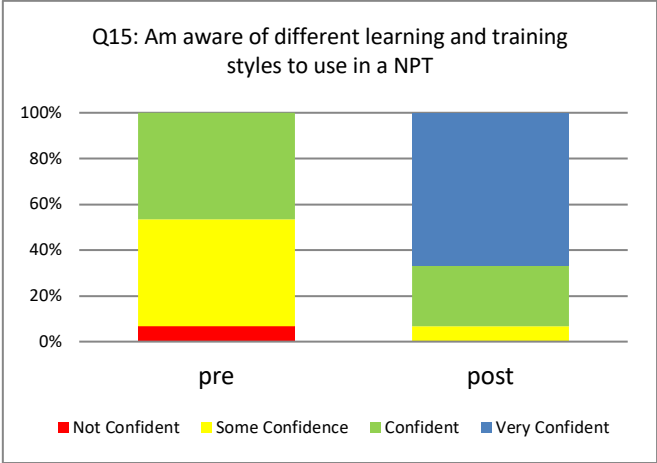
For both Q.8 and Q.9, results showed a significant increase in participants' level of confidence, with the majority feeling either confident or very confident with these topics after the training. Q.8 in particular shows a positive change, with nobody feeling unconfident about their understanding of the role and purpose of the local needs assessments after attending the TOT.



**Facilitation Skills**

A second objective of the TOT is to increase participants' confidence and skills in facilitating a National Pilot Training.

The learning outcomes directly connected to this goal - awareness of the role of facilitators and facilitation (Q.6), knowledge of practical strategies and increased confidence in working with groups (Q.7) and awareness of different learning and training styles to use in an NPT (Q.15) - all show an increase in confidence. Q.15 in particular shows a high increase in confidence, with more than 60% of the participants feeling very confident about their awareness of different learning and training styles, whereas more than 50% felt little confidence regarding the topic before attending the TOT.

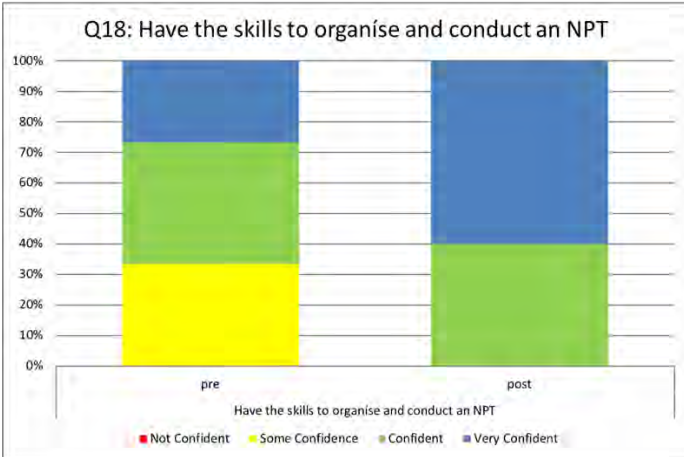


Planning & Conducting a National Pilot Training

When it comes to participant’s level of confidence in planning and conducting an NPT, results show an increase in confidence for all related learning outcomes.

When it comes to their ability to apply the recommendations from their needs assessments to the NPT (Q.12) and their awareness of the factors that contribute to the success of a training workshop (Q.16), before the training, over 30% of the respondents felt either unconfident or somewhat confident. However, after the training the large majority (Q.16) and all participants (Q.11) felt confident or very confident about these topics.

Significant changes were also seen for the learning outcomes directly related to the NPT: where a large percentage of the participants felt they had little or no confidence in terms of having the ability to develop a workshop outline for their NPT (Q.17) and organising and conducting their own NPT (Q.18), for both outcomes, this number decreased significantly after the TOT, with the majority participants feeling either confident or very confident about these topics.



## 5.2. Long-term Impact Evaluation: Facilitating NPT and Changes in work as CHW

To be able to measure the effectiveness and impact of the TOT, a long-term evaluation is conducted for each TOT. This long-term evaluation of the TOT serves two main purposes: (1) to answer whether attending the TOT workshop has helped participants in designing and facilitating a National Pilot Training. And (2) to answer what changes (if any) have occurred in the lives and work of the participants, following their participation in the TOT.

### Designing and facilitating an NPT

This part of the evaluation will focus on the level of confidence the participants experience regarding the design and facilitation of the NPT and if/how the TOT has helped them gain/improve that confidence. Data focusing on this topic will be gathered among those TOT participants that have become NPT facilitators, after each NPT. Data collection will start end of May 2018, when the first NPT is held, and finish end of October, covering all NPTs organised within the ESTICOM timeframe. Data gathered will be presented in a separate report.

### Changes as a CHW

A month after the end of their TOT, participants were asked to write a short story/reflection describing the changes they have experienced since their participation in the TOT. This could be a reflection of changes that occurred in their work as a CHW but could also represent changes in their lives and/or mind-set in general. If desired, they were given the opportunity to support their story with visual materials (i.e. pictures/video), to represent the change they describe. Data collection for this part of the long-term evaluation started in April 2018 and is conducted among all TOT participants. Data collection takes place from April-June 2018.

For Warsaw, almost half the participants wrote a story (N=7), showing that they experienced various – positive – changes after their participation in the TOT.

Participants were appreciative of the lessons learned regarding MSM health and health needs, and promotional strategies used in the region: *“It allows me to better understand the challenges and to have a broader look for the issue”*.

Several participants discuss the positive aspects of meeting colleagues from different countries and realising that all of them face similar issues in their work despite coming from different societies and cultures. They now feel more knowledgeable in dealing with challenges in their work: *“I understood why we were brought together – we all have much in common in our work and that was really helpful. It was a good opportunity to share experience and to know how other people manage same things. I was able to learn a lot of good new ideas and approaches which I can use in my work at home”*.

One of the stories specifically mentions the change in their network: *“[Networking] is one of the most important things that is left after trainings. This is what [had to] be updated in my practice. And now it is. Some prevention activities are not used in [my country], but I know now who I can contact for knowledge and experience sharing”*.

Many of the stories discussed personal changes experienced due to specific topics addressed in the training (e.g. belief systems, cultural differences and non-judgemental services):

*“The training [taught me] some things that made me understand better the behaviour of our clients and even myself as I’m part of the gay community. Some exercises really have made me cry because*

*they touched on deep and hidden feelings. And it was great. It was like a better knowing of myself and those I work with”.*

*“These exercises [...] [make me try to] be much more inclusive and embracing of all different MSM categories with which we come along on a daily basis in our work practices. More specifically now that we have also started doing HIV prevention (mainly counselling and testing) in refugees and immigrant populations”.*

Another participant noticed a specific change in his personal mind-set and behaviour when working with clients. A change he considers to be very different from the way he has been brought up, and the way he approached his tasks as a CHW before the training. The training made him reflect on his own behaviour and prejudices – *“I began to think more about what I do, how I do it, and why I do it”* – and he now cautions himself not to judge his clients:

*“Every time a person who had a high number of sexual partners comes to the test, I tend to judge whether this is a lot or still a number which is adequate to the age of the client. I thought never before, that it was bad and especially: useless! My task in the checkpoint is to provide a counselling before the test, to advise if needed, and that is all. I do not have to think about whether the announced behaviour is promiscuous or not. Not to judge is actually easier. Not to have prejudice is easier!”*

Participants also mentioned changes in terms of understanding of cultural differences and terms such as ‘cultural competency’:

*“Before the training I was pretty familiar with cultural differences regarding gender, but not sexual orientation. Participation in the training allowed me to better understand the terms “cultural context” and “cultural competency” regarding MSM and its influence on my work with/for MSM. It helped me to see new challenges and requirements of MSM. I used that competency already in developing my activities regarding projects focusing on MSM health in my organisation (VCT, individual and group advising, support for Chemsex users)”.*

Several participants mentioned that the changes they experienced were not immediately visible in their daily jobs, but subtler: *“I found myself reading more articles on the topics of PEP and PrEP, and generally being more involved in the discussions about working with MSM”.*

*“My personal interest in the topic has increased, particularly in the sense of exploring and developing knowledge and understanding to share with other MSM and others, in both CHW and private settings. Overall, I feel that as a result of the ESTICOM training I developed a more relaxed, confident and comfortable approach not only in terms of delivery of services to clients, but also as applied to my personal life”.*

The stories received from the participants in Warsaw show that, even shortly after the TOT, participants have experienced changes in – particularly – their mind-set; changes that they have already started to integrate in their daily (CHW) work and life in general.

## 6. General conclusions

### Training Process

The first TOT in Warsaw was well organised and positively experienced by TOT participants. The participants were eager to learn, share experiences, ask questions and build relationships with other participants. This contributed significantly to a positive group dynamic and active participation.

### *Level of Satisfaction with TOT*

No negative feedback was received regarding participants' overall satisfaction with the training. All participants indicated they had very much enjoyed the training and that they consider the training to be useful for their work as Community Health Workers.

### Facilitators' Process & Performance

The facilitators' performance was highly valued, particularly their openness, engagement and ability to sense and adapt to the atmosphere and needs of the group. In addition, the time they allocated to exercises/breaks, etc. for the group to get to know each other better and be able to exchange experiences, was highly appreciated.

### Training Sessions – Content & Didactical Methods

The topics addressed, and didactical methods used during the TOT were rated very satisfactory by the participants. Based on the data collected, these selected topics and methods can be recommended for the National Pilot Trainings.

### Training Impact - Short-term

The training sessions supported the achievement of the pre-defined learning outcomes, with the confidence of participants increasing on all topics evaluated.

## 7. Essential training components for the NPTs

Whereas the content of each National Pilot Training will differ, depending on context and participants, there are several training components that are important to consider when designing and implementing *all* NPT. These components have to do with the *training process*, and - based on the results of this TOT - can help NPT facilitators in designing and implementing an effective, participative training, which can significantly contribute to reaching the training objectives.

### 1. Training organisation

Data from the TOT in Warsaw shows that excellent organisational aspects of the training (e.g. WiFi, the training venue, breaks, joint dinner, support for and communication with participants during and around training weekends) contribute to the overall level of participants' satisfaction with the training. Considering these organisational aspects of a training can help (NPT) facilitators to effectively create an enjoyable, comfortable atmosphere in which participants are satisfied and engaged.

### 2. Interactive character

The TOT in Warsaw has shown the success of an interactive approach to this type of training. The TOT built on and highly benefited from the experience and input of the participants and participants very much appreciated the interactive and participative character of the training process. Inclusion of multiple didactical methods, with a focus on interactive and participative sessions, allows for participants to get to know and learn from each other's experiences, share and discuss their questions, and explore topics in a more in-depth manner where desired.

### **3. Facilitators' role**

The TOT in Warsaw has shown that the facilitators are key in protecting and ensuring a safe atmosphere and an interactive training process. Facilitators need to engage with the group and take the time to address questions, acknowledge and adjust to group processes and actively work on creating an open and safe space in which participants feel free to share their experiences, questions and concerns. An effective way to do this are to allow the group enough time to get to know each other (ice breaker exercises, long(er) breaks and joint lunch/dinner). In addition, facilitators should be aware of the vibe in the group and be flexible about possible adjustments to the schedule. To ensure that the group is on the same page, participants understand the learning objectives, and no one is 'left behind', facilitators should introduce new sessions and facilitate feedback moments on a regular basis.

### **4. Training Evaluation**

Evaluating trainings allows both participants and facilitators to reflect on the training process and gain insight into the lessons learned for further improvement. Training evaluation should include evaluation of the process, content (sessions) and impact of the training. The effectiveness of a training can be measured by evaluating the different aspects of the training; i.e. the achievement of the learning outcomes, participants' satisfaction with the training (including content and methods used), feedback on the strengths and weaknesses of the training programme, etc. It is recommended that the evaluation is assigned to a neutral person, not the training facilitators.

### **Acknowledgements and Disclaimer**

WP 11 is grateful to the TOT participants for their feedback. This evaluation report is part of the ESTICOM project and should be used only within the context of the ESTICOM project

### **Contact details for this document**

Work Package 11 – Monitoring and Evaluation for the ESTICOM project  
Marije Veenstra & Aryanti Radyowijati  
Email: [veenstram@resultsinhealth.org](mailto:veenstram@resultsinhealth.org) | [aryanti@resultsinhealth.org](mailto:aryanti@resultsinhealth.org)



**Deliverable D10.4**

**ESTICOM Training Programme**

**Pilot Training Evaluation Report**

**Appendix 6.4**

**Evaluation Report**

**Training of Trainer Workshops**

**Vilnius**





# **Evaluation Report Training of Trainers Workshop ESTICOM**

**Vilnius, Lithuania**

*9-11 March & 13-15 April 2018*

# Table of Contents

- 1. Introduction..... 3**
- 2. Training of Trainers Workshop Vilnius..... 3**
- 3. Evaluation of Training Process ..... 4**
  - 3.1. Organisation & Experience..... 4
  - 3.2. Post-training Evaluation: Participants’ Satisfaction with TOT ..... 8
  - 3.3. Evaluation of Facilitation Process & Facilitators’ Performance ..... 9
- 4. Evaluation of Training Sessions..... 9**
  - 4.1. Feedback per session..... 9
- 5. Training Impact..... 11**
  - 5.1. Short-term Impact of TOT: Level of Confidence..... 12
  - 5.2. Long-term Impact Evaluation: Facilitating NPT and Changes in work as CHW ..... 14
- 6. General conclusions..... 16**
- 7. Essential training components for the NPTs ..... 17**
- Acknowledgements and Disclaimer ..... 18
- Contact details for this document ..... 18

## 1. Introduction

This report falls under Objective 3 of the European Surveys and Training to Improve MSM Community Health (ESTICOM) project, which is funded from September 2016 to August 2019 by the Consumers, Health, Agriculture and Good Executive Agency (CHAFEA) of the European Commission. Objective 3 aims to develop training material and a training programme for Community Health Workers (CHW) that work with men who have sex with men (MSM) in Europe. The Training Programme consists of two parts: (1) Training of Trainers workshops and (2) National Pilot Trainings. This report presents the findings of the evaluation of the first Training of Trainer workshop, organised in Vilnius, Lithuania.

The training programme aims to increase the knowledge and skills of Community Health Workers to develop and implement a range of activities and services to improve access to HIV, STI and viral hepatitis prevention and health care for MSM. The main aim of the Training of Trainer workshops is to educate experienced CHW from a variety of countries and contexts to perform National Pilot Trainings (NPT) in their home countries. The programme is designed to increase the capacity and confidence of TOT participants to plan and facilitate national training based on the modules and materials developed by the ESTICOM consortium.

The overall purpose of the training evaluation is to assess the training materials developed by Objective 3. The aim of the evaluation is to provide insights to the results achieved, lessons learnt, relevant findings, obstacles and recommendations for the finalisation of the training material. It covers feedback on the training material as well as the training programme and process.

## 2. Training of Trainers Workshop Vilnius

Each Training of Trainers consists of 2 training weekends, separated by 1 month. The Training of Trainers workshop in Vilnius, Lithuania was organised at the Comfort Hotel in Vilnius with the support of Dymetra. The first TOT weekend was held from Friday 9 – Sunday 10 March 2018. This weekend was attended by 14 participants from 7 countries (Lithuania, Bulgaria, Finland, Sweden, Denmark, Latvia and Estonia). The majority of the participants work as Community Health Workers in HIV prevention and testing (in checkpoints, national and local organisations). Others as researchers, outreach workers and gay activists. The second TOT weekend was organised from Friday 13 – Sunday 15 April 2018. This training was attended by 11 participants.

Both TOT weekends were facilitated by Matthias Wentzlaff-Eggebert and Deirdre Seery (professional trainers, agreed upon by the ESTICOM consortium). The first training weekend consisted of 7 sessions, the second weekend of 7 sessions. For each session, specific learning outcomes were defined, and various didactical methods were used. Table 1 lists the sessions, didactical methods and learning outcomes for both TOT weekends. Figure 1 shows the main topics and timeline of the TOT workshop.

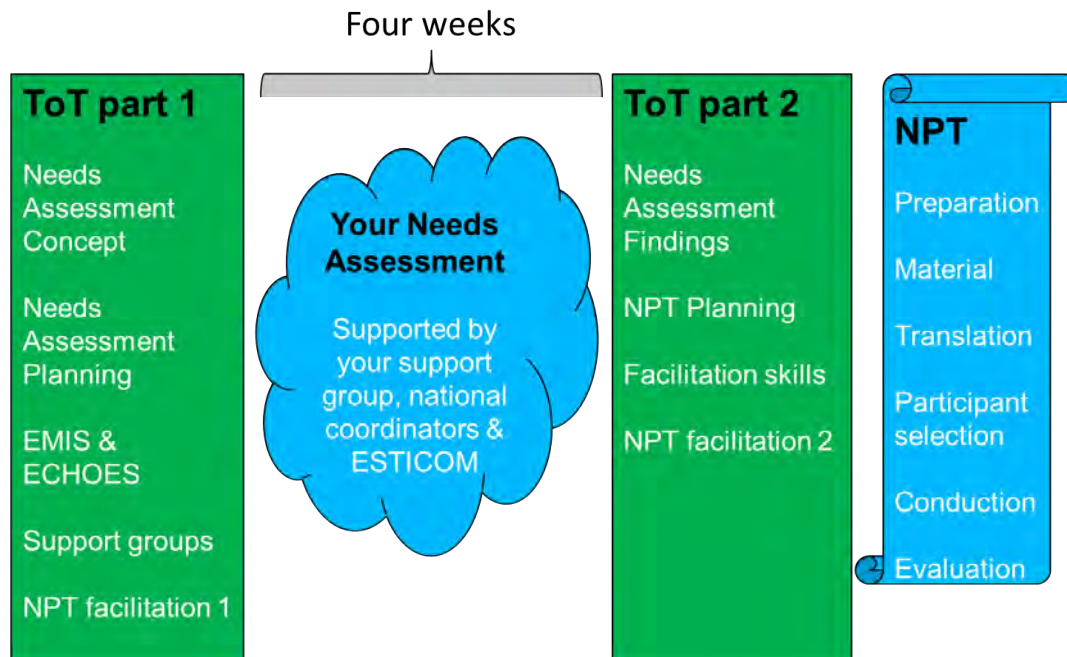
### *Evaluation*

For this TOT, three main items were evaluated:

- ! Training process – group assessment and individual observation by an independent observer
- ! Training sessions – individual and anonymous, focusing on content and didactical methods used
- ! Training impact – measured short-term & long-term

Data was collected among participants and by an independent observer. All participants were asked to fill in the evaluation forms. They received 1 or 2 forms per day, taking a maximum of 5-7 minutes to fill in. Evaluation forms were shared before or after the training sessions to provide the participants

**Figure 1. Overview Topics & Timeline ToT**



with enough time to fill them in. All participants were keen to help evaluate the training and provide their feedback to the trainers/evaluators.

During the first weekend, all 14 participants filled in the pre-evaluation forms and returned them to the evaluator. Three participants did not attend the second TOT weekend, due to sickness and change of employment. Therefore, during the second weekend, 11 sets of evaluation forms were collected and analysed.

### 3. Evaluation of Training Process

#### 3.1. Organisation & Experience

##### *Overall Training Organisation*

Most participants agreed that the organisation of the training (in terms of communication with the participants and support provided beforehand, but also the training venue, facilities and the breaks during the training and joint dinner) was either satisfactory or very satisfactory. However, room for improvements was suggested in term of provision of information beforehand, the training venue and the coffee/tea breaks and the joint dinner.

##### *Overall Training Experience*

Participants were positive about most aspects covered under training experience (i.e. time management, training equipment, group interaction). Participants were particularly satisfied with the

time management and allocation per session, the interaction within the group and the performance of the facilitators.

**Table 1. TOT Vilnius– Session Titles, Didactical Methods and Learning Outcomes**

<b>Weekend #1</b>			
<b>Session No.</b>	<b>Session Title</b>	<b>Didactical Methods</b>	<b>Learning Outcomes (Q)</b>
1	Introduction to the ESTICOM project and TOT workshop	Small group activity in groups of 3 (3 questions about the city); Paired reflection (contributions and expectations); Large group discussion (facilitated feedback on group work and establishing group norms); Plenary (present/discuss session formats, purpose of TOT)	Q.1. Have a good understanding of the ESTICOM project and TOT workshop
2	Country contexts, strengths and challenges of CHW work	Group activity ('Carousel' speed dating); Large group discussion (facilitated feedback on group work)	Q.2. Have a greater understanding of the context, strengths and challenges of working as CHW in different countries
3	Discrimination and resilience and its effects on MSM health and working as a CHW	Individual reflection and group discussion ('When I was young' exercise; adapted from Module 2); 'Lifeline activity' - participants place themselves on lifeline in answering questions; Large group activity (building a visual model of health)	Q.3. Have a good understanding of the origin of stigma and discrimination and its impact on CHW and MSM health
4	Belief systems, attitudes and cultural competency	Small group work (what does Cultural Competence mean?); Plenary presentation (Cultural Competence); Large group exercise (Cultural Competency Assessment; place along spectrum, discuss questions) & Facilitated feedback)	Q.4. Am aware of the concept of cultural competency and existing belief systems, attitudes, and cultural needs within the context of MSM health
5	Need Assessment 1: Why a needs assessment?	Large group discussion (shared understanding Needs Assessment + its relevance to continuous improvement cycle); Plenary presentation on role NA in ESTICOM; Small group work activity in identified support groups (planning implementation steps); Large group facilitated feedback	Q.5. Understand the role and purpose of the local needs assessments for the National Pilot Training (NPT) in the ESTICOM project
6	Needs Assessment 2: Process and Content	Small group activity in support groups (use NA example to construct own questions)	N/A
7	Needs Assessment 3: Collaboration and the next steps	Large group facilitated feedback (decisions made in previous sessions/remaining questions); Small group work support groups (plan concrete next steps); Large group facilitated feedback (decisions made/remaining questions/discussion)	Q.6. Have a good understanding of the goals, strategies and networks to support the organisation of the NPT in my country.
<b>Weekend#2</b>			

Session No.	Session Title	Didactical Methods	Learning Outcomes (Q)
8	Introduction & Strengths and challenges of working with MSM in different countries	Reflection and group round; small group activity (sharing successes and challenges); Large group facilitated feedback; Plenary discussion (facilitators explaining TOT aims and programme)	Q.7. Am aware of the strengths and challenges of my work with MSM
9	Successes and challenges of local needs assessments	Small group activity in support groups (share results NA); Group presentations; Large group facilitated discussion; Plenary (brief introduction plan-do-check-act & NPT planning tool); Small group work in support groups (discuss how to respond to results NA)	Q.8. Have the ability to apply the recommendations from the needs assessment to the National Pilot Training
10	Planning, stakeholders, partnerships: applying theoretical models for planning interventions	Plenary (introduce Logic planning tool); Small group work in support groups (use logic model template to develop outcomes/outputs etc.); Large group facilitated feedback; Plenary ('circles of influence'); Large group activity & discussion (brainstorm on stakeholders).	Q.9. Have the ability to plan an intervention and use relevant theoretical models accordingly
11	Non-judgemental practices: exploring the difference between feeling-thinking-acting	Small groups (4 people) work on case studies presenting ethical dilemmas; Large group facilitated feedback;	Q.10. Have a good understanding of the difference between having particular feelings and thoughts and actively delivering non-directive, non-judgmental services
12	Facilitation skills: Exploring different learning/training styles	Large group activity (participants place themselves along a line representing different teaching-styles); Small group activity (three groups preparing 10-minute training sessions); Large group facilitated discussion	Q.11. Am aware of different learning and training styles to use in a National Pilot Training;
13	Factors contributing to successful training workshops & planning concrete outline for NPT	Plenary (ESTICOM curriculum); Large group brainstorm (what to think about when organising a workshop schedule); Small group activity (use results of discussion and template for workshop to outline NPT); Large group facilitated feedback	Q.12. Am aware of factors that contribute to the success of a training workshop
14	NPT Planning process, support & evaluation	Plenary (ESTICOM presentation on NPT process and support); Small group work (discuss and decide concrete next steps); Plenary (Evaluation presentation)	Q.13. Have the skills to develop a workshop outline for the NPT; Q.14. Have the skills to organise and conduct an NPT; Q.15. Have a good understanding of the evaluation concept of ESTICOM, and how to perform the evaluation of the NPT

**Table 2. Overall Level of Satisfaction with Aspects of Training Process**

Aspects of training process	Session													
	1	2	3	4	5	6	7	8	9	10	11	12	13	14
Time management and allocation														
Training equipment	na					na		na					na	
Group/Class interaction (including group exercises)														
<b>Scale:</b>														
<b>Unsatisfactory</b>			<b>Neutral</b>			<b>Satisfactory</b>					<b>Very satisfactory</b>			

#### *Time management and allocation*

Data collected during TOT #1 shows that the time management and allocation were generally good, except for session 3. Session 3 (Discrimination and resilience and its effects on MSM health and working as a CHW) was perceived to last too long and the energy level was low.

During TOT #2, the group was smaller (11 participants) and all sessions were finalised within the allocated time, giving more time for participants to go in-depth. The last 2 sessions were flipped. Session 14 (NPT Planning process, support & evaluation) was done prior to session 13 (Factors contributing to successful training workshops & planning concrete outline for NPT) to accommodate travelling time of participants. The participants that stayed until the end of the TOT were able to make a concrete plan for their NPT.

#### *Training Equipment*

All data supports the conclusion that the training equipment used by the facilitators (slides, flipcharts, etc.) were perceived as useful and supportive when used in the sessions.

#### *Group interactions (including group exercises)*

All data shows a very positive feeling towards the dynamic and interaction within the group. The participants came from different backgrounds and countries and were eager to share their experiences and ask questions to learn from others. All sessions were started with introductions and sufficient rooms for dialogue and sharing. Some didactical methods used (group exercises) provided a good illustration of that: participants engaged with enthusiasm and the feedback was very satisfactorily. The cases used when working in the group were somewhat tailor-made to be “close” to the daily work of participants. The positive atmosphere created a safe space for people to share and ask their questions.

### 3.2. Post-training Evaluation: Participants’ Satisfaction with TOT

At the end of training weekend #2, participants were asked to indicate their level of satisfaction with various topics related to the training they had just completed. No negative feedback was received. All participants indicated they had very much enjoyed the training and that they consider the training to be useful for their work as Community Health Workers. They felt the training was an appropriate use of their time and would recommend it to their colleagues *“I will use the ice breakers in group works, meetings etc. They were excellent!! ... hope to be able to transmit the good atmosphere and enthusiasm”*

Participants rated the training with an overall score (1-10), with an average score of 8.4 (ranging from 7 to 10). When asked about how they thought they would use the training in their future work, responses showed various ideas. Feedback was received regarding the use of the training in terms of ideas and shared experiences:



*“I will not only organize an NPT, I would like to continue my work with healthcare professionals, training them to provide LGBTIQ friendly service”*

*“I will present some ideas - how to play how to work - I will share information with my colleagues and provide info, if they need”*

*“I will use what I learnt from this training in my daily work, development of policy, fighting for health right of the LGBTIQ people in the country”*

*“The TOT training materials will form part of the training offered to the staffs of my organization”*

*“I will use the TOR of the NPT for my daily work’*

*“I will use what I learnt from this training in it developing lectures, training etc.”*

*“I will use more practical exercises when giving training”*

### 3.3. Evaluation of Facilitation Process & Facilitators’ Performance

The post-training assessment evaluating participants’ level of satisfaction with various aspects of the training, shows that the majority of the group either agreed or strongly agreed that the facilitation process was good. In addition, all participants would like to be trained by the facilitators again.

The facilitators’ performance was rated very positively overall. The facilitators were very clear and open in the way they communicated with the participants. They provided a clear and open space for the knowledge, experience and questions of the participants. Facilitators introduced each session clearly and checked in with the participants to see if there were any remaining questions or feedback from the previous session/day. During the first sessions of the training, the facilitators allocated quite a lot of time to ice breakers and exercises to get to know each other’s backgrounds, which was highly appreciated by the participants. Similarly, participants really enjoyed the longer breaks (included by the facilitators to allow for more sharing and networking between participants). The fact that the group was small, the facilitators were able to programme to allow in-depth discussions and add extra group activities.

## 4. Evaluation of Training Sessions

The training sessions were evaluated by asking the participants about their level of satisfaction with the content (*did the session provide a clear and up-to-date overview of the topic(s) addresses?*) and the didactical – learning and teaching – methods used in each session (*would they agree that the methods were helpful in enhancing their understanding of the session?*). Overall, the majority of the participants were satisfied with the training sessions regarding both their content and the didactical methods used. The section below presents an overview of the participants’ level of satisfaction with each session and their written feedback regarding particular sessions.

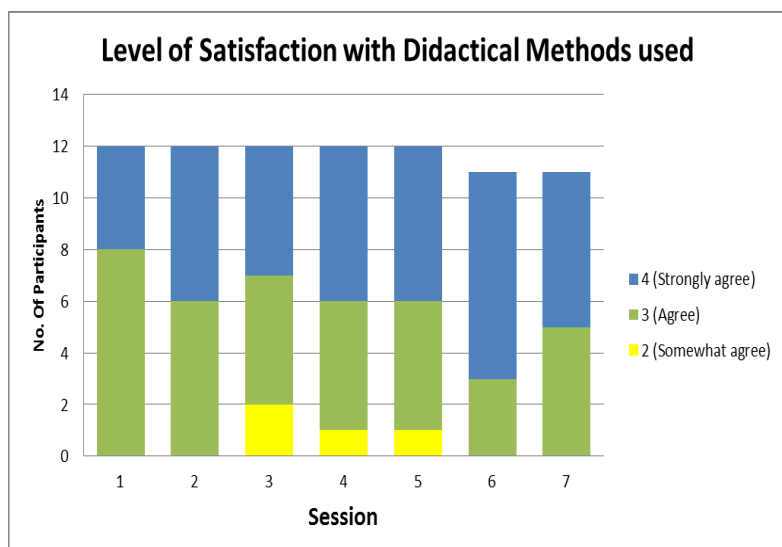
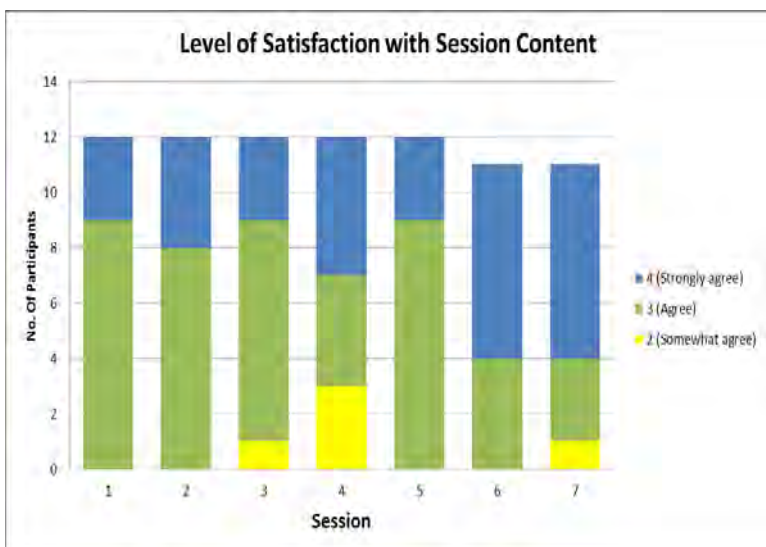
### 4.1. Feedback per session<sup>1</sup>

Overall, all participants were highly satisfied with the training materials - in terms of content and the didactical methods used (see figure 2). The content and didactical methods used in the ToT in Vilnius were revised based on the feedback received and experience during the ToT in Berlin and in Warsaw.

---

<sup>1</sup> For the titles of the sessions and the didactical methods used, please be referred to Table 1 on page 4-5 of this report

## Weekend #1



For the TOT weekend #1, regarding the *content*, almost all sessions were received positively by participants. In **session 3** (Discrimination and resilience and its effects on MSM health and working as a CHW), one participant voiced a caution when discussing buying and selling sex, considering the diversity of the background of the participants. In **session 4** (Belief systems, attitudes and cultural competency) some participants were perceived it as less satisfactory. The following feedback on the session 4 was received:

- ! *"I believe the value line exercise is quite problematic when focusing at statement such as "it's ok to sell sex" it is like you assume that no one in the room had such experience. This can make you feel rather uncomfortable"*
- ! *"I was confused with the mix of questions and agree/don't agree line, would be better with the statements rather than questions"*
- ! *"It was difficult to understand the task, resulting in confusion between what do now or what to do in the future"*
- ! *"Definition on culture in this context was not entirely clear".*

**Session 6** (Needs Assessment 2: Process and Content) and **Session 7** (Needs Assessment 3: Collaboration and the next steps) received feedback that longer time should be allocated for discussion, considering the different situation in each country.

When it comes to the *didactical (learning and teaching) methods* used, all session considered satisfactory. Participants appreciated the learning activities especially group exercises used during the training, except for session 4 (see above).

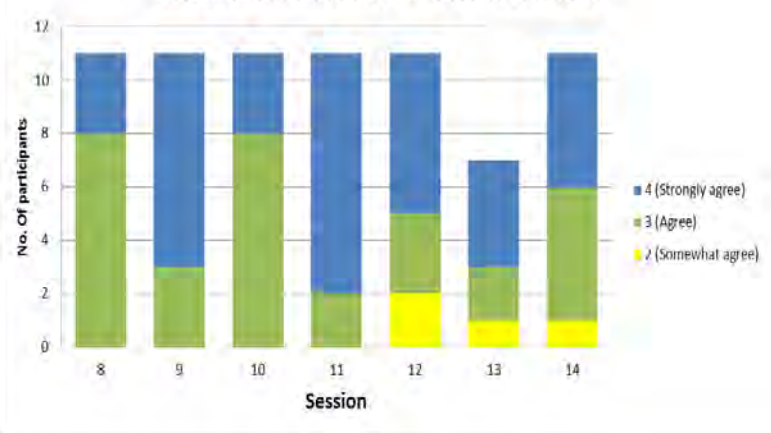
## Weekend #2

During TOT weekend #2. TOT participants seem to have a better understanding on the goal and purpose of the TOT, and the majority of the participants were either satisfied or very satisfied with the content and didactical methods of all the sessions (see figure 3).

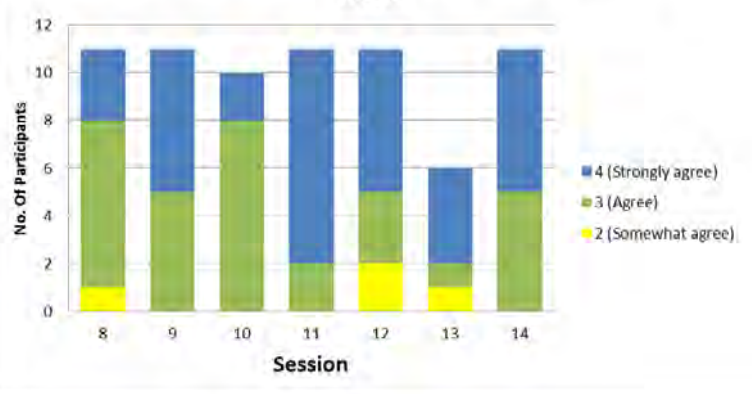
**Session 8, 10 and 13** considered clear by participants, despite some participants were only somewhat agree with the content of and the didactical methods used for session 13 (Factors contributing to successful training workshop & Planning concrete outline NPT). Session 13 were conducted *after* session 14 due to travel schedule of participants. At the end the number of TOT

participants attending session 13 was very small (7 participants). And due to the change in sequences, sessions 13 may have felt to be “different” than the other TOT sessions.

**Level of Satisfaction with Session Content**



**Level of Satisfaction with Didactical Methods used**



**Session 9** was on Results Local Need Assessments. During this session participants were given the time to present and discuss their need assessment. The presentation format and style were varied. Although they are all quite structured and systematic. One participant would have liked to have a more homogeneity in presenting the results of the local need assessment: *“Maybe it would have been easier, if we all have some sort of template or a methodology for analysing results to make it more consistent”*

**Session 11** (Non-judgemental practices: exploring the difference between feeling-thinking-acting) was very well received. Participants worked in a small group on a case and they would have to reflect on the difference between their feeling, thinking and acting: *“That was a great exercise”*.

**Session 12** was considered as positive and somewhat neutral in regard to the session content and didactical methods used. The session was on Facilitation skills: Exploring different learning/training styles, and the styles practiced was full one-way traditional teaching style, a full interactive teaching style and a mixed of both. The majority of the participants enjoyed the practice very much: *“A great exercise”* || *“A very good experience overall and very friendly environment”*. But some participants were not fully satisfied with the exercise chosen: *“... [I wish that the facilitators would] give more clear instruction”* and *“some words of different learning styles [than what was used during the TOT] would have been nice”*.

**Session 14** was on NPT planning process, Support & Evaluation. This session was given prior to session 13 (see above) and it includes handing over the diploma for the training participants. Due to the modified sequence of the sessions, some participants felt that more time should be allocated on the ESTICOM training materials: *“...Less time for planning NPT, can do this at home, more theory + methods from the ESTICOM manual...”* and *“an additional kit for coaching [would be useful]”*. But overall, participants were satisfied with the session: *“Still have to digest a lot of things about national training and its contents but fairly confident that it will be successful. Thank you, trainers and facilitators”*.

## 5. Training Impact

The Training of Trainers workshop is designed to increase the capacity and confidence of TOT participants to plan and Facilitate National Pilot Trainings based on the modules and materials

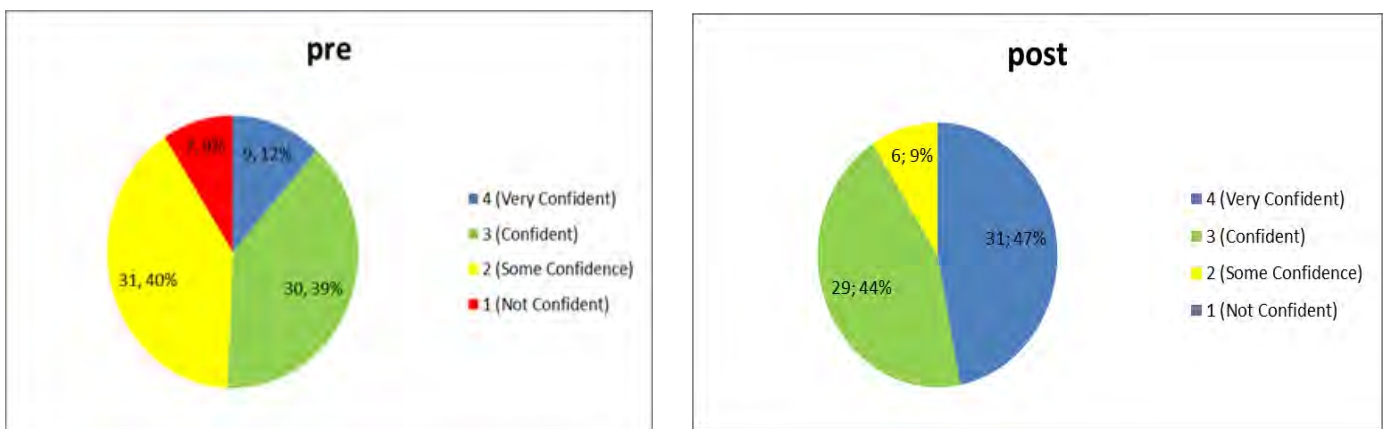
developed by the ESTICOM consortium. The impact of the TOT is measured both short- and long-term. The short-term impact evaluation focuses on the achievement of specific learning outcomes, whereas the long-term evaluation zooms in on participants' experiences with designing and facilitating an NPT and, more broadly, on changes that have occurred in their work as CHW after attending the TOT.

### 5.1. Short-term Impact of TOT: Level of Confidence

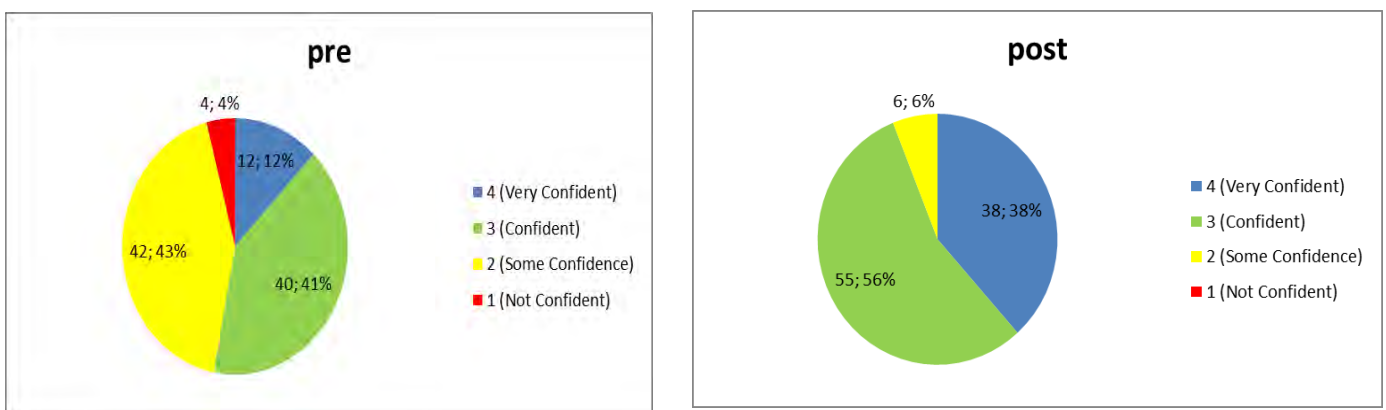
Participants' level of confidence was measured to assess their achievement of the intended learning outcomes (Q1-Q15; see Table 1 on page 4-5). The level of confidence was measured using a fully anonymous self-assessment questionnaire, administered before and after each TOT weekend (short-term impact measurement).

Results show that participants feel more confident on all topics evaluated. This result is visualised in the pie charts below, showing the significant increase in the proportion of participants who feel confident (green) and very confident (blue) about the selected topics *after* the TOT. Specifically, whereas before the training, some participants indicated that they had *no* confidence regarding the role and purpose of the local need assessment (Q5); after the training all of them have improved their level of confidence (see TOT weekend #1). Similarly, for the second TOT weekend, 4 participants were indicating that they did not feel confidence on have ability to plan an intervention and use relevant theoretical models accordingly

**Figure 3. Level of Confidence - Learning Outcomes TOT Weekend #1**



**Figure 4. Level of Confidence - Learning Outcomes TOT Weekend #2**

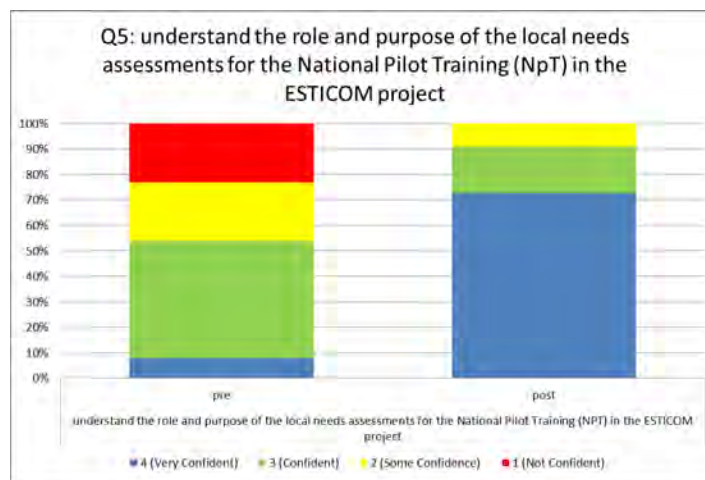


### 5.1.1. Level of Confidence reflecting TOT goals

#### Planning & conducting a Needs Assessment

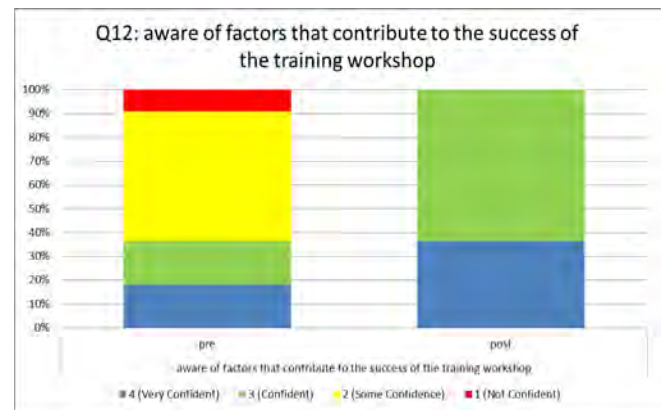
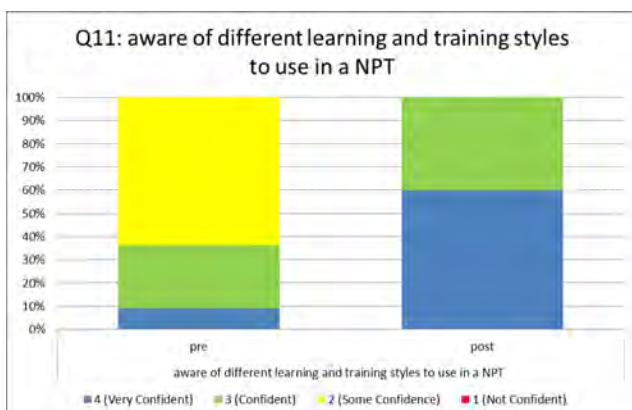
One of the objectives of the TOT was to help the participants plan and conduct a local Needs Assessment, to gather information about the needs of CHW in their respective countries and inform their NPTs. During the first TOT weekend, the main learning outcome connected to this objective was to *understand the role and purpose of the local needs assessments for the National Pilot Training (NPT) in the ESTICOM project (Q.5).*

For Q.5, results showed a significant increase in participants' level of confidence. Three participants were not feeling confident before the training, whereas after the training no one reported that they were not confident. On the contrary, a large majority felt (very) confident about the topic instead.



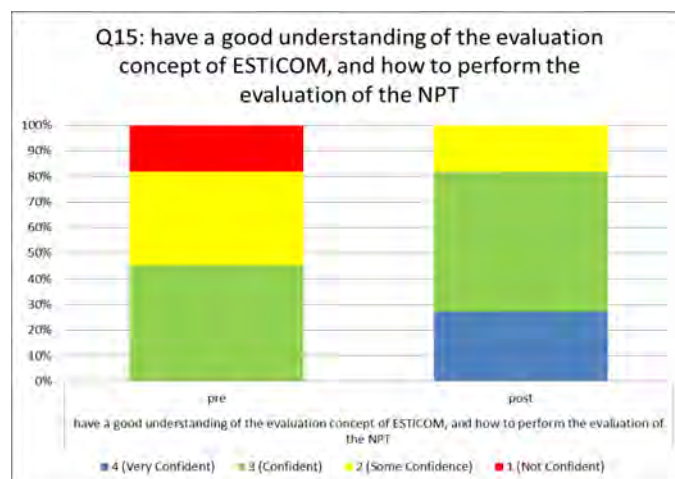
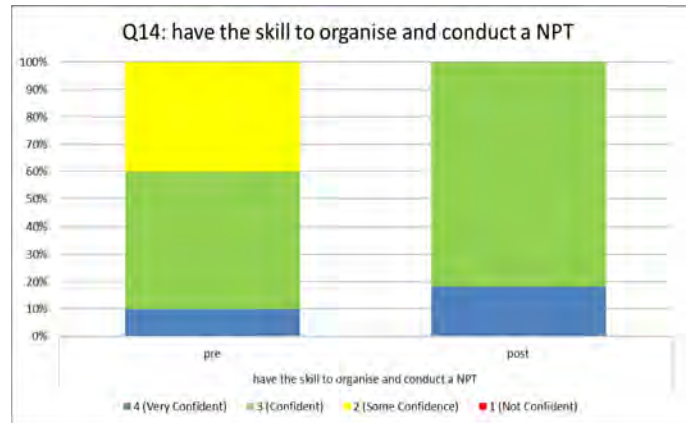
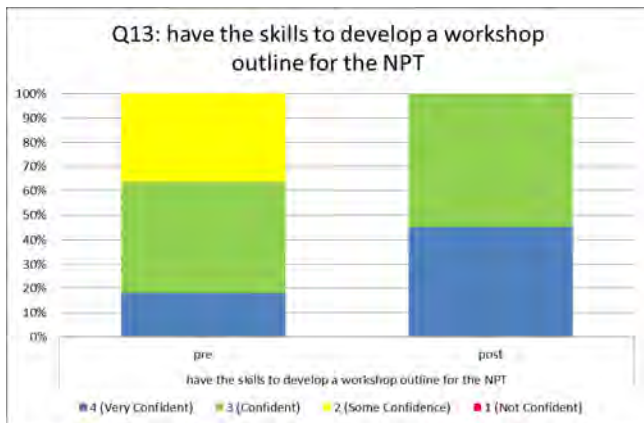
#### Facilitation Skills

A second objective of the TOT is to increase participants' confidence and skills in facilitating a National Pilot Training. For the TOT in Vilnius, this objective is connected to learning outcome Q11 (*am aware of different learning and training styles to use in a National Pilot Training*) and Q12 (*am aware of factors that contribute to the success of a training workshop*). For both Q11 and Q12, a significant increase in participants' level of confidence can be observed.



## Planning & Conducting a National Pilot Training

When it comes to participant's level of confidence in planning and conducting an NPT (Q13 – Q15), results show an increase in level of confidence for all related learning outcomes: Q.13 (*skills to develop a workshop and outline for NPT*), Q.14 (*skills to organise and conduct an NPT*) and Q.15 (*have a good understanding of the evaluation concept of ESTICOM and how to perform the evaluation of the NPT*). The biggest change was seen in Q.15, with none of the participants feeling unconfident about the evaluation of their NPTs after attending the TOT.



### 5.2. Long-term Impact Evaluation: Facilitating NPT and Changes in work as CHW

To be able to measure the effectiveness and impact of the TOT, a long-term evaluation will be conducted for each TOT. This long-term evaluation of the TOT serves two main purposes: (1) to answer whether attending the TOT workshop has helped participants in designing and facilitating a National Pilot Training. And (2) to answer what changes (if any) have occurred in the lives and work of the participants, following their participation in the TOT.

#### Designing and facilitating an NPT

The TOT participants facilitating their own NPT will be asked about their level of confidence regarding the design and facilitation of the NPT and if/how the TOT has helped them improve that confidence.

Data focusing on this topic will only be gathered among TOT participants that have become NPT facilitators, and *after* conducting their NPT. Data collection will start end of May 2018, when the first NPT is held, and finish end of October, covering all NPTs organised within the ESTICOM timeframe. Data gathered will be presented in a separate report.

#### Changes as a CHW

A month after the end of their TOT, participants were asked to write a short story/reflection describing the changes they have experienced since their participation in the TOT. This could be a reflection of changes that occurred in their work as a CHW but could also represent changes in their lives and/or mind-set in general. If desired, they were given the opportunity to support their story with visual materials (i.e. pictures/video), to represent the change they describe. Data collection for this part of the long-term evaluation started in April 2018 and is conducted among all TOT participants. Data collection takes place from April-June 2018.

For Vilnius, 3 participants wrote a story, reporting various changes after their participation in the TOT. The changes reported are positive, with participants writing that they have learned a lot from the TOT especially in their daily work as CHWs. The benefits range from being aware of different forms and techniques in training provision and feeling more at ease in their daily work (see illustrations 1 and 2). Participants also appreciated the opportunity to meet other CHWs during the TOT which facilitated sharing and the development of their network of professionals doing similar work across Europe.

#### Illustration 1

Since participating in the TOT's, particularly TOT2 I have noticed that my focus on what training is needed among our CBVCT staff has shifted from a focus on information and updates on guidelines to a focus on skills and competency development. I have become increasingly aware that we offer training, which is really a supply of knowledge, yet little support in developing skills to transfer that knowledge into practice, or indeed insuring that the basic skills are present for a worker to implement information and/or form strong, sustainable relationships with service users. So, while we continue to offer information on various topics like HepC, Chemsex and prep, staff continue to request more information on these topics. I believe this is mainly because we are not helping them to transfer this knowledge and information in to practical skills and competences on HOW to use information as opposed to HAVING the information. Therefore this will be something we will attempt to change going forward in terms of how we offer training on a topic.

We have recently had several team discussions about staff training needs, particularly after undertaking the needs assessment, and on how to make training available, to whom it should be available and in what format. I believe that my shift in focus has enabled me to further qualify these discussions and to add a different dimension to how we offer the best possible training programme to enable the best possible service delivery.

## Illustration 2

After ToT trainings I have organised two MSM-meetings in HivFinland. I feel that I have been more relaxed and confident steering groups and open to group's demands. 29th of May we had one-hour radio programme about HIV and sexuality on local radio station and I felt at ease to talk about sexual health topics. It was not the first time, of course, but I think that trainings had a good impact in my knowledge and performance.



In MSM-meetings I used ice breakers that we trained with Barrie and they were a success. For instance, discussion about sexuality was open and participants thought meeting was meaningful.

Some topics we discussed in trainings have been very useful in our work practice, stigma and attitudes in general. Chemsex has been discussed widely: in national broadcast company's web article and I participated on a conference for social work and health care specialists about new illicit drug use phenomena in Finland.



I think that as a community health worker I developed my skills and attitudes in trainings and have performed on a better professional level in my work. I have enjoyed my work more than before.

Meeting community health workers from other countries eye to eye gives a feeling that we work together in bigger context. Practises from other organizations can be implemented in our work. In the first ToT in Vilna practices were discussed a lot.

I see development on personal level as a process. ESTICOM trainings have been meaningful and practical for me. When all staff and volunteers have shared information and discussed about attitudes, our message will reach target group much better. It is essential that two organizations related to HIV in Finland cooperate in trainings. I look forward to our national pilot training!

## 6. General conclusions

### Training Process

The TOT in Vilnius was well organised and positively experienced by TOT participants. The participants were eager to learn, share experiences, ask questions and build relationships with other participants. This contributed significantly to a positive group dynamic and active participation.

### *Level of Satisfaction with TOT*

No negative feedback was received regarding participants' overall satisfaction with the training. All participants indicated they had very much enjoyed the training and that they consider the training to be useful for their work as Community Health Workers.

### Facilitators' Process & Performance

The facilitators' performance was highly valued, particularly their openness, engagement and ability to sense and adapt to the atmosphere and needs of the group. In addition, the time they allocated to exercises/breaks, etc. for the group to get to know each other better and be able to exchange experiences, was highly appreciated.



### **Training Sessions – Content & Didactical Methods**

The topics addressed, and didactical methods used during the TOT were rated very satisfactory by the participants. Based on the data collected, these selected topics and methods can be recommended for the National Pilot Trainings. Feedback for specific sessions should be considered when designing the NPT, taken into account the context and background of participants.

### **Training Impact - Short-term**

The training sessions supported the achievement of the pre-defined learning outcomes, with the confidence of participants increasing on all topics evaluated.

## **7. Essential training components for the NPTs**

Whereas the content of each National Pilot Training will differ, depending on context and participants, there are several training components that are important to consider when designing and implementing *all* NPT. These components have to do with the *training process*, and - based on the results of this TOT - can help NPT facilitators in designing and implementing an effective, participative training, which can significantly contribute to reaching the training objectives.

### **1. Training organisation**

Data from the TOT in Vilnius show that excellent organisational aspects of the training (e.g. Wi-Fi, the training venue, breaks, joint dinner, support for and communication with participants during and around training weekends) contribute to the overall level of participants' satisfaction with the training. Considering these organisational aspects of a training can help (NPT) facilitators to effectively create an enjoyable, comfortable atmosphere in which participants are satisfied and engaged.

### **2. Interactive character**

The TOT in Vilnius have shown the success of an interactive approach to this type of training. The TOT built on and highly benefited from the experience and input of the participants and participants very much appreciated the interactive and participative character of the training process. Inclusion of multiple didactical methods, with a focus on interactive and participative sessions, allows for participants to get to know and learn from each other's experiences, share and discuss their questions, and explore topics in a more in-depth manner where desired.

### **3. Facilitators' role**

The TOT in Vilnius and has shown that the facilitators are key in protecting and ensuring a safe atmosphere and an interactive training process. Facilitators need to engage with the group and take the time to address questions, acknowledge and adjust to group processes and actively work on creating an open and safe space in which participants feel free to share their experiences, questions and concerns. An effective way to do this are to allow the group enough time to get to know each other (ice breaker exercises, long(er) breaks and joint lunch/dinner). In addition, facilitators should be aware of the vibe in the group and be flexible about possible adjustments to the schedule. To ensure that the group is on the same page, participants understand the learning objectives, and no one is 'left behind', facilitators should introduce new sessions and facilitate feedback moments on a regular basis.

### **4. Training Evaluation**

Evaluating trainings allows both participants and facilitators to reflect on the training process and gain insight into the lessons learned for further improvement. Training evaluation should include evaluation of the process, content (sessions) and impact of the training. The effectiveness of a training can be measured by evaluating the different aspects of the training; i.e. the achievement of

the learning outcomes, participants' satisfaction with the training (including content and methods used), feedback on the strengths and weaknesses of the training programme, etc. It is recommended that the evaluation is assigned to a neutral person, not the training facilitators.

### Acknowledgements and Disclaimer

WP 11 is grateful to the TOT participants for their feedback. This evaluation report is part of the ESTICOM project and should be used only within the context of the ESTICOM project

### Contact details for this document

Work Package 11 – Monitoring and Evaluation for the ESTICOM project

Aryanti Radyowijati & Marije Veenstra

Email: [aryanti@resultsinhealth.org](mailto:aryanti@resultsinhealth.org) or [veenstram@resultsinhealth.org](mailto:veenstram@resultsinhealth.org)



**Deliverable D10.4**

**ESTICOM Training Programme**

**Pilot Training Evaluation Report**

**Appendix 6.5**

**Evaluation Report**

**Training of Trainer Workshops**

**Athens**



# **Evaluation Report Training of Trainers Workshop ESTICOM**

**Athens, Greece**

*16-18 March & 20-22 April 2018*

# Table of Contents

- 1. Introduction..... 3**
- 2. Training of Trainers Workshop Athens ..... 3**
  - 3.1. Organisation & Experience..... 4
  - 3.2. Post-training Evaluation: Participants’ Satisfaction with TOT ..... 7
  - 3.3. Evaluation of Facilitation Process & Facilitators’ Performance ..... 8
- 4. Evaluation of Training Sessions..... 8**
  - 4.1. Feedback per session..... 9
- 5. Training Impact..... 11**
  - 5.1. Short-term Impact of TOT: Level of Confidence..... 11
  - 5.2. Long-term Impact Evaluation: Facilitating NPT and Changes in work as CHW ..... 14
- 6. General conclusions..... 17**
- 7. Essential training components for the NPTs ..... 17**
- Acknowledgements and Disclaimer ..... 18
- Contact details for this document ..... 18

## 1. Introduction

This report falls under Objective 3 of the European Surveys and Training to Improve MSM Community Health (ESTICOM) project, which is funded from September 2016 to August 2019 by the Consumers, Health, Agriculture and Good Executive Agency (CHAFAEA) of the European Commission. Objective 3 aims to develop training material and a training programme for Community Health Workers (CHW) that work with men who have sex with men (MSM) in Europe. The Training Programme consists of two parts: (1) Training of Trainers workshops and (2) National Pilot Trainings. This report presents the findings of the evaluation of the first Training of Trainer workshop, organised in Athens, Greece.

The training programme aims to increase the knowledge and skills of Community Health Workers to develop and implement a range of activities and services to improve access to HIV, STI and viral hepatitis prevention and health care for MSM. The main aim of the Training of Trainer workshops is to educate experienced CHW from a variety of countries and contexts to perform National Pilot Trainings (NPT) in their home countries. The programme is designed to increase the capacity and confidence of TOT participants to plan and facilitate national training based on the modules and materials developed by the ESTICOM consortium.

The overall purpose of the training evaluation is to assess the training materials developed by Objective 3. The aim of the evaluation is to provide insights to the results achieved, lessons learnt, relevant findings, obstacles and recommendations for the finalisation of the training material. It covers feedback on the training material as well as the training programme and process.

## 2. Training of Trainers Workshop Athens

Each Training of Trainers consists of 2 training weekends, separated by 1 month. The Training of Trainers workshop in Athens, Greece was organised at the Ilisia Hotel. The first TOT weekend was held from Friday 16 – Sunday 18 March 2019. This weekend was attended by 16 participants from 9 countries (England, France, Germany, Cyprus, Greece, Spain, Portugal, Italy and Slovenia). The majority of the participants work in community and regional (MSM/HIV) organisations and checkpoints focusing on counselling, testing and training. The second TOT weekend was organised from Friday 20 – Sunday 22 April 2018. This training was attended by 16 participants as well. One of the participants from the first weekend was ill and could not attend the second training. However, one participant from the TOT in Athens - who could not attend the second weekend - attended the second weekend in Athens, to still experience the whole training.

Both TOT weekends were facilitated by Matthias Wentzlaff-Eggebert and Deirdre Seery (professional trainers, agreed upon by the ESTICOM consortium). Both training weekends consisted of 7 sessions. For each session, specific learning outcomes were defined, and various didactical methods were used. Table 1 lists the sessions, didactical methods and learning outcomes for both TOT weekends. Figure 1 shows the main topics and timeline of the TOT workshop.

### *Evaluation*

For this TOT, three main items were evaluated:

- ! Training process – group assessment and individual observation by an independent observer
- ! Training materials – collected per session, individual and anonymous
- ! Training impact – measured short-term & long-term

Data was collected among participants and by an independent observer. All participants were asked to fill in the evaluation forms. They received 1 or 2 forms per day, taking a maximum of 5-7 minutes to

fill in. Evaluation forms were shared before or after the training sessions started/finished to provide the participants with enough time to fill them in. All participants were keen to help evaluate the training and provide their feedback to the trainers/evaluators. During both weekends, all participants filled in the evaluation forms and returned them to the evaluator.

**Figure 1. Overview Topics & Timeline TOT**



**3. Evaluation of Training Process**

**3.1. Organisation & Experience**

*Overall Training Organisation*

Most participants agreed that most of the evaluated aspects regarding the training organisation were either satisfactory or very satisfactory, except for the venue and (during the first training weekend) the facilities for participants.

*Overall Training Experience*

Results from both training weekends show that participants were either satisfied or very satisfied with the overall training experience. Three aspects obtained particularly high praise from participants (indicated with "very satisfactory"); group/class interaction, facilitator’s performance and communication with participants.

Based on the results of the training process evaluation, it can be concluded that both the training organisation and training experience were considered successful. Table 2 lists some aspects of the training process and their corresponding results.

**Table 1. TOT Athens – Session Titles, Didactical Methods and Learning Outcomes**

Weekend #1			
Session No.	Session Title	Didactical Methods	Learning Outcomes (Q)
1	Introduction to the ESTICOM project and TOT workshop	Small group activity in groups of 3 (3 questions about the city); Paired reflection (contributions and expectations); Large group discussion (facilitated feedback on group work and establishing group norms); Plenary (present/discuss session formats, purpose of TOT)	Q.1. Have a good understanding of the ESTICOM project and TOT workshop
2	Country contexts, strengths and challenges of CHW work	Group activity ('Carousel' speed dating); Large group discussion (facilitated feedback on group work)	Q.2. Have a greater understanding of the context, strengths and challenges of working as CHW in different countries
3	Discrimination and resilience and its effects on MSM health and working as a CHW	Individual reflection and group discussion ('When I was young' exercise; adapted from Module 2); 'Lifeline activity' - participants place themselves on lifeline in answering questions; Large group activity (building a visual model of health)	Q.3. Have a good understanding of the origin of stigma and discrimination and its impact on CHW and MSM health
4	Belief systems, attitudes and cultural competency	Small group work (What does Cultural Competence mean?); Plenary presentation (Cultural Competence); Large group exercise (Cultural Competency Assessment; place along spectrum, discuss questions) & Facilitated feedback)	Q.4. Am aware of the concept of cultural competency and existing belief systems, attitudes, and cultural needs within the context of MSM health
5	Need Assessment 1: Why a needs assessment?	Large group discussion (shared understanding Needs Assessment + its relevance to continuous improvement cycle); Plenary presentation on role NA in ESTICOM; Small group work activity in identified support groups (planning implementation steps); Large group facilitated feedback	Q.5. Understand the role and purpose of the local needs assessments for the National Pilot Training (NPT) in the ESTICOM project
6	Needs Assessment 2: Process and Content	Small group activity in support groups (use NA example to construct own questions)	N/A
7	Needs Assessment 3: Collaboration and the next steps	Large group facilitated feedback (decisions made in previous sessions/remaining questions); Small group work support groups (plan concrete next steps); Large group facilitated feedback (decisions made/remaining questions/discussion)	Q.6. Have a good understanding of the goals, strategies and networks to support the organisation of the NPT in my country.



**Weekend#2**

<b>Session No.</b>	<b>Session Title</b>	<b>Didactical Methods</b>	<b>Learning Outcomes (Q)</b>
8	Introduction & Strengths and challenges of working with MSM in different countries	Reflection and group round; small group activity (sharing successes and challenges); Large group facilitated feedback; Plenary discussion (facilitators explaining TOT aims and programme)	Q.7. Am aware of the strengths and challenges of my work with MSM
9	Successes and challenges of local needs assessments	Small group activity in support groups (share results NA); Group presentations; Large group facilitated discussion; Plenary (brief introduction plan-do-check-act & NPT planning tool); Small group work in support groups (discuss how to respond to results NA)	Q.8. Have the ability to apply the recommendations from the needs assessment to the National Pilot Training
10	Planning, stakeholders, partnerships: applying theoretical models for planning interventions	Plenary (introduce Logic planning tool); Small group work in support groups (use logic model template to develop outcomes/outputs etc.); Large group facilitated feedback; Plenary ('circles of influence'); Large group activity & discussion (brainstorm on stakeholders)	Q.9. Have the ability to plan an intervention and use relevant theoretical models accordingly
11	Non-judgemental practices: exploring the difference between feeling-thinking-acting	Small groups (4 people) work on case studies presenting ethical dilemmas; Large group facilitated feedback;	Q.10. Have a good understanding of the difference between having particular feelings and thoughts and actively delivering non-directive, non-judgmental services
12	Facilitation skills: Exploring different learning/training styles	Large group activity (participants place themselves along a line representing different teaching-styles); Small group activity (three groups preparing 10-minute training sessions); Large group facilitated discussion	Q.11. Am aware of different learning and training styles to use in a National Pilot Training;
13	Factors contributing to successful training workshops & planning concrete outline for NPT	Plenary (ESTICOM curriculum); Large group brainstorm (what to think about when organising a workshop schedule); Small group activity (use results of discussion and template for workshop to outline NPT); Large group facilitated feedback	Q.12. Am aware of factors that contribute to the success of a training workshop
14	NPT Planning process, support & evaluation	Plenary (ESTICOM presentation on NPT process and support); Small group work (discuss and decide concrete next steps); Plenary (Evaluation presentation)	Q.13. Have the skills to develop a workshop outline for the NPT; Q.14. Have the skills to organise and conduct a NPT; Q.15. Have a good understanding of the evaluation concept of ESTICOM, and how to perform the evaluation of the NPT

**Table 2. Overall Level of Satisfaction with Aspects of Training Process**

Aspects of training process	Session													
	1	2	3	4	5	6	7	8	9	10	11	12	13	14
Time management and allocation														
Training equipment		na					na	na			na			
Group/Class interaction (including group exercises)														
<b>Scale:</b>														
<b>Unsatisfactory</b>	<b>Neutral</b>			<b>Satisfactory</b>					<b>Very satisfactory</b>					

#### *Time management and allocation*

In general, time management and allocation were rather satisfactory. However, many participants felt that the time per session was rather limited – they would have liked to have more time to discuss certain topics and/or work on specific exercises. Although many sessions took more time, which caused a slight domino effect and other sessions starting late as a consequence, all relevant topics were covered in the sessions. The main reason for sessions taking more time, was that participants were very engaged in the exercises and had many additional questions to discuss within the group.

#### *Training Equipment*

All data supports the conclusion that the training equipment used by the facilitators (slides, flipcharts, etc.) were perceived as useful and supportive when used in the sessions.

#### *Group interactions (including group exercises)*

All data shows a very positive feeling towards the dynamic and interaction within the group. The participants came from different backgrounds and countries and were eager to share their experiences and ask questions to learn from others. Some didactical methods used (group exercises) provided a good illustration of that: participants engaged with enthusiasm and the feedback was very satisfactorily. The positive atmosphere created a safe space for people to share and ask their questions. The participants' assessment of this aspect of the training was very positive. From the start, participants connected quite easily and were actively engaged in the sessions. The carousel activity and "when I was young" exercise in particular created an environment that allowed participants to actively share their ideas, opinions and experiences, which was highly appreciated by the group.

### 3.2. Post-training Evaluation: Participants' Satisfaction with TOT

At the end of training weekend #2, participants were asked to indicate their level of satisfaction with various topics related to the training they had just completed. No negative feedback was received. All participants indicated they had enjoyed the training and a large majority (N=14) agreed or strongly agreed that the training was useful for their work as Community Health Workers. They felt that the training was an appropriate use of their time and all of them would recommend it to their colleagues.

Participants rated the training with an overall score (1-10), with an average score of 8.2 (ranging from 6 to 10). When asked about how they thought they would use the training in their future work, responses showed various ideas.

Most participants felt what they had learned would be useful in their own training activities and in the preparations for their NPTs:

*“To facilitate training in my country using (for sure) aspects and content from the ESTICOM project!”*

*“It will help me with the NTP organization and also my future trainings”*

*“I will use on my NPT and in my country sessions”*

*“I will use at my NGO trainings, and trying to network with the rest of us or CHW and their countries”*

*“I hope the NPT will work good [...] and use ESTICOM materials to train [CHW] in a standardized (the same) way”*

Other participants reported that they are already using the experiences they had and skills they developed during the TOTs:

*“I’m actually using it, all the communication skills that were shared today are being useful for me today”*

*“It already is affecting my work; I’m implementing my skills, using tools, and plan to “grab” some parts to train in my association”*

### 3.3. Evaluation of Facilitation Process & Facilitators’ Performance

The post-training assessment evaluating participants’ level of satisfaction with various aspects of the training, shows that the whole group either agreed or strongly agreed that the facilitation process was good. In addition, a large majority of the participants (N=15) would like to be trained by the facilitators again.

The facilitators’ performance was rated very positively overall. The facilitators were very clear and open in the way they communicated with the participants. They provided a clear and open space for the knowledge, experience and questions of the participants. Facilitators introduced each session clearly and checked in with the participants to see if there were any remaining questions or feedback from the previous session/day. During various sessions, the group in Athens required more time for group work and/or plenary discussions, since they had additional questions and enjoyed discussing the exercises with others to learn from their ideas and experiences. The facilitators were able to accommodate this need without losing sight of the training objectives.

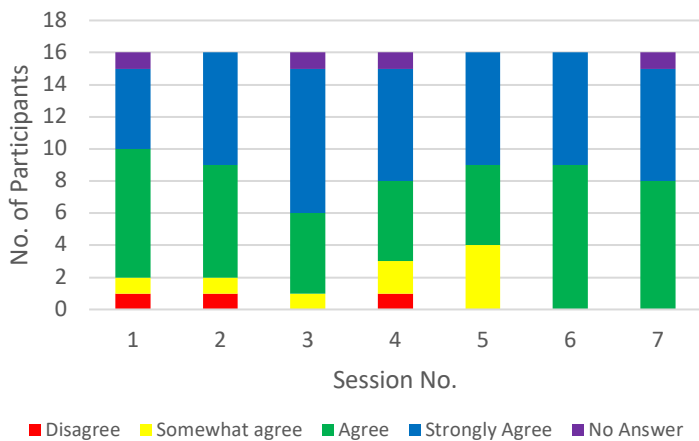
## 4. Evaluation of Training Sessions

The training sessions were evaluated by asking the participants about their level of satisfaction with the content (*did the session provide a clear and up-to-date overview of the topic(s) addresses?*) and the didactical – learning and teaching – methods used in each session (*would they agree that the methods were helpful in enhancing their understanding of the session?*). Overall, the majority of the participants were satisfied with the training sessions regarding both their content and the didactical methods used. The section below presents an overview of the participants’ level of satisfaction with each session and their written feedback regarding particular sessions.

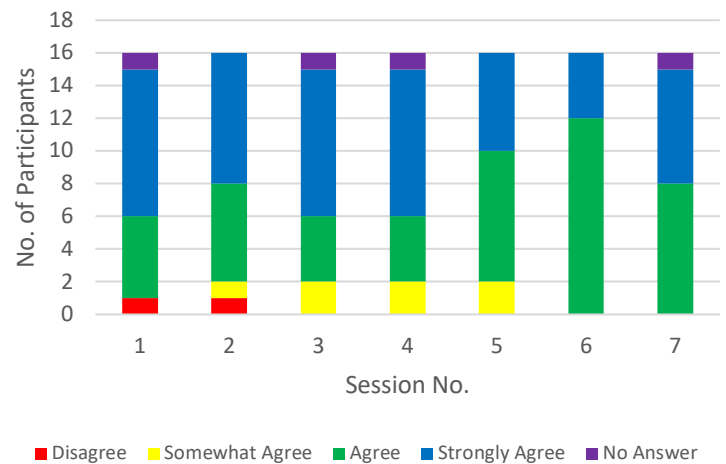
## 4.1. Feedback per session<sup>1</sup>

Weekend #1

**TOT Athens Weekend #1  
Level of Satisfaction with Content**



**TOT Athens Weekend #1  
Level of Satisfaction with Didactical Methods**



Although participants were mostly satisfied with the content and didactical methods of **session 1**, suggestions for improvement were to use this particular session to spend some more attention on ice breakers: *“More ice breakers at the start of the session to form [the] group”*. *“Maybe do ice breaker plays at this moment”*. Another participant was still unsure about the purpose, and particularly their part in the TOT itself: *“My role in the ESTICOM TOT was still unclear”*.

For **session 3**, the feedback received included suggestions to broaden the information provided (*“The internal view [got stuck] in the 70s/80s/90s. Too [little] focus on what happened in the next decades”*. *“More regarding the diversity within MSM”*) and to take the information provided in this session a step further to *“make it more ‘tangible’ and ‘hands on’ to our day to day work”*.

**Session 5** got some varied responses; some participants felt it was a bit confusing (*“I felt a bit confused and unclear about what was expected from us”* || *“Finding target group and content for training at the same time [was] too difficult. Maybe mix it with the next steps”* || *“This is a peculiar moment as it doesn’t seem to be explained as part of training methodology”*) and that the session could benefit from more time. In addition, not having all NPT team members present during the TOT was perceived as difficult: *“Ensure people who are in the same country are on the same training days (helps with planning and more productive)”*. For others, the session clarified the Needs Assessment: *“This was very useful to clear ‘what’ and ‘how’ and ‘why’ and ‘when’”*.

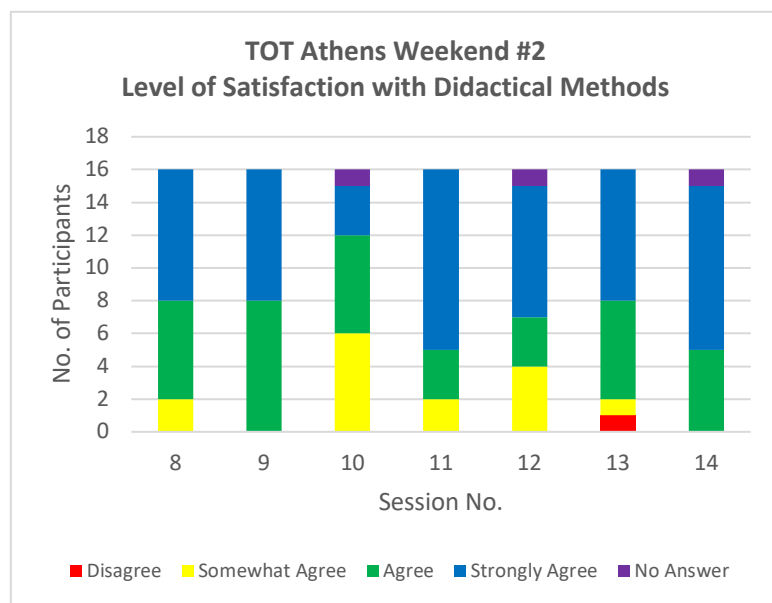
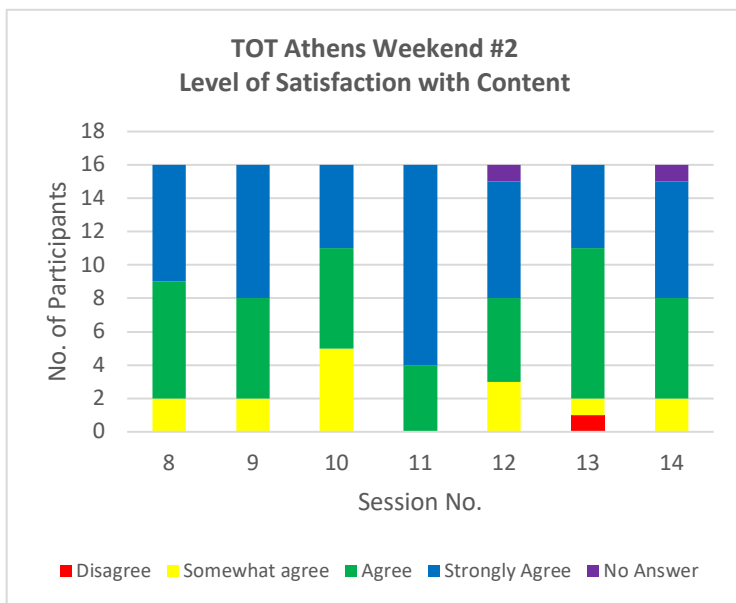
In general, the group was appreciative of the way the sessions provided space for interaction between the participants: *“I think the most useful part of this session [session 2] was the wonderful exchange between the group members which stimulated learning from each other”*. Many participants felt particularly satisfied with the didactical methods used in **session 4**, stating that the session provided great food for thought (*“especially the agree/disagree exercise”*) and that *“the open discussion in the end brought many interesting topics and exchanges”*.

<sup>1</sup> For the titles of the sessions and the didactical methods used, please be referred to Table 1 on page 4-5 of this report

One participant suggested that the training could be improved by providing *“more details about the needs assessment and details of the pilot and the work involved prior to attending”*. In addition, some feedback was received on the general clarity and structure of the training sessions: *“I would have liked to know the objective of each session and have a summary bringing us back to the objective”*. Furthermore, following some discussion about terminology and definitions during the first training weekend, feedback included that *“it might be useful to agree on terms, or get a definition beforehand. MSM, CHW [...] when we talk of MSM are only cis-men included...”*

Others shared that they would have liked to have some additional aspects included in the training: *“I felt I wanted some more information on the actual content that already exists”*. || *“I would like to be trained more on techniques of trainings and maybe try and simulate a training session with the group”*

### Weekend #2



Results from the second weekend show that participants were largely satisfied or very satisfied with the content and methods used in **session 8**. However, some suggestions were received to improve this particular session. Two participants wrote that this session could have used a more interactive and creative approach

Participants were particularly satisfied with the content and didactical methods used in **session 11** – discussing non-judgmental practices – and with the didactical methods used in **session 9 and 14**: *“It was really useful to see the needs assessment of all teams and see the truly different approaches and needs of each country/team”* (session 9). For **session 12** (facilitation skills), participants provided some suggestions for improvement, stating that the session might work better if the working groups were smaller (2-3) people and if more information is given for each training style.

**Session 10** (addressing the *planning of interventions*) was rated slightly lower in terms of satisfaction with both content and methods used, compared to other sessions. Feedback received largely focused on a lack of time to address the topics properly: *“There was little to no time for this exercise of the [logical] model. The little time provided was not enough to understand the model and put it into action”*.

Results for **session 13** show that one participant was not satisfied, feeding back that: *“Time was short [and] the absence of my colleagues with whom this will take place in real life”* made things more difficult. In addition, he suggested it might be an option to *“[take] a topic and [ask] how to plan and prepare. The whole weekend was too vague a frame”*. Others felt that the order of the sessions might be improved, with one participant saying that this was a *“useful session” [but] “it looks like there were questions from this session that were answered by following session. I am wondering about the order of sessions, nevertheless good one!”* Another participant felt more positive about this session as well, stating that *“I found the discussion of Deirdre & Matthias very useful, lots of food for thought. But we have a clear direction forward”*.

In general, a lot of written feedback received during the second training weekend focused on the lack of time participants experienced. Many felt that, although (or because) the topics were very interesting and useful, they needed more time to really understand them properly: *“Again, I felt the time was not enough to cover the discussion needed for this very good material of case studies. Needed to invest more time in this!” (Session 11) || “The different approaches in teaching was truly useful. Yet, the time to prepare the presentations/teaching activities and then discuss about each approach was not enough” (session 12).*

One participant noted that it might have been useful to have a slightly different structure to the two training weekends: *“I wish that the time we had on the first TOT, or at least some of it, was used to cover at least one of the ‘modules’ of today’s content [session 8-12] – i.e. non-judgmental services – so we could have more time in that and then again have more time at the second TOT for this wonderful content”*.

General feedback also showed that some participants needed (additional) support from the facilitators to keep up with the topics addressed: *“Individual talk with facilitators was needed to fully understand the planning process”* and that they *“think it’s important to provide a better understanding of the training methods in order to organize better the NPT”*.

## 5. Training Impact

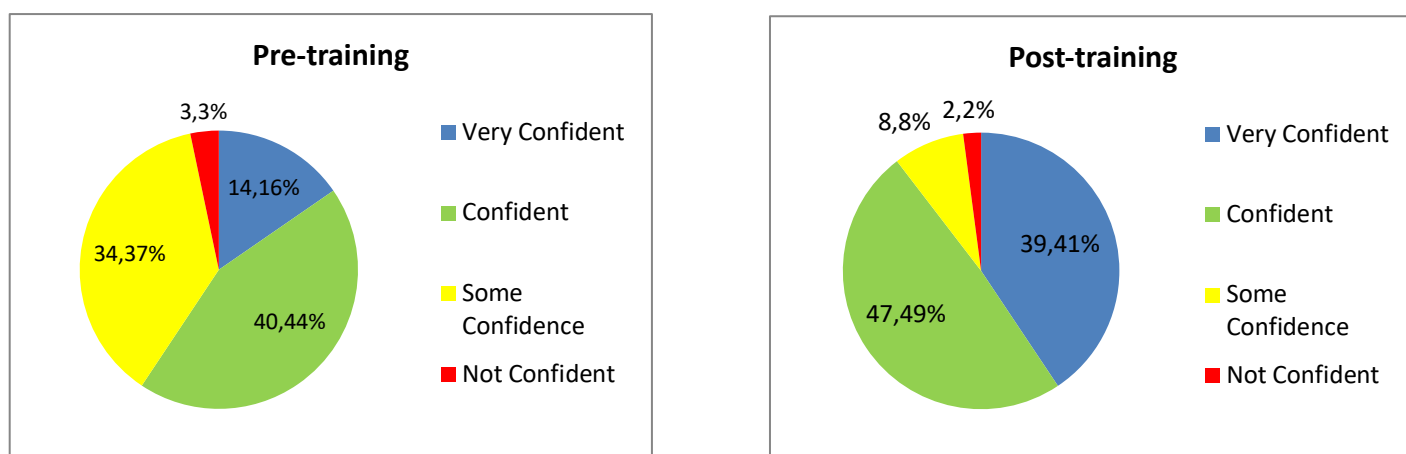
The Training of Trainers workshop is designed to increase the capacity and confidence of TOT participants to plan and Facilitate National Pilot Trainings based on the modules and materials developed by the ESTICOM consortium. The impact of the TOT is measured both short- and long-term. The short-term impact evaluation focuses on the achievement of specific learning outcomes, whereas the long-term evaluation zooms in on participants’ experiences with designing and facilitating an NPT and, more broadly, on changes that have occurred in their work as CHW after attending the TOT.

### 5.1. Short-term Impact of TOT: Level of Confidence

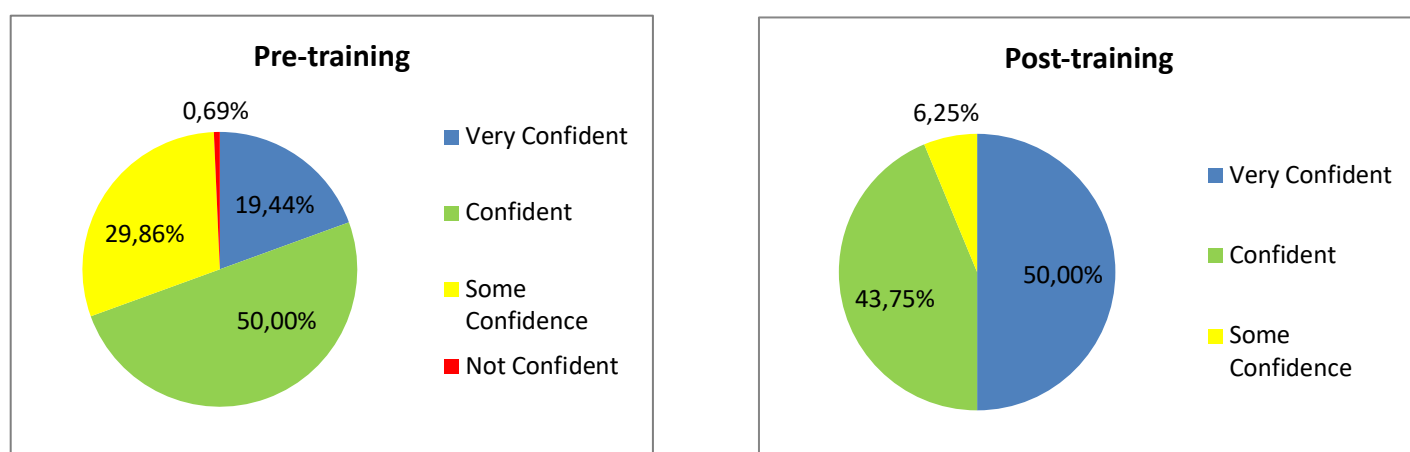
Participants’ level of confidence was measured to assess their achievement of the intended learning outcomes (Q1-Q15; see Table 1 on page 4-5). The level of confidence was measured using a fully anonymous self-assessment questionnaire, administered before and after each TOT weekend (short-term impact measurement).

Results show that there is a significant increase in the proportion of participants who feel confident (green) and very confident (blue) about the selected topics *after* the TOT (see figure 3 and 4). However, for Q.1 (understanding of ESTICOM/TOT) and Q.5 (role & purpose of Needs Assessment), the percentage of people feeling unconfident regarding these topics remained the same after attending the TOT.

**Figure 3. Level of Confidence - Learning Outcomes TOT Weekend #1**



**Figure 4. Level of Confidence - Learning Outcomes TOT Weekend #2**

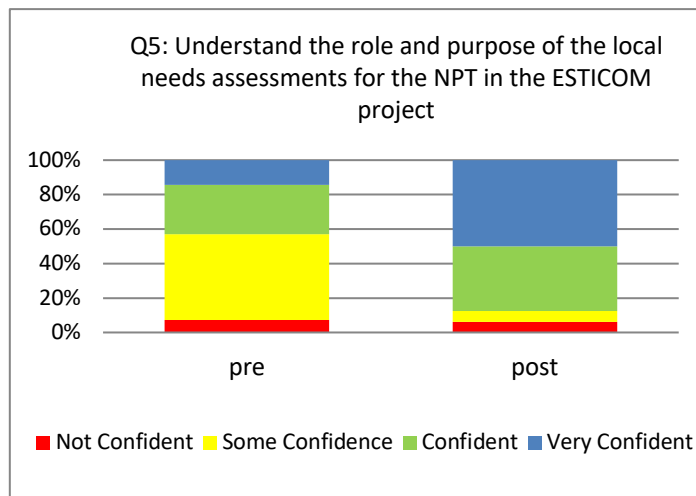


### 5.1.1. Level of Confidence reflecting TOT goals

#### Planning & conducting a Needs Assessment

One of the objectives of the TOT was to help the participants to plan and conduct a local Needs Assessment, to gather information about the needs of CHW in their respective countries and inform their NPTs. During the first training weekend in Athens, the learning outcome connected to this objective was to increase the participants' understanding of the role and purpose of the local needs assessments in the ESTICOM project (Q.5).

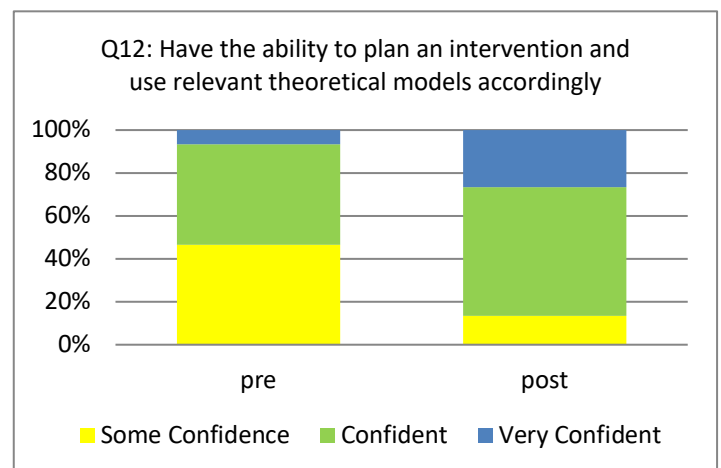
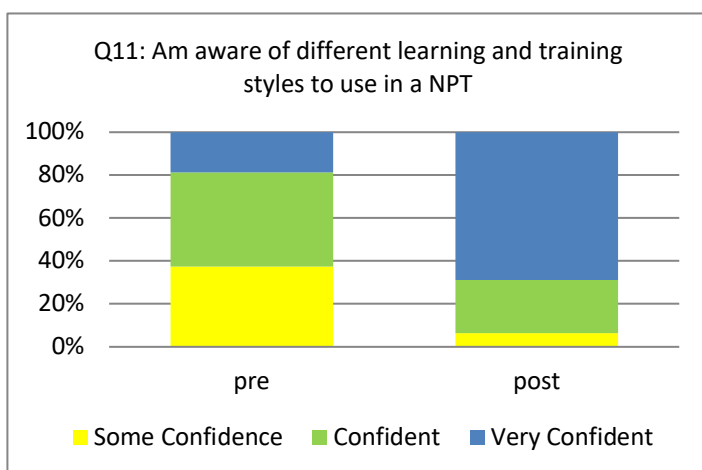
Results show a significant increase in participants' level of confidence, with the majority feeling either confident or very confident with these topics after the training. However, a small percentage of the participants still feels either unconfident or only some confidence regarding this topic. This corresponds with the feedback received on session 5 where some participants felt slightly confused about what was expected and reported that there was a lack of time to address the topics properly (see p. 10 of this report).



### Facilitation Skills

A second objective of the TOT is to increase participants' confidence and skills in facilitating a National Pilot Training.

The learning outcome directly connected to this goal - awareness of different learning and training styles to use in an NPT (Q.11) and their awareness of the factors that contribute to the success of a training workshop (Q.12) - show an increase in confidence. Particularly for Q.11, with more than 60% of the participants feeling very confident about their awareness of different learning and training styles.



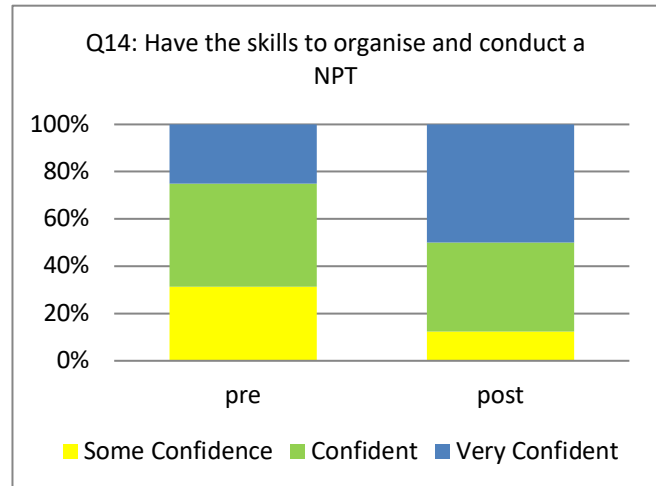
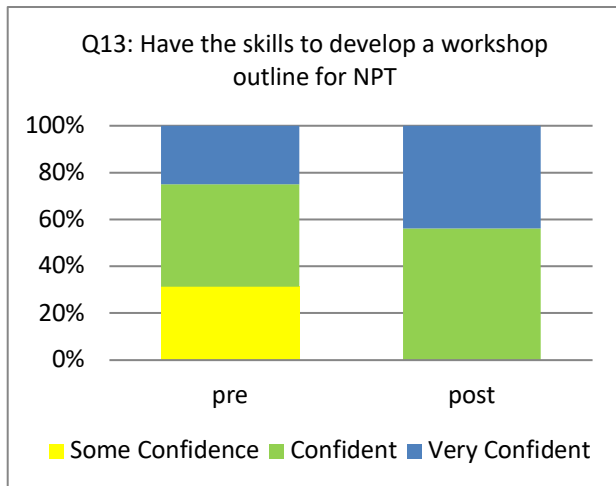
### Planning & Conducting a National Pilot Training

When it comes to participant's level of confidence in planning and conducting an NPT, results show an increase in confidence for all related learning outcomes.

When it comes to their ability to apply the recommendations from their needs assessments to the NPT (Q.8) before the training, a large part of the participants already felt quite confident regarding these topics. However, that number had still increased after attending the TOT.



Positive changes can also be observed for the learning outcomes directly related to the NPT: having the ability to develop a workshop outline for their NPT (Q.13) and organising and conducting their own NPT (Q.14). For both outcomes, the number of people feeling somewhat confident decreased significantly after the TOT, with the large majority of the participants feeling either confident or very confident about these topics.



## 5.2. Long-term Impact Evaluation: Facilitating NPT and Changes in work as CHW

To be able to measure the effectiveness and impact of the TOT, a long-term evaluation will be conducted for each TOT. This long-term evaluation of the TOT serves two main purposes: (1) to answer whether attending the TOT workshop has helped participants in designing and facilitating a National Pilot Training. And (2) to answer what changes (if any) have occurred in the lives and work of the participants, following their participation in the TOT.

### Designing and facilitating an NPT

This part of the evaluation will focus on the level of confidence the participants experience regarding the design and facilitation of the NPT and if/how the TOT has helped them gain/improve that confidence. Data focusing on this topic will be gathered among those TOT participants that have become NPT facilitators, after each NPT. Data collection will start end of May 2018, when the first NPT is held, and finish end of October, covering all NPTs organised within the ESTICOM timeframe. Data gathered will be presented in a separate report.

### Changes as a CHW

A month after the end of their TOT, participants were asked to write a short story/reflection describing the changes they have experienced since their participation in the TOT. This could be a reflection of changes that occurred in their work as a CHW but could also represent changes in their lives and/or mind-set in general. If desired, they were given the opportunity to support their story with visual materials (i.e. pictures/video), to represent the change they describe. Data collection for this part of the long-term evaluation started in April 2018 and is conducted among all TOT participants. Data collection takes place from April-June 2018.

For Athens, almost half the participants wrote a story (N=7), showing that they experienced various – positive – changes after their participation in the TOT. Stories showed participants’ appreciation of the group dynamic and the comfort of engaging with other professionals, getting to know more about the

approaches, differences and similarities across Europe: *“The interaction with so many colleagues from different countries working with the same population was one of the most positive experiences of all the training. The different perspectives, ways of solving problems, of addressing issues, were exceptionally enriching. It helped me to relativize some taboos, insecurities and to strengthen the work already done with the new ideas received”.*

In addition, discussions and a deeper understanding of gay men identities and their sexual attitudes and needs caused some changes in terms of mindset and approaches in their daily work. One participant wrote that:

*“One amazing thing that happened at the training [...] was the openness of discussions and the honest sharing of what constitutes the identity of gay men (and MSM), and also talking so openly about sexual attitudes and sexual practices. This was a first for me, as I never had the experience to engage in such open discussions on these issues before. Now I have a much deeper understanding of gay men identities, sexual attitudes and sexual practices and most importantly their specific needs that come in relation to these issues. Actually, this understanding has changed the way we approach these issues in our counselling work and I think we have become more sensitive, more open, more encompassing and I was happy to see co-workers challenging their own existing perceptions and attitudes with regards to safer sex practices, Chemsex and use of PrEP”.*

One participant wrote about how the colourful group of participants, with its diverse opinions and approaches to being Community Health Workers caused a change in his mindset and understanding of alternative approaches to his work as a CHW. He works in an organisation where they *“constantly face new issues and problems”* they try to solve with creative solutions. However:

*“Being a quite homogenous group of volunteers, the group itself is sometimes resistant to accept and include some ‘diversity’ because we are not prepared, skilled, ready or open-minded enough to do it. The training itself, with its topics and modules, deeply inspired me: it really opened my eyes on skills and attitudes useful to be a CHW that I haven’t considered in the past or I couldn’t give to a precise name. The mirroring with other international groups in these weekends and their activities [...] showed clearly how many possibilities of actions are still there. [...] The first results of this, is that I love my work as CHW even more: I appreciate my association and deeply respect the efforts we make, with all our limits. On the other hand, I want to work to share my new consciousness with the whole group, to let it grow in number and efficacy. I am especially convinced that we have to expand our range of action, trying to get closer to those groups of populations that we have only randomly touched: migrants, trans and not binary people, different ethnic groups. I think that on the aspect of openness, the ESTICOM TOT can be defined something like a ‘big bang’ for me!”.*

A second theme that came up in several stories were the changes in terms of discussing/addressing ethical issues and integrating cultural awareness and competency into daily work and mindset as Community Health Workers.

*“[An] eye opener for me was both the cultural competency and ethical issues that we discussed. [We] already started having internal discussions on how to further expand our services to migrants and other harder to reach groups such as trans\* and persons with disability. [...] Regarding the ethical issues, we are incorporating the controversial issues to be considered in our training of health workers in January, as it is important to provide this food for thought to them too and instigate these types of discussions with them. It will be a first for all of us!”*

For another participant, changes could be seen in his counselling work: *“The way I interact with the beneficiaries during the examination and counselling sessions has changed. Specifically, the change is relevant to my advanced ability to adjust into the different needs of diverse MSM subgroups and*

*respect the right of choice regarding their sexual practices. This was triggered by the emphasis been given during the TOT on the cultural competency and the role of 'good' CHW that provides objective information without any influence from personal beliefs. [Thus] far, I used to aim for changes on the beneficiaries' sexual practise by pointing what is safer. After the TOT, my point is to put them into a critical point of view supporting their judgments with all the information needed".*

Some changes experienced after the TOT were more in terms of personal growth and understanding. For one participants this meant changes in the way he engages with a group and collaborates with others: *"Now I feel more able to understand what my role in a working group is. [...] After the TOT I was involved as trainer in a training with my organisation and I think I used some of the expertise learned in the TOT there. It is really good to see I grew up and was able to talk less, listen more and so learn more".*

For another, it means that he made important decisions regarding his work as a CHW: *"The changes I experienced is that I am no longer working as a CHW in the outreach department. I am not ok that the project is not as trans\* MSM inclusive and diverse as I would like it to be. Ans as it could be. I realised how important it is to me that the attitude especially from the chef is congruent to my own. I am no longer accepting that I don't get an answer to the question why there is no transparent attitude visible e.g. on the website".*

The stories received show that, even shortly after the TOT, participants have experienced positive changes. Changes that they have already integrated in their daily work, or that will most likely have a future impact on their work as Community Health Workers and trainers.

## 6. General conclusions

### Training Process

The first TOT in Athens was well organised and positively experienced by TOT participants. The participants were eager to learn, share experiences, ask questions and build relationships with other participants. This contributed significantly to a positive group dynamic and active participation.

### *Level of Satisfaction with TOT*

No negative feedback was received regarding participants' overall satisfaction with the training. All participants indicated they had very much enjoyed the training and that they consider the training to be useful for their work as Community Health Workers.

### Facilitators' Process & Performance

The facilitators' performance was highly valued, particularly their openness, engagement and ability to sense and adapt to the atmosphere and needs of the group. In addition, the time they allocated to exercises/breaks, etc. for the group to get to know each other better and be able to exchange experiences, was highly appreciated.

### Training Sessions – Content & Didactical Methods

The topics addressed, and didactical methods used during the TOT were rated satisfactory by the participants. Based on the data collected, these selected topics and methods can be recommended for the National Pilot Trainings.

### Training Impact - Short-term

The training sessions supported the achievement of the pre-defined learning outcomes, with the confidence of participants increasing on all topics evaluated.

## 7. Essential training components for the NPTs

Whereas the content of each National Pilot Training will differ, depending on context and participants, there are several training components that are important to consider when designing and implementing *all* NPT. These components have to do with the *training process*, and - based on the results of this TOT - can help NPT facilitators in designing and implementing an effective, participative training, which can significantly contribute to reaching the training objectives.

### 1. Training organisation

Data from the TOT in Athens shows that excellent organisational aspects of the training (e.g. Wi-Fi, the training venue, breaks, joint dinner, support for and communication with participants during and around training weekends) contribute to the overall level of participants' satisfaction with the training. Considering these organisational aspects of a training can help (NPT) facilitators to effectively create an enjoyable, comfortable atmosphere in which participants are satisfied and engaged.

### 2. Interactive character

The TOT in Athens has shown the success of an interactive approach to this type of training. The TOT built on and highly benefited from the experience and input of the participants and participants very much appreciated the interactive and participative character of the training process. Inclusion of multiple didactical methods, with a focus on interactive and participative sessions, allows for participants to get to know and learn from each other's experiences, share and discuss their questions, and explore topics in a more in-depth manner where desired.

### **3. Facilitators' role**

The TOT in Athens has shown that the facilitators are key in protecting and ensuring a safe atmosphere and an interactive training process. Facilitators need to engage with the group and take the time to address questions, acknowledge and adjust to group processes and actively work on creating an open and safe space in which participants feel free to share their experiences, questions and concerns. An effective way to do this are to allow the group enough time to get to know each other (ice breaker exercises, long(er) breaks and joint lunch/dinner). In addition, facilitators should be aware of the vibe in the group and be flexible about possible adjustments to the schedule. To ensure that the group is on the same page, participants understand the learning objectives, and no one is 'left behind', facilitators should introduce new sessions and facilitate feedback moments on a regular basis.

### **4. Training Evaluation**

Evaluating trainings allows both participants and facilitators to reflect on the training process and gain insight into the lessons learned for further improvement. Training evaluation should include evaluation of the process, content (sessions) and impact of the training. The effectiveness of a training can be measured by evaluating the different aspects of the training; i.e. the achievement of the learning outcomes, participants' satisfaction with the training (including content and methods used), feedback on the strengths and weaknesses of the training programme, etc. It is recommended that the evaluation is assigned to a neutral person, not the training facilitators.

### **Acknowledgements and Disclaimer**

WP 11 is grateful to the TOT participants for their feedback. This evaluation report is part of the ESTICOM project and should be used only within the context of the ESTICOM project

### **Contact details for this document**

Work Package 11 – Monitoring and Evaluation for the ESTICOM project  
Marije Veenstra & Aryanti Radyowijati  
Email: [veenstram@resultsinhealth.org](mailto:veenstram@resultsinhealth.org) or [aryanti@resultsinhealth.org](mailto:aryanti@resultsinhealth.org)



**Deliverable D10.4**

**ESTICOM Training Programme**

**Pilot Training Evaluation Report**

**Appendix 6.6**

**Evaluation Report**

**Summary Report Evaluation**

**Training of Trainer Workshops**



# ESTICOM

## Training of Training Workshops

**January – April 2018**

*Evaluation Report*

## Table of Contents

1. INTRODUCTION .....	3
2. TRAINING OF TRAINERS    WORKSHOPS .....	4
4. SATISFACTION WITH TRAINING OF TRAINER WORKSHOPS .....	7
5. TRAINING FACILITATORS AND FACILITATION PROCESS .....	8
6. TRAINING IMPACT .....	9
6.1. <i>Short-term Impact of TOT: Level of Confidence</i> .....	9
6.2. <i>Long-term Impact Evaluation: Facilitating NPT and Changes in work as CHW</i> .....	12
7. GENERAL CONCLUSIONS .....	16
8. RECOMMENDATIONS: ESSENTIAL TRAINING COMPONENTS FOR NATIONAL PILOT TRAININGS.....	17



## 1. Introduction

This report falls under Objective 3 of the European Surveys and Training to Improve MSM Community Health (ESTICOM) project, which is funded from September 2016 to August 2019 by the Consumers, Health, Agriculture and Good Executive Agency (CHAFAEA) of the European Commission. Objective 3 aims to develop training material and a training programme for Community Health Workers (CHW) that work with men who have sex with men (MSM) in Europe.

The training programme aims to increase the knowledge and skills of Community Health Workers to develop and implement a range of activities and services to improve access to HIV, STI and viral hepatitis prevention and health care for MSM. The Training Programme consists of two parts: (1) Training of Trainers workshops and (2) National Pilot Trainings. This report presents the findings of the evaluations of the *Training of Trainer (TOT) workshops*, organised in (1) Berlin, Germany; (2) Warsaw, Poland; (3) Vilnius, Lithuania; and (4) Athens, Greece.

The main aim of the Training of Trainer workshops is to educate experienced CHW from a variety of countries and contexts to perform National Pilot Trainings (NPT) in their home countries. The programme is designed to increase the capacity and confidence of TOT participants to plan and facilitate national training based on the modules and materials developed by the ESTICOM consortium.

### Evaluation

The overall purpose of the training evaluation is to assess the training materials developed by Objective 3. The aim of the evaluation is to provide insights to the results achieved, lessons learnt, relevant findings, obstacles and recommendations for the finalisation of the training material. It covers feedback on the training material as well as the training programme and process.

During the Training of Trainers workshops, three main items were evaluated<sup>1</sup>:

- ! Training sessions – individual and anonymous assessment of the session content and didactical methods used
- ! Training process – group assessment and individual observation by an independent observer focusing on training organisation and experience
- ! Training impact – measured short-term (level of confidence in specific topics) & long-term (represented by changed that have occurred following participation in the TOT)

This evaluation report presents a summary of the evaluations conducted for all 4 TOTs (8 training weekends). Although there were small differences between the TOTs (e.g. finetuning in the order, length and merging of sessions, based on experiences in the previous TOT), the main topics and learning outcomes included remained the same to ensure consistency across the TOTs. This report focuses on the topics/sessions that were addressed in all TOTs. For TOT-specific information, please be referred to the individual evaluation reports that were developed, which can be found in the Annex 6.2 – 6.5.

---

<sup>1</sup> Thorough description of evaluation approach and methods are presented in the Evaluation Design provided as Appendix 6.1.

Following some contextual information about the Training of Trainer workshops, evaluation results regarding the training sessions are presented (addressing session content and didactical methods used), including feedback received on specific sessions/topics. Next, the report addresses the participants' satisfaction with the TOT, including evaluation results of training organisation and experience and the level of satisfaction regarding specific topics (e.g. usefulness of training and how/if it will influence their work as CHW). Next, the facilitators' role and performance are considered, followed by the evaluation of the training impact. The impact evaluation includes the short-term impact (measured by the level of confidence in certain topics) and long-term impact (measured by changes experienced in participants' lives following their participation in the TOT. Finally, some general conclusions are drawn, and specific recommendations given for the organisation and provision of the National Pilot Trainings.

## 2. Training of Trainers Workshops

Each Training of Trainers consisted of 2 training weekends, separated by 1 month. Figure 1 shows the organisation of and the main topics addressed during the TOT workshops.

Figure 1. Overview Topics & Activities TOT

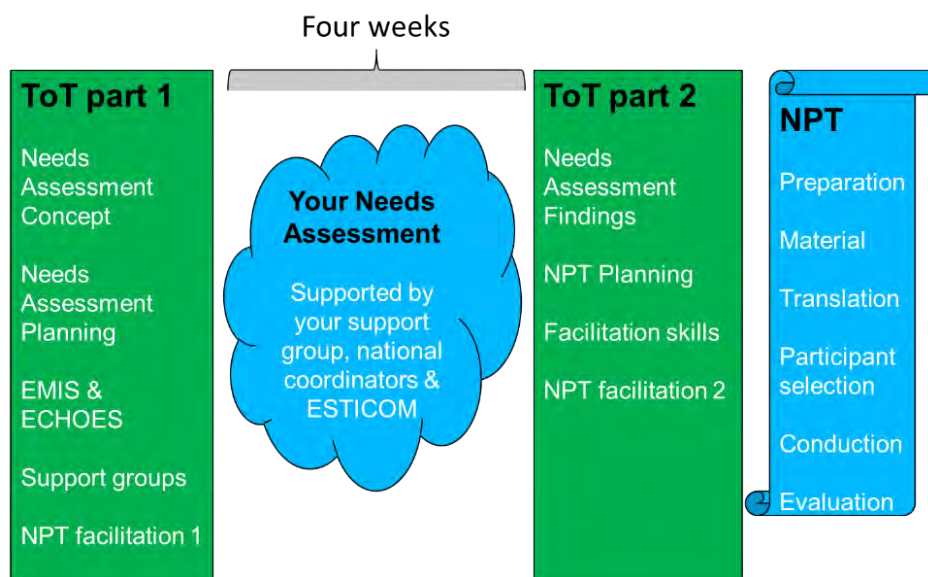


Table 1 shows an overview of the locations, dates, number of participants and facilitators involved in each TOT weekend. Participants came from various backgrounds, including managers, policy officers, researchers and service providers (e.g. counsellors, outreach workers, trainers and testers) in organisations ranging from community-based and national MSM, HIV and/or prevention organisations, checkpoints and gay community centres.

**Table 1. Overview TOTs**

	Dates	No. of Participants	Facilitators
<b>Berlin - Deutsche Aids Hilfe (DAH) office</b>			
Weekend #1	26-28 January 2018	16	Matthias Wentzlaff-Eggebert / Deirdre Seery
Weekend #2	23-25 February 2018	15	Matthias Wentzlaff-Eggebert / Deirdre Seery
<b>Warsaw - Lambda Warszawa Association</b>			
Weekend #1	2-4 February 2018	15	Matthias Wentzlaff-Eggebert / Barrie Dwyer
Weekend #2	2-4 March 2018	15	Matthias Wentzlaff-Eggebert / Barrie Dwyer
<b>Vilnius - Comfort Hotel Vilnius</b>			
Weekend #1	9-10 March 2018	14	Matthias Wentzlaff-Eggebert / Deirdre Seery
Weekend #2	13-15 April 2018	11	Matthias Wentzlaff-Eggebert / Deirdre Seery
<b>Athens - Ilisia Hotel</b>			
Weekend #1	16-18 March 2018	16	Matthias Wentzlaff-Eggebert / Deirdre Seery
Weekend #2	20-22 April 2018	16	Matthias Wentzlaff-Eggebert / Deirdre Seery

### 3. Training Sessions

The training sessions of each TOT weekend were evaluated by asking the participants about their level of satisfaction with the content (*would they agree that the session provided a clear and up-to-date overview of the topic(s) addressed?*) and the didactical – learning and teaching – methods used in each session (*would they agree that the methods were helpful in enhancing their understanding of the session?*).

Table 2 shows an overview of the sessions and topics that were included in all TOTs<sup>2</sup>.

**Table 2.** Overview of TOT sessions

<b>Weekend #1</b>
1. Introduction to the ESTICOM project and TOT workshop
2. Country contexts, strengths and challenges of CHW work
3. Discrimination and resilience and its effects on MSM health and working as a CHW
4. Belief systems, attitudes and cultural competency
5. Need Assessment 1: Why a needs assessment?
6. Needs Assessment 2: Process and Content
7. Needs Assessment 3: Collaboration and the next steps
<b>Weekend #2</b>
8. Introduction & Strengths and challenges of working with MSM in different countries
9. Successes and challenges of local needs assessments
10. Applying theoretical models for planning interventions
11. Non-judgmental practices: exploring the difference between feeling-thinking-acting
12. Components of non-directive and non-judgmental services for MSM: provision of appropriate and acceptable services for MSM & how to incorporate those insights into NPT
13. Facilitation skills: Exploring different learning/training styles
14. Factors contributing to successful training workshops & planning concrete outline for NPT
15. NPT Planning process, support & evaluation

<sup>2</sup> For a specific overview of the sessions and timing of each TOT weekend, please be referred to pages 5-6 of the individual TOT evaluation reports (Annex 6.2-6.5).

Overall, data shows that the TOT participants were satisfied with the training sessions regarding both their content and the didactical methods used. The didactical methods used during the first sessions were considered to be particularly satisfactory and useful. Participants enjoyed the learning activities (group exercises) which were intended – and considered – as a great way to get to know their fellow participants (particularly the “*carousel exercise*”). In Athens, some participants asked for more time for these sessions/exercises to improve the connections within the group and increase their understanding of the ESTICOM trainings. But in general, this group in particular was very appreciative in their feedback about the way the sessions provided space for the interaction between the participants; be it in group work, or plenary:

*“I think the most useful part of this session [session 2, Athens] was the wonderful exchange between the group members which stimulated learning from each other” | “The open discussion in the end brought many interesting topics and exchanges” [session 4, Athens].*

Several sessions/topics received more specific feedback, due to the fact that they were very well received or led to some confusion among the participants. A high level of satisfaction was reported in Berlin and Warsaw for the session addressing *stigma & belief systems*, with a specific focus on the “When I was Young” exercise, which had the participants examine and reflect on discrimination from different sides.

*“[...] I wanted to pinpoint how important the exercise with the MSM vs. Male connotations was to me. With just an exercise and within minutes, you could see how far the discrimination and internalised stigma effects can go on MSM” (Warsaw).*

However, in both Athens and Vilnius, participants were a bit more critical of this session, struggling with the “value line” (agree/disagree) in the exercise and definitions used (e.g. *MSM, culture*). In addition, some felt confused about the direction and wanted the exercise to be “*more tangible, and ‘hands on’ to our day to day work*” (Athens).

Another critique that was mentioned by participants in all TOTs was that various sessions, would have benefited from more time. More time to discuss and exchange experiences and properly address the topics covered in the sessions.

Critique was also received regarding the sessions addressing the – planning of the – Needs Assessments during the first training weekend. In Berlin, this session sparked a discussion on what was expected from the participants in between the training weekends (conducting a Needs Assessment) and afterwards (organising and facilitating a National Pilot Training). It turned out some participants had not been aware of these expectations which caused some concerns and confusion: *“Finding out we need to deliver the NPT was a shock!” | “They overwhelmed me with this needs assessment, but very supportive and explained a lot about it”.*

Following this experience, the Needs Assessment sessions were placed elsewhere in the schedule for the other TOTs so that they received more focused attention. In addition, the expectations were explained more clearly at the start of the following TOTs.

In general, data from most TOTs (Berlin, Warsaw, and Athens) shows that there was some confusion regarding the Needs Assessment that needed to be conducted in the first training weekend. However, data from the second training weekend in the same locations also shows that a lot of insight and

confirmation was gained due to the Needs Assessment. Particularly in Berlin and Athens, participants appreciated the experience of conducting the needs assessment and sharing the results with the other TOT participants in the session on *successes and challenges of the local needs assessment*; learning and talking about other countries' experiences. *"It was really useful to see the needs assessment of all teams and see the truly different approaches and needs of each country/team"* (Athens).

Some specific written feedback was received for the session on *facilitation skills*, where participants explored different learning styles and techniques. In Berlin, participants were particularly satisfied with the didactical methods used in this session. Working on their facilitation skills cause some participants to rethink their training approach: *"I really changed my mind [about] what I should provide in a training. In the beginning I was concentrated on hard skills and providing information and not it changed to providing soft skills like we learned it today"* | *"Very useful to discuss merits of teaching styles I would not usually do"*. However, in Vilnius and Athens, some more critical feedback was received as well: *"Some words of different learning styles [than what was used during the TOT] would have been nice"* (Vilnius) | *"The different approaches in teaching was truly useful. Yet, the time to prepare the presentations/ teaching activities and then discuss about each approach was not enough"* (Athens).

#### 4. Satisfaction with Training of Trainer Workshops

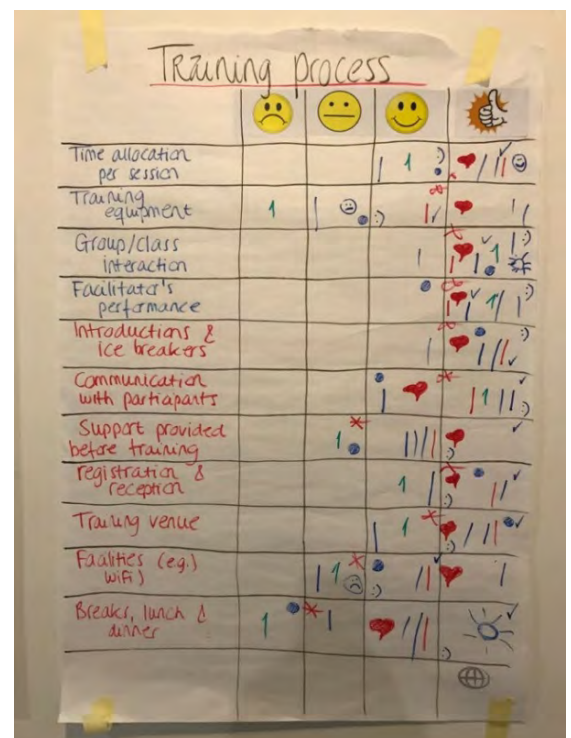
**Figure 2.** Group Assessment Training Process

##### Training Experience & Organisation

During the training, participants were asked to rate several aspects of the training in terms of *experience* and *organisation*. For all the TOTs, the majority of the feedback received was very positive. The group/class interaction and the facilitator's performance received particularly high scores across the board. Items such as training equipment and facilities were rated lower by some participants, particularly in Warsaw, where there were some technical issues during both TOT weekends.

##### Overall Satisfaction with Training

At the end of training weekend #2, participants were asked to indicate their level of satisfaction with various topics related to the training they had just completed. All participants indicated they had enjoyed the training and a large majority agreed or strongly agreed that the training was useful for their work as Community Health Workers. They felt that the training was an appropriate use of their time and would recommend it to their colleagues.



The training was rated with an overall score (1-10), with an average score of 8.2 (Athens), 8.3 (Berlin), 8.4 (Vilnius) and 8.7 (Warsaw) – ranging from 6-10.

When asked about how they thought they would use the training in their **future work** as CHW, responses showed various ideas. The main feedback received had to do with them using the lessons learned from the TOT in:

**(1) Their daily activities as CHW:**

*“[The training is] already affecting my work; I’m implementing my skills, using tools and plan to ‘grab’ some parts [of the training materials] to train my association” (Athens)*

*“The knowledge and skills help me a lot to improve my work with MSM” (Warsaw)*

*“The training was an inspiration for me, so I will try to disseminate this inspiration and the info gained to the rest of my colleagues and all together work towards further ameliorating our prevention services” (Warsaw)*

**(2) Conducting the National Pilot Trainings and providing training in general:**

*“I realised over the course of the weekend that the training is not as complicated as I had believed and the opportunities for CHWs to meet and share practices are also valuable; so it doesn’t need to be completely set in stone/top-down learning” (Berlin).*

*“It will help me with the NPT organisation and also my future trainings” (Athens).*

*“I will not only organise an NPT, I would like to continue my work with healthcare professionals, training them to provide LGBTIQ friendly services” (Vilnius).*

*“Giving trainings myself. [I will use] some of the suggested ways of work/models [and] the evaluation format. Plus, [I have] a more open European view instead of a local one!” (Berlin)*

## 5. Training facilitators and Facilitation process

The post-training assessment evaluating participants’ level of satisfaction with various aspects of the training, shows that the majority of all training groups either agreed or strongly agreed that the facilitation process was good, and they would like to be trained by the facilitators again. *“I felt welcomed. I liked the group dynamic and the structure created by the participants and the facilitators”.*

The facilitators’ performance was rated very positively across the board. The facilitators were clear and open in their communication with the participants and provided an open space for the knowledge, experience and questions of the participants. In addition, data from all TOTs shows that facilitators were seen as highly engaged (good interaction), professional (able to answer all the questions and provide concrete examples) and able to adapt to the needs of the participants. English proficiency (different levels among participants; some needed translators) and critical questions about cultural diversity were specific points of attention during the TOTs in Warsaw and Vilnius. These points were handled well by the facilitators; taking time to answer questions and making sure all participants were on the same page in terms of understanding content/assignments/discussions.

## 6. Training impact

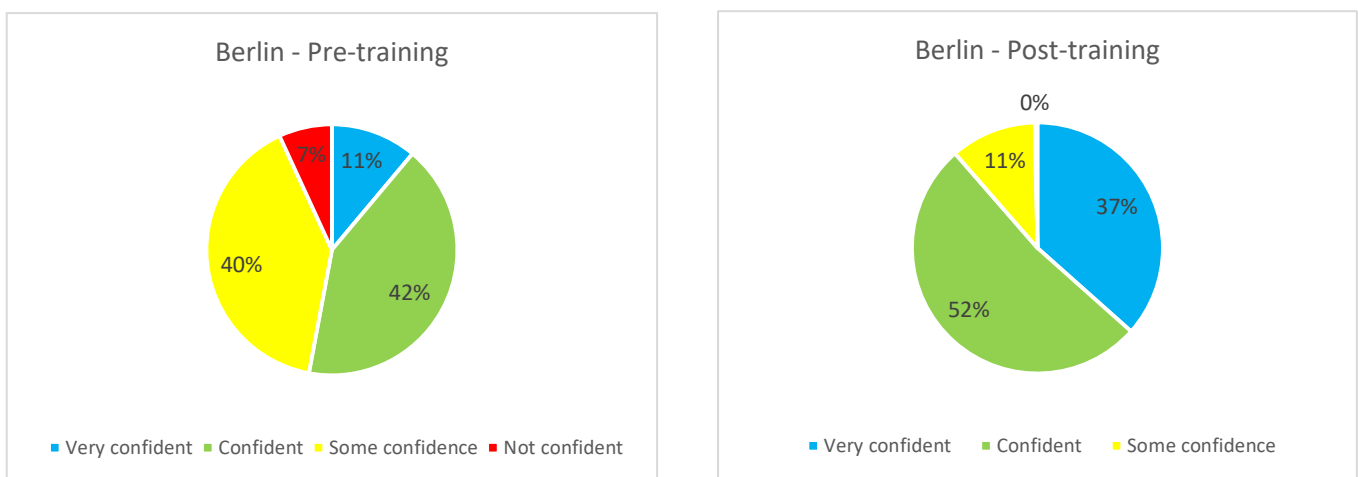
The Training of Trainers workshop was designed to increase the capacity and confidence of TOT participants to plan and Facilitate National Pilot Trainings based on the modules and materials developed by the ESTICOM consortium. The impact of the TOT is measured both short- and long-term. The short-term impact evaluation focuses on the achievement of specific learning outcomes, whereas the long-term evaluation zooms in on participants' experiences with designing and facilitating an NPT and, more broadly, on changes that have occurred in their life and work as CHW after attending the TOT.

### 6.1. Short-term Impact of TOT: Level of Confidence

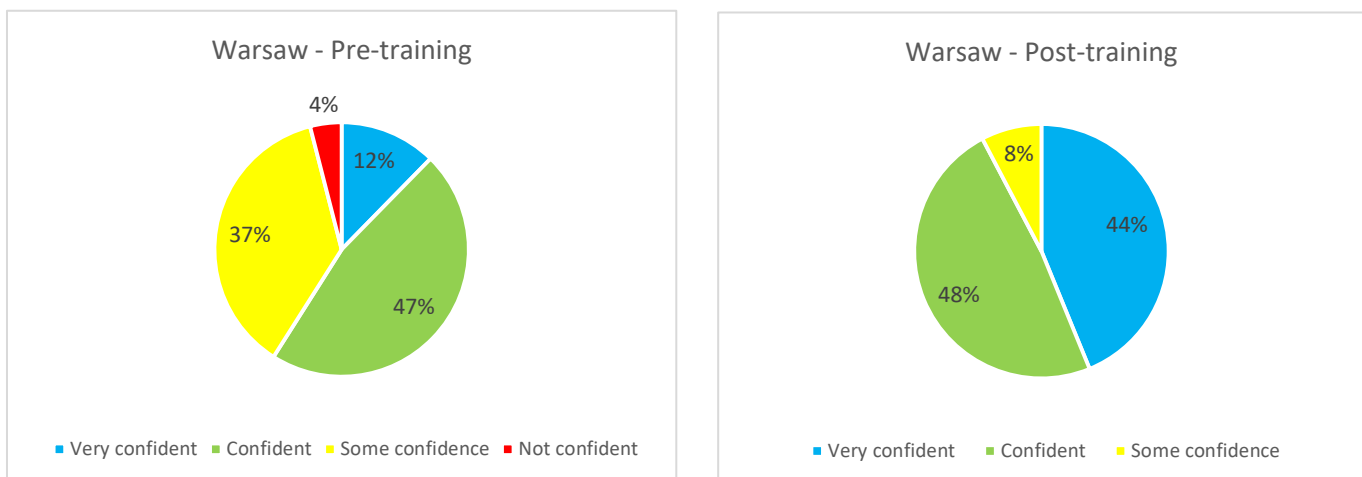
Participants' level of confidence was measured to assess their achievement of the intended learning outcomes. The level of confidence was measured using a fully anonymous self-assessment questionnaire, administered before and after each TOT weekend.

Results from all TOTs show that there is a significant increase in the proportion of participants who feel confident or very confident about the selected topics *after* the TOT. Figures 3-10 show the cumulative data of the pre and post impact evaluation for both TOT weekends, per location.

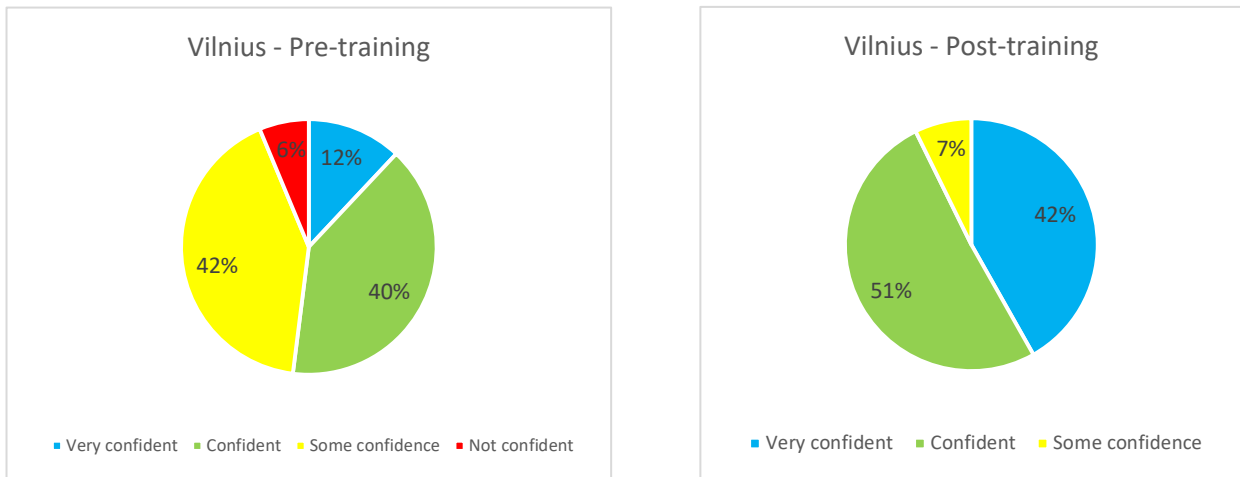
**Figure 3-4 – Pre-Post Impact Evaluation Berlin (weekend #1 & #2)**



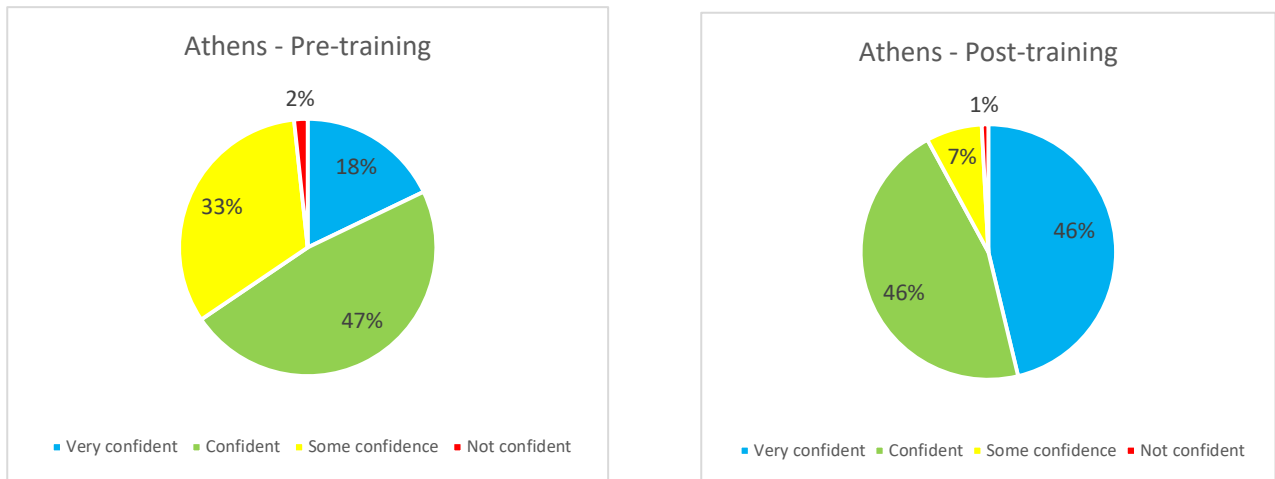
**Figure 5-6 – Pre-Post Impact Evaluation Warsaw (weekend #1 & #2)**



**Figure 7-8 – Pre-Post Impact Evaluation Vilnius (weekend #1 & #2)**



**Figure 9-10 – Pre-Post Impact Evaluation Athens (weekend #1 & #2)**



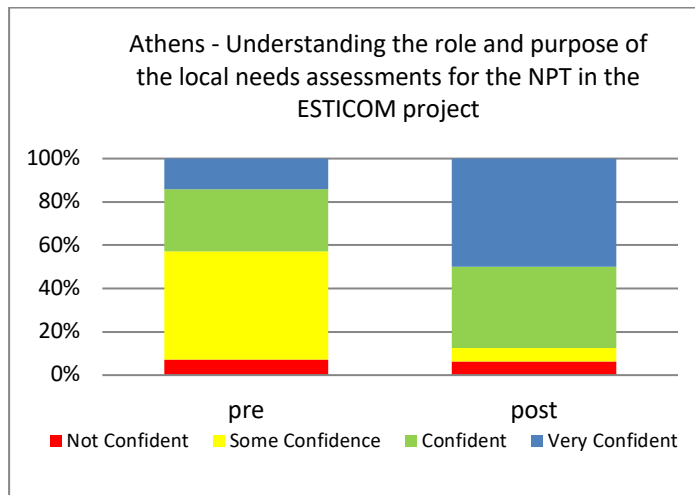
**Planning & Conducting a Needs Assessment**

One of the objectives of the TOT was to help the participants to plan and conduct a local Needs Assessment, to gather information about the needs of CHW in their respective countries and inform their NPTs. During the first training weekends, the main learning outcome connected to this objective was to increase the participants’ understanding of the role and purpose of the local needs assessments in the ESTICOM project. Results from all TOTs show a significant increase in participants’ level of confidence with these topics, with a large majority feeling either confident or very confident.

However, in Athens, a small percentage of the respondents still felt unconfident about their understanding of the ESTICOM project, the TOT and the role and purpose of the Needs Assessment. This corresponds with the feedback that was received regarding the Needs Assessment session, where some participants felt slightly confused about what was expected and reported that there was a lack of time to address the topics properly.



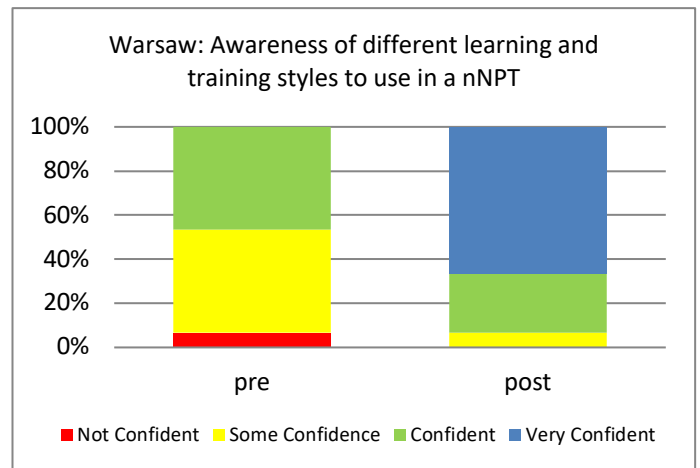
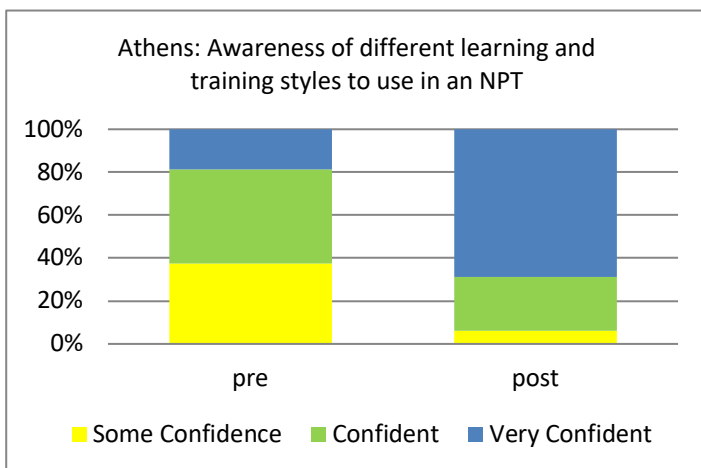
**Figure 11.** Level of confidence regarding role & purpose Needs Assessment in Athens



**Facilitation Skills**

A second objective of the TOT was to increase participants’ confidence and skills in facilitating a National Pilot Training. The main learning outcomes directly connected to this goal – (1) awareness of different learning and training styles to use in an NPT; (2) awareness of factors contributing to the success of a training workshop – show an increase in confidence across all TOTs. The learning outcome reflecting the knowledge of different learning and training styles shows a particular high percentage of people feeling very confident in Athens and Warsaw (see Figures 12-13).

**Figures 12-13.** Confidence in Awareness of Learning & Teaching Styles Warsaw & Athens



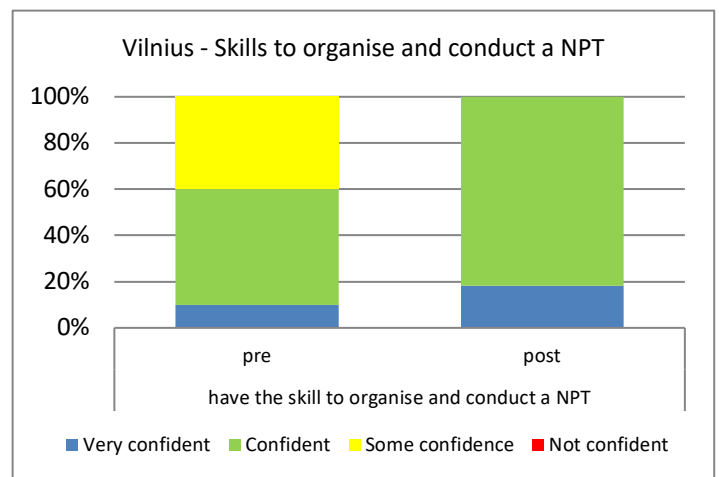
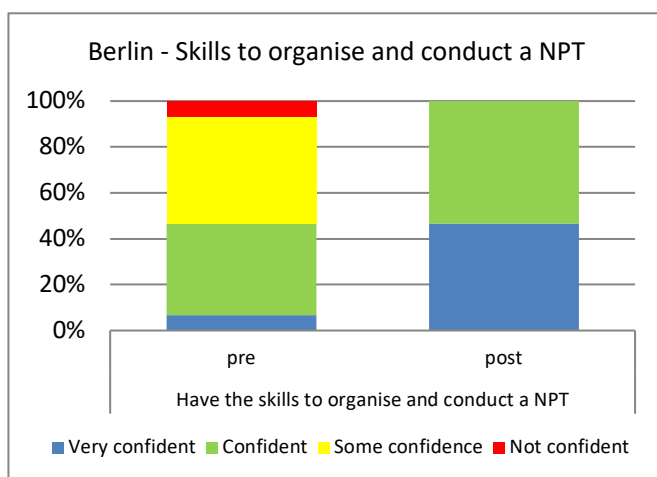
## Planning & Conducting a National Pilot Training

When it comes to participants' level of confidence in planning and conducting an NPT (one of the main goals of the TOT workshops), results show an increase in confidence for all related learning outcomes.

When it comes to their ability to apply the recommendations from their needs assessment to the NPT, before the second training weekend, a large part of the participants already felt quite confident. However, the number had still increased after attending the TOT.

Positive changes can also be observed for the learning outcomes directly related to the NPT: having the ability to develop a workshop outline for their NPT; and organising and conducting their own training. For both outcomes, the number of people feeling somewhat confident decreased significantly after all the TOTs, with all participants feeling confident they have the skills to organise and conduct their own National Pilot Training.

**Figures 14-15.** Confidence in skills to organise and conduct an NPT – Berlin & Vilnius



### 6.2. Long-term Impact Evaluation: Facilitating NPT and Changes in work as CHW

To be able to measure the effectiveness and impact of the TOT, a long-term evaluation is conducted for each TOT. This long-term evaluation of the TOT serves two main purposes: (1) to answer whether attending the TOT workshop has helped participants in designing and facilitating a National Pilot Training. And (2) to answer what changes (if any) have occurred in the lives and work of the participants, following their participation in the TOT.

#### 1. Designing and facilitating an NPT & Working with ESTICOM Training Materials

This part of the evaluation will focus on the level of confidence the participants experience regarding the design and facilitation of the NPT and if/how the TOT has helped them gain/improve that confidence. In addition, this part of the evaluation will include participants' experience with and feedback on the ESTICOM training materials. Data focusing on this topic will be gathered among those TOT participants that have become NPT facilitators, after each NPT. Data collection started end of May

2018, when the first NPT was held, and will finish end of October, covering all NPTs organised within the ESTICOM timeframe. Data gathered will be presented in a separate report.

## 2. Changes as a CHW

A month after the end of their TOT, participants were asked to write a short story/reflection describing the changes they have experienced since their participation in the TOT. This could be a reflection of changes that occurred in their work as a CHW but could also represent changes in their lives and/or mind-set in general. If desired, they were given the opportunity to support their story with visual materials (i.e. pictures/video), to represent the change they describe. Data collection for this part of the long-term evaluation started in April 2018 and was conducted among all TOT participants. Data collection took place from April-June 2018.

In total, 22 stories were received (Berlin N=5; Warsaw N=7; Vilnius N=3; and Athens N=7). Looking at the changes that were reported by the TOT participants, three main categories can be distinguished: (1) Building networks among CHW; (2) Changes in mind-set as a CHW; (3) Changes in their approach to training of CHW and improved confidence as a trainer.

### **(1) CHW Network**

Participants from all TOTs highlighted the fact that, due to their participation in the Training of Trainer workshops, they have come to realise that they are part of ‘something bigger’, a group of professionals across Europe that deals with both similar and different experiences in their work with MSM. The trainings have helped participants build a new/larger network with CHW from different countries, whom they can continue to share experiences with and learn from. In addition, the gathering of these CHW with different backgrounds and perspectives, was thought to significantly contribute to the value of the TOTs and the lessons learned throughout.

*“The interaction with so many colleagues from different countries working with the same population was one of the most positive experiences of all the training. The different perspectives, ways of solving problems, of addressing issues, were exceptionally enriching. It helped me to relativize some taboos, insecurities and to strengthen the work already done with the new ideas received” (Athens).*

*“I understood why we were brought together – we all have much in common in our work and that was really helpful. It was a good opportunity to share experience and to know how other people manage same things. I was able to learn a lot of good new ideas and approaches which I can use in my work at home” (Warsaw).*

One of the stories specifically mentions the change in the participant’s network: *“[Networking] is one of the most important things that is left after trainings. This is what [had to] be updated in my practice. And now it is. Some prevention activities are not used in [my country], but I know now who I can contact for knowledge and experience sharing” (Warsaw).*

### **(2) Mindset as a Community Health Worker working with MSM**

Stories received from TOT participants in – particularly – Athens and Warsaw, show that, following their participation in the TOT, they experienced changes in their personal mindsets. Discussions and a

deeper understanding of gay men identities and their sexual attitudes and needs caused some changes in terms of mindset and the way they approached their daily work with MSM. A participant in the TOT in Athens wrote about how the colourful group of participants, with its diverse opinions and approaches to being CHWs caused a change in his mindset and understanding of alternative approaches to his work as a CHW. Writing about his own organisation, he states that:

*“Being a quite homogenous group of volunteers, the group itself is sometimes resistant to accept and include some ‘diversity’ because we are not prepared, skilled, ready or open-minded enough to do it. The training itself, with its topics and modules, deeply inspired me: it really opened my eyes on skills and attitudes useful to be a CHW that I haven’t considered in the past or I couldn’t give to a precise name. The mirroring with other international groups in these weekends and their activities [...] showed clearly how many possibilities of actions are still there. [...] The first results of this, is that I love my work as CHW even more: I appreciate my association and deeply respect the efforts we make, with all our limits. On the other hand, I want to work to share my new consciousness with the whole group, to let it grow in number and efficacy. I am especially convinced that we have to expand our range of action, trying to get closer to those groups of populations that we have only randomly touched: migrants, trans and not binary people, different ethnic groups. I think that on the aspect of openness, the ESTICOM TOT can be defined something like a ‘big bang’ for me!” (Athens)*

Several stories discussed how the changes in their personal mindsets have caused changes in the way they approach the clients they work with on a daily basis

*“The way I interact with the beneficiaries during the examination and counselling sessions has changed. Specifically, the change is relevant to my advanced ability to adjust into the different needs of diverse MSM subgroups and respect the right of choice regarding their sexual practices. This was triggered by the emphasis been given during the TOT on the cultural competency and the role of ‘good’ CHW that provides objective information without any influence from personal beliefs. [Thus] far, I used to aim for changes on the beneficiaries’ sexual practise by pointing what is safer. After the TOT, my point is to put them into a critical point of view supporting their judgments with all the information needed” (Athens).*

*“These exercises [...] [have made me try to] be much more inclusive and embracing of all different MSM categories with which we come along on a daily basis in our work practices. More specifically now that we have also started doing HIV prevention (mainly counselling and testing) in refugees and immigrant populations” (Warsaw).*

Another participant from the TOT in Warsaw noticed a specific change in his personal mind-set and behaviour when working with clients. A change he considers to be very different from the way he has been brought up, and the way he approached his tasks as a CHW before the training. The training made him reflect on his own behaviour and prejudices – *“I began to think more about what I do, how I do it, and why I do it”* – and he now cautions himself not to judge his clients:

*“Every time a person who had a high number of sexual partners comes to the test, I tend to judge whether this is a lot or still a number which is adequate to the age of the client. I thought never before, that it was bad and especially: useless! My task in the checkpoint is to provide a counselling before the test, to advise if needed, and that is all. I do not have to think about whether the announced behaviour is promiscuous or not. Not to judge is actually easier. Not to have prejudice is easier!” (Warsaw)*

### **(3) Approach to training CHW and confidence as trainers**

Multiple stories, particularly from the group in Berlin, address people's increased confidence in their abilities as trainers. Furthermore, participants report that, due to the TOT, their skills in designing and facilitating trainings have improved.

*"After TOT trainings I have organised two MSM-meetings in [my organisation]. I feel that I have been more relaxed and confident steering groups and open to group's demands" (Vilnius).*

*"What has changed most for me is that I now see myself as a (future) trainer. I knew it was coming and I probably already had some skills and experience, but I would never have described myself as a professional trainer. This change was created both by the activities we did at the TOT and by talking to colleagues who were doing the same job as me and would define themselves as trainers. In addition to that, I was inspired by the great team of facilitators that we had in Berlin. It made me want to be like them" (Berlin).*

In addition, the exercises and discussions during the TOT gave them new ideas on how to implement workshops that are interactive and beneficial for their participants: *"The exercises [...] gave me an impression of how the NPT can be done interactively" | "I learnt a lot of possibilities how we can implement the training so that the participants benefit from it" (Berlin).*

Furthermore, several stories discuss the changes in participants' approach to training of community health workers, shifting their approach from mainly information provision to a focus that is more focused on skills-development and learning how to apply information and knowledge in the field:

*"Since participating in the TOT, particularly TOT2, I have noticed that my focus on what training is needed among our CBVCT staff has shifted from a focus on information and updates on guidelines to a focus on skills and competency development. I have become increasingly aware that we offer training which is really a supply of knowledge, yet little support in developing skills to transfer that knowledge into practice, or indeed insuring that the basic skills are present for a worker to implement information and/or form strong, sustainable relationships with service users. [...] Staff continue to request more information on [various] topics. I believe this is mainly because we are not helping them to transfer this knowledge and information in to practical skills and competences on HOW to use information as opposed to HAVING the information. Therefore, this will be something we will attempt to change going forward in terms of how we offer training on a topic. [...] I believe that my shift in focus has enabled me to further qualify discussions [within my organisation] [ and to add a different dimension to how we offer the best possible training programme to enable the best possible service delivery" (Vilnius).*

The stories received from the TOT participants, show that, even shortly after the TOTs, participants have already experienced positive changes. Changes that they have integrated in their daily work, or that they feel will most likely have a future impact on their work as Community Health Workers and trainers.

## 7. General conclusions

### **Training Process**

All TOTs were well organised and positively experienced by TOT participants. The atmosphere was positive and open during all weekends, with participants eager to learn, share experiences, ask questions and build relationships with other participants. This contributed significantly to a positive group dynamic and active participation.

#### *Level of Satisfaction with TOT*

No negative feedback was received regarding participants' overall satisfaction with the training. All participants indicated they had very much enjoyed the training and that they consider the training to be useful for their work as Community Health Workers.

### **Facilitators' Process & Performance**

The facilitators' performance was highly valued, particularly their openness, engagement and ability to sense and adapt to the atmosphere and needs of the group. In addition, the time they allocated to exercises/breaks, etc. for the group to get to know each other better and be able to exchange experiences, was highly appreciated.

### **Training Sessions – Content & Didactical Methods**

The topics addressed, and didactical methods used during the TOT were rated very satisfactory by the participants. Based on the data collected, these selected topics and methods can be recommended for the National Pilot Trainings.

### **Training Impact – Short term**

The training sessions supported the achievement of the pre-defined learning outcomes, with the confidence of participants increasing on all topics evaluated.

### **Training Impact – Long term**

The stories of change collected among the TOT participants, show that various positive changes were experienced following their participation in the TOTs. These changes can be grouped in three main categories:

1. Building networks; the TOT has opened up a new 'pool' of colleagues across Europe with whom participants can connect and collaborate. Having the opportunity to share experiences and learn from each other is considered to be incredibly valuable for their own (future) work;
2. Changes in mindset and approach as a CHW; participants see important changes in the way they think about and approach their focus groups having reflected on their own attitudes and belief systems in the TOT;
3. Training skills; participants feel more aware of their role as a trainer and more confident about their capabilities to provide training.

## 8. Recommendations: essential training components for National Pilot Trainings

This section addresses several recommendations that can be used in the preparation and implementation of the National Pilot Trainings. Whereas the content of each National Pilot Training will differ, depending on context and participants, there are several training components that are important to consider when designing and implementing the NPTs and future trainings. These components have to do with the *training process*, and - based on the results of the TOT evaluations - can help (NPT) facilitators in designing and implementing an effective, participative training, which can significantly contribute to reaching training objectives.

### 1. Training organisation

Data from the TOTs shows that excellent organisational aspects of the training (e.g. Wi-Fi, the training venue, breaks, joint dinner, support for and communication with participants during and around training weekends) contribute to the overall level of participants' satisfaction with the training. Considering these organisational aspects of a training can help (NPT) facilitators to effectively create an enjoyable, comfortable atmosphere in which participants are satisfied and engaged.

### 2. Interactive character

The TOTs have shown the success of an interactive approach to this type of training. The TOTs built on and highly benefited from the experience and input of the participants and participants very much appreciated the interactive and participative character of the training process. Inclusion of multiple didactical methods, with a focus on interactive and participative sessions, allows for participants to get to know and learn from each other's experiences, share and discuss their questions, and explore topics in a more in-depth manner where desired.

### 3. Facilitators' role

All TOTs show the key role of the facilitators in protecting and ensuring a safe atmosphere and an interactive training process. Facilitators need to engage with the group and take the time to address questions, acknowledge and adjust to group processes and actively work on creating an open and safe space in which participants feel free to share their experiences, questions and concerns. An effective way to do this are to allow the group enough time to get to know each other (ice breaker exercises, long(er) breaks and joint lunch/dinner). In addition, facilitators should be aware of the vibe in the group and be flexible about possible adjustments to the schedule. To ensure that the group is on the same page, participants understand the learning objectives, and no one is 'left behind', facilitators should introduce new sessions and facilitate feedback moments on a regular basis.

### 4. Training Evaluation

Evaluating trainings allows both participants and facilitators to reflect on the training process and gain insight into the lessons learned for further improvement. Training evaluation should include evaluation of the process, content (sessions) and impact of the training. The effectiveness of a training can be measured by evaluating the different aspects of the training; i.e. the achievement of the learning outcomes, participants' satisfaction with the training (including content and methods used), feedback on the strengths and weaknesses of the training programme, etc. It is recommended that the evaluation is assigned to a neutral person, not the training facilitators.



**Deliverable D10.4**

**ESTICOM Training Programme**

**Pilot Training Evaluation Report**

**Appendix 6.7**

**Evaluation Report**

**National Pilot Training**

**Romania / Moldova**





## ESTICOM National Pilot Training

**Bucharest, Romania**

**Evaluation report**



Training Organiser	ARAS
Date	15 – 17 June 2018
Venue	Mercure Hotel Unirii, Bucharest
Training Facilitators	Mihai Lixandru, Lucia Trasca and Cristina Fierbienteanu
Training Language	Romanian
Participants	15 participants (6 female and 9 male)
ESTICOM representatives	Barrie Dwyer and Aryanti Radyowijati

**ResultsinHealth**

*ESTICOM Work Package 11 – Monitoring & Evaluation*

## Introduction

The National Pilot Training (NPT) in Bucharest, Romania, took place between the 15<sup>th</sup> and 17<sup>th</sup> of June 2018 and was organised by ARAS. A total of 15 participants (6 female and 9 male) attended the training which was facilitated by Mihai Lixandru, Lucia Trasca and Cristina Fierbienteanu. The facilitators are from ARAS and had participated in a Training of Trainers workshop in Warsaw earlier in 2018. 5 participants from Romania are staff members of ARAS, the other 5 are from other organisations in Bucharest and 5 participants are from Moldova.

During the training, three main aspects of the training were evaluated:

- *Sessions* – consisting of individual and anonymous assessments of the session content and didactical methods
- *Process* – entailing a group assessment and individual observations by an independent observer, focusing on topics related to the training organisation and experience
- *Impact* – consisting of a short-term measurement by conducting pre and post-training assessments regarding participants' level of confidence and pre-defined learning outcomes

Outlined below are results of the NPT evaluation, starting with an overview of the training *sessions* and feedback regarding the content, learning and teaching methods. Next, results regarding the training *process* are presented and discussed. Finally, results regarding the *impact* of the training on participants' confidence about specific topics.

### 1. Training Sessions

The Romanian NPT consisted of 7 sessions (see table 1), addressing topics such as cultural competency, new prevention methods, and creating MSM friendly health services.

**Table 1.** Session Topics NPT Romania

Session 1	Introduction & Housekeeping; Expectations/Contributions; Agenda and Country Overview (Presentation on HIV/STI in Romania and in Moldova) and ESTICOM
Session 2	Cultural Competency
Session 3	Drivers of HIV and sexual orientation stigma
Session 4	Harm Reduction, Resilience, and Motivational Interviewing (MI)
Session 5	STI Info for MSM
Session 6	Creating non-judgemental services
Session 7	New Prevention Techniques

Session 1 was an introductory session about the ESTICOM project and group expectations were established. Participants and facilitators introduced each other and described relevant aspects of the HIV/AIDS situation in their respective countries (Romania and Moldova). Feedback from participants showed that they would have liked more time for this type of exchange. In addition, they would have appreciated to receive information about the participants' organisations before the training and/or visited a Romanian organisation as part of the training.

During sessions 2 (Cultural Competency) and 3 (Drivers of HIV and sex orientation stigma), participants engaged enthusiastically in discussions about factors affecting MSM and acceptance/behaviour issues. Discussions were also held on violence against women, as it is prevalent in Romanian society – and the impact reflects on the MSM community. Interaction during this session was positive and everybody was highly engaged. The discussion during the session on “Drivers of stigma” was long but very engaging.

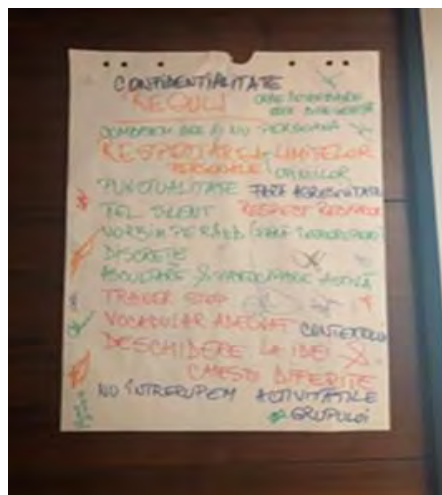
Feedback from participants indicated a high appreciation for this exercise:

*"I would have liked more time for this activity. I found it very interesting".*

*"I think it was a beneficial exercise that highlighted exactly what I should think about".*

*"I would love to participate again".*

Some participants mentioned that they would like to use this exercise with another age group: *"I might try the exercise "when I was young" with teenagers"*



Session 4 took much longer than planned due to three intensive discussion topics and the time needed to provide explanations. At least 30 minutes were needed to explain the Prochaska Model. Feedback to the external observer mentioned the need to simplify the content of the session to three topics and included the suggestion to divide the theoretical and practical parts. Furthermore, the impression was that for Motivational Interviewing (MI), facilitators may not have mastered this topic fully. This was also reported by a participant who suggested this session would be better with a more dynamic or free presentation and less "read" text. It was suggested to make use of scenarios for role plays. Another participant suggested that the session on MI should have been scheduled earlier in the day and allocated more time, as it has a lot of information and exercises.

Session 5 (STI Info for MSM) was skipped due to time constraints. Information on this session will be sent to participants.

Session 6 (Creating non-judgemental services) started very well and participants were highly engaged in topics such as respect, acceptance, honesty, seeing yourself represented well, open conversations, and facilitating understanding. Questions such as: "if you were wanting to use the service, how would you want it to be" were used to stimulate discussion.

Feedback from participants also mentioned the following:

- Adapt the session to local needs and current policies
- This session should have more practical exercises; and less reading from PowerPoint
- The presentation can be made clearer, as 2 out of 3 groups were unclear about what they needed to do

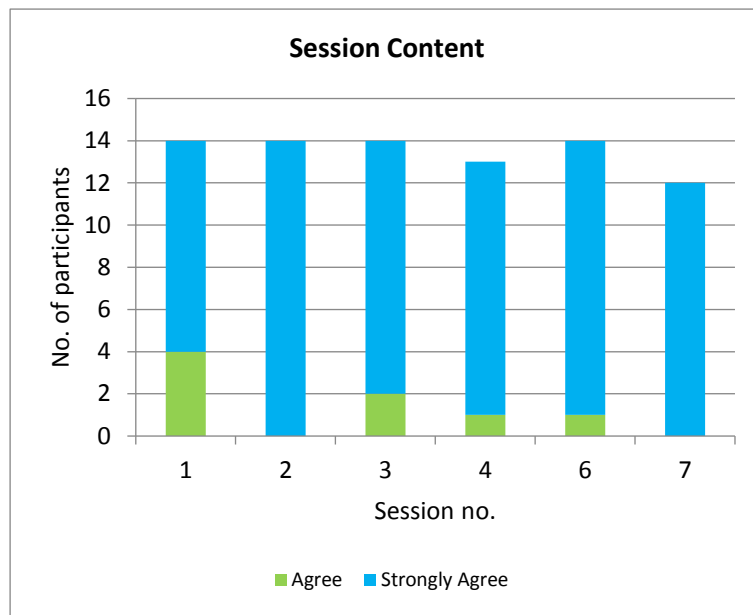
For session 7 (New Prevention Techniques), a small group discussion technique was used to explore advantages, disadvantages and barriers of the new prevention technology. For this session, a better illustration on the different prevention techniques is required as the discussion is dependent on knowledge of the local situation and (mis-)information of the groups.

Participants' feedback for session 7, however, was also positive *"The exercise at the end of the session was very interesting, helped to fix the notions taught"*.

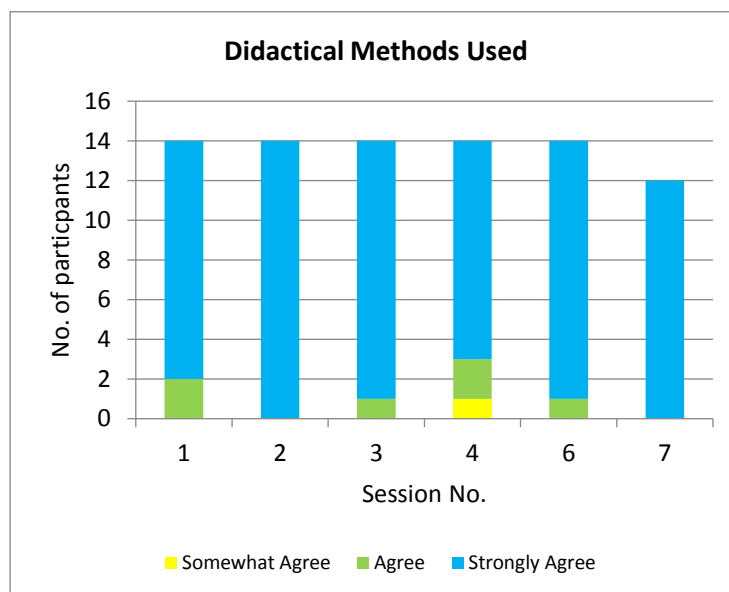
During the NPT an interesting range of energizers, familiar to the group and fun, was used and positively contributed to the atmosphere of the NPT.

Positive feedback about the content and didactical methods was received, indicating participants were satisfied with the training sessions.

**Figure 1** Level of Satisfaction with Session Content



**Figure 2** Level of Satisfaction with Didactical Methods



The majority of participants strongly agree that the content and didactical methods used in all sessions are clear and up-to-date and helpful in enhancing their understanding on the topics discussed during the NPT.

## 2. Training Process

### 2.1. Training Experience & Training Organisation

During the training, participants were asked to rate several aspects of the training in terms of training *experience* (i.e. group/class interaction, training equipment, facilitators' performance) and training *organisation* (i.e. communication with participants, training venue, facilities available). Table 2

provides an overview of the evaluation results for several of these items. Participants are very satisfied with the training experience and satisfied with the training organisation.

**Table 2.** Participants' satisfaction with aspects of Training Process

Time management and allocation per session	Training Equipment (projector, other devices)	Group and Class Interactions	Training organisation (communication, Venue, registration etc)	
Very satisfactory	Very satisfactory	Very satisfactory	Neutral	Satisfactory

## 2.2. Post-training evaluation: Satisfaction with NPT

At the end of the training, participants were asked to indicate their level of satisfaction with various topics related to the training. In general, participants were happy with the training:

*"This training was very exciting, I had the opportunity to learn new things and to meet special people"*

*"The techniques for transmitting information and involving the participants are very successful"*

*"I would love to see this training done on a bigger scale and to reach as many people as possible"*

*"A very welcome and useful training. Thanks to the organizers and trainers"*

Most participants found the training useful for their work, enjoyable and will recommend this training to other colleagues. They rated the training with an average score of 9.5.

Average Score	9,5
---------------	-----

In response to a question about how participants will use this training in their daily life, the following points were mentioned:

- *"I will discuss/apply it daily at every opportunity in the community, personally and in my volunteer activities".*
- *"I will be able to empathize, understand and communicate better with HIV/MSM patients".*
- *"I will try to use the learned principles of communication to improve my work and cultural competences".*
- *"I will use it in our checkpoint activity for a better relationship with clients and to provide them with better information".*
- *"I will be more "cultural" and (hopefully) more understanding".*
- *"I will disseminate the information with my colleagues and we will take this information into account in our future work (both personally and as a group)".*
- *"The information and techniques will be used in the training of specialists and outreach workers from the Republic of Moldova".*

## 2.3. Facilitation Process and Facilitator's Performance

Participants indicated a high level of satisfaction regarding the facilitators and the facilitation process and indicated they would like to be trained by the same facilitators in the future. The atmosphere during the training was positive, everybody was equally active and there was a lot of space for sharing experiences and expressing opinions.

*"I liked the way and how the interaction was between the participant and the facilitators. I thought the games were great (besides the big fat pony). Thank you"*

### 3. Training Impact

A short-term (pre and post) measurement of the training impact was conducted by assessing participants' level of confidence regarding specific topics and the learning outcomes of each training session (see Table 2).

<b>Not Confident</b>	<b>Somewhat confident</b>	<b>Confident</b>	<b>Very confident</b>

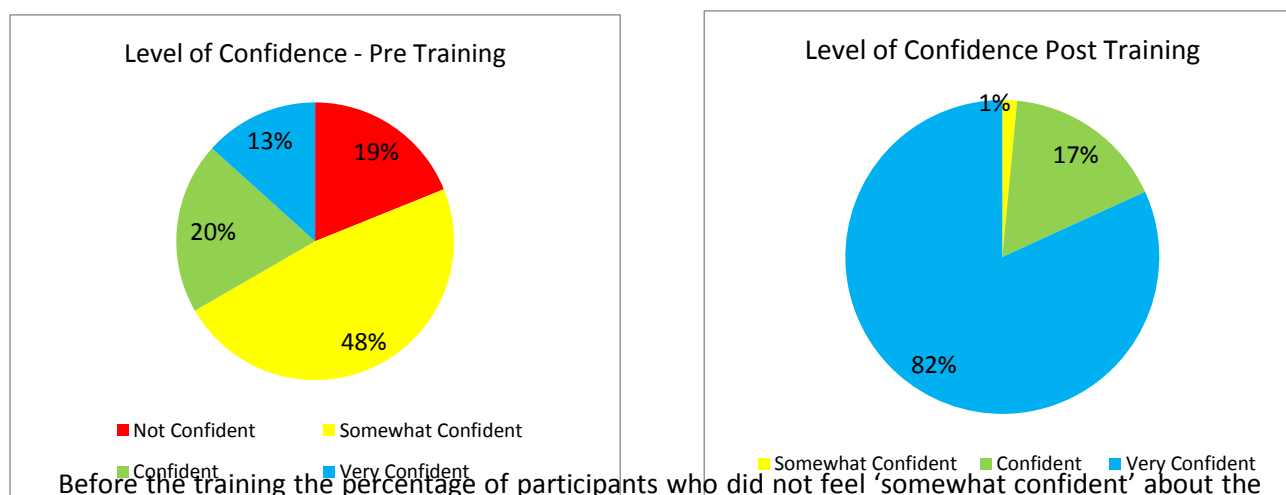
**Table 3.** Learning Outcomes NPT Romania

LO1	Have knowledge about ESTICOM project
LO2	Have the cultural competency to offer non-judgement service for MSM
LO3	Have knowledge on drivers of stigma
LO4	Have knowledge on health promotion theory and practice
LO5	Have knowledge on STI treatment for MSM
LO6	Be able to provide and create a non-judgmental service and environment for MSM
LO7	Have knowledge on new prevention technology

The level of confidence was measured using an anonymous self-assessment questionnaire, administered before and after the training. A four-point scale was used to assess the level of confidence.

Overall, participants have a higher level of confidence on the topics addressed during the NPT (see Figure 3 & 4).

**Figures 3 & 4.** Participants' level of confidence on topics addressed during NPT



Before the training the percentage of participants who did not feel 'somewhat confident' about the topics taught in the NPT were 19% and 48% respectively. While 20% felt confident and 13% felt very confident.

After the training, most participants felt 'confident' (17%) and 'very confident' (82%) on the topics taught and discussed during the ESTICOM NPT, and 2% felt 'somewhat confident' about the topics. Significantly, the percentage of participants who felt very confident increased from 13% (before the training) to 82% (after the training).

#### 4. Concluding remarks/general impression

The NPT in Romania has been organised well. The facilitators were able to use the ESTICOM training materials and delivered the training in an interactive way. The participants were very satisfied with the training delivery and organisation.



**Deliverable D10.4**

**ESTICOM Training Programme**

**Pilot Training Evaluation Report**

**Appendix 6.8**

**Evaluation Report**

**National Pilot Training**

**Poland**



# ESTICOM National Pilot Training

Stryzew, Poland

Evaluation report

September 2018



Training Organiser	Lambda Warszawa/ Social AIDS Committee
Date	22-24 June 2018
Location	Stryzew
Training Facilitators	Michal Pawlega & Krzysztof Kliszczynski
Training Language	Polish
Participants	15 participants
ESTICOM representatives	Barrie Dwyer & Marije Veenstra

## Introduction

The National Pilot Training (NPT) in Stryzew, Poland took place between 22-24 June 2018 and was organised by Lambda Warszawa and the Social AIDS Committee. A total of 15 participants (7 female, 8 male) attended the training. They represented the checkpoint network in Poland and had at least 1-year experience working as Community Health Workers. The NPT was facilitated by Michal Pawlega and Krzysztof Kliszczynski. Both facilitators attended the Training of Trainers workshop in Warsaw earlier this year.

During the training, three main aspects of the training were evaluated:

- *Sessions* – consisting of individual and anonymous assessments of the session content and didactical methods
- *Process* – entailing a group assessment and individual observations by an independent observer, focusing on topics related to the training organisation and experience
- *Impact* – consisting of a short-term measurement by conducting pre and post-training assessments regarding participants' level of confidence and pre-defined learning outcomes

Outlined below are results of the NPT evaluation, starting with an overview of the training *sessions* and feedback regarding the content, learning and teaching methods. Next, results regarding the training *process* are presented and discussed. Finally, results regarding the *impact* of the training on participants' confidence about specific topics.

### 1. Training Sessions

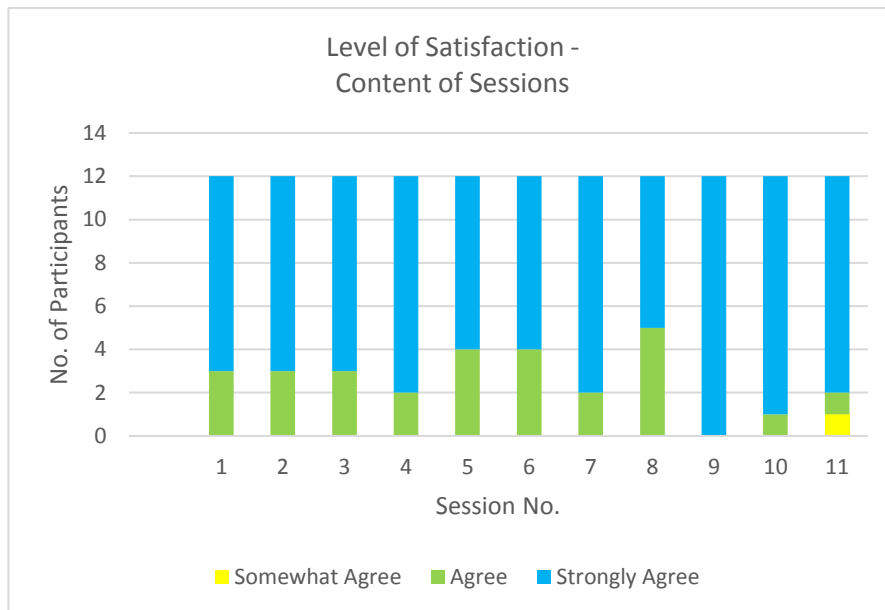
The Polish NPT consisted of 11 sessions (see table 1), in which various topics, such as prevention theories, health promotion and creating MSM friendly health services, were addressed.

**Table 1.** Session Titles NPT Poland

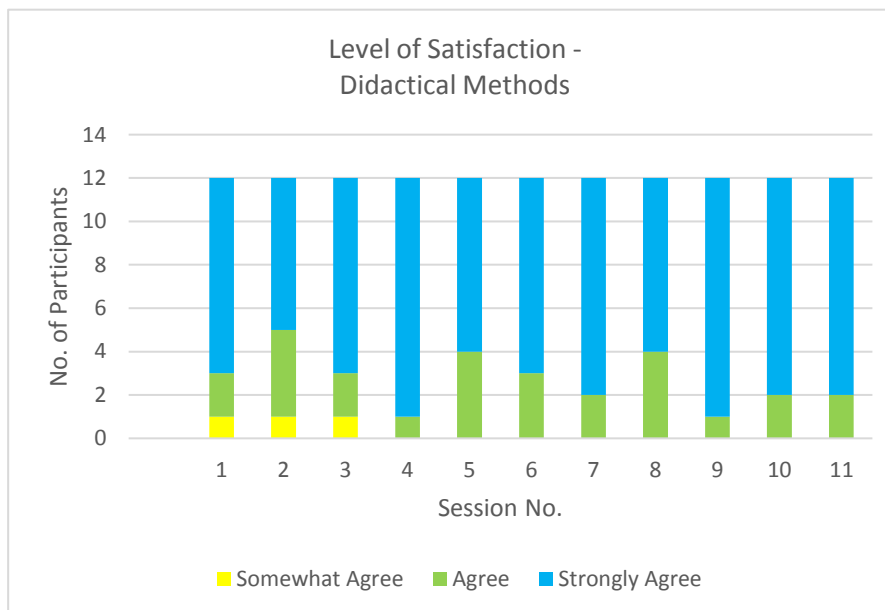
Session 1	Theory of prevention - a review based on evidence, current methods of HIV, STI and hepatitis prevention
Session 2	Epidemiological dynamics of HIV infections among MSM in Europe and in Poland and related challenges for preventive actions
Session 3	UNAIDS strategy 90-90-90 - implications for preventive activities among MSM
Session 4	Prophylaxis of STI among MSM
Session 5	Theory of prevention - models of changes in health behaviours and their impact on the planning and implementation of prevention programs addressed to MSM
Session 6	Health promotion - risk reduction and risk elimination, adaptation to the environment, motivational dialogue about MSM
Session 7	Cultural competences regarding MSM
Session 8	Syndemic Production Model - mutual outflow of addictions, experiences of violence and HIV / AIDS (SAVA model) on the health of MSM
Session 9	New prophylactic technologies (TasP, PrEP, PEP, self-testing /self-sampling)
Session 10	Problems of addictions among MSM
Session 11	Creating MSM friendly spaces

During the training, participants were asked to provide feedback (both quantitative and qualitative) on the content of the sessions and the didactical (learning/teaching) methods that were used by the facilitators. Figure 1 and 2 provide an overview of the results.

**Figure 1 | Level of Satisfaction with Session Content**



**Figure 2 | Level of Satisfaction with Didactical Methods**



Data shows that the group was very appreciative of the training sessions and a high level of satisfaction was reported for all the topics addressed regarding both their content and the didactical methods used. Session 4 – *Prophylaxis of STI among MSM* – and Session 9 – addressing *new prophylactic technologies (TasP, PrEP, PEP, self-testing /self-sampling)* – in particular received very positive feedback in terms of their content and the didactical methods used. For session 9, one participant noted that it would have been good to receive “*more information [on] how to buy self-testing and self-sampling kits*”.

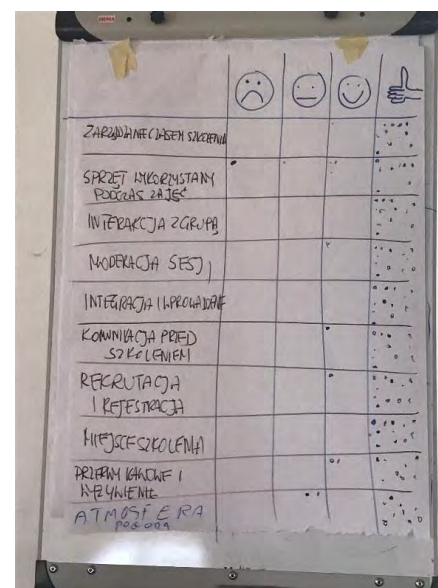
None of the participants indicated that they were dissatisfied with any of the training sessions. However, some participants reported that, due to its “many sessions and intensity”, the training should be extended so that there is more time to address the topics covered in the sessions. In addition, another participant wrote that “*the performance of the training was too fast*” and that “*more time for exchanging experiences between participants*” would be appreciated. Session 7 and 8 in particular received feedback that participants would have preferred a slower workshop speed.

## 2. Training Process

This section discusses the level of participants’ satisfaction with various aspects of the National Pilot Training.

### 2.1. Training Experience & Training Organisation

During the training, participants were asked to rate several aspects of the training in terms of *training experience* (i.e. group/class interaction, training equipment, facilitators’ performance) and *training organisation* (i.e. communication with participants, training venue, facilities available). Table 2 provides an overview of the evaluation results for several of these items. A large majority of the participants indicated that they were very satisfied with all items evaluated. Slightly lower levels of satisfaction were reported regarding the equipment that was used during the training.



**Table 2.** Participants’ satisfaction with aspects of Training Process

Time management and allocation per session	Training Equipment (projector, other devices)	Group and Class Interactions	Training organisation (communication, venue, registration etc)	
Very satisfactory	Very Satisfactory	Very Satisfactory	Satisfactory	Very Satisfactory

### 2.2. Post-training evaluation: Satisfaction with NPT

At the end of the training, participants were asked to indicate their level of satisfaction with various topics related to the training they had just completed. All participants indicated they had very much enjoyed the training and a large majority agreed or strongly agreed that the training was useful for their work as Community Health Workers. All felt that the training was an appropriate use of their time and that they would recommend it to their colleagues. One of the participants wrote that “*if there will be next editions [of trainings] performed, I will always want to send someone from the organisation to it, applause for the trainers!*” On average, participants scored the training with a 9,7.

Average Score	9,7
---------------	-----

When asked how they would use what they learned in the training in their daily work, answers varied from using the new information and/or skills in “*therapeutic work with MSM clients and during [a] campaign on positive sexuality*”; “*new projects and current project updates*”; and working with MSM clients at check-points and clinics. In addition, one participant wrote that the “*increased knowledge [e.g. on chemsex] will allow me to better understand and have a larger range of conversations*”.

### 2.3. Facilitation Process and Facilitator’s Performance

The facilitators’ performance was rated very positively across the board. The post-training assessment evaluating participants’ level of satisfaction with various aspects of the training, shows that the majority of all participants either agreed or strongly agreed that the facilitation process was good, and they would like to be trained by the facilitators again.

The atmosphere that was created during the training was positive and open, as was reflected in the feedback from the participants: “*Perfect trainers. [The] atmosphere supported experience exchange*”. Everybody was invited to participate actively in the training, while respecting different personalities. In addition, space was given to ask questions and express ideas and opinions.

### 3. Training Impact

A short-term (pre and post) measurement of the training impact was conducted by assessing participants’ level of confidence regarding specific topics/learning outcomes connected to each training session (see Table 2). The level of confidence was measured using a fully anonymous self-assessment questionnaire, administered before and after the training. A four-point scale was used to assess the level of confidence:

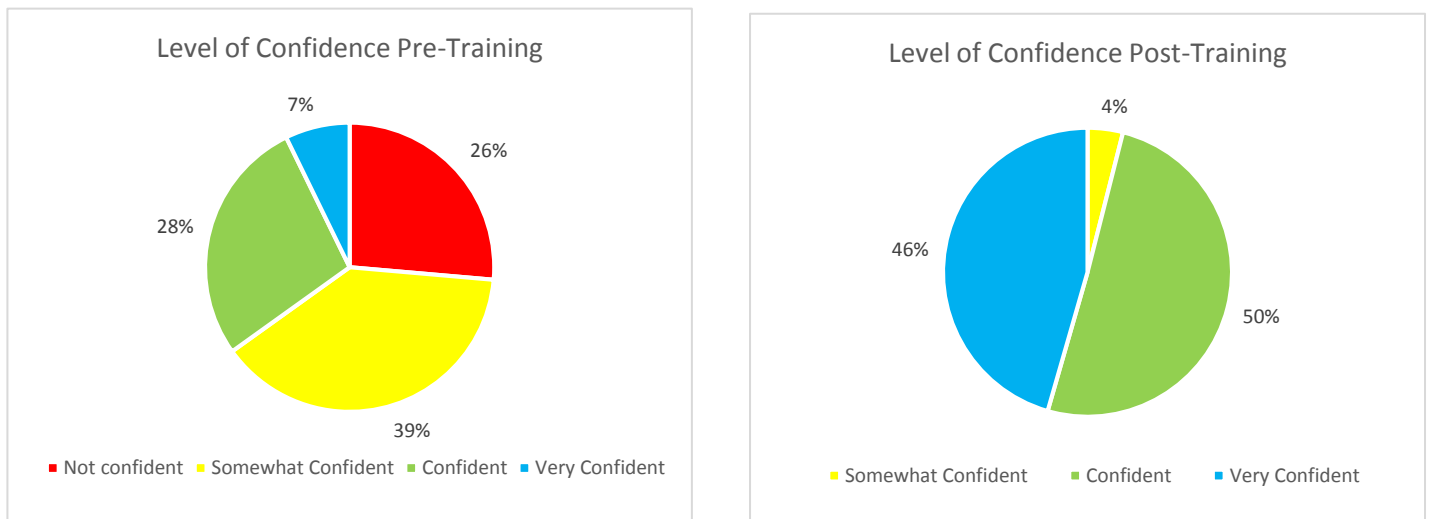
<b>Not Confident</b>	<b>Somewhat confident</b>	<b>Confident</b>	<b>Very confident</b>
----------------------	---------------------------	------------------	-----------------------

**Table 3.** Learning Outcomes/Session Topics

1	Evidence-based method of HIV, STI and hepatitis prevention
2	Epidemiology of HIV infections in Europe and in Poland, its impact on the MSM population
3	Strategy 90-90-90
4	Planning activities to achieve the goals of strategy 90-90-90 in the MSM population
5	Basics of STI epidemiology, routes of infection, preventive options, drug resistance, symptoms and treatment options.
6	The use of psychological theory of behaviour change for planning preventive activities
7	Utilizing the theory of Harm Reduction and Resilience in preventive activities in the MSM population
8	Assumptions of Motivating Dialogue
9	Use of Motivational Interviewing in everyday work with MSM clients
10	Impact of social norms regarding MSM on their lives and choices made
11	The impact of cultural competences on undertaking activities adequate to the needs of MSM
12	Effects on health of MSM: Syndemic Production Model and other factors
13	New prophylactic technologies (TasP, PrEP, PEP, Self-testing / Sampling)
14	Informing MSM about new preventive technologies
15	Symptoms of addiction to chemicals and behavioural addiction
16	Identify people who use problem chemicals / behaviourally addicted in their daily work
17	Making changes to create an MSM friendly space in my workplace

Figures 3 & 4 show the general changes in the level of confidence of participants of the National Pilot Training. Overall, results show that participants' confidence regarding the topics evaluated had increased significantly after attending the NPT. Before the training, 26% of the participants did not feel confident about certain topics covered in the NPT, and 39% of them only felt somewhat confident. However, this number reduced to only 4% of the participants feeling somewhat confident and nobody feeling unconfident after the training. In addition, the percentage of people feeling very confident with the topics evaluated increased from 7% to 46%.

**Figure 3 & 4** Level of Confidence regarding addressed topics before & after NPT



#### 4. Concluding remarks/general impression

The NPT in Poland has been organised well. The facilitators were able to use the ESTICOM training materials and delivered the training in an interactive way. The participants were very satisfied with the training delivery and organisation.



**Deliverable D10.4**

**ESTICOM Training Programme**

**Pilot Training Evaluation Report**

**Appendix 6.9**

**Evaluation Report**

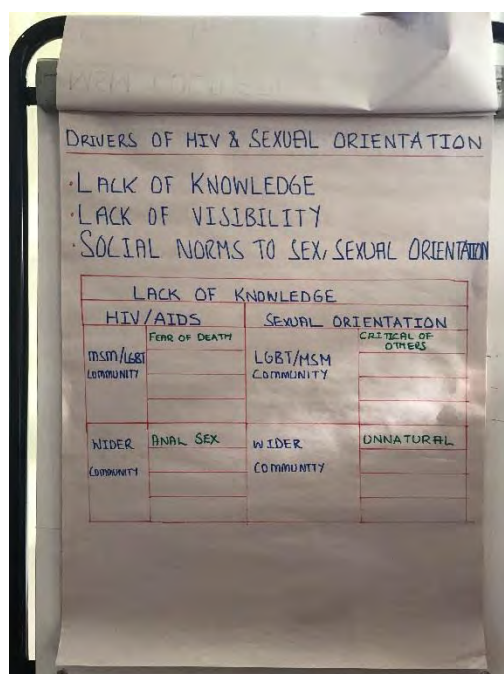
**National Pilot Training**

**England**

# ESTICOM National Pilot Training

## Birmingham, England

### Evaluation report



Training Organiser	HIV Prevention England/ Terrence Higgins Trust
Date	15-17 August 2018
Location	Hilton Birmingham Metropole - England
Training Facilitators	Salim Khalifa & James Mead
Training Language	English
Participants	16
ESTICOM representatives	Barrie Dwyer & Marije Veenstra



## Introduction

The National Pilot Training (NPT) in Birmingham, England took place between 15-17 August 2018 and was organised by HIV Prevention England and Terrence Higgins Trust. The NPT was facilitated by Salim Khalifa and James Mead. Both facilitators attended ESTICOM Training of Trainers workshops earlier this year.

During the training, three main aspects of the training were evaluated:

- *Sessions* – consisting of individual and anonymous assessments of the session content and didactical methods
- *Process* – entailing a group assessment and individual observations by an independent observer, focusing on topics related to the training organisation and experience
- *Impact* – consisting of a short-term measurement by conducting pre and post-training assessments regarding participants' level of confidence and pre-defined learning outcomes

The training was attended by a total of 16 participants (3 female, 13 male). The participants' background varied, particularly in terms of years of experience in the field of sexual health and MSM. In addition, backgrounds varied regarding their roles and responsibilities; some working as volunteers, in the field, others working in managerial positions, on a more strategic level.

Outlined below are results of the NPT evaluation, starting with an overview of the training *sessions* and feedback regarding the content, learning and teaching methods. Next, results regarding the training *process* are presented and discussed. Finally, results regarding the *impact* of the training on participants' confidence about specific topics.

### 1. Training Sessions

The English NPT consisted of 7 sessions (see Table 1), in which various topics, such as cultural competencies, drivers of stigma and new prevention technologies, were addressed. Due to time constraints and looking at the needs of the group, it was decided to skip session 6\* (STI information for MSM). Therefore, no data was collected for this session.

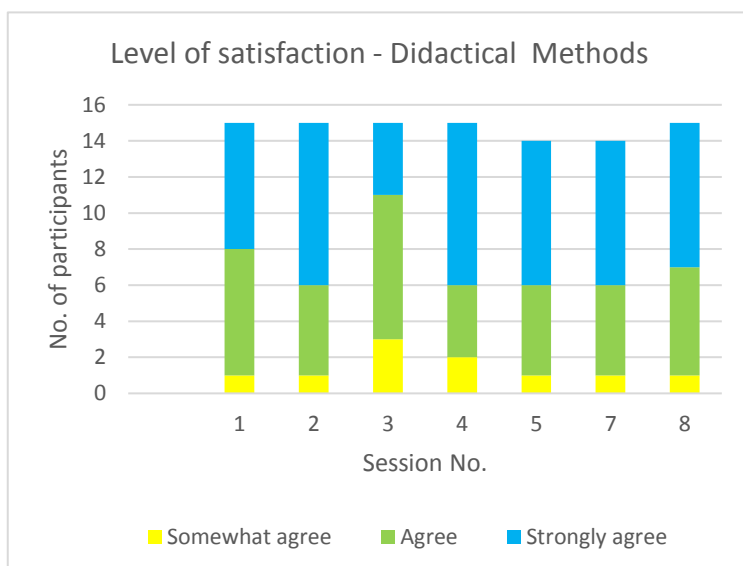
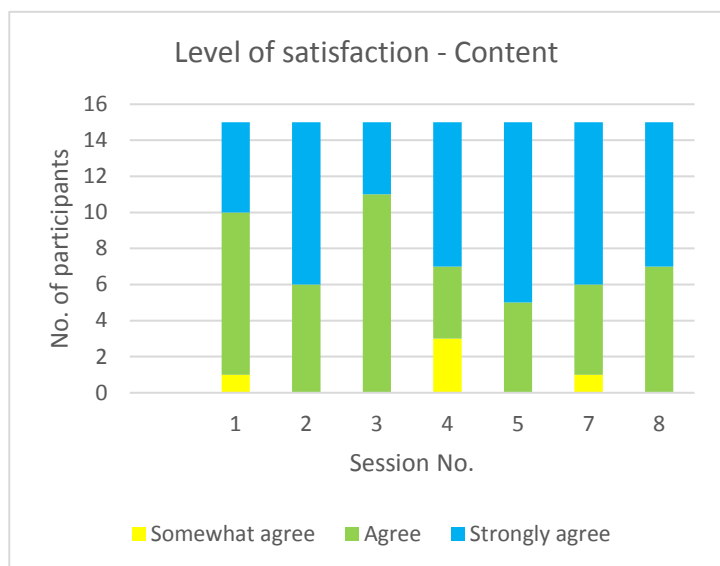
**Table 1. Session Titles NPT Birmingham**

Session 1	Introductions, learning objectives & speed dating
Session 2	When you were young
Session 3	Cultural Competency
Session 4	Drivers of HIV and sexual orientation related stigma
Session 5	Physical and Online settings for interventions aimed at MSM
<i>Session 6*</i>	<i>STI information for MSM</i>
Session 7	Partnerships between statutory and community health services
Session 8	New Prevention Technologies

During the training, participants were asked to provide feedback (both quantitative and qualitative) on the content of the sessions and the didactical (learning/teaching) methods that were used by the facilitators. Figure 1 and 2 provide an overview of the results.

**Figure 1.** Level of Satisfaction with Session Content

**Figure 2.** Level of Satisfaction with Didactical Methods



Data shows that the group was generally very appreciative of the training sessions and a high level of satisfaction was reported for all the topics addressed regarding both their content and the didactical methods used.

The first two sessions (*Introductions & When you were young*) received some feedback on their clarity, especially in terms of learning objectives and instructions for group work: *“The manner in which the learning objective are delivered/presented could be stronger and improved”* | *“The instructions for tasks could be [clearer]. We spent a lot of time figuring out what we were supposed to do”* | *“As with all the sessions I think there would be benefit in focussing more on the purpose and learning objectives”*.

Both session 3 (*cultural competency*) and session 4 (*drivers of HIV and sexual orientation related stigma*) received suggestions to include (more) examples or assign specific instructions to guide the participants in the exercises/group work: *“perhaps an example would have been better with this activity just to help it flow and be understood easier”* (session 3) | *“More examples would be good as [it] took a long time to decide on [a] topic”* (session 3) | *“Assign the task with a service or intervention, [this] would save the groups worrying what to choose [and] allow them to get on with the activity”* (session 4).

Session 4 was experienced as particularly challenging by some of the participants: *“Quite a challenging concept. I didn’t walk away feeling that I had a full appreciation of this, or how to deliver it in practice. The group work didn’t quite work as most of us were confused by what was needed. I would suggest that this topic needs further development in terms of how it is delivered to ensure maximum impact”*. | *“[I] still struggle a little with this even though I understand the thought process”*. Others felt differently, saying that they *“thought it was useful and understand where it fits in”*.

Session 5, which addressed *Physical and Online settings for interventions aimed at MSM*, showed the highest level of satisfaction in terms of content. Written feedback also showed that participants appreciated the group work during this session: *“[I] really enjoyed the group task! Able to share ideas”* | *“Loved this session – really engaging and allowed a lot of dialogue to swap experiences and share*

successes". Suggestions for improvement included the idea to "just review 3 interesting points of discussion. [There is] no need to list everything for each group".

Session 7 (partnerships between statutory and community health services) and session 8 (new prevention technologies) were well received by the group, in terms of both content and didactical methods. Session 7 was considered "well explained and focussed good structure to allow us to develop into" and "important for [the] future". Suggestions for improvement included to "maybe focus back on statutory/3rd sector relationships instead of both voluntary partnerships. May benefit people more by enhancing relationship with local statutory services".

Session 8 (new prevention technologies) was considered to entail "lots of great discussion" and providing "the way forward". In addition, feedback included that "it was good as [it] explored all methods and how we can utilise them effectively". Suggestions for improvement included that "as with the first section [it] felt very basic and perhaps could have been covered in a shorter time to allow for other content to be covered".

The background of the participants varied, particularly in terms of years of experience. The group consisted of people with a lot of experience in the field of sexual health and MSM, and those who had only just started working in these areas. This caused some differences in how certain topics were received and opinions about possible improvements. Whereas some participants felt that less time was needed to cover certain topics, others felt the same session could do with more time. In addition, although some topics were seen to not have added value for experienced staff, they were perceived to be useful for more inexperienced community health workers: "Personally this didn't expand my own knowledge, but I can definitely see how the session could be useful to newer staff" (session 4).

The difference in experience between participants also came to the fore during session 5, with one participant suggesting to: "perhaps modify [the] content to reflect the experience of participants. At times it felt like we covered basics and time could be used on other subjects". Other feedback included that "it enhanced my knowledge" and "lots of new information and things I can incorporate into our services".

## 2. Training Process

This section discusses the level of participants' satisfaction with various aspects of the National Pilot Training.

### 2.1. Training Experience & Training Organisation

During the training, participants were asked to rate several aspects of the training in terms of *training experience* (i.e. group/class interaction, training equipment, facilitators' performance) and *training organisation* (i.e. communication with participants, training venue, facilities available). Table 2 provides an overview of the evaluation results for several of these items.

Participants were particularly satisfied with the communication between them and the organisers of the training and the support they were given beforehand (e.g. information regarding training, venue and accommodation). Results show slightly lower levels of satisfaction among some of the group regarding the training equipment that was used, time management and allocation per session and the training venue.

	unhappy 😞	Neutral 😐	Happy 😊	Very happy 😄
Please indicate your assessment of the following:				
Time management and allocation per session			✓	✓
Training equipment			✓	✓
Group interaction			✓	✓
Facilitators' performance			✓	✓
Introductions + ice-breakers			✓	✓
Training organisation			✓	✓
Communication with participants			✓	✓
Support beforehand			✓	✓
Registration & Reception			✓	✓
Training venue			✓	✓
Facilities for patients (coffee-tea, lunch + joint dinner)			✓	✓

**Table 2.** Participants’ satisfaction with aspects of Training Process

Time management and allocation per session	Training Equipment (projector, other devices)	Group and Class Interactions	Training organisation – communication & support
Satisfactory	Satisfactory    Very Satisfactory	Very Satisfactory	Very Satisfactory

## 2.2. Post-training evaluation: Satisfaction with NPT

At the end of the training, participants were asked to indicate their level of satisfaction with various topics related to the training they had just completed. All participants indicated they enjoyed the training and a large majority agreed or strongly agreed that the training was useful for their work as Community Health Workers: *“It will be brought into all aspects of my work. Both at outreach and development”*. Participants felt that the training was an appropriate use of their time and many would recommend it to their colleagues. On average, participants scored the training with an 8,7.

Average Score	8,7
---------------	-----

When asked how they would use what they learned in the training in their daily work, answers varied. Many participants appreciated the new contacts and networks they gained and intended to use those in the future. In addition, the training triggered them to think about different partnerships and collaboration possibilities: *“[I will] certainly work more in partnerships that I hadn’t considered before”*.

The training provided confirmation that people were on the right track, *“[it] was a validating experience of the work done by myself”* | *“This training helped crystalize my knowledge, develop better outcomes & intervention methods. [...] Brilliant and invaluable”*. Furthermore, it offered inspiration to explore new avenues: *“lots of new ideas, lots of food for thought in terms of how we broaden the work we do with particular MSM groups”* and to objectively look at current activities: *“I’m going to have a look at what I already do and ask why? Is it effective? Who am I reaching? Are these the right people? And change if needed”*.

Some participants also mentioned how the training has made them more aware of the importance of cultural competency and cultural differences, intending to *“look and plan [initiatives] around cultural competencies”*.

## 2.3. Facilitation Process and Facilitator’s Performance

The facilitators’ performance was rated very positively across the board. The post-training assessment evaluating participants’ level of satisfaction with various aspects of the training, shows that the majority of the participants either agreed or strongly agreed that the facilitation process was good, and they would like to be trained by the facilitators again.

Points for improvement that were mentioned, regarding facilitation/training skills, had to do with *“clarity of requirements from some exercises as [the] outcome [was not] always clear until questioned/explored”* and the fact that some felt that sessions were sometimes monopolized by other group members which was *“difficult to control”*. However, feedback also included that *“everyone’s*

*opinions count”, sessions were “really well led and allowed time for exploration and discussion”, and “moderated and kept to a safe space [...] [re-focusing] when discussions would come off-topic”.*

Overall, the atmosphere that was created during the training was positive and open and participants very much appreciated how the training was delivered (*“engaging, as in different activities”*) and how the facilitators created a space for the group to share experiences with others: *“the real value [of the training] was in facilitating discussion between professionals. It did this very well”.*

### 3. Training Impact

A short-term (pre and post) measurement of the training impact was conducted by assessing participants’ level of confidence regarding specific topics/learning outcomes connected to each training session (see Table 2). The level of confidence was measured using a fully anonymous self-assessment questionnaire, administered before and after the training. A four-point scale was used to assess the level of confidence:

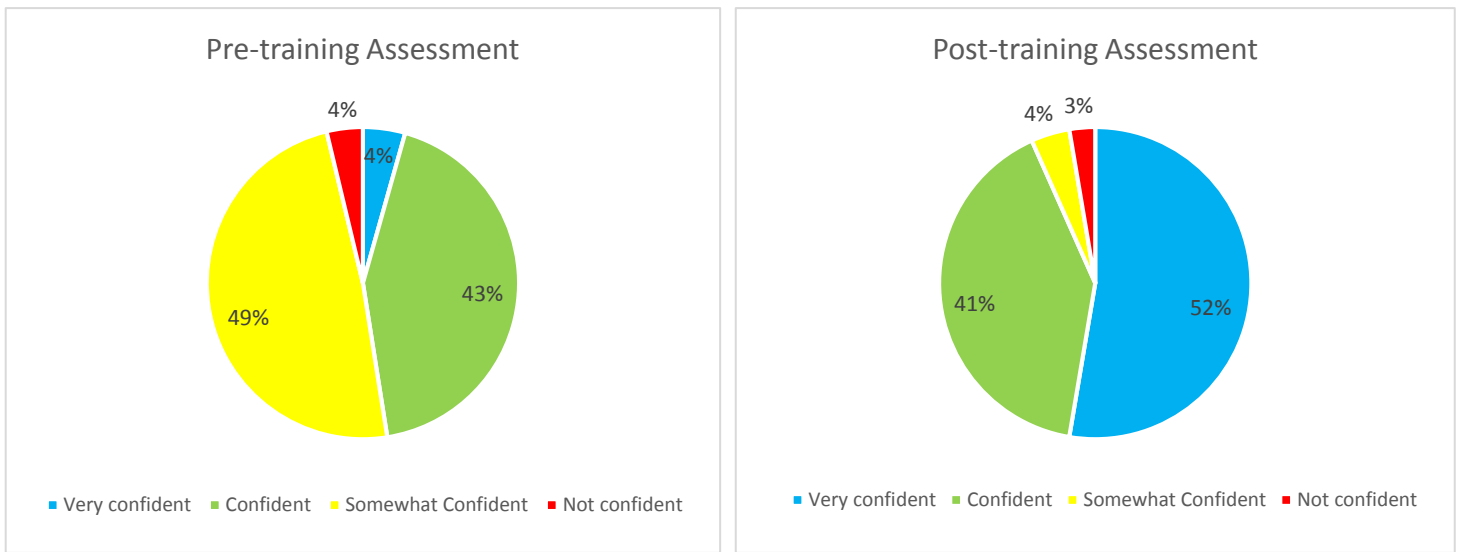
<b>Not Confident</b>	<b>Somewhat confident</b>	<b>Confident</b>	<b>Very confident</b>
----------------------	---------------------------	------------------	-----------------------

**Table 3.** Learning Outcomes/Session Topics

1	Understand how cultural messages influence my attitudes and the work I do
2	Am able to apply knowledge of cultural competencies for MSM to create higher quality services
3	Am able to develop strategies to help build relevant interventions for different groups of MSM
4	Am able to implement practical solutions for reducing stigma and discrimination for people living with HIV and members of the LGBT community
5	Have good knowledge on the drivers of stigma towards HIV/AIDS & STI’s and their impact on sexuality and sexual health
6	Am aware of both the physical and online settings appropriate for interventions aimed at MSM
7	Have in-depth knowledge around the epidemiology, transmission risks, prevention options and possible drug resistances around STI’s for MSM
8	Understand the benefits of statutory and community health service partnerships
9	Am able to plan a holistic approach to MSM health, using partnerships between statutory and community services
10	Am able to apply HIV Prevention Theory to program planning and implementation for the MSM community

Figures 3 & 4 show the general changes in the level of confidence of participants of the National Pilot Training in Birmingham. Overall, results show that participants’ confidence regarding the topics evaluated increased significantly after attending the NPT. Before the training, 4% of the participants did not feel confident about certain topics covered in the NPT, and 49% of them only felt somewhat confident. However, this number reduced to only 3% of the participants not feeling confident and 4% feeling somewhat confident after the training. In addition, the percentage of people feeling very confident with the topics evaluated increased from 4% to 52%.

**Figure 3 & 4** Level of Confidence regarding addressed topics before & after NPT



#### 4. Concluding remarks/general impression

The NPT in England has been organised well. The facilitators were able to use the ESTICOM training materials and delivered the training in an interactive way. The participants were very satisfied with the training delivery and organisation.



**Deliverable D10.4**

**ESTICOM Training Programme**

**Pilot Training Evaluation Report**

**Appendix 6.10**

**Evaluation Report**

**National Pilot Training**

**Germany**



# ESTICOM National Pilot Training

**Berlin, Germany**

**Evaluation report**



Training Organiser	Deutsche AIDS-Hilfe (DAH)
Date	17-19 August 2018
Location	Deutsche AIDS-Hilfe (DAH) - Berlin
Training Facilitators	Gerd Bräutigam & Alexander Hahne
Training Language	German
Participants	11 participants (male)
ESTICOM representative(s)	Matthias Kuske

**ResultsinHealth**

*ESTICOM Work Package 11 – Monitoring & Evaluation*



## Introduction

The National Pilot Training (NPT) in Berlin, Germany took place between the 17<sup>th</sup> and 19<sup>th</sup> of August 2018 and was organised by Deutsche AIDS-Hilfe. A total of 11 participants (all male) attended the training facilitated by Gerd Bräutigam (from Mann-O-Meter) and Alexander Hahne (from Hein und Fiete). Both facilitators attended the Training of Trainers workshop in Berlin earlier in 2018. With the exception of three participants (2 from Austria and 1 from Switzerland) participants were all volunteers.

During the training, three aspects of the training were evaluated:

- Training *sessions* – consisting of individual and anonymous assessments of the session content and didactical methods used
- Training *process* – entailing a group assessment and individual observations by an independent observer focusing on topics related to training organisation and experience
- Training *impact* – consisting of a short-term measurement by conducting pre and post-training assessments regarding participants' level of confidence and pre-defined learning outcomes

Outlined below are results of the NPT evaluation, starting with an overview of the training *sessions* and feedback regarding the content, learning and teaching methods. Next, results regarding the training *process* are presented and discussed. Finally, results regarding the *impact* of the training on participants' confidence about specific topics.

### 1. Training Sessions

The German NPT consisted of 11 sessions (see table 1), addressing prevention theories, health promotion and creating MSM friendly health services.

**Table 1.** Session Topics: NPT Germany

Session 1	Organisational issues and getting to know each other
Session 2	The PrEP as a new prevention strategy
Session 3	The PrEP in the context of HIV prevention (vulnerable sub-groups)
Session 4	Cultural competence in dealing with different target groups
Session 5	The unprejudiced, open-ended prevention consultation
Session 6	Transfer to your own work practice
Session 7	Feedback and conclusion

The NPT started with session 1 - *Organisational issues and getting to know each other*, an introductory explanation on the ESTICOM project and “housekeeping” rules of the Deutsche AIDS-Hilfe (DAH). Participants introduced themselves to each other and they were also asked to mention their motivation for participating in the NPT. The introduction took shorter than planned, participants appeared slightly uncomfortable mentioning (personal) issues such as “what I like about myself”. Regarding motivation for participating in the NPT, they mentioned to gain knowledge on topics addressed in the NPT, and three participants mentioned a change in attitude in working with MSM. Participants' feedback indicated the need to have better instruction and guidance:

- *“I would have found a round of professional introductions interesting, maybe it was intended for the posters, but didn't work well in this particular group (at least that was/is my impression)”*
- *“Procedure - explain more how the procedure will be, otherwise quite good”*
- *“Grasp tighter, structure differently”*

- *“Short and long round of introductions in a row was methodically somewhat cumbersome - perhaps solve it differently; the individual steps were somewhat redundant in terms of content”.*
- *“During the method with the presentation on the flipchart I was confused by the assignment and questions in different fields to enter. Simplify the suggestion a bit by, for example, giving room for exchange and entering the highlights of getting to know on the flipcharts. I would have liked more structure by time”*
- *“I missed a simple round of introductions, getting to know each other through flipcharts is difficult, because the personal connection to the respective person is missing”.*
- *“Would it be helpful if we also had name tags on the tables + In relation to Trans\* and non-binary people. The personal pronoun round was helpful.”*

Session 2 - *PrEP as a new prevention strategy* started with an overview on PrEP in Germany, Austria, Switzerland and Europe as a whole, followed by more detailed information. Participants showed great interest in this topic and asked questions about the topic. The time allocated for detailed information, on this topic in the three countries, was too short, and the facilitators did not have all necessary information. This implied the provision of information and the Q&A sessions were not well structured, causing some confusion among participants. For a session with a heavy knowledge-based topic, materials need to be clear and well-structured. The session continued with small group work discussing how to transfer information to MSM as Community Health Workers (CHW). The group formation was not fully clear and resulted in participants taking too much time in forming the group. The group discussion also took more time than planned, there were too many questions and clarifications needed, which could have been solved with clearer instruction prior to the group work. Participants suggested the following action to improve this session:

- *“The questions discussed in the group work should be made more specific, they were somewhat general”.*
- *“The PowerPoint slides could be distributed in advance, so that the participants have the opportunity to take notes or make additions”.*
- *“More time should be given for the theory part, for example, I could not always read the content of the slides and follow the speaker's presentation”.*
- *“In the context of the PrEP all the other STDs against which it does not work should possibly have been included even more resolutely...”*
- *“It is important to consult all USERS”*
- *“I would have liked more specific medical knowledge (discussion on alternative dosing regimens) to be able to answer exact questions”.*
- *“The topic is in flux. Must be constantly updated; important single tool for "newcomers" to the topic PrEP, too little information; possibly send information material by post in advance”*

Session 3 - *The PrEP in the context of HIV prevention (Vulnerable sub-groups)*, started with a short (10 minute) introduction to the topic, and immediately followed with small group work. The group work was about barriers faced by the sub-groups within MSM in accessing PrEP and how to address them. The exercise was shorter than planned (the session finished 45 minutes ahead of the schedule), so the second part of the exercise started earlier. The second part of the small group exercise was about developing intervention on PrEP for the MSM sub-population. Participants enjoyed working on this exercise, as this was considered very practical and concrete. During the plenary, there was a lot of discussion and sharing of knowledge and experience on this topic.

Session 4 – *Cultural competence in dealing with different target groups*. The explanation on the concept of cultural competency was done shortly, before participants started splitting up in groups. Despite the low energy felt in the room, no energizer was done. The instruction prior to the group work was not clear and timekeeping was not strict leading to less effective group work and a

superficial discussion on this topic. In this session, facilitators were struggling with the translation of some terminology from English to German. Participants' feedback focused on how to improve the session:

- *"The small group task was formulated very extensively, so that we were busy in our small group the first 10 minutes to find out what we should do. I could not sufficiently follow the theoretical contents of PowerPoint".*
- *"The contents of the slides were very extensive".*
- *"The wording of the questions was not quite clear at the time".*
- *"I liked to reflect on myself in terms of cultural competences, next time reflection should also be included in the exercise".*
- *"The topic allows for many discussions. It should be reinforced and given more time"*

Session 5 - *The unprejudiced, open-ended prevention consultation*, started with a short explanation on the concept of non-judgemental service. Considering the complexity of this topic, an appropriate introduction would have been more relevant. The group work was followed by a plenary, in which results of the group work were presented. Due to the limited instruction, not all group presentations touched the issue of cultural competency, instead remained at a general level. *"Service is open for everyone interested and clients will come to our service if they are interested in PrEP..."* There was limited discussion on strategy specifically focussed on the different sub groups within MSM. Participants mentioned that they prefer to have other methods than a small group work for this topic. The small group work on this topic was perceived as giving too much pressure, particularly due to the fact that the group needed to deliver a presentation.

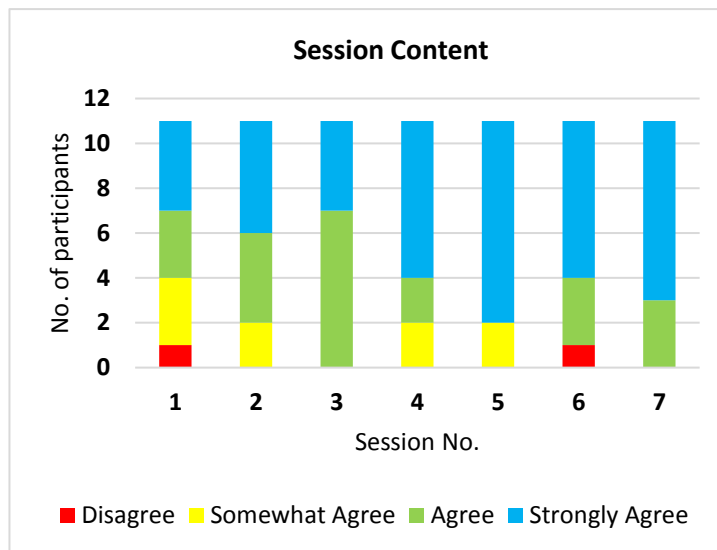
Session 6 - *Transfer to your own working practice* made use of the local need assessment planning from the ToT. In this session, issues such as involvement of CHW in planning their own work was discussed and the majority were not involved in planning their work. The discussion broadened to the issue of how to recruit volunteers and peers from the subgroups in MSM. This topic was not the central focus of this session but was of interest to participants. PrEP programme implementation in the organisation was later discussed in the context of collaboration with pharmacists and local/regional government.

Session 7 - *Feedback and conclusion*. During this session facilitators provided a short overview on the workshop and asked participants to provide feedback. Feedback received was mixed regarding the content of the session, the NPT and facilitator performance and skills. Facilitators responded to most comments instead of just hearing what was said. This session was more of a discussion instead of feedback round. Session 7 was perceived as repetition of session 6, and one of the participants suggested to merge session 7 with session 6 ... *"I wonder if session 6+7 could have been a big round of discussions in a joint session..."*

During the training, participants were asked to provide feedback (both quantitative and qualitative) on the content of the sessions and the didactical (learning/teaching) methods used by the facilitators. Figure 1 and 2 provide an overview of the results.

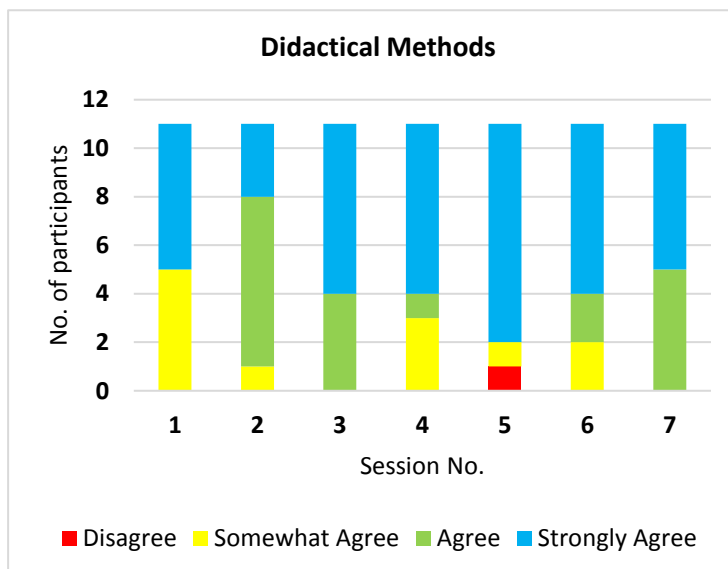
The large majority of the participants agreed that the content of all the sessions was clear and up-to-date. For session 1 (organisational issue and getting to know each other) and session 6 (Transfer to your own working practice), some participants disagreed that the content was clear and up-to-date.

**Figure 1. Level of Satisfaction with Session Content**



Similarly, for the didactical methods used, in general for all session’s participants agreed or strongly agreed that they are helpful in enhancing their understanding on the topics selected for the NPT. Except for session 5 (The unprejudiced, open-ended prevention consultation).

**Figure 2. Level of Satisfaction with Didactical Methods**



However, feedback also indicated some participants only somewhat agreed that the didactical methods used were helpful in enhancing their understanding on the topics addressed during the NPT (see figure 2). For session 1 and session 4.

Overall, data shows that a large majority of the participants were (very) satisfied with the training sessions regarding both their content and the didactical methods used:

*“... I got important input... “*

“...Mixture of participants good, many participants from small organisations with the same problems... “

Participants offered the following feedback about how to improve this NPT:

“...NPT content had nothing to do with the invitation, too theoretical, missing practical topics for outreach-workers, conclusions from the scientific discussions for the concrete outreach work was also missing ...”

“...Input from the most important studies would have been important, more medical information ...”

“...Info on STI is missing ... as it is important for the moralistic discussion in the field ...”

“...Missing a guide for arguing with different (extreme) opinions ...”

“...Missing information on drug resistance...”

## 2. Training Process

### 2.1. Training Experience & Training Organisation

During the training, participants were asked to rate several aspects of the training in terms of training *experience* (i.e. group/class interaction, training equipment, facilitators’ performance) and training *organisation* (i.e. communication with participants, training venue, facilities available). Table 2 provides an overview of the evaluation results for several of these items.

**Table 2.** Participants’ level of satisfaction on training experience and organisation

Time management and allocation per session	Training Equipment (projector, other devices)	Group and Class Interactions	Training organisation (communication, Venue, registration etc)
Satisfactory	Very Satisfactory	Satisfactory	Very Satisfactory

Participants were *satisfied* with the training organisation and training experience. Participants were *satisfied* with time management and allocation per session and the group and class interaction, and *very satisfied* with the quality of equipment used in the NPT. Participants were *not satisfied* with the introduction and ice breakers. Participants were *very satisfied* with aspects of the training organisation, except for the registration and reception.

### 2.2. Post-training evaluation: Satisfaction with NPT

At the end of the training, participants were asked to indicate their level of satisfaction with various topics related to the training. The average score for the training is 8,4.

Average Score	8,4
---------------	-----

The large majority of participants found the training was an appropriate use of their time, useful for their work, and enjoyable. Seven of them would recommend this training to other colleagues. There were a few participants (one or two) who did not share this opinion.

In response to a question about how they will use what they learnt during the NPT in their future work, participants’ responses were as follows:

- “Specifically: Linking of PrEP on the website of Aids-help Organisation with locally listed pharmacies”.
- “Share your experience with the Aids-help Organisation community”
- “To build a new volunteer team”
- “I will implement the concept that I learnt from this NPT”
- “I would use the task of the last session in my work”

- “To implement PrEP in Aids-help Organisation”
- “Integrate the lessons learnt into my work, and revise work processes”.
- “Put what has been discussed theoretically into practice or to give impulses”
- “Advice and mediation to target group”

### 2.3. Facilitation Process and Facilitator’s Performance

The post-training assessment showed that the majority of participants agreed the facilitation process was good, and the facilitators’ performance was highly appreciated. Participants indicated that they would like to be trained by the same facilitators in the future.

### 3. Training Impact

A short-term (pre and post) measurement of the training impact was conducted by assessing participants’ level of confidence regarding specific topics and the learning outcomes connected to each training session (see Table 3).

**Table 3.** Learning Outcomes NPT Germany

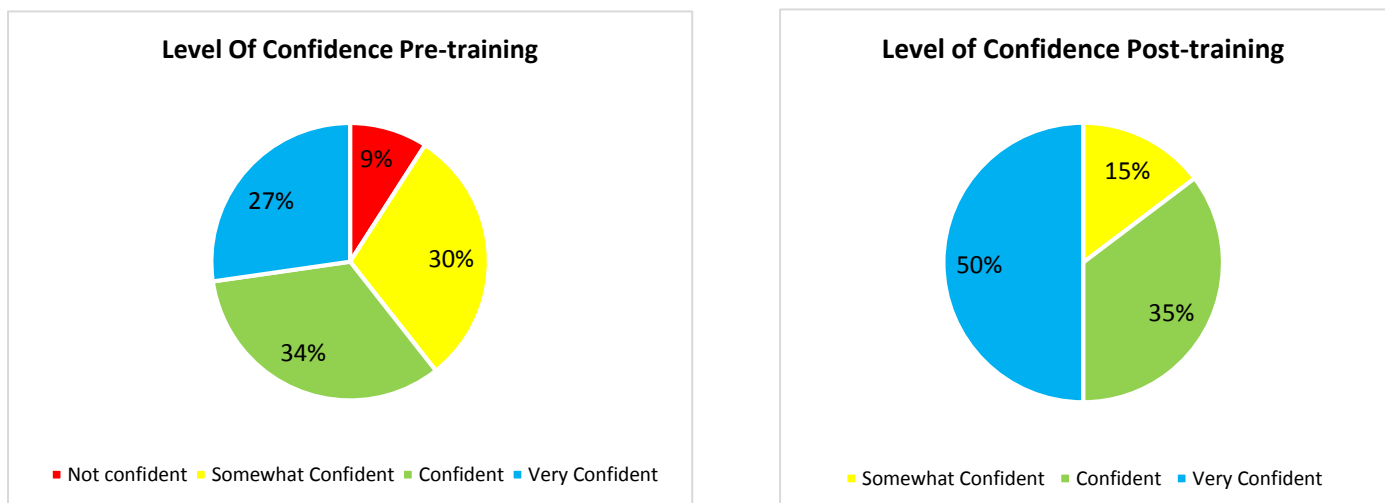
LO1	PrEP as a new prevention strategy and the communication of information to MSM
LO2	The obstacles to vulnerable MSM subgroups accessing Safer Sex 3.0 and in particular PrEP
LO3	The concept of cultural competence with regard to addressing safer sex strategies, in particular the PrEP among different target groups
LO4	The development of preconceived offers and the effects of these proposals in my own working environment

The level of confidence was measured using an anonymous self-assessment questionnaire, administered before and after the training. A four-point scale was used to assess the level of confidence:

Not Confident	Somewhat confident	Confident	Very confident
---------------	--------------------	-----------	----------------

Figure 3 shows the general changes in the level of confidence of participants of the National Pilot Training. Before the training, 9% of participants did not feel *confident* on the topics selected for the NPT, and 30% of them felt *somewhat confident* (40%) about them. 34% of participants felt *confident* and 27% of participants felt *very confident* about the topics selected for the NPT (see Figures 3 & 4).

**Figures 3 & 4.** Participants’ level of confidence on topics addressed during NPT



After the training, half of the participants felt *very confident* (50%) and 35% felt *confident* about the topics taught and discussed during the ESTICOM NPT. The proportion of participants who did *not feel confident* was zero.

The proportion of participants who did *not feel confident* decreased from 9% to 0. And the proportion of participants who felt *very confident* increased from 27% to 50%.

#### 4. Concluding remarks/general impression

The NPT in Germany has been organised well. The facilitators were able to use the ESTICOM training materials and delivered the training in an interactive way. The Participants were satisfied with the way the training was organised and delivered.



**Deliverable D10.4**

**ESTICOM Training Programme**

**Pilot Training Evaluation Report**

**Appendix 6.11**

**Evaluation Report**

**National Pilot Training**

**Austria**

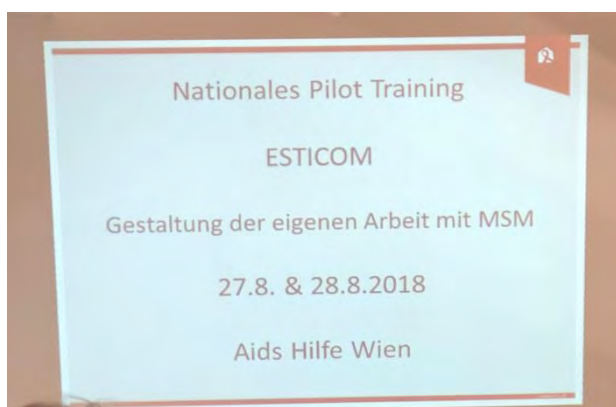




# ESTICOM National Pilot Training

Vienna, Austria

Evaluation report



Training Organiser	Aids Hilfe Wien
Date	27 – 28 August 2018
Venue	Aids Hilfe Wien
Training Facilitators	Tom Baumgartner and Dominique Schibler
Training Language	Austrian
Participants	15 Participants (13 male and 2 female)
ESTICOM representatives	Matthias Kuske and Aryanti Radyowijati

## Introduction

The National Pilot Training (NPT) in Vienna, Austria took place between the 27<sup>th</sup> and 28<sup>th</sup> of August 2018 and was organised by Aids Hilfe Wien. A total of 15 participants (2 female and 13 male) attended the training which was facilitated by Tom Baumgartner and Dominique Schibler. Both facilitators are from Aids Hilfe Wien and had attended the Training of Trainers workshop in Berlin earlier in 2018. The participants came from different organisations and places within Austria.

During the training, three aspects of the training were evaluated:

- Training *sessions* – consisting of individual and anonymous assessments of the session content and didactical methods used
- Training *process* – entailing a group assessment and individual observations by an independent observer focusing on topics related to training organisation and experience
- Training *impact* – consisting of a short-term measurement by conducting pre- and post-training assessments regarding participants level of confidence and pre-defined learning outcomes

Outlined below are results of the NPT evaluation, starting with an overview of the training *sessions* and feedback regarding the content, learning and teaching methods. Next, results regarding the training *process* are presented and discussed. Finally, results regarding the *impact* of the training on participants' confidence about specific topics.

### 1. Training Sessions

The Austrian NPT consisted of 11 sessions (see table 1), addressing prevention theories, health promotion and creating MSM friendly health services.

**Table 1.** Session Topics: NPT Austria

Session 1	Introduction and Group Rules
Session 2	Establishing group Expectations
Session 3	Overview of the ESTICOM project
Session 4	MSM Culturally-Relevant Competencies - Part 1 - "When I was Young"
Session 5	MSM Culturally-Relevant competencies - part 2 - practical application
Session 6	Feedback Day 1
Session 7	Sexual Health of MSM
Session 8	HIV self-test and Treatment as Prevention (TAsP)
Session 9	PEP & PrEP
Session 10	Action Planning / Action Learning - Integration into the work process
Session 11	Evaluation and Feedback Day 2

Session 1 and session 2 served as introductory sessions for the NPT. Sessions 3 was dedicated to explaining the ESTICOM project and included a group activity on defining the term "Community Health Worker" (CHW). Participants discussed their understanding and expectations of the terms "CHW" and "community". Session 3 took longer than planned due to the discussion on the definition of CHW. The discussion on the terms CHW and "Community", served as an introduction to session 4 and 5.

Session 4 and 5 took longer than planned due to the time needed to explain the theoretical concepts and engage in discussions, additionally, the facilitators appeared a little "lost" when gathering and addressing all the examples and questions. Feedback from the external observer and participants were positive in terms of the time given for the discussion; however, they suggested the discussion

focused too much on personal experiences and did not provide new insights/experience on the topics. The time for discussion also opened the space to gain insight on culturally sensitive topics such as being a Moslem MSM and issues around being a transgender. The suggestion offered was to start limiting the discussion when no new information or insights are shared and prevent discussions being dominated by some participants.

For session 7, examples from the results of EMIS 2010 on “Best sex life” were used as an illustration and to stimulate discussion. The use of concrete examples from EMIS was highly appreciated by participants and demonstrated the connection between training (the NPT) and utilization of data (EMIS 2010).

Session 8 started with a discussion on self-testing, as self-testing has just been introduced in Austria. And as this is new topic, only a few participants were able to contribute to the discussion. The session on TAsP started with input on HIV therapy at Aidshilfe Wien and was followed by a short discussion on TAsP. Participants discussed how to communicate the concept of TASP to their clients.

On Session 9 (PEP & PrEP), a Role Play between CHW and their client was unsuccessful. The activity was replaced by small group discussions on four topics (TAsP, PeP, PrEP and self-testing). One of the participants indicated the need to have more information on the subject before splitting into small group discussion.

**Box 1 – Results of small group discussions in session 9 (PEP and PrEP):**

On self-test: the challenge of self-test is not the knowledge transfer of self-test, but on how to address fear and negative attitudes towards the self-test.

On TAsP: the challenge of TAsP is about how to discuss TAsP among different cultural backgrounds and level of knowledge of clients. This has a high influence on the time needed for the consultation/talk (many off-label topics were addressed in the roleplay).

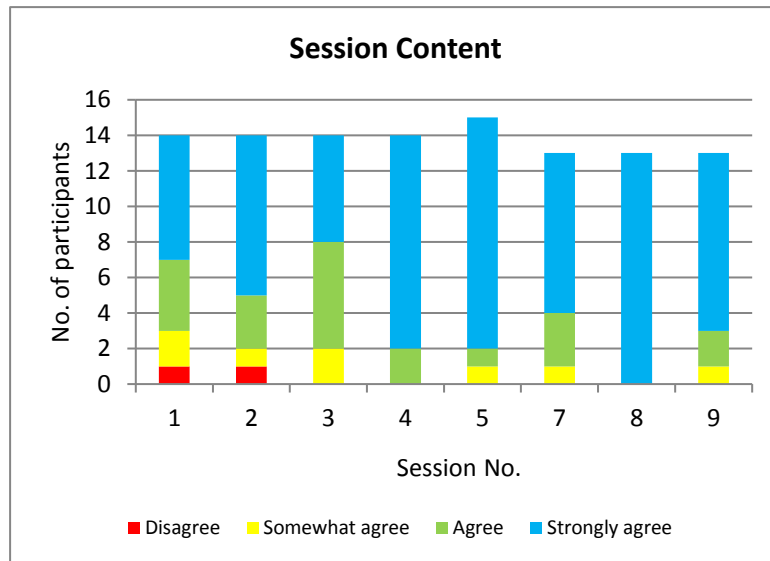
On PrEP: the challenge of PrEP is the fact that there is a knowledge gap between the CHW working for MSM on PrEP and prevention technologies

Session 10 was cancelled as participants indicated there was no need to have a session on how to integrate what they learnt during the NPT into their daily work.

During the training, participants were asked to provide feedback (both quantitative and qualitative) on the content of the sessions and the didactical (learning/teaching) methods used by the facilitators. Figure 1 and 2 provide an overview of the results.

Feedback regarding participants’ level of satisfaction on the content and didactical methods per sessions were obtained, except for session 6, 11 (the feedback sessions), and session 10.

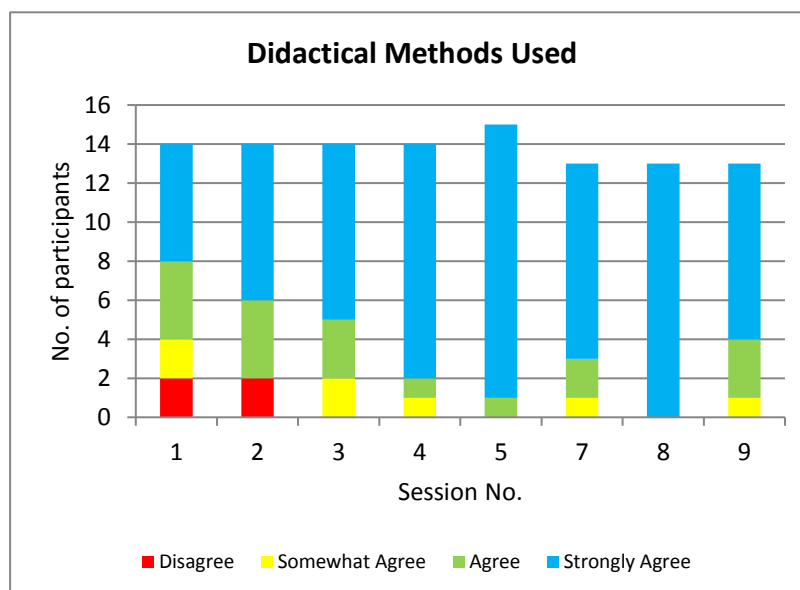
**Figure 1. Level of Satisfaction with Session Content**



The majority of the participants *strongly agreed* that the content of session 4 (MSM Culturally-Relevant Competencies - "When I was Young"), session 5 (MSM-Culturally Relevant Competences - practical application), session 8 (HIV self-test and treatment as prevention) and session 9 (PEP & PrEP) were clear and up-to-date. Six out of 14 participants shared a similar level of agreement for session 3 (Overview ESTICOM).

For session 1 (Introduction and Group Rules) and Session 3 (Overview ESTICOM), one participant disagreed that the content provides a clear and up-to-date overview of the topic.

**Figure 2. Level of Satisfaction with Didactical Methods**



For sessions 4 (MSM Culturally-Relevant Competencies - "When I was Young"), session 5 (MSM-Culturally Relevant Competences - practical application), session 7 (Sexual Health) and session 8 (HIV self-test and treatment as prevention), the majority of participants *strongly agreed* that the didactical methods were helpful in enhancing their understanding of the topics. The didactical methods used for those sessions were small group discussions.

For session 1 (Introduction and Group Rules), half of the participants found the didactical methods useful in enhancing their understanding of the topic. And for session 1 and session 2 (Expectations), two participants disagreed that didactical methods are useful in enhancing their understanding on the topic

In general participants found the sessions to be fruitful, with great variety, intense and useful for their work. The content was perceived as having a complementary mix of issues specific for HIV, and for other diseases or situations.

The space and time provided for interaction between participants was highly appreciated. Participants indicated that they do not have many opportunities to meet each other and the fact that the NPT facilitated the connection and the knowledge sharing between them was very important:

*"....Thank you for the space provided and the mixture of internals and externals, even we internals don't meet often enough, so important for the work to discuss with the colleagues and see that we have a common ground".*

*"...Exchange is very useful, and it gives me a feeling to be on the right track and feel more secure in the job".*

Overall, a large majority of the participants were (very) satisfied with the training sessions regarding both content and didactical methods. None of the participants indicated to be dissatisfied with the training sessions.

## 2. Training Process

### 2.1. Training Experience & Training Organisation

During the training, participants were asked to rate several aspects of the training in terms of training *experience* (i.e. group/class interaction, training equipment, facilitators' performance) and training *organisation* (i.e. communication with participants, training venue, facilities available). Table 2 provides an overview of the evaluation results for several of these items. Participants are *very satisfied* with the training experiences and *satisfied* with the training organisation.

**Table 2.** Participants' satisfaction with aspects of the Training Process

Time management and allocation per session	Training Equipment (projector, other devices)	Group and Class Interactions	Training organisation (communication, Venue, registration etc)	
Very satisfactory	Very satisfactory	Very satisfactory	Satisfactory	Very Satisfactory

## 2.2. Post-training evaluation: Satisfaction with NPT

At the end of the training, participants were asked to indicate their level of satisfaction with various aspects of the training. Most participants found the training useful for their work, enjoyable and will recommend this training to other colleagues. They rated the training with an average score of 9.2.

Average Score	9,2
---------------	-----

Participants experienced the training to be open and relaxed:

*"...No training like others I know, better, more relaxed, more exchange, I feel enriched by the different backgrounds and attitudes".*

*"...Flexibility of the programme and the facilitators was helpful and useful".*

## 2.3. Facilitation Process and Facilitator's Performance

The post-training assessment, evaluating participants' level of satisfaction with various aspects of the training, indicated the majority of all groups either *agreed* or *strongly agreed* the facilitation process was good, and indicated high appreciation for the decision of facilitators to allow discussions to continue longer than planned. The facilitators were praised on their guidance throughout the workshops.

The facilitators' performance was rated very positively across the board. Participants indicated they would like to be trained by the same facilitators in the future. The atmosphere created during the training was positive and open. Everybody was invited to participate actively in the training, while respecting different personalities. In addition, ample space was given for the sharing of experiences, questions and expression of ideas and opinions.

## 3. Training Impact

A short-term (pre and post) measurement of the training impact was conducted by assessing participants' level of confidence regarding specific topics and the learning outcomes connected to each training session (see Table 3).

**Table 3.** Learning Outcomes

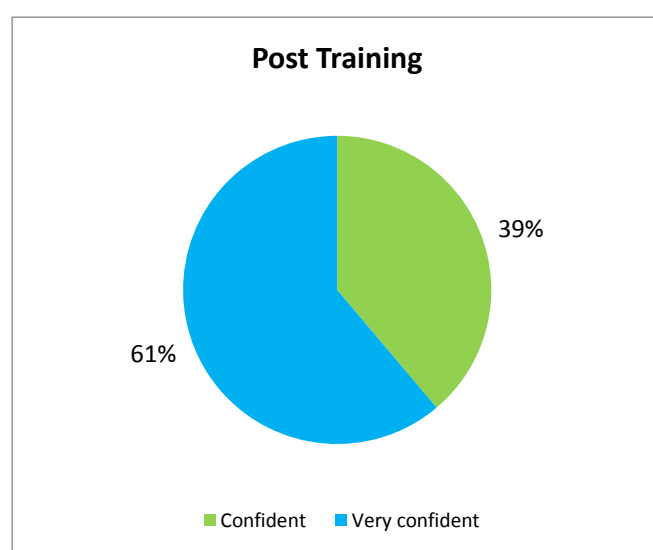
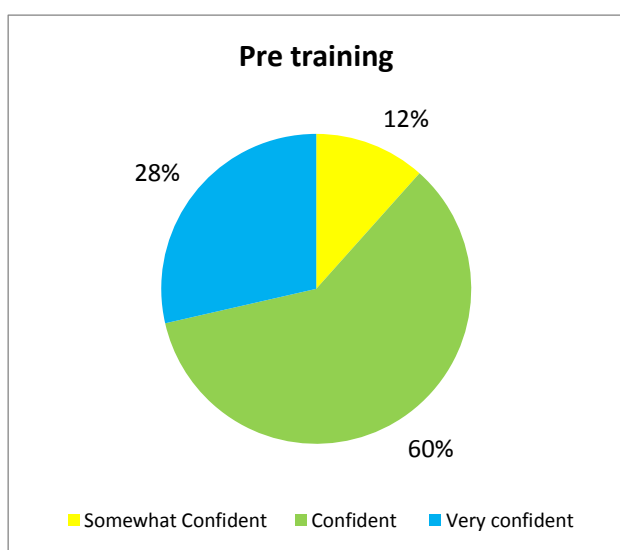
LO1	Can incorporate my knowledge of sexual health as part of a holistic approach to my work.
LO2	Have a good knowledge of factors influencing poor sexual health in MSM.
LO3	Can plan well an intervention for MSM using wider external services.
LO4	Can offer a better service with my knowledge of cultural competences.
LO5	My work will address cultural competence issues and strategies to develop interventions relevant to MSM.
LO6	Have a good cultural understanding to be able to provide competent answers to MSM's problems.
LO7	I am competent in HIV prevention.
LO8	Can inform MSM well about new prevention options.

The level of confidence was measured using an anonymous self-assessment questionnaire, administered before and after the training. A four-point scale was used to assess the level of confidence.

Not Confident	Somewhat confident	Confident	Very confident
---------------	--------------------	-----------	----------------

Figure 3 and 4 show the general changes in the level of confidence of participants in the National Pilot Training. Overall, results show participants' confidence regarding the topics evaluated had increased significantly after attending the NPT. Before the training, 12% of the participants did *not feel confident* about (certain) topics covered in the NPT, and 29% of them felt *somewhat confident*. After the training, all participants felt *confident* (39%) and *very confident* (61%) about the topics taught and discussed during the ESTICOM NPT. The percentage of participants who felt *very confident* increased from 28% (before the training) to 61% (after the training).

**Figures 3 & 4.** Participants' level of confidence on topics addressed during NPT



#### 4. Concluding remarks/general impression

The NPT in Austria has been organised well. The facilitators were able to use the ESTICOM training materials and delivered the training in an interactive way. The participants were very satisfied with the way the training was organised and delivered.



**Deliverable D10.4**

**ESTICOM Training Programme**

**Pilot Training Evaluation Report**

**Appendix 6.12**

**Evaluation Report**

**National Pilot Training**

**Spain**



# ESTICOM National Pilot Training

## Málaga, Spain

### Evaluation report



Training Organiser	Apoyo Positivo and SESIDA
Date	14-16 September 2018
Venue	Torremolinos (Málaga), Spain
Training Facilitators	Maite Heredia Soriano and Pablo Barrio Fernandez
Training Language	Spanish
Participants	16 participants (15 male and 1 female)
ESTICOM representatives	Matthias Kuske

## Introduction

The National Pilot Training (NPT) in Torremolino, Spain, took place between the 14<sup>th</sup> and 16<sup>th</sup> of September 2018 and was organised by Apoyo Positivo and SeSIDA. A total of 16 participants (1 female and 15 male) attended the training facilitated by Maite Heredia Soriano and Pablo Barrio Fernandez.

The facilitators are employees of Apoyo Positivo and SeSIDA and attended the Training of Trainers workshop in Athens earlier in 2018. The participants came from different organisations and places in Spain. The NPT participants were young, and most are quite new to this field and only recently started working as CHW.

During the training, three aspects of the training were evaluated:

- Training *sessions* – consisting of individual and anonymous assessments of the session content and didactical methods used
- Training *process* – entailing a group assessment and individual observations by an independent observer focusing on topics related to training organisation and experience
- Training *impact* – consisting of a short-term measurement by conducting pre- and post-training assessments regarding participants' level of confidence regarding pre-defined learning outcomes

Outlined below are results of the NPT evaluation, starting with an overview of the training *sessions* and feedback regarding the content, learning and teaching methods. Next, results regarding the training *process* are presented and discussed. Finally, results regarding the *impact* of the training on participants' confidence about specific topics.

### 1. Training Sessions

The Spanish NPT consisted of 7 sessions (see table 1), addressing topics such as Epidemiology of HIV, STI and Hepatitis among MSM, New Prevention Methods and Chemsex.

**Table 1. Session Titles: NPT Spain**

Session 1	Harm Reduction
Session 2	Cultural Competence
Session 3	Non-Judgmental Services
Session 4	Pre- and Post-Counselling
Session 5	Support and Change Behavior
Session 6	Chemsex - Basics
Session 7	Chemsex - Risk Reduction

Session 1 – *Harm reduction* – This session started later than planned, due to the late arrival of participants. Only half the group were present at the start, resulting in a need to adjust the schedule. The training started with an icebreaker that established a positive group mood. The session began with theoretical input and a small group exercise on the concept of risk reduction. This led to intensive discussions, all participants participated and interacted well. There were many questions at the beginning of exercises. Despite the high engagement, the session was finished on time. In general, this was a good opening session with active interaction and discussion, people started talking about the topics they learned during the risk reduction section.

Session 2 - *Cultural Competence* - This session started 15 minutes later than planned and began with a very quick ice breaker, followed by a short introduction round of participants. The session was delivered through an individual exercise 'When I was young', a short presentation on the summary of the exercise, a short presentation on cultural competence, group work, and a short video to reflect the topic. Feedback from participants suggested to have more concrete examples, clearer instructions and an explanation of each term including practical examples.

Session 3 - *Non-Judgmental Services* - started with an exercise "To which group do I belong?" (using post its on the forehead and discussions in pairs to find out to which group each person belongs). This exercise created a positive atmosphere, interaction, fun, and provided opportunity for everyone to talk. As with other sessions, a combination of short presentation and interactive discussion were used to deliver the topic. Participants were eager to share their experiences and gave examples from their life and work. The theory appeared less important than the exchange of experiences. For this session, participants suggested providing space and time for HIV-positive people to talk about their own experiences of discrimination.

Session 4 - *Pre- and Post-Counselling* - An energizer on communication without words (*with face, walking around, with hands*) done in pairs provided a good way to introduce different ways of communication. The session was delivered using video and role-play: Introduction into counselling (video) and counselling role-play in groups of three. The presentation on the definition of counselling theory was rather long. The aspect regarding examples by participants, was very interactive and highly appreciated by participants. To improve this session participants suggested using more practical cases of counselling and doing role play as well as allocating more time to explain the importance of being an effective counsellor.

Session 5 - *Support and Change Behaviour* – The session consisted of group work, video and discussion about behaviour change. Clearly, participants were tired as it was a long session and at the end of the day. The session was also more theoretical compared to the other sessions.

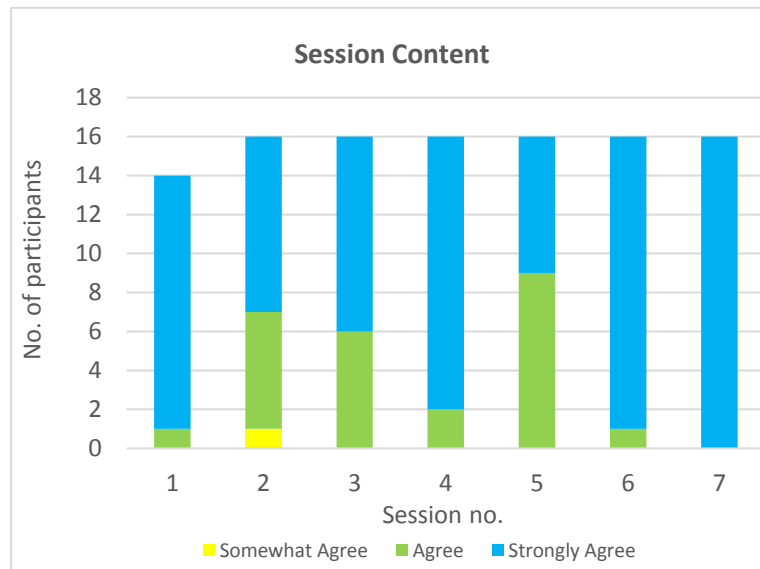
Session 6 – *Basics of Chemsex* - The session began with the "Kahoot!" quizgame about Chemsex, it started later and took 40 minutes longer than planned. Interactive discussion, questions and answers, slides presentation, and video presentation were used to deliver the session. There was a moment where participants' energy level and concentration dropped during the session. Participants' feedback suggested giving more time for explanations about the topics such as the effect of each drug on the human body.

Session 7 - *Chemsex – Risk Reduction* - Facilitators started this session by asking participants to work in pairs, followed by an interactive discussion and tips from the facilitator ensured that the session went very well. Having participants work on the topics by themselves without prior theoretical input was very effective. Participants were highly motivated and shared their experience and knowledge.

During the training, participants were asked to provide feedback (both quantitative and qualitative) on the content of the sessions and the didactical (learning/teaching) methods used by the facilitators. Figures 1 and 2 provide an overview of the results.

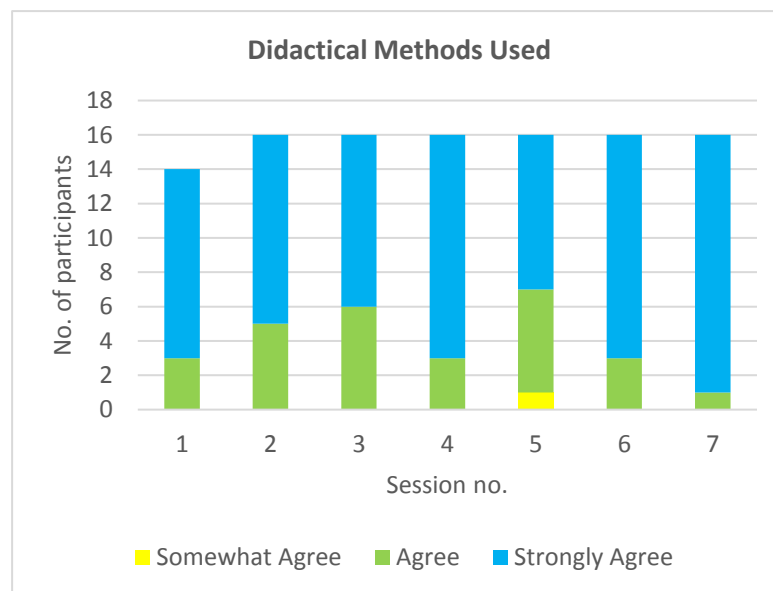
Regarding the content most participants *strongly agreed* and *agreed* that all sessions provide a clear and up-to-date overview of the topic(s) addressed. This is particularly the case for session 7 (Risk Reduction for Chemsex). There were participants who only *somewhat agreed* with the statement when evaluating session 2 (Cultural Competence) – See figure 1.

**Figure 1. Level of Satisfaction with Session Content**



On didactical methods, most participants *strongly agreed* and *agreed* the learning and teaching methods used were helpful in enhancing their understanding of the sessions. This is particularly so for session 7. For session 5 (Support and Behaviour Change), there were some participants who only *somewhat agreed* on this – see figure 2.

**Figure 2. Level of Satisfaction with Didactical Methods**



From the start of the NPT, the facilitators provided an effective summary about all topics of the workshop and facilitated the training in a very interactive way. The theoretical inputs were brief, and most learning objectives were achieved during large group discussions or in the working groups.

## 2. Training Process

### 2.1. Training Experience & Training Organisation

During the training, participants were asked to rate several aspects of the training in terms of *training experience* (i.e. group/class interaction, training equipment, facilitators' performance) and *training organisation* (i.e. communication with participants, training venue, facilities available). Table 2 provides an overview of the evaluation results for several of these items.

**Table 2.** Participants' satisfaction with aspects of the Training Process

Time management and allocation per session	Training Equipment (projector, other devices)	Group and Class Interactions	Training organisation (communication, Venue, registration etc)
Very Satisfactory	Very Satisfactory	Very Satisfactory	Very Satisfactory

Participants were *very satisfied* with the training organisation and experience. Participants highly valued the time management and allocation per session and the equipment used during the training. Group and class interactions were also thought to be *very satisfactory*. Participants were very active during the 3 days of training both in class and group discussions.

### 2.2. Post-training evaluation: Satisfaction with NPT

At the end of the training, participants were asked to indicate their level of satisfaction with various topics related to the training. All participants found the training useful for their work, enjoyable and will recommend this training to other colleagues.

Overall, participants were *very satisfied* with the training and stated that they benefitted a lot from it and appreciated the way the facilitators facilitated the training.

When asked how they will use what they learned during the NPT in their future work, participants' responses included that they will use the new knowledge and skills:

- For their personal growth and applying them in their immediate environment and social lives;
- To inform and treat people well and without prejudice (to be more empathic), and
- To provide advice to friends on sexual health and risk reduction.

### 2.3. Facilitation Process and Facilitator's Performance

The post-training assessment also indicated participants' level of satisfaction with the training facilitation and facilitators' performance. Facilitation was considered *very good* and the facilitator performance was rated *very high*. Participants also indicated they would like to be trained again by the same facilitators.

### 3. Training Impact

A short-term (pre and post) measurement of the training impact was conducted by assessing participants' level of confidence regarding specific topics/learning outcomes connected to each training session (see Table 3).

**Table 3.** Learning Outcomes

I feel confident with...

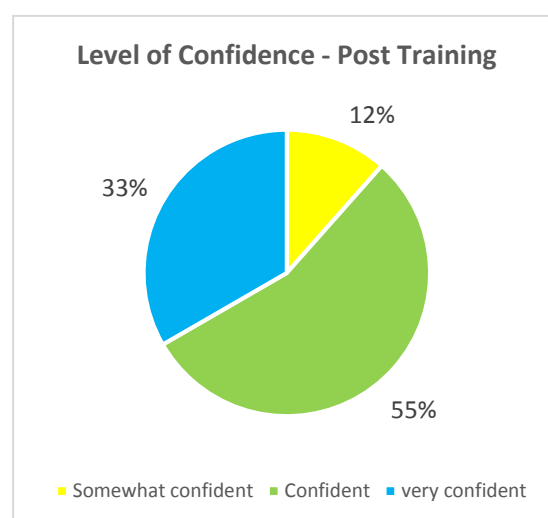
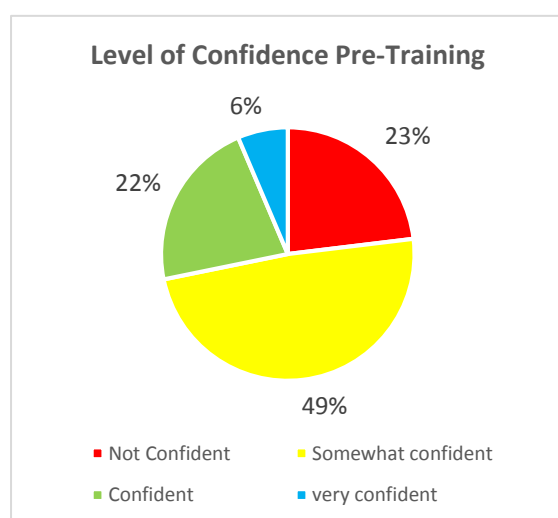
LO1	Prevention, sexual diversity, risk reduction...
LO2	Intersectionality and competition with other cultures
LO3	Discrimination and stigma. Non-judgmental health services
LO4	Pre-Post counselling and communication skills
LO5	Behaviour change support
LO6	Chemsex (what, how, why...). Risk reduction.

The level of confidence was measured using an anonymous self-assessment questionnaire, administered before and after the training. A four-point scale was used to assess the level of confidence:

<b>Not Confident</b>	<b>Somewhat confident</b>	<b>Confident</b>	<b>Very confident</b>

Figure 3 shows the general changes in the level of confidence of participants on topics addressed during the National Pilot Training. Before the training, 23% of the participants did *not feel confident* about (certain) topics covered in the NPT, and 49% of them felt *somewhat confident*. The proportion of participants who felt *confident* on the topic addressed during the NPT was 22% and who felt *very confident* was only 6%.

**Figures 3 & 4.** Participants' level of confidence on topics addressed during NPT



After the training, more than 50% of the participants felt *confident* (55%) about the topics addressed during the NPT and 33% participants felt *very confident*; and only 12% of participants felt *somewhat confident* (see figure 4).

The proportion of participants who felt *confident* increased from 22% to 55%; and participants who felt *very confident* increased from 6% to 33%. The proportion of participants who felt *somewhat confident* decreased from 49% to 12%. And after the training, there was no participant who did *not feel confident* (a decrease of 23% to 0%).

Overall, results show that participants' confidence regarding the topics evaluated had increased significantly after attending the NPT.

#### 4. Concluding remarks/general impression

The NPT in Málaga, Spain was organised well. Participants were very satisfied with the training organisation and delivery.



**Deliverable D10.4**

**ESTICOM Training Programme**

**Pilot Training Evaluation Report**

**Appendix 6.13**

**Evaluation Report**

**National Pilot Training**

**Greece / Cyprus**



# ESTICOM National Pilot Training

Athens, Greece

Evaluation report



Training Organiser	Thessaloniki & Athens Checkpoints
Date	17-19 September 2018
Location	Romantsov - Athens, Greece
Training Facilitators	Sophocles Chanos & Vasileios Sideridis
Training Language	Greek
Participants	20
ESTICOM representatives	Barrie Dwyer & Marije Veenstra

## Introduction

The National Pilot Training (NPT) in Athens, Greece took place between 17-19 September 2018 and was organised by the Thessaloniki and Athens Checkpoints. A total of 20 participants attended the training which was facilitated by Sophocles Chanos and Vasileios Sideridis. Both facilitators attended an ESTICOM Training of Trainers (TOT) workshop earlier this year. Also present during the training was Christos Krasidis from Cyprus who also attended the TOT. The TOT participants from Cyprus and Greece collaborated in the preparation and organisation of the NPT in Athens. Christos remained present during the NPT to assist the Greek facilitators where needed and provided input in discussions, based on his experience and knowledge of the Cypriot context.

A total of 20 participants attended the training. The group consisted of checkpoint managers, sexual health counsellors/psychologists (both voluntary and paid positions) and a supervisor from the outreach team. Participants work for the checkpoints in Athens, Thessaloniki and Cyprus.

During the training, three main aspects of the training were evaluated:

- *Sessions* – consisting of individual and anonymous assessments of the session content and didactical methods
- *Process* – entailing a group assessment and individual observations by an independent observer, focusing on topics related to the training organisation and experience
- *Impact* – consisting of a short-term measurement by conducting pre and post-training assessments regarding participants' level of confidence and pre-defined learning outcomes

Outlined below are results of the NPT evaluation, starting with an overview of the training *sessions* and feedback regarding the content, learning and teaching methods. Next, results regarding the training *process* are presented and discussed. Finally, results regarding the *impact* of the training on participants' confidence about specific topics.

### 1. Training Sessions

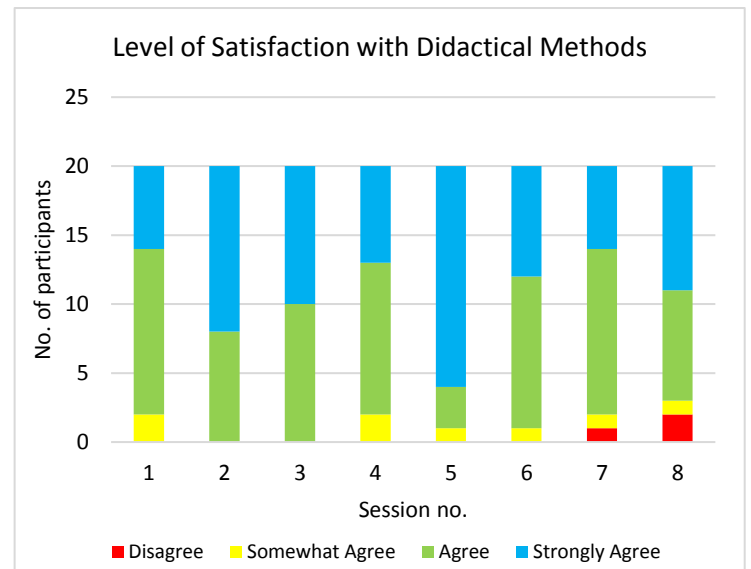
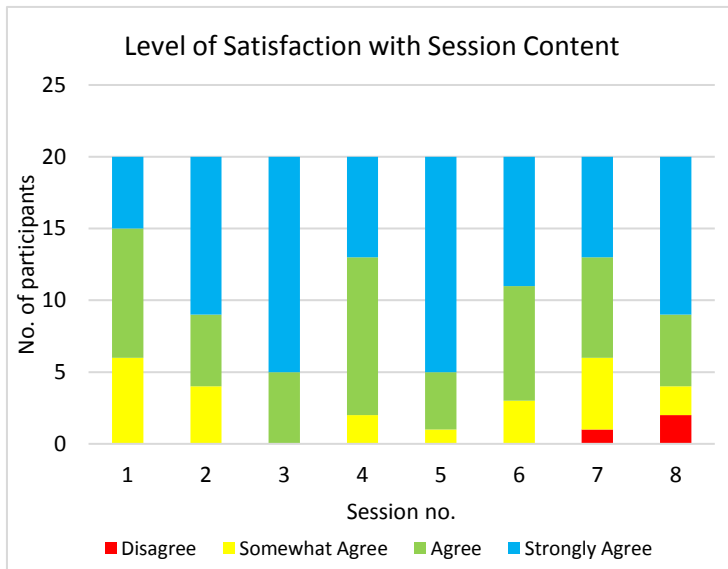
The Greek NPT consisted of 8 sessions (see Table 1), in which various topics, such as 90-90-90, new prevention technologies, cultural competence and stigma were addressed.

**Table 1.** Session Titles NPT Greece

Session 1	HIV epidemiology in MSM in Europe
Session 2	HIV 90-90-90
Session 3	New prevention technologies / tools (TasP, PEP, PrEP, Self-testing, Self-sampling)
Session 4	Harm Reduction Theory, Resilience, Motivational Interviewing,
Session 5	Cultural competency, "When I was young"
Session 6	Case scenarios
Session 7	Creating a non-stigmatic and non-critical environment / service
Session 8	Sexual orientation: Stigma and sexual health

During the training, participants were asked to provide feedback (both quantitative and qualitative) on the content of the sessions and the didactical (learning/teaching) methods that were used by the facilitators. Figure 1 and 2 provide an overview of the results.

**Figure 1. Satisfaction with Session Content | Figure 2. Satisfaction with Didactical Methods**



Data shows that the group was generally very appreciative of the training sessions and a high level of satisfaction was reported for all the topics addressed regarding both their content and the didactical methods used.

Written feedback received regarding the training equipment that was used shows that participants struggled with the amount of information provided on the PowerPoint slides during the training. Many participants felt that the slides were too dense which caused some confusion. Suggestions for improvement were clearly directed at this: *“more clear and inclusive slides”* | *“More [PowerPoint] style slides and not too much text”* | *“It would be more understandable if the info provided was clear, with less words on the slides and not too dense slides”*.

Session 5, which addressed the topic of cultural competency, showed the highest levels of satisfaction for both the didactical methods used and the content of the session. The *“When I was young”* exercise was well received and caused some emotional responses: *“I cried with the When I was young exercise”*. However, feedback also included the suggestion for a more practical approach when working with the concept of cultural competency: *“More practical examples instead of mainly theoretical reference to cultural competency”*.

Participants were slightly less satisfied with both the content and didactical methods used in sessions 7 and 8. Session 7 dealt with the question of how to create a non-stigmatized environment and non-critical services for MSM, whereas session 8 focused on stigma and sexual health. Participants felt these sessions would have benefited from being allocated more time and better guidance from the facilitators: *“More time allocated so that we could better and in depth understand the session”* | *“More guidance through slides”* | *“Better facilitation skills”*. In addition, feedback on session 8 included that *“the model (Syndemic Production) was not very clear so there was quite [some] misunderstanding [during] the exercise”*. Furthermore, one participant suggested the session could be improved by introducing *“more examples and/or interventions from already stigmatized people ([include a] more experiential part)”*.

## 2. Training Process

This section discusses the level of participants' satisfaction with various aspects of the National Pilot Training.

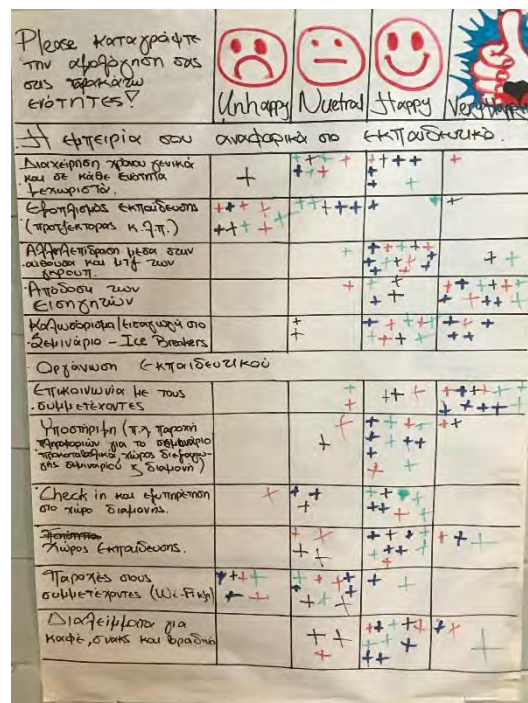
### 2.1. Training Experience & Training Organisation

During the training, participants were asked to rate several aspects of the training in terms of *training experience* (i.e. group/class interaction, training equipment, facilitators' performance) and *training organisation* (i.e. communication with participants, training venue, facilities available). Table 2 provides an overview of the evaluation results for several of these items.

Results of the assessment show high levels of satisfaction with the group and class interaction and the overall training organisations – the majority being very satisfied with the communication and support provided to participants.

Time management during the training and the allocation of time per session received varied responses from the group. This can be explained by the fact that several sessions were delayed due to group discussions and for some sessions a bit more time was taken to address particular questions. Participants' dissatisfaction can also be explained by their desire to have more time allocated to particular sessions for clarification/more in-depth discussions (see section 1, session 7 & 8).

The group assessment also shows that participants were rather unhappy with the training equipment used during the training. This can be explained with their feedback on the didactical methods used during the sessions (see section 1). Dissatisfaction among the group is also clear when looking at the facilities available to participants; many people indicated they were unhappy about the WIFI access, which did not work properly during the training.



**Table 2.** Participants' satisfaction with aspects of Training Process

Time management and allocation per session		Training Equipment (projector, other devices)		Group and Class Interactions	Training organisation (communication with and support for participants)	
Neutral	Satisfactory	Not Satisfied	Neutral	Satisfactory	Satisfactory	Very Satisfactory

### 2.2. Post-training evaluation: Satisfaction with NPT

At the end of the training, participants were asked to indicate their level of satisfaction with various topics related to the training they had just completed.

A large majority of the participants indicated they had very much enjoyed the training and agreed or strongly agreed that the training was useful for their work as Community Health Workers and that it had been an appropriate use of their time. Furthermore, 95% of the participants agreed or strongly agreed that they would recommend the training to their colleagues.

On average, participants scored the training with a 7,9 (ranging from 3-9,5).

Average Score	7,9
---------------	-----

One person scored the training with a 3, indicating he/she was only somewhat satisfied with the training aspects evaluated, but not providing any additional feedback regarding the reason(s) why or what could be improved.

When asked how they would use what they learned in the training in their daily work, answers varied. One participant said that the sharing of experiences during the training would have its impact: “[I will be] thinking in depth [about] what my colleagues of this seminar have said, their emotions and experience[s]”.

Some participants indicated that they would use their newly acquired skills and understanding to improve their service provision to MSM clients at their Checkpoints, using them in clinical work, psychotherapeutic sessions and/or sharing the training experience and knowledge with colleagues. Others said they want to revisit and increase their skills in certain topics addressed in the training: “I want to practice more on Motivational Interviewing and study more about Cultural Competency” | “[I want to study [the sessions] again and try to implement the information in my work”.

Several participants indicated that they would use the training to “cross-check” their existing knowledge and the way they approach their daily work: “I will incorporate the info to my already acquired knowledge for further developing my skills” | “I will use the info for cross-checking what I know and do at my work”.

### 2.3. Facilitation Process and Facilitator’s Performance

The facilitators’ performance was rated positively across the board. The post-training assessment evaluating participants’ level of satisfaction with various aspects of the training, shows that a large majority of all participants either agreed or strongly agreed that the facilitation process was good, and that they would like to be trained by the facilitators again in the future.

The atmosphere that was created by the facilitators during the training was positive and open and space was given to ask questions and express ideas and opinions. However, written feedback on the separate training sessions (see section 1) does show that some participants would have appreciated more and better guidance from the facilitators during various sessions.

## 3. Training Impact

A short-term (pre and post) measurement of the training impact was conducted by assessing participants’ level of confidence regarding specific topics/learning outcomes connected to each training session (see Table 2). The level of confidence was measured using a fully anonymous self-assessment questionnaire, administered before and after the training. A four-point scale was used to assess the level of confidence:

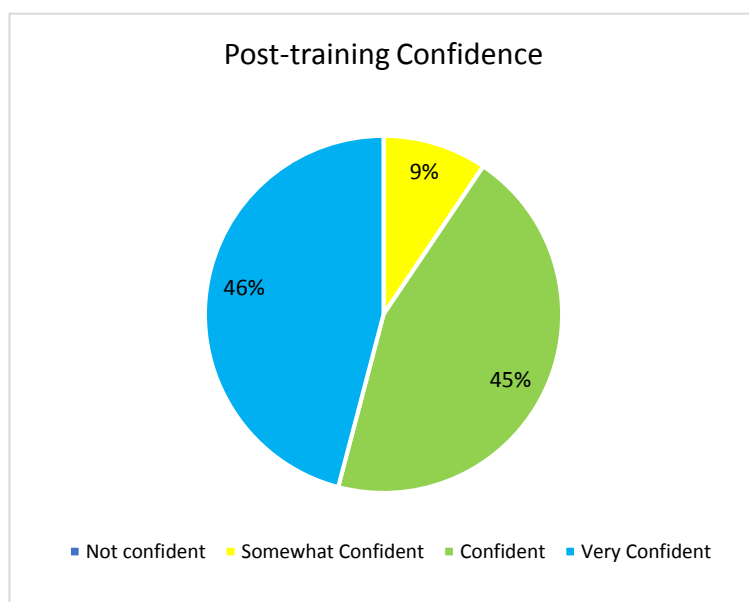
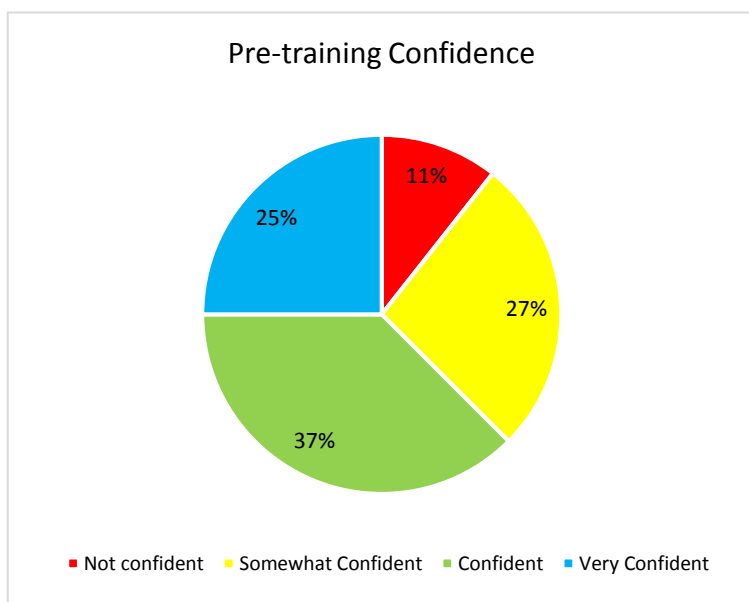
Not Confident	Somewhat confident	Confident	Very confident
---------------	--------------------	-----------	----------------

**Table 2.** Learning Outcomes/Session Topics

I am confident that ...	
1	I understand the HIV epidemiology in Europe and how it affects MSM
2	I understand the 90-90-90 goals and how Greece can achieve them
3	I can give advice about new HIV prevention technologies
4	I understand the theories of Harm Reduction, Adaptability and Motivational Interviewing and that I can implement MSM intervention strategies
5	I understand and can apply the theory of cultural competency in order to create high-standard services for MSM
6	As a community health worker, I can handle the moral dilemmas that arise in my work with MSM (e.g. confidentiality, ethics)
7	I have the skills and ability to create a non-critical and culturally competent environment to the needs of MSM
8	I know the "syndemic model" and the factors that interact and adversely affect the mental and physical health of MSM

Figure 3 shows the general changes in the level of confidence of participants of the National Pilot Training in Athens. Overall, results show that participants' confidence regarding the topics evaluated increased significantly after attending the NPT. Before the training, 11% of the participants did not feel confident about certain topics covered in the NPT, and 27% of them only felt somewhat confident. However, this number reduced to only 9% of the participants feeling somewhat confident and nobody feeling unconfident with any of the topics after the training. In addition, the percentage of people feeling very confident with the topics evaluated increased from 25% to 46%.

**Figure 3 & 4** Level of Confidence regarding addressed topics before & after NPT



#### 4. Concluding remarks/general impression

The NPT in Greece has been organised well. The facilitators were able to use the ESTICOM training materials and delivered the training in an interactive way. The participants were very satisfied with the training delivery and organisation.



**Deliverable D10.4**

**ESTICOM Training Programme**

**Pilot Training Evaluation Report**

**Appendix 6.14**

**Evaluation Report**

**National Pilot Training**

**Portugal - Porto**



## ESTICOM National Pilot Training

### Portugal - Porto

### Evaluation report



Training Organiser	ABRAÇO
Date	20-21 September 2018
Location	Porto, Portugal
Training Facilitators	Pedro Morais
Training Language	Portuguese
Participants	11
ESTICOM representatives	Matthias Kuske

## Introduction

The National Pilot Training (NPT) in Porto, Portugal took place between the 20<sup>th</sup> and 21<sup>st</sup> of September 2018 and was organised by ABRAÇO. A total of 11 participants (7 female and 4 male) attended the training, facilitated by Pedro Morais from ABRAÇO. The facilitator attended the Training of Trainers workshop in Athens earlier in 2018. Participants were both new and experienced Community Health Workers (CHW), from Lisbon (2 participants) and Porto (9 participants).

During the training, three aspects of the training were evaluated:

- Training *sessions* – consisting of individual and anonymous assessments of the session content and didactical methods used
- Training *process* – entailing a group assessment and individual observations by an independent observer focusing on topics related to training organisation and experience
- Training *impact* – consisting of a short-term measurement by conducting pre- and post-training assessments regarding participants' level of confidence regarding pre-defined learning outcomes

Outlined below are results of the NPT evaluation, starting with an overview of the training *sessions* and feedback regarding the content, learning and teaching methods. Next, results regarding the training *process* are presented and discussed. Finally, results regarding the *impact* of the training on participants' confidence about specific topics.

### 1. Training Sessions

The Portugal Porto's NPT consisted of 5 sessions (see table 1), addressing New Prevention Technologies, Cultural Competency; Creating Non-Judgmental services, Ethical issues and Stigma.

**Table 1.** Session Titles: NPT Portugal Porto

Session 1	Welcome and New Prevention Technologies
Session 2	Prevention Technologies - facilitated feedback
Session 3	Cultural Competency
Session 4	Creating Non-Judgmental Services: Ethical Issues Exercises & Discussion
Session 5	Creating Non-Judgmental Services: Stigma & Cultural Competency

*Session 1 - Welcome and New Prevention Technologies* - The NPT started late as some participants arrived late. The opening involved introductions and group rules were established. The introduction was short, as most participants knew each other. In this session, participants were provided with theoretical input on new prevention technologies and exercises concerning PrEP (discussion with Pro-Con about PrEP). Participants' interests varied due to legal restraints, knowledge and their attitudes on PrEP. The session consisted of a presentation, group work, energizer and group discussions. The energizer after lunch lifted the energy for the afternoon. Not all participants actively involved in the discussion, however, at least everyone actively listened. Later the group became more interactive and the facilitator was hardly able to stop the conversation.

*Session 2 - Prevention Technologies - Facilitated Feedback* - In general most topics in this session started late and took longer to finish, as a result some energizers were skipped. This session started with a short presentation on active learning and planning for counselling MSM and planning interventions using New Prevention Technologies. Group work and a class discussion were held in this session. From the discussion, it seemed that Community Health Workers (CHWs) have little

opportunity to exchange, interact and learn from each other, Due to this situation the discussions sometimes took very long, as they have little interaction in their daily work.

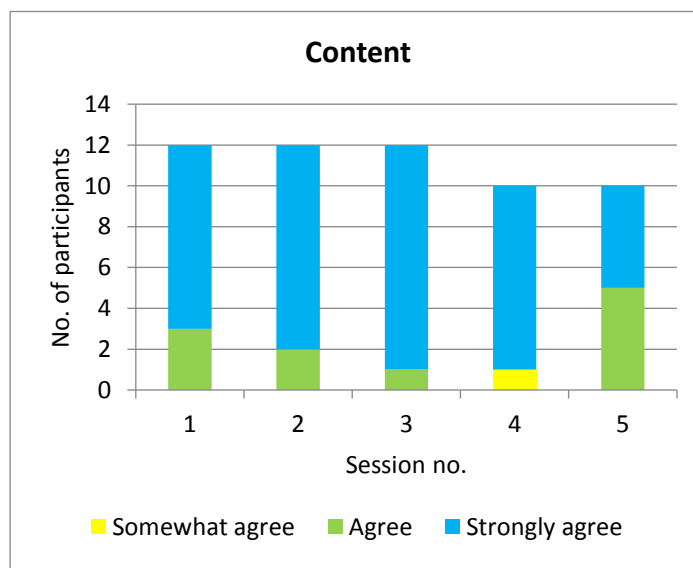
Session 3 - *Cultural Competency* - The session started 90 min later and ended one hour later than planned. The Introduction to Cultural Competency was shortened due to the late start. Participants were highly engaged in this session with heated discussions and many side discussions. Theoretical input was shortened as needed. In the training, the discussion was held on a professional level until one participant addressed some personal topics. The discussion explored homophobia, internalized heteronormativity and its impact on sex. Despite this diversion, the session went very well. This NPT highlighted the value of having two facilitators. In this situation there was only one facilitator, and as a result it was challenging to keep up with everything, such as moderating and preparing for the next sessions, etc.

Session 4 - *Creating Non-Judgemental Services: Ethical Issues Exercises & Discussion* - The NPT started 15 minutes late, as it is acceptable to start later than the scheduled time in Portugal. This session included a short presentation, case studies in (small) group work and a plenary discussion. The topics and its discussions were intensive, participants were very much engaged and became heated from time to time. Specific knowledge on gay related sexual practices appeared to be rather limited. The energizers used in this session were funny and lifted the energy levels.

Session 5 - *Creating Non-Judgemental Services: Stigma & Cultural Competency* - Due to a late start, the energizer was skipped. This session included a presentation, exercise in pairs of two, group work, and a plenary discussion, as a continuation of the prior session. It was hard for the group to work and discuss this topic so late on the second day, and close to the end of the workshop.

During the training, participants were asked to provide feedback (both quantitative and qualitative) on the content of the sessions and the didactical (learning/teaching) methods used by the facilitators. Figure 1 and 2 provide an overview of the results.

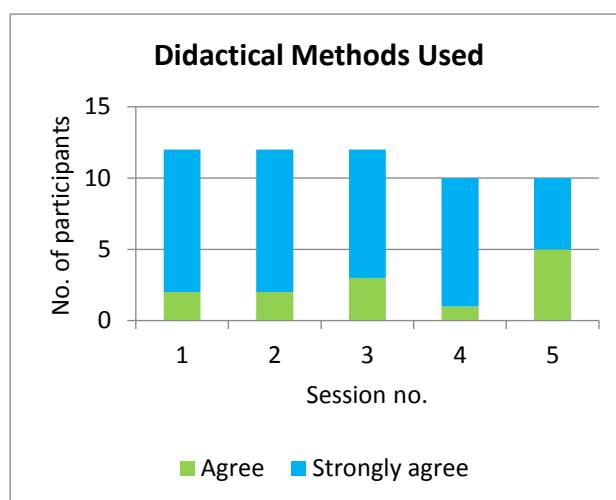
**Figure 1.** Level of Satisfaction with Session Content



The majority of participants *strongly agreed* the content of all the sessions provided a clear and up-to-date understanding of topics addressed during the NPT. As mentioned above, participants were

not fully satisfied with the content of session 4 (Creating non-judgemental services: Ethical issues exercises & discussion).

**Figure 2.** Level of Satisfaction with Didactical Methods



The large majority of participants *strongly agreed* or *agreed* that the didactical methods used in all sessions were helpful in enhancing their understanding of the topics.

## 2. Training Process

### 2.1. Training Experience & Training Organisation

During the training, participants were asked to rate several aspects of the training in terms of *training experience* (i.e. group/class interaction, training equipment, facilitators' performance) and *training organisation* (i.e. communication with participants, training venue, facilities available). Table 2 provides an overview of the evaluation results for several of these items.

**Table 2.** Participants' satisfaction with aspects of the Training Process

Time management and allocation per session	Training Equipment (projector, other devices)	Group and Class Interactions	Training organisation (communication, Venue, registration etc)
Very Satisfactory	Very Satisfactory	Very Satisfactory	Satisfactory

Participants were *very satisfied* with some aspects of the training experience and *less* with training organisation. Participants highly valued the time allocated per session and the equipment used during the training. Group and class interactions were also *satisfactory*, although it was noted that the sessions took longer than planned, participants highly valued the opportunity to share and exchange information. Support prior to the training, facilities for participants and the meals (breaks, lunch and dinner) were rated less highly, although *still satisfactory*.

### 2.2. Post-training evaluation: Satisfaction with NPT

At the end of the training, participants were asked to indicate their level of satisfaction with various topics related to the training. The average score for the training is 9,3.

Average Score	9,3
---------------	-----

Most participants found the training useful for their work, enjoyable and will recommend this training to other colleagues.

Written feedback from some participants included: “the training is extremely interesting and instructive training”. And comments indicating the training should be conducted more frequently.

### 2.3. Facilitation Process and Facilitator’s Performance

The post-training assessment evaluating participants’ level of satisfaction with various aspects of the training, revealed the majority of training groups either *agreed* or *strongly agreed* the facilitation process was good.

The facilitators’ performance was rated very positively by participants. They indicated they would like to be trained by the same facilitators in the future. Everybody was invited to participate actively in the training, while respecting different personalities. In addition, ample space was given for the sharing of experiences, asking of questions and expression of ideas and opinions.

## 3. Training Impact

A short-term (pre and post) measurement of the training impact was conducted by assessing participants’ level of confidence regarding specific topics/learning outcomes connected to each training session (see Table 3).

**Table 3.** Learning Outcomes

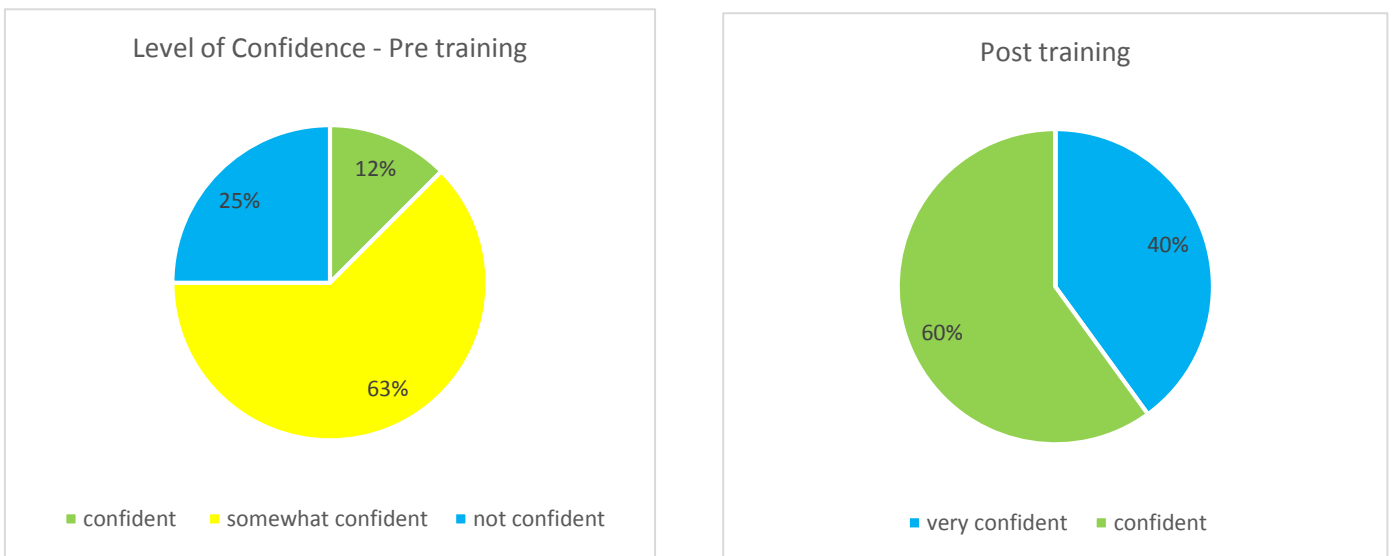
LO1	I am competent in promoting the different prevention technology available for HIV
LO2	I am able to apply HIV Prevention Theory in the development, planning and implementation of an intervention.
LO3	I am able to apply knowledge of Cultural Competence to create high quality services for MSM
LO4	I can provide non-judgmental and free stigma services for MSM

The level of confidence was measured using an anonymous self-assessment questionnaire, administered before and after the training. A four-point scale was used to assess the level of confidence:

<b>Not Confident</b>	<b>Somewhat confident</b>	<b>Confident</b>	<b>Very confident</b>

Before the training, 12% of participants felt *somewhat confident* on the topics selected for the NPT, and more half of the participants felt *confident* (63%). 25% of participants felt *very confident* on the topics selected for the NPT (see figure 3)

**Figure 3 & 4.** Participants' level of confidence on topics addressed during NPT



After the training, more than half of the participants *felt confident* (60%) and 40% felt *very confident* on the topics taught and discussed during the ESTICOM NPT (figure 4).

The proportion of participants who felt *confident* remained from 62% to 60%; and the proportion of participants who felt *very confident* increased from 25% to 40%. And At the end of the training the proportion of participants who felt *somewhat confident* decreased from 12% to 0.

#### 4. Concluding remarks

The NPT in Porto, Portugal was well organised. Participants were very satisfied with the training organisation and delivery.



**Deliverable D10.4**

**ESTICOM Training Programme**

**Pilot Training Evaluation Report**

**Appendix 6.15**

**Evaluation Report**

**National Pilot Training**

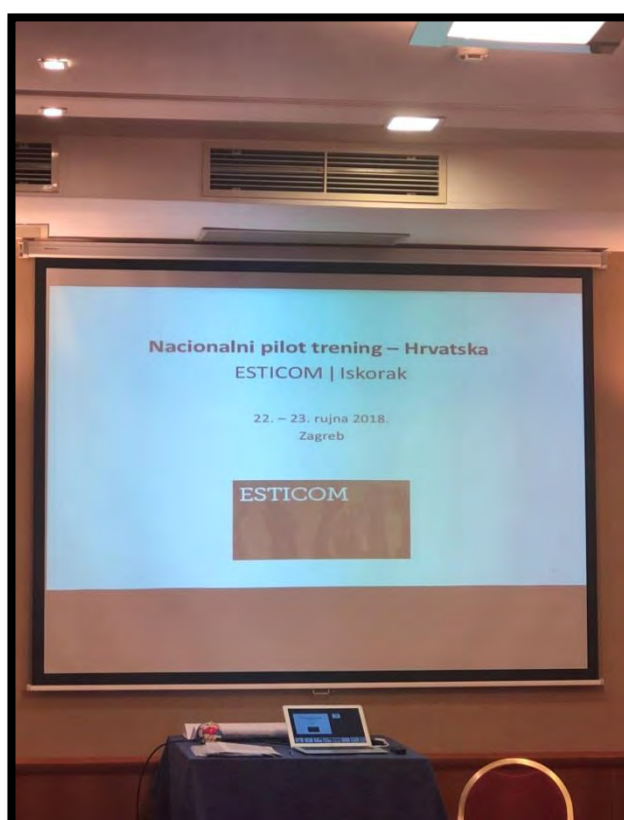
**Croatia**



# ESTICOM National Pilot Training

## Zagreb, Croatia

### Evaluation report



Training Organiser	Iskorak
Date	22 – 23 September 2018
Venue	Mediterranean room – Hotel International Zagreb
Training Facilitators	Zoran Dominkovic and Saša Tkalec
Training Language	Croatian
Participants	15 participants
ESTICOM representatives	Barrie Dwyer and Aryanti Radyowijati

ResultsinHealth

ESTICOM Work Package 11 – Monitoring & Evaluation



## Introduction

The National Pilot Training (NPT) in Zagreb, Croatia took place between the 22<sup>nd</sup> and 23<sup>rd</sup> of September 2018 and was organised by Iskorak. A total of 15 participants (2 female and 13 male) attended the training facilitated by Zoran Dominkovic (from Iskorak) and Saša Tkalec (Volunteer at Iskorak). Both facilitators attended the Training of Trainers workshop in Greece earlier in 2018. Half of the participants were volunteers of Iskorak (medical doctors, counsellor and students). Furthermore, 1 participant from Slovenia and 2 participants from Serbia attended the NPT.

During the training, three aspects were evaluated:

- Training *sessions* – which consisted of individual and anonymous assessments of the session content and didactical methods used
- Training *process* – which entailed a group assessment and individual observations by an independent observer focusing on topics related to training organisation and experience
- Training *impact* – measured short-term by conducting pre- and post-training assessments regarding participants' level of confidence regarding pre-defined learning outcomes

Outlined below are results of the NPT evaluation, starting with an overview of the training *sessions* and feedback regarding the content, learning and teaching methods. Next, results regarding the training *process* are presented and discussed. Finally, results regarding the *impact* of the training on participants' confidence about specific topics.

### 1. Training Sessions

The Croatian NPT consisted of 10 sessions (see table 1), addressing topics such as prevention theories, communication and Sexual health for MSM.

**Table 1.** Session Titles: NPT Croatia

Session 1	Welcome, introductions and group rules
Session 2	What is safer sex today? Evidenced-Based Components of a Basic Response to HIV, STI's and Viral Hepatitis
Session 3	Experience from Serbia and Slovenia
Session 4	Exploring Messages to MSM, "When I was young", Cultural Competency
Session 5	Communication and Interpersonal skills: Body language, Relative Distance and Position
Session 6	Communication and Interpersonal Skills: Listening without Speaking
Session 7	Motivational Interviewing
Session 8	Intertwining Factors for Sexual Health in MSM - Syndemic Production models
Session 9	Sexual Health as part of a Holistic Whole Systems Approach, including Harm Reduction and Resilience
Session 10	Behaviour Change in the Planning & Implementation of Prevention Programmes

Session 1 - *Welcome, introductions and group rules*, started with an introduction between participants, the facilitators and a presentation of ESTICOM. Introduction to the ESTICOM project was undertaken by the ESTICOM representative. Participants and facilitators used a *name ball* to introduce each other and remember each other's names. After the introduction, the group rules and expectations were established and participants completed the evaluation form.

Session 2 - *What Is Safer Sex Today? Evidenced-Based Components of a Basic Response to HIV, STI's and Viral Hepatitis*. The session began with theoretical input about the topic. After the short presentation, participants divided into small groups to discuss the advantages and disadvantages of condoms, PrEP, TasP and Self-testing. After the small group work, a plenary discussion was held to

talk about different prevention techniques for MSM. Participants valued the small group work as a way to stimulate interaction between participants.

Session 3 - *Experience from Serbia and Slovenia*. In this session, the participants from Slovenia and Serbia shared the situation of their country, their organisations, their activities and publications. The information was presented verbally, and examples of their work were shared. This session was received well by participants, especially learning about how some issues are dealt with in other situation. Considering the amount of information transferred, participants suggested that a presentation using slides would have been more helpful.

Session 4 - *Exploring Messages to MSM, "When I Was Young", Cultural Competency*. The sessions started with a presentation about cultural competency and afterwards participants worked in small groups discussing messages on and for MSM. There was a great level of interaction in the group and discussion using the flipchart and answer sheets.

Session 5 - *Communication and Interpersonal Skills: Body Language, Relative Distance and Position*. This session started with an energizer (praise) and moved on to a couple of exercises and small group practice on relative distance and position. The exercises were well-received by participants and all fully engaged in the exercises. Some, however, mentioned 2 group exercises would have been sufficient.

Session 6 - *Communication and Interpersonal Skills: Listening Without Speaking*. For this session, participants worked in pairs in communicating with each other without talking – through eye contact, “only” listening, using body language in different situations, etc. Discussion centred on how comfortable people felt in this “unnatural situation”, differences across cultures and between personal and professional situations.

Session 7 - *Motivational Interviewing (MI)*. The original intent for this session was to also cover Harm Reduction and Resilience. However, considering the timing (Saturday afternoon) and the low energy levels, only MI was covered, and the other topics were transferred to Day 2. This session started with an explanation about MI followed-up with practical exercises on MI with 3 scenarios. Due to the low energy levels, however, only a discussion was held and no practical exercises addressed challenges in translating to Croatian (the abbreviation was in English). Participants suggested the session needed some exercises to make it livelier.

Session 8 - *Intertwining Factors for Sexual Health in MSM - Syndemic Production Models*. Participants seemed to have moved well between the introductions to the idea of syndemics, onto identifying issues that affect MSM and linking to syndemics. Group discussion in the large group went well with thoughts shared about diverse approaches, syndemics and interventions focusing on those syndemics. The group exercise was structured as follows: introduction to syndemics, identification of issues that affect MSM, possible SPM's and interventions, and wrapping up with a presentation to the large group. Feedback from participants was that more examples are needed for this session.

Session 9 - *Sexual Health as part of a holistic whole systems approach, including Harm Reduction and Resilience*. For this session, facilitators made use of the result of ‘best sex life’ from EMIS. After the short explanation, participants worked in small groups on Harm Reduction and Resilience. Before continuing to session 10, facilitators introduced an energizer (stand in a circle and massage each other).

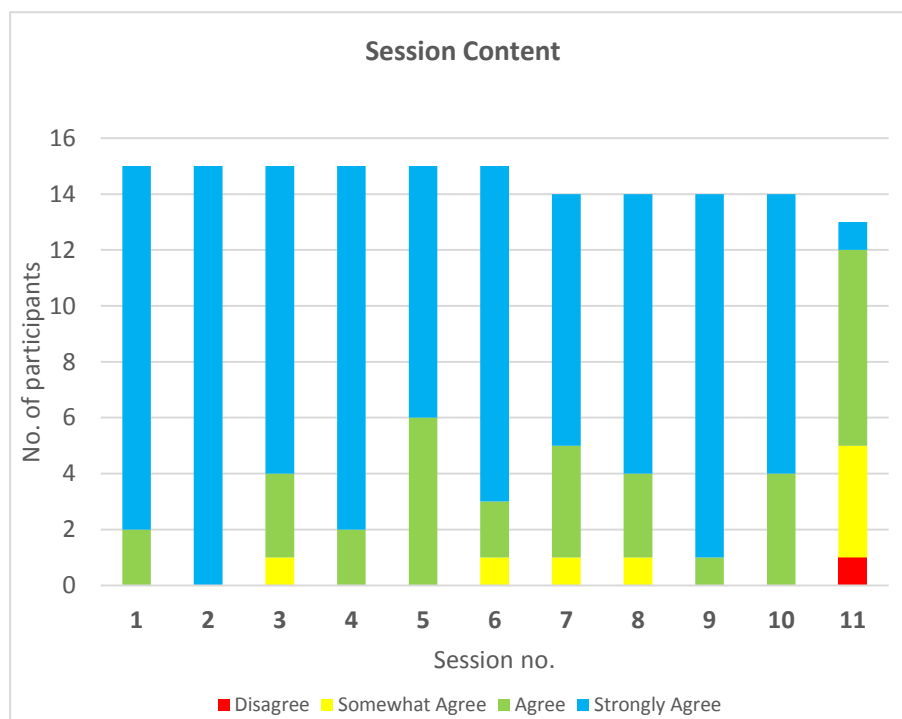
Session 10 and 11 - *Behaviour Change in the Planning & Implementation of Prevention Programmes*. Facilitators started this session by asking participants to write key words related to this topic and put

them in the middle of the circle. Facilitators explained different theories in health promotion and followed with discussion about the topic. Later, it was decided the exercise is too big for the time given in this NPT. Facilitators immediately modified the exercise, without compromising the time and opportunity for all participants to share their experience with this topic. Participants' feedback showed that they found the theory part confusing, too complex (abstract) and considered there was too much to cover in a limited time. More examples could have been used to illustrate the theory and timing of the sessions could be improved (schedule this session in the morning instead of later in the day).

This session was followed by a verbal feedback session. Participants were highly engaged and gave feedback about the NPT. At the end of this session, participants were asked to complete the evaluation forms for the NPT. Participants stated they would prefer to complete the evaluation form per session or per day, as it was quite challenging to remember how the sessions went.

During the training, participants were asked to provide feedback (quantitative and qualitative) on the content of the sessions and didactical (learning/teaching) methods used by the facilitators. Figure 1 and 2 provide an overview of the results.

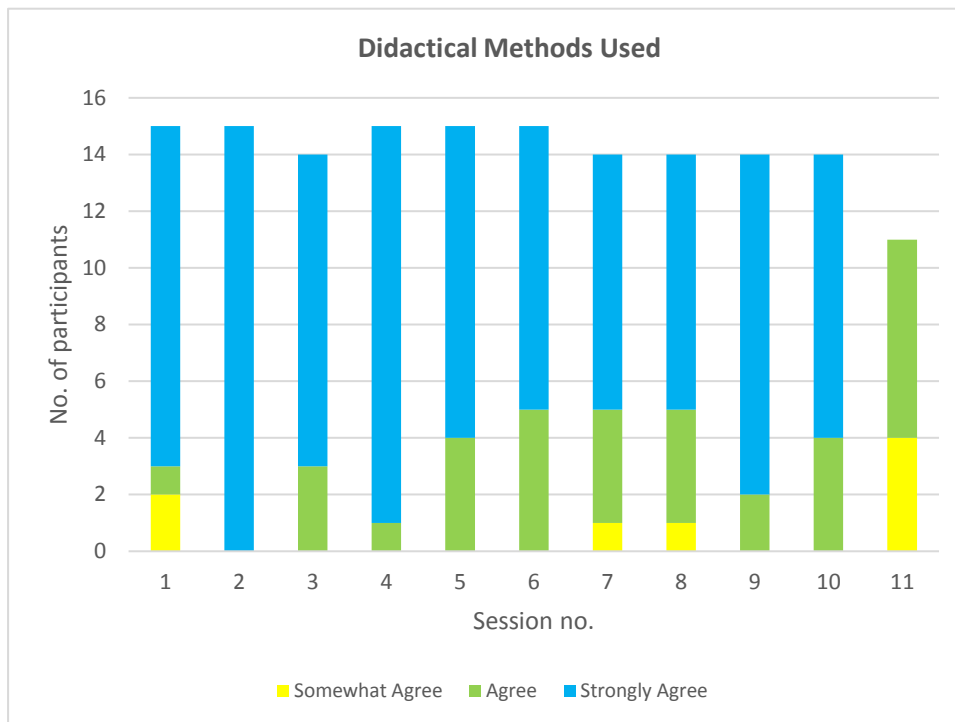
**Figure 1.** Level of Satisfaction with Session Content



The large majority of participants agreed that the content of all sessions was clear and up-to-date, particularly for session 2 (*What is safer sex today? Evidenced-based Components of a Basic Response to HIV, STI's and Viral Hepatitis*). For session 11 (*Planning & Implementation of Prevention Programmes*), one participant strongly disagreed the content provided was up to date and provided clarity to the topic addressed. Some others only somewhat agreed.

For the didactical methods used, in general for all session's participants agreed or strongly agreed they are helpful in enhancing understanding about the selected topics for the NPT, except for session 11, with several participants indicating they only somewhat agreed.

**Figure 2. Level of Satisfaction with Didactical Methods**



Overall, participants indicated that they enjoyed the sessions during the NPT:

- *“Amazing and very useful sessions. Interactive, creative, diverse and relaxed!”*
- *“Simplify and schematize the theory, with lots of examples if it's possible. For everything else BRAVO!”*
- *“I am grateful for quality fulfilled time, funny and lovable people, who with I became aware of some secret concepts of your opinion. Useful and educative!”*

Participants suggested the following to improve the sessions:

- *“Content of the first day should be split into two days minimum, nobody's attention span can last that long”.*
- *“Too much content for the planned time”.*
- *“Accentuate goals of each module in slides and add more practical examples”.*
- *“Add more examples and/or practical experience, so each session could be easier acquired”.*

## 2. Training Process

### 2.1. Training Experience & Training Organisation

During the training, participants were asked to rate several aspects of the training in terms of *training experience* (i.e. group/class interaction, training equipment, facilitators' performance) and *training organisation* (i.e. communication with participants, training venue, facilities available). Table 2 provides an overview of the evaluation results for several of these aspects.

**Table 2.** Participants' satisfaction with aspects of the Training Process

Time management and allocation per session	Training Equipment (projector, other devices)	Group and Class Interactions	Training organisation (communication, Venue, registration etc)
Very Satisfactory	Very Satisfactory	Very Satisfactory	Very Satisfactory

Participants who filled in this assessment were very satisfied all aspects of the training organisation and training experience. However, only a few participants completed this group assessment during the NPT.

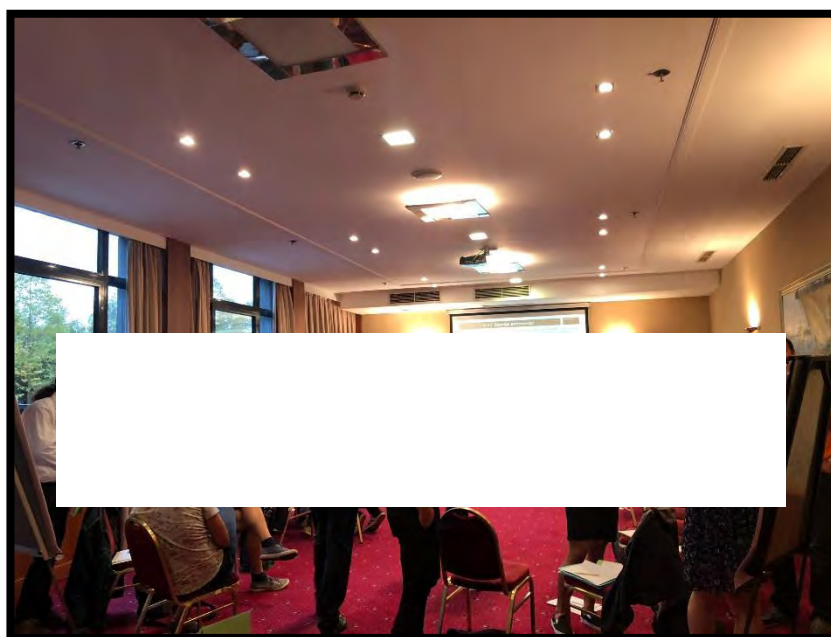
## 2.2. Post-training evaluation: Satisfaction with NPT

At the end of the training, participants were asked to indicate their level of satisfaction with various topics related to the training they had just completed. The average score for the training is 9,4.

Average Score	9,4
---------------	-----

Almost all participants found the training to be useful for their work. And the large majority of participants found the training was an appropriate use of their time, enjoyable and will recommend this training to other colleagues.

**Figure 3.** Group works during the NPT



When asked how they will use what they learnt during the NPT in their future work, participants' responses included:

- *"I will implement it in my current work with clients, in community work in counseling and translating education".*
- *"I will share this experience with my colleagues in the organisation and after that work on sharing the content of training workshop with CHW in Serbia".*
- *"I'm more aware of certain things and acquired new soft skills which I will use to improve communication with clients".*

- “I will use it within my work in HIV testing and counseling. Also, with contributing to new campaigns”.
- “In everyday private interactions, as well as in my professional one. Mentally and spiritually enriched”.
- “In starting new activities and future health projects”.

### 2.3. Facilitation Process and Facilitator’s Performance

The post-training assessment revealed the majority of participants strongly agreed that the facilitation process was good. Participants highly appreciated the facilitators’ performance; and indicated that they would like to be trained by the same facilitators in the future:

*“Saša and Zoran were very well prepared and have presented the topic, as well as the relevant facts, in an interactive and fun way”.*

*“[The] facilitators are well prepared and motivating”.*

### 3. Training Impact

A short-term (pre and post) measurement of the training impact was conducted by assessing participants’ level of confidence regarding specific topics/learning outcomes connected to each training session (see Table 3).

**Table 3.** Learning Outcomes

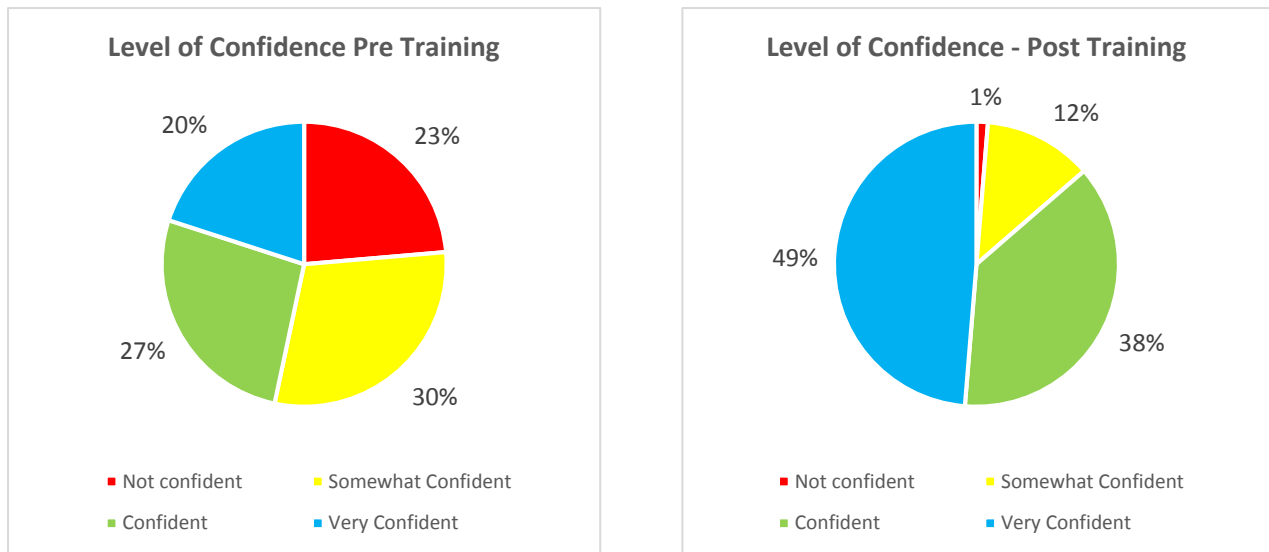
LO1	I have knowledge on evidence-based responses to HIV, STI’s and Viral Hepatitis
LO2	I have knowledge about prevention activities in Slovenia and Serbia
LO3	I understand that the societal messages influence our attitudes and the work we are involved in
LO4	I am able to understand the importance of body language in interactions between people
LO5	I have the skills on ‘active listening’
LO6	I have knowledge on harm reduction and resilience
LO7	I am able to use basic motivational interviewing techniques
LO8	I have knowledge on the intertwining factors that can lead to poor sexual health for MSM
LO9	I have knowledge around a whole systems holistic approach
LO10	I have knowledge on the main behaviour change theories
LO11	I am able to use the behaviour change theories in developing intervention

The level of confidence was measured using an anonymous self-assessment questionnaire, administered before and after the training. A four-point scale was used to assess the level of confidence:

<b>Not Confident</b>	<b>Somewhat confident</b>	<b>Confident</b>	<b>Very confident</b>

Before the training, 24% of participants did not feel *confident* about topics selected for the NPT, 30% of them felt *somehow confident* and almost half of the participants *agreed* (27%) or *strongly agreed* about their level of confidence regarding topics selected for the NPT (see figure 4).

**Figures 4 & 5.** Participants' level of confidence on topics addressed during NPT



After the training, almost half (49%) participants strongly agreed and 38% agreed that they feel confident about the topics discussed during the ESTICOM NPT (figure 5).

The proportion of participants who did *not feel* confident decreased from 24% to 1%; and similarly, the proportion of participants who felt somewhat confident also decreased from 30% to 12%.

#### 4. Concluding remarks/general impression

The NPT in Zagreb, Croatia was well organised. Participants were very satisfied with the training organisation and delivery.



**Deliverable D10.4**

**ESTICOM Training Programme**

**Pilot Training Evaluation Report**

**Appendix 6.16**

**Evaluation Report**

**National Pilot Training**

**Switzerland**





# ESTICOM National Pilot Training

Luzern, Switzerland

## Evaluation report

27 - 28 September 2018



Training Organiser	Aidshilfe Schweiz, Checkpoint Bern and Checkpoint Zurich
Date	27-28 September 2018
Venue	Luzern, Switzerland
Training Facilitators	Wuddri Rim, Oliver Vrankovic and Arnaud Froissart
Training Language	German and French
Participants	12 male participants (8 German speaking and 4 French speaking)
ESTICOM representatives	Matthias Kuske

ResultsinHealth

ESTICOM Work Package 11 – Monitoring & Evaluation

## 1. Introduction

The National Pilot Training (NPT) in Luzern, Switzerland, took place between the 27<sup>th</sup> and 28<sup>th</sup> of September 2018 and was organised by Aidshilfe Schweiz together with Checkpoint Bern and Checkpoint Zurich. The NPT was conducted in 2 languages, German and French. A total of 12 participants (all male) attended the training, 8 German speaking and 4 French speaking. The NPT was facilitated by Wuddri Rim, Oliver Vrankovic (for the German speaking) and Arnaud Froissart (for the French Speaking). The facilitators are employees of the Checkpoint Bern and Checkpoint Zurich and attended the Training of Trainers workshop in Berlin earlier in 2018.

The participants were MSM from different Checkpoints in the German speaking regions of Switzerland (8 people); and from the French speaking Checkpoints (4 persons). The Swiss NPT was conducted simultaneously in German and in French. Participants began sessions together, and after the plenary divided into 2 groups: French speaking and German speaking. The German speaking NPT lasted slightly longer than one day and the French speaking NPT for approximately one day.

Unless mentioned otherwise, this report is mainly based on data and notes from the German speaking NPT. During the training, three training aspects were evaluated:

- Training *sessions* – consisting of individual and anonymous assessments of the session content and didactical methods used
- Training *process* – entailing a group assessment and individual observations by an independent observer focusing on topics related to training organisation and experience
- Training *impact* – consisting of a short-term measurement by conducting pre- and post-training assessments regarding participants' level of confidence regarding pre-defined learning outcomes

Outlined below are results of the NPT evaluation, starting with an overview of the training *sessions* and feedback regarding the content, learning and teaching methods. Next, results regarding the training *process* are presented and discussed. Finally, results regarding the *impact* of the training on participants' confidence about specific topics.

## 2. Training Sessions

The Swiss NPT consisted of 7 sessions (see table 1), addressing cultural competency, communication and interpersonal skills and HIV 90-90-90.

**Table 1.** Session Titles NPT Switzerland

Session 1	Welcome and analysis of personal strengths/gaps and contribution to the workshop
Session 2	Cultural Competency - 1
Session 3	Cultural Competency - 2
Session 4	Communication and Interpersonal Skills – 1
Session 5	Communication and Interpersonal Skills – 2
Session 6	HIV 90-90-90
Session 7	Creating non-judgmental services and final feedback round

Session 1 – *Welcome and analysis of personal strengths/gaps and contribution to the workshop* – this session served as an introduction of and between participants. The introduction was short followed by a presentation on the ESTICOM project. Afterwards participants divided into German and French language groups.

In each group, the results of the needs assessment were presented and the facilitator provided an explanation as to why the results of the needs assessment were not fully followed. Participants then analysed personal strength and deficiencies/gaps in working with MSM. Furthermore, participants discussed their contribution to the NPT and then facilitators explained how participants' contribution complemented the NPT programme. Participants' feedback was the incorporation of fun activities, such as music, would have been appreciated.

*Session 2 - Cultural Competency* - This session worked very well for gay participants and less well for non-gay CHW. Participants were highly engaged in discussions about what the CHW needs and why non-peer colleagues/community and their clients often do not understand those needs. Personal feedback from one participant highlighted how this exercise opened his horizon for his gay autobiography.

The session used an energizer "shark attack". It should have served as a debriefing of the "When I was Young" session, however, was conducted slightly different to its original intent.

*Session 3 - Cultural Competency 2* -this session used the exercise – *Think, Feel and Do* – and proved successful for discussing quality of services and reflecting on attitudes.

*Session 4 – Communication and Interpersonal Skills – 1* - This session started with the energizer "Journey to Jerusalem", followed by the Samaritans exercise. The Samaritan exercise was introduced as telephone communication, then transferred to another form of communication and was followed by discussion. There was no presentation or theoretical input.

*Session 5 - Communication and Interpersonal Skills - 2* – this session was very short (20 minutes) and was a continuation of session 4. During this session participants worked in pairs for 2 minutes, and afterward continued discussion in pairs. As they worked in pairs, participants were unable to follow the discussion of other group (they focused on their own discussion and were inattentive to the discussion of the other group). This exercise was repeated for another 2 minutes.

*Session 6 – HIV-90-90-90* - The session started with theoretical input on 90-90-90 with a focus on the situation in Switzerland. The theoretical input lasted longer than planned, due to the explanation of 90-90-90. Following this the group divided into 3 for practical exercises based on 3 lead questions: Obstacles, needs, support MSM need to access services. The discussion focused on the Swiss implementation of issues relevant to 90-90-90 and did not extend beyond this. Participants' feedback was that this session needed a more structured discussion, rather than leaving it to participants to initiate discussions. Another participant suggested a brief theoretical input on relevant knowledge on this topic would have encouraged a more in-depth discussion (e.g. what does this mean for my work).

*Session 7 - Creating non-judgmental services and final feedback round* – This session started with a brief presentation from a medical doctor on HIV testing, followed by an introduction and "what is stigma" discussion. After this, participants engaged in a group exercise focusing on creating non-judgmental services. Although participants were a little confused in the beginning, they still managed the exercise well. Feedback was that they found this session difficult. However, with good support from the facilitators, participants gained a better understanding and enjoyed this session.

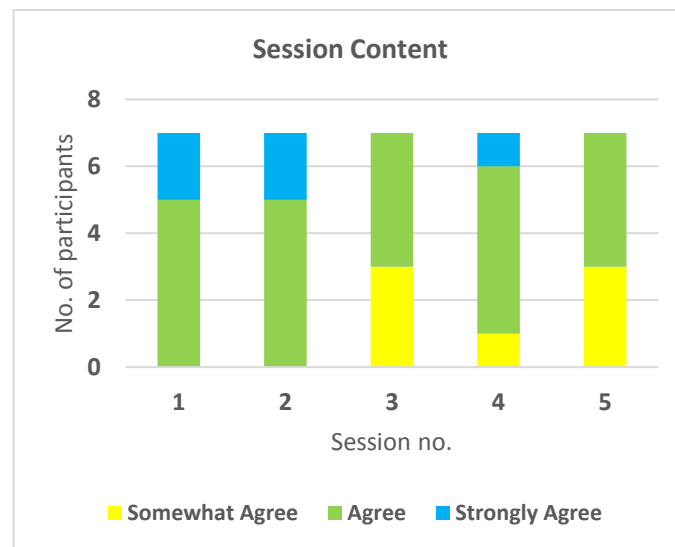
During the training, participants were asked to provide feedback (both quantitative and qualitative) on the content of the sessions and the didactical (learning/teaching) methods used by the facilitators. Figure 1 and 2 provide an overview of the results. Feedback on the content of sessions and didactical methods were organised as the follows:

**Table 2.** Feedback provision on Session NPT Switzerland

Session' topics NPT Switzerland		Feedback provided
Session 1	Welcome and analysis of personal strengths/gaps and contribution to the workshop	Session 1
Session 2	Cultural Competency - 1	Session 2
Session 3	Cultural Competency - 2	
Session 4	Communication and Interpersonal Skills – 1	Session 3
Session 5	Communication and Interpersonal Skills – 2	
Session 6	HIV 90-90-90	Session 4
Session 7	Creating non-judgmental services and final feedback round	Session 5

Regarding the content most participants *strongly agreed* and *agreed* that sessions 1, session 2 and, to a certain extent, session 4, provide a clear and up-to-date overview of the topic(s) addressed. However, for session 3 (Communication and Interpersonal Skills) and session 5 (Creating Non-Judgmental Services) half of the participants *agreed* with this statement and the other half only *somewhat agreed* – See figure 1.

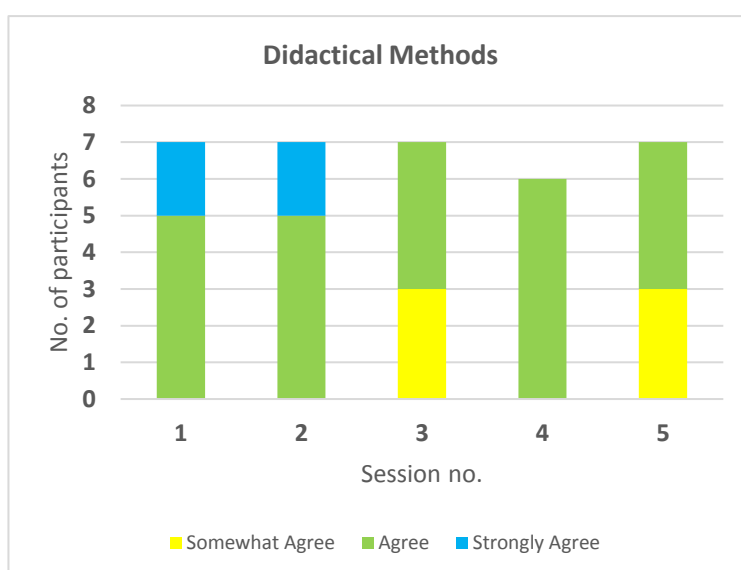
**Figure 1.** Level of satisfaction with Session Content



On the didactical methods, most participants *agreed* the learning and teaching methods were helpful in enhancing their understanding of the sessions. Particularly for session 4 (short theoretical input, followed by group discussion on HIV-90-90-90). For session 3 and session 5 only half of the participants *agreed* with this statement – see figure 2.

In general, the NPT went well and was facilitated in a very interactive way. This NPT had a very brief theoretical input and primarily drew on knowledge and experience of participants through exercises and discussions. Most participants were very experienced professionals and it appeared they did not have many opportunities to share and exchange experiences. This NPT served as a catalyst for more regular meetings with each other.

**Figure 2.** Level of satisfaction with Didactical Methods used



### 3. Training Process

#### 3.1. Training Experience & Training Organisation

During the training, participants were asked to rate several aspects of the training in terms of *training experience* (i.e. group/class interaction, training equipment, facilitators' performance) and *training organisation* (i.e. communication with participants, training venue, facilities available). Table 2 provides an overview of the evaluation results for several of these items.

**Table 2.** Participants' level of satisfaction on training experience and organisation

Time management and allocation per session	Training Equipment (projector, other devices)	Group and Class Interactions	Training organisation (communication, Venue, registration etc)
Satisfactory	Satisfactory	Very Satisfactory	Not Satisfied

Participants were *satisfied* the training experience. Participants highly valued the time management and allocation per session and the equipment used during the training. Group and class interactions were experienced as *very satisfactory*. Participants were *not satisfied* with the training organisation, especially regarding communication and provision of information prior to the training. For the other aspects of training organisation (venue, facility, etc.) participants were generally, with the exception of: "...the poor organisation/communication".

#### 3.2. Post-training evaluation: Satisfaction with NPT

At the end of the training, participants were asked to indicate their level of satisfaction with various topics related to the training. All participants found the training useful for their work, enjoyable and will recommend this training to other colleagues. The average score for this training is 6.

Average Score	6
---------------	---

Participants were *very satisfied* with the training and stated they benefitted a lot and appreciated the way the facilitators facilitated the training.

When asked how they will use what they learned during the NPT in their future work, participants' responses were as follows:

- *I really would like to try to implement some of the stuff that I learned in my daily business*
- *I'll try to communicate more openly and listen more*
- *Will communicate what I learned to my team to start some changes*
- *Will check our Homepage for really non-judgmental services. I now know that I need more exchange with my colleagues from other services*
- *Will rethink my personal attitude towards my clients and communicate more openly*

### 2.3. Facilitation Process and Facilitator's Performance

The post-training assessment also indicated participants' level of satisfaction with the training facilitation and the facilitators' performance. The facilitation was rated *very good*, and the facilitator performances were rated *very high*. Participants also indicated they would like to be trained again by the same facilitators.

*"You've done a brilliant job. I am really surprised about the impact and how impressive it was".*

## 4. Training Impact

A short-term (pre and post) measurement of the training impact was conducted by assessing participants' level of confidence regarding specific topics/learning outcomes connected to each training session (see Table 3).

Table 3. Learning Outcomes NPT Switzerland	
LO1	Situational Awareness
LO2	Cultural competency
LO3	Non-judgmental Services for MSM and hard to reach Groups
LO4	The 90-90-90-0 Targets and how to reach them
LO5	Communication and interpersonal skills around a number of issues.

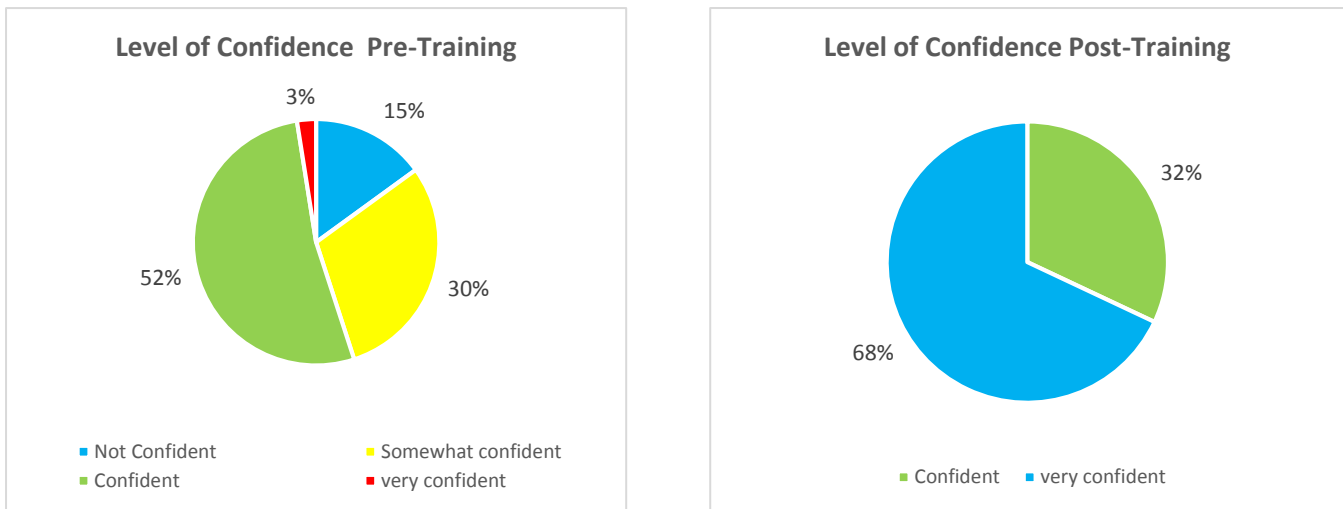
The level of confidence was measured using an anonymous self-assessment questionnaire, administered before and after the training. A four-point scale was used to assess the level of confidence:

Not Confident	Somewhat confident	Confident	Very confident
---------------	--------------------	-----------	----------------

Figure 3 and 4 shows the general changes in the level of confidence of participants on topics addressed during the National Pilot Training.

Before the training, 3% of the participants did *not feel confident* about (certain) topics covered in the NPT, and 30% of them felt *somewhat confident*. The proportion of participants who *felt confident* on the topic addressed during the NPT was 53% and who felt *very confident* was 15%.

**Figures 3 & 4.** Participants' level of confidence on topics addressed during NPT



After the training, 68% of participants felt *very confident* about the topics addressed during the NPT and 32% participants *felt confident*. No participant felt *somewhat* or *not confident* about the topics addressed during the NPT - see figure 4.

The proportion of participants who felt *very confident* increased from 15% to 68%; and participants who *felt confident* was 32%. After the training, no participant did *not feel* or *felt somewhat confident*, (decreased from 3% and 30% to 0).

Overall, results show that participants' confidence regarding the topics evaluated had increased significantly after attending the NPT.

#### 4. Concluding remarks/general impression

Despite the challenges encountered in the organisation of the Swiss NPT, and some critical remarks received in this respect, participants' feedback on the German speaking NPT shows that they were satisfied with the facilitators' performance and training received.



**Deliverable D10.4**

**ESTICOM Training Programme**

**Pilot Training Evaluation Report**

**Appendix 6.17**

**Evaluation Report**

**National Pilot Training**

**Italy**

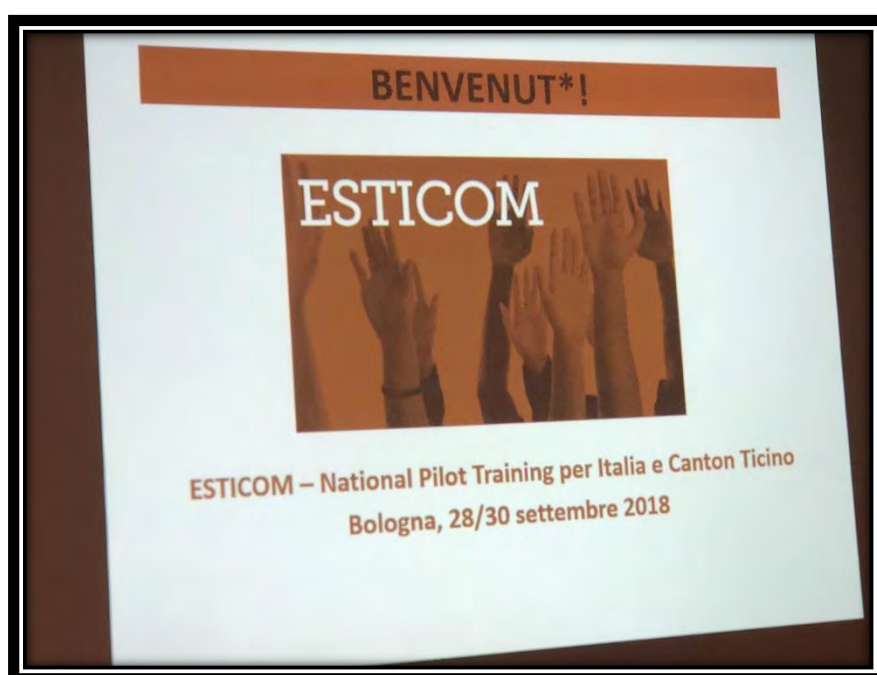




# ESTICOM National Pilot Training

Bologna, Italy

Evaluation report



Training Organiser	BLQ Check Point
Date	28 – 30 September 2018
Venue	BLQ Check Point, Bologna
Training Facilitators	Pietro Tomasi, Manuel Maffeo and Emidio Albertini
Training Language	Italian
Participants	12 Participants (11 male and 1 female)
ESTICOM representatives	Matthias Kuske and Aryanti Radyowijati

ResultsinHealth

ESTICOM Work Package 11 – Monitoring & Evaluation

## Introduction

The National Pilot Training (NPT) in Bologna, Italy, took place between the 28<sup>th</sup> and 30<sup>th</sup> of September 2018 and was organised by BLQ Check Point. A total of 12 participants (1 female and 11 male) attended the training facilitated by Pietro Tomasi, Manuel Maffeo and Emidio Albertini. All facilitators are volunteers at BLQ Check Point and attended the Training of Trainers workshop in Athens earlier in 2018. The participants were all volunteers, except 1 person who is employed by Lila in Milan. 9 participants came from outside Bologna and have been engaged in volunteering work for MSM for a minimum of 3 years or more.

During the training, three training aspects were evaluated:

- Training *sessions* – consisting of individual and anonymous assessments of the session content and didactical methods used
- Training *process* – entailing a group assessment and individual observations by an independent observer focusing on topics related to training organisation and experience
- Training *impact* – consisting of a short-term measurement by conducting pre- and post-training assessments regarding participants' level of confidence regarding pre-defined learning outcomes

Outlined below are results of the NPT evaluation, starting with an overview of the training *sessions* and feedback regarding the content, learning and teaching methods. Next, results regarding the training *process* are presented and discussed. Finally, results regarding the *impact* of the training on participants' confidence about specific topics.

### 1. Training Sessions

The Italian NPT consisted of 7 sessions (see table 1), addressing prevention theories, health promotion and creating MSM friendly health services.

**Table 1.** Session Titles: NPT Italy

Session 1	The Epidemiology Dynamics of HIV Infection among MSM in Europe, STI Information Specific to MSM
Session 2	New Prevention Technologies: TasP, PrEP, PEP and Self-Test
Session 3	Health Promotion: Theory and Practice, Harm Reduction, Resilience and Motivational Interviewing
Session 4	Cultural Competence: When I was young
Session 5	Drivers of HIV and Sexual Orientation Related Stigma. Including: Lack of Knowledge, Lack of Visibility and Social Norms Relating to Sexuality and Gender Identity
Session 6	Vulnerable MSM Subgroups and Subsequent Sexual Health Needs: MSM from Ethnic or Cultural Minority Groups, Trans MSM, MSM with Drug (Chemsex) and Alcohol Needs
Session 7	Creating a Non-Judgemental Environment/Service

On the first day the NPT began with a session: Introduction to ESTICOM. This session served as an introductory session for the NPT. In this session the scope of the ESTICOM project, including the definition of Community Health Workers, results of EMIS and ECHOES were presented. The facilitator also explained the context of the NPT, the Training of Trainers Workshops (ToT) and group rules, norms and expectations were established. During this session participants introduced and facilitators explained the NPT evaluation. This session is not considered as an official session for this NPT.

On day 2, the NPT started with session 1 - *The Epidemiology Dynamics of HIV infection among MSM in Europe, STI Information Specific to MSM*. During this session epidemiological data on HIV, STI and Hepatitis among MSM in Europe was presented; including the concept of 90-90-90. In Italy they added a 4<sup>th</sup> 90 as “having a good quality of life”. In this session, a small group exercise was conducted on the four 90s. Stigma was addressed in all working groups and the participants interacted effectively with each other. The session took longer than planned. Feedback from participants suggested including data from Italy and providing a bibliography for the session.

Session 2 – *New prevention technologies: TasP, PrEP, PEP and Self-Test*. During this session different prevention technology was presented. After the theoretical presentation, participants divided into small groups to discuss TasP, PrEP or PEP. After the small group work, a plenary was held to discuss the result. Discussions during the plenary were very interactive and lasted 10 minutes longer than planned. This topic is of high interest, and participants suggested adding more information on where and how to obtain information about PrEP and PEP. They also suggested to include literature on this topic.

Session 3 – *Health Promotion: Theory and Practice, Harm Reduction, Resilience and Motivational Interviewing (MI)*. The session started with theoretical input on harm reduction, resilience and motivational interviewing. Among participants, only one had used MI already. The presentation and the interaction during this session was perceived as lengthy, by participants and trainers. Generally, there is more theoretical input in this session of the NPT than in the other NPT. Despite the limited mastery of topics, this session was sufficiently interactive. Participants suggested the role play be substituted with simulation, as it may fit better for this topic.

Session 4 - *Cultural Competence: When I was young*. For this session there was no PowerPoint presentation, instead one of the facilitators explained the content of the session verbally. Despite awareness about this session touching personal issues, participants appeared quite relaxed. Engagement was high, including participants who were rather passive in the previous session and disagreement on the concluding remarks of the session. Participants enjoyed this session, and one of mentioned their mood went up again. The session went according to the time plan.

Session 5 - *Drivers of HIV and Sexual Orientation Related Stigma*, this session includes discussion such as lack of knowledge, lack of visibility and social norms relating to sexuality and gender identity. Before the session started, facilitators introduced an energizer “*all in a row, moving right or left*”. The session started with a presentation providing an overview about HIV, LGBT and stigma drivers. Afterwards a small group exercise started where groups completed a table about lack of knowledge in the community and the general public in regards to HIV and sexual orientation. The small group exercise was followed by plenary and discussion on the results of the small group exercise. There was some confusion on the small group exercise, as the task was not fully clear as was reflected during the plenary. The session finished 20 minutes later than planned.

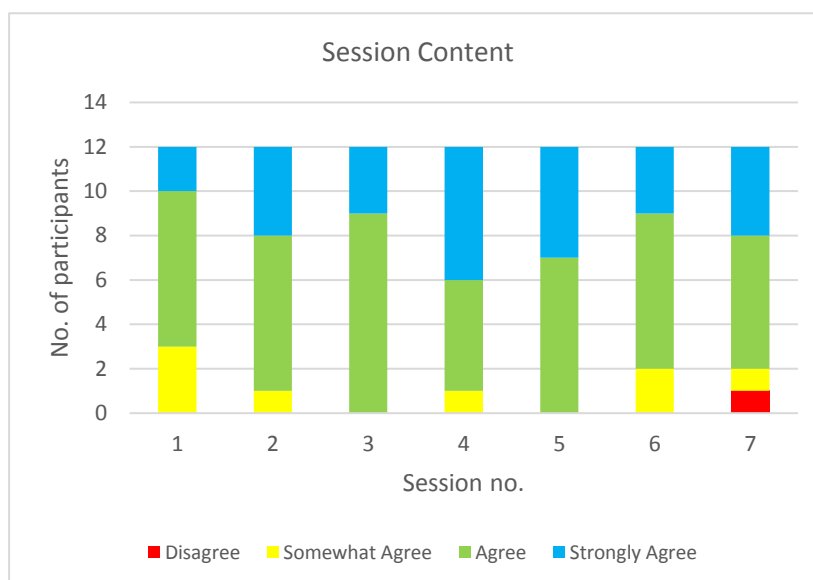
Session 6 - *Vulnerable MSM Subgroups and Subsequent Sexual Health Needs: MSM from Ethnic or Cultural Minority Groups, Trans MSM, MSM with Drug (Chemsex) and Alcohol Needs*. This session started with a short introduction due to time restraints as participants needed to leave early. After the introduction, participants conducted an exercise in small groups about special subgroups, using the ASTOR scheme (aim, setting, target, objective, resources) for Trans, Non-Gay/Non-Bi-Sexual and Migrants. The plenary after the small group exercise revealed how a small group exercise might have been a good way for participants to reflect on how to reach subgroups and what services special subgroups need. Participants suggested allocating more time for this subject and sharing experiences about the topic; and providing more information on Chemsex (as it was felt to be limited).

Session 7 - *Creating a Non-Judgemental Environment/Service*. The session started with a short introduction followed by a small group exercise. The group divided into 3 small groups and discussed how to modify a service to make it more culturally competent and non-judgmental. During the presentation participants seemed to be tired (possibly due to the structure of continuous group work), as the discussion was intensive. Discussions took longer than planned and had to be terminated. Reasons for this were an excess of topics and the group task was not fully clear. Perhaps it would have been better to cover less topics and have intensive discussion. Another suggestion was to have a more focused discussion.

During the training, participants were asked to provide feedback (both quantitative and qualitative) on the content of the sessions and the didactical (learning/teaching) methods used by the facilitators. Figure 1 and 2 provide an overview of the results.

Feedback regarding participants' level of satisfaction on the content and didactical methods per session were obtained, except for session 6, 11 (the feedback sessions), and session 10.

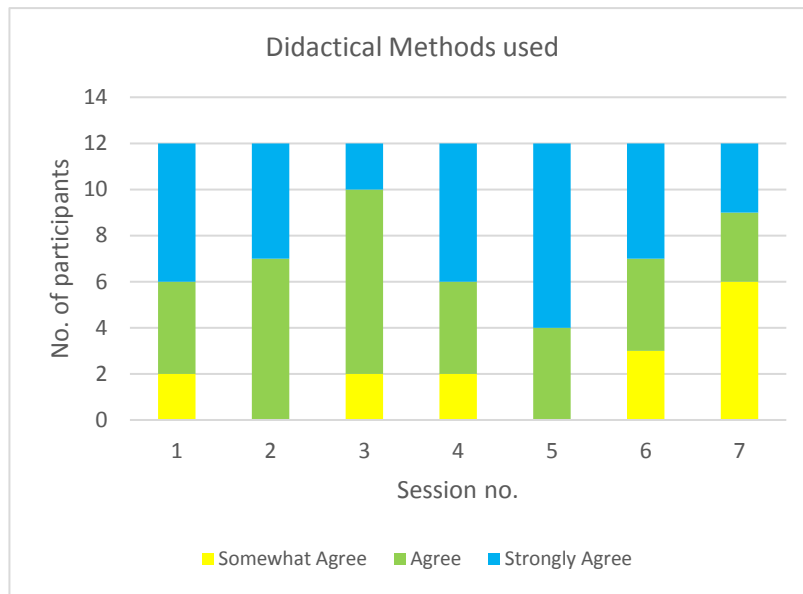
**Figure 1.** Level of Satisfaction with Session Content



Most participants agreed the content of sessions was clear and up-to-date. For session 7 (*Creating a Non-Judgemental Environment/Service*), one participant disagreed that the content was clear and up-to-date. Possibly as that session 7 covered too many topics (see above).

Similarly, regarding didactical methods used, for all sessions participants *strongly agreed* they are helpful in enhancing their understanding on the topics selected for the NPT. For session 5 - *Drivers of HIV and Sexual Orientation Related Stigma*, participants highly appreciated the didactical methods used (small group exercise on lack of knowledge in the community and the general public regarding HIV and sexual orientation).

**Figure 2.** Level of Satisfaction with Didactical Methods



In general, the NPT went well, and sessions went as planned. Participants were happy with the content and didactical methods used. They enjoyed the opportunity to share experiences with each other and would like to have more time for discussion:

*“More or less for all the sessions, more space for discussions would have positively affected the whole training.”*

*“I would like to have more time to hear experiences from each association”.*

## 2. Training Process

### 2.1. Training Experience & Training Organisation

During the training, participants were asked to rate several aspects of the training in terms of *training experience* (i.e. group/class interaction, training equipment, facilitators’ performance) and *training organisation* (i.e. communication with participants, training venue, facilities available). Table 2 provides an overview of the evaluation results for several of these items.

**Table 2.** Participants’ satisfaction with aspects of the Training Process

Time management and allocation per session	Training Equipment (projector, other devices)	Group and Class Interactions	Training organisation (communication, Venue, registration etc)
Neutral	Satisfactory	Satisfactory	Satisfactory

Participants are satisfied with the training organisation and some aspects of the training experience (the group and class interactions, training equipment). Participants were highly satisfied with the coffee breaks, lunch and joint dinner. However, participants were neutral about the time management in general and the time allocated for each session. This may be due to the fact that for most of the sessions the allocated time was perceived as not enough, as the sessions took longer than planned.

Despite the fact that participants came from different organisations, participants interacted well with each other.

## 2.2. Post-training evaluation: Satisfaction with NPT

At the end of the training, participants were asked to indicate their level of satisfaction with various topics related to the training they had just completed. The average score for the training is 7,8.

Average Score	7,8
---------------	-----

The majority of participants found the training useful for their work, enjoyable and will recommend this training to other colleagues. When asked how they will use what they learnt during the NPT in their future work, participants' responses were as follows:

- "I will share the experience with my association and to empower specific activities in my group";
- "I will use the methods in working with my group";
- "I have gained much useful info and clarified many details";
- "I will never take anything for granted".

## 2.3. Facilitation Process and Facilitator's Performance

The post-training revealed the majority of participants either *agreed* or *strongly agreed* that the facilitation process was good. Participants rated the facilitators' performance very positively across the board. Participants indicated that they would like to be trained by the same facilitators in the future.

## 3. Training Impact

A short-term (pre and post) measurement of the training impact was conducted by assessing participants' level of confidence regarding specific topics/learning outcomes connected to each training session (see Table 3).

**Table 3.** Learning Outcomes

LO1	Epidemiology of HIV and STI in Europe among MSM
LO2	90-90-90 target, the barriers and the situation in another European countries
LO3	New prevention technologies: TasP, PrEP, PEP and Self-Testing
LO4	Theory and Practice of prevention, Harm reduction, Resilience and Motivational Interviewing
LO5	Cultural competency: the influence of the view of other people on my life and the others
LO6	Elements of stigma linked to HIV and aids and sexual orientation
LO7	Characteristics and the needs of different sub population of MSM

The level of confidence was measured using an anonymous self-assessment questionnaire, administered before and after the training. A four-point scale was used to assess the level of confidence:

Not Confident	Somewhat confident	Confident	Very confident
---------------	--------------------	-----------	----------------

Before the training, 16% of participants did *not feel confident* on the topics selected for the NPT. Almost half of the participants felt *somewhat confident* (49%), 34% felt *confident* and no participants felt *very confident* on the topics selected for the NPT (see figure 3).

After the training, more than half the participants *felt confident* (54%), 25% felt *very confident* and 20% felt *somewhat confident* on the topics taught and discussed during the ESTICOM NPT (figure 4). However, one participant does *not feel confident* about characteristics and the needs of different sub population of MSM.

**Figure 3 & 4.** Participants' level of confidence on topics addressed during NPT

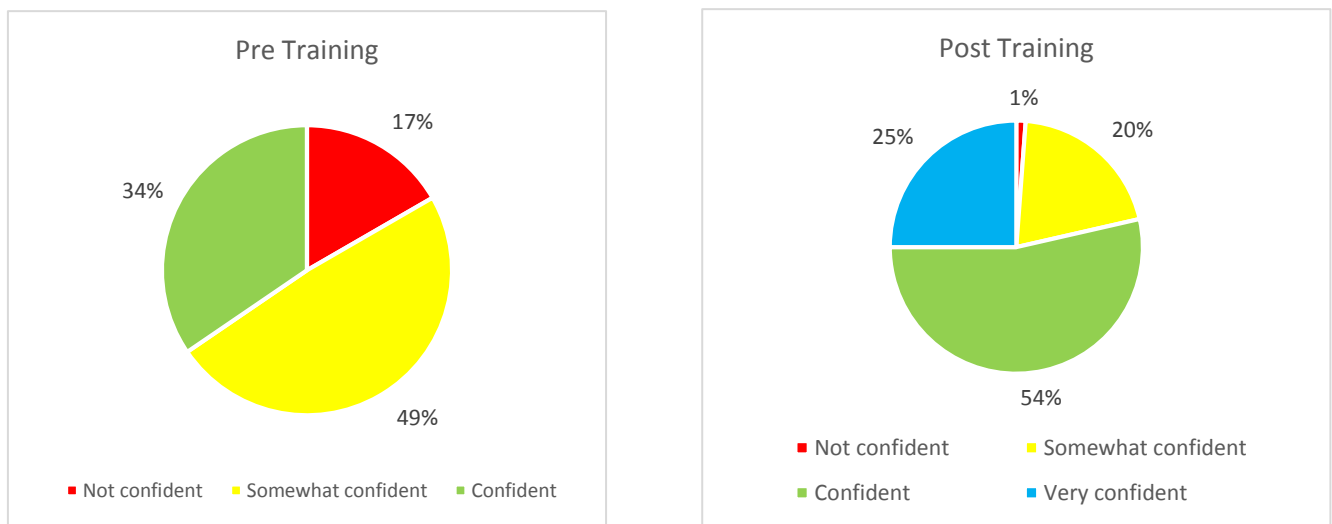


Figure 3 and 4 shows general changes in level of confidence of participants of the National Pilot Training. Overall, results show that participants' confidence had increased significantly regarding the topics evaluated after attending the NPT. Before the training, nobody felt *very confident* about any of the topics covered in the NPT, whereas after the training 25% of the participants did. In addition, after the training, more than half of participants felt *confident* on topics addressed during NPT in Italy and only 1% did not feel confident.

#### 4. Concluding remarks/general impression

The NPT in Italy was organised well. The facilitators were able to use the ESTICOM training materials and delivered the training in an interactive way. Participants were satisfied with the training organisation and delivery.



**Deliverable D10.4**

**ESTICOM Training Programme**

**Pilot Training Evaluation Report**

**Appendix 6.18**

**Evaluation Report**

**National Pilot Training**

**Czech Republic**



# ESTICOM National Pilot Training

## Prague, Czech Republic

### Evaluation report



Training Organiser	Czech AIDS Help Society & Public Health Institute Ústí nad Labem
Date	4-5 October 2018
Location	Prague, Czech Republic
Training Facilitators	Tomáš Rieger & Jan Carlos Sekera
Training Language	Czech
Participants	15
ESTICOM representatives	Barrie Dwyer & Marije Veenstra

## Introduction

The National Pilot Training (NPT) in Prague, Czech Republic took place between 4-5 October 2018 and was organised by the Czech AIDS Help Society and the Public Health Institute Ústí nad Labem. The training was attended by a total of 15 participants with varying backgrounds working as Community Health Workers. The NPT was facilitated by Tomáš Rieger and Jan Carlos Sekera. Both facilitators attended the ESTICOM Training of Trainers workshops in Warsaw, Poland, earlier this year. In addition, one of the training sessions was facilitated by an external expert – Xenie Uholyeva – who joined the training only for that particular session (see section 1. Training Sessions).

During the training, three aspects of the training were evaluated:

- Training *sessions* – consisting of individual and anonymous assessments of the session content and didactical methods used
- Training *process* – entailing a group assessment and individual observations by an independent observer focusing on topics related to training organisation and experience
- Training *impact* – consisting of a short-term measurement by conducting pre- and post-training assessments regarding participants level of confidence and pre-defined learning outcomes

Outlined below are results of the NPT evaluation, starting with an overview of the training *sessions* and feedback regarding the content, learning and teaching methods. Next, results regarding the training *process* are presented and discussed. Finally, results regarding the *impact* of the training on participants' confidence about specific topics.

### 1. Training Sessions

The Czech NPT consisted of 10 sessions (see Table 1) in which various topics, such as cultural competencies, stigmatization of LGBT, the syndemic production model and PrEP were addressed. The session on Chemsex (session 6\*) was facilitated by an external expert.

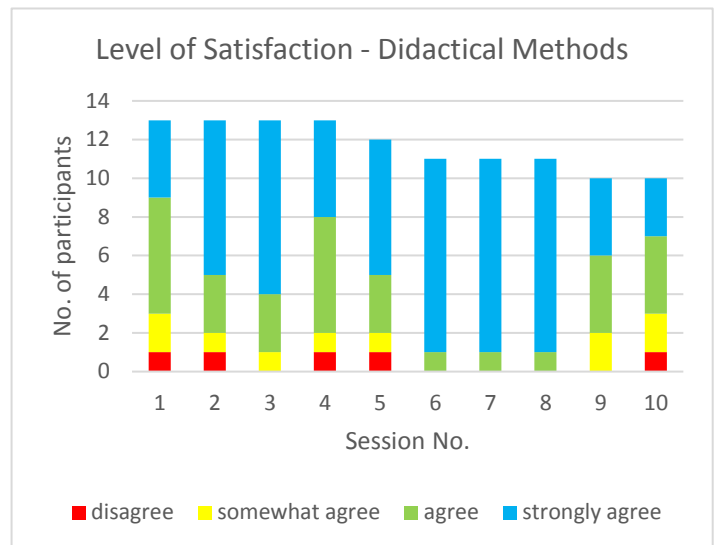
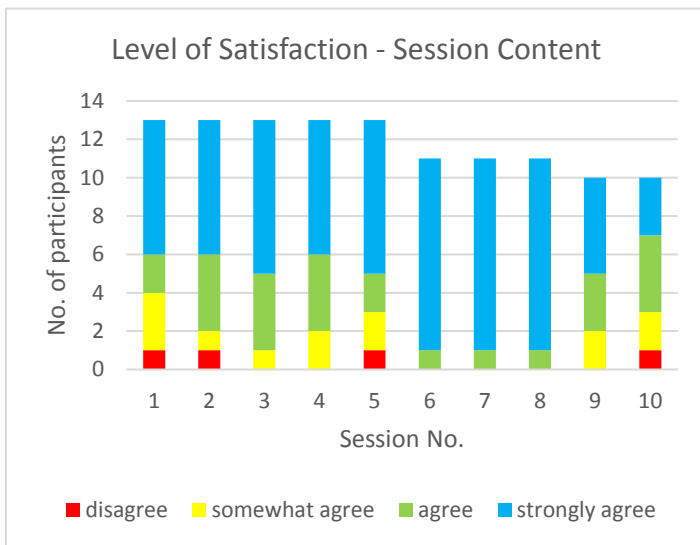
**Table 1.** Session Titles NPT Prague

Session 1	Stigmatization of HIV and LGBT
Session 2	MSM as a risky subpopulation
Session 3	Epidemiology of HIV and other STIs, 90-90-90
Session 4	Syndemic Production Model
Session 5	Collaboration of state and non-profit organisations and NGOs
<i>Session 6*</i>	<i>Chemsex</i>
Session 7	Pre-Exposure Prophylaxis (PREP) I. - Introduction
Session 8	Pre-Exposure Prophylaxis (PREP) II. - Continued
Session 9	Cultural Competency – part I.
Session 10	Cultural Competency – part II.

During the training, participants were asked to provide feedback (both quantitative and qualitative) on the content of the sessions and the didactical (learning/teaching) methods that were used by the facilitators. Figure 1 and 2 provide an overview of the results.

**Figure 1.** Level of Satisfaction with Session Content

**Figure 2.** Level of Satisfaction with Didactical Methods



Data shows that the group was generally very appreciative of the training sessions and a high level of satisfaction was reported for all the topics addressed regarding both their content and the didactical methods used. Participants were particularly satisfied with the content and didactical methods used in sessions 6, 7 and 8 (covering the topics of Chemsex and PrEP).

However, written feedback received from the participants showed some varying opinions regarding the didactical methods used during the training. Although some people felt less enthusiastic about specific practical exercises (“*I don’t like competitions!*”), others very much appreciated the practical aspects of the training: “*The practical training and tasks were fun and instructive.*” | “*The tasks were great!*” (session 7).

Some suggestions were given regarding the didactical methods with one participant noting that it would be worthwhile to “*put more discussions into the presentations, [to] call the participants more to action!*”. Another, related, suggestion was to limit reading the power point slides to the group. The same thing came up in the feedback on session 4 (addressing the Syndemic Production Model), where participants noted that “*most of the information was given by reading from presentations*”.

Feedback was also given on the terminology that was used during the training. Whereas one participant mentioned that they would appreciate the “*use [of] recent terminology (LGBTQ+, sex work)*”, another urged to check with the group whether the used terminology was properly understood since “*participants can come from different working fields*”.

Several participants were less satisfied with session 1, with feedback including the need for further elaboration regarding the group work (“*Explain better the goal of the group work so that we understand it*”) and the wish for the facilitators to be aware of the topic at hand: “*Despite the subject of this session, which was discrimination, there were several inappropriate jokes from the facilitators*”.

Session 3 (addressing Epidemiology of HIV and other STIs, 90-90-90) also received some more critical feedback, with one participant noting that the session went too fast and more time was needed. Another felt that there was a “*bad choice of diagrams [and] too much figures, without focusing*” during this session.

## 2. Training Process

This section discusses the level of participants' satisfaction with various aspects of the National Pilot Training.

### 2.1. Training Experience & Training Organisation

During the training, participants were asked to rate several aspects of the training in terms of *training experience* (i.e. group/class interaction, training equipment, facilitators' performance) and *training organisation* (i.e. communication with participants, training venue, facilities available). Table 2 provides an overview of the evaluation results for several of these items.

Participants were particularly satisfied with the communication between them and the organisers of the training and the support they were given beforehand (e.g. information regarding training, venue and accommodation). In addition, they were very satisfied with the group interaction and the training venue. Results show slightly lower levels of satisfaction among some of the group regarding the introductions and icebreakers, and the time management and allocation per session.

**Table 2.** Participants' satisfaction with aspects of Training Process

Introductions & Ice breakers		Time Management & Allocation per Session		Group and Class Interactions	Training organisation – communication & support
Satisfactory	Very Satisfactory	Satisfactory	Very Satisfactory	Very Satisfactory	Very Satisfactory

### 2.2. Post-training evaluation: Satisfaction with NPT

At the end of the training, participants were asked to indicate their level of satisfaction with various topics related to the training they had just completed. A large majority of the participants indicated that they enjoyed the training and that it was useful for their work as Community Health Workers:

*“Better cooperation, uniformity, more trainings like this” | “Thank you for useful information and for the functional insight into topic, which is important to me”.*

Participants felt that the training was an appropriate use of their time and all agreed or strongly agreed that they would recommend it to their colleagues. On average, participants scored the training with an **9,2**.

Average Score	<b>9,2</b>
---------------	------------

When asked how they would use what they learned in the training for their daily work, answers varied. However, many participants' answers referred to the training's topics of non-judgmental communication and services, and cultural competence. Answers showed that participants believed the training will help support them improve the communication with their clients, in a non-judgmental way, taking into account people's individual choices and backgrounds: *“I have more knowledge for*

*future communication with my clients”. | “[The training will help] looking at the client as a unique personality, be more empathetic.” | “I will not judge clients who are doing chemsex”. | “I will be able to communicate better with clients of the Czech AIDS help society”. | “I will be able to advise on the suitability of using PrEP” | “[I will be able to adapt] the interview with the stranger to his cultural habits”.*

In general, people felt that the training provided them with welcome information and tools to perform their daily work as CHW: *“As a social worker in the Czech AIDS help Society I work with the target group of HIV+ people, which largely corresponds to the MSM community. The information from the training is therefore not only practically very useful for me, but also very welcome”. | “The training is very beneficial to me because I work more in the social than in health area, and I missed [this kind of] information”. | “[The training will help me in doing] social work in the natural environment of the client; clubs, talks, testing”. Furthermore, the training helped people feel more informed and confident overall: “I feel more confident, I’m better oriented” | “In fact [I will use] something from each [training] topic”. | “I will be able to react more confident to some questions of my clients”.*

### 2.3. Facilitation Process and Facilitator’s Performance

The facilitators’ performance was rated very positively across the board. Despite some suggestions to improve the training in terms of the didactical methods used (see section 1), the post-training assessment evaluating participants’ level of satisfaction with various aspects of the training, shows that the all participants either agreed or strongly agreed that the facilitation process was good, and they would like to be trained by the facilitators again. Overall, the atmosphere that was created during the training was positive and open, with space for the group to share experiences and discuss their ideas and questions.

### 3. Training Impact

A short-term (pre and post) measurement of the training impact was conducted by assessing participants’ level of confidence regarding specific learning outcomes connected to each training session (see Table 3). The level of confidence was measured using a fully anonymous self-assessment questionnaire, administered before and after the training. A four-point scale was used to assess the level of confidence:

<b>Not Confident</b>	<b>Somewhat confident</b>	<b>Confident</b>	<b>Very confident</b>
----------------------	---------------------------	------------------	-----------------------

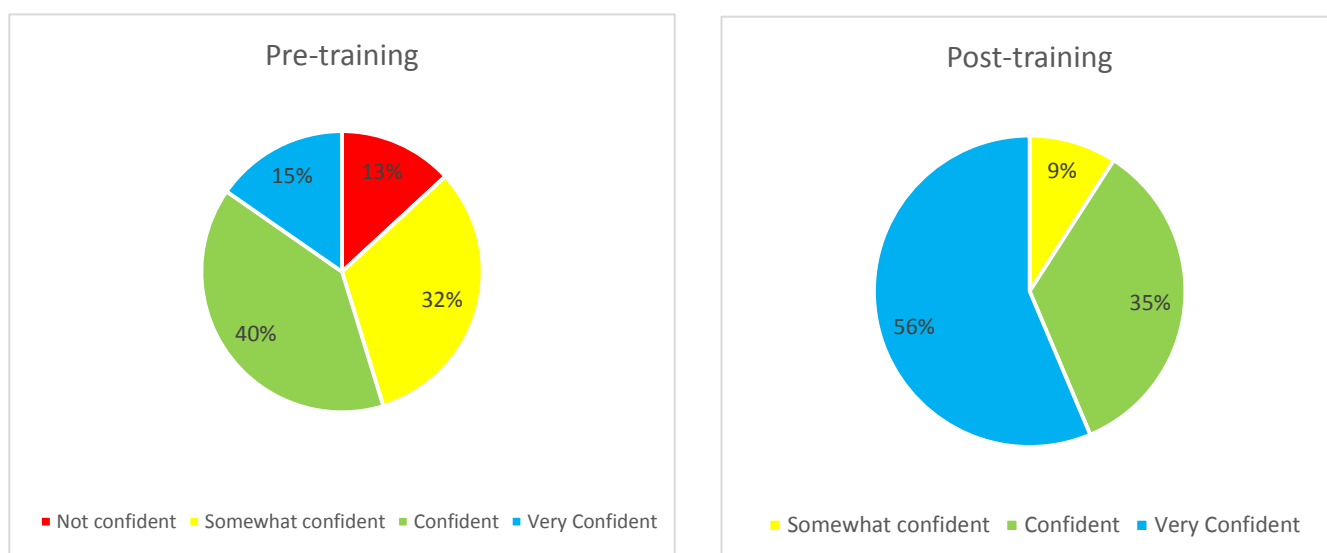
**Table 3.** Learning Outcomes

1	Know about the drivers of stigmatisation related to sexual orientation and HIV/AIDS, both in the MSM community and in the larger society.
2	Know about the main factors that make MSM a risky subpopulation and I am aware of the risks associated with the specific characteristics of MSM.
3	Know how to think about STIs in a broader context and understand their distribution in that broader context (not just locally).
4	Know the factors that can negatively affect the sex life of MSM.
5	Know about the reasons for, and benefits of, partnerships between state and non-profit organizations, including the approaches, phases and procedures needed to build successful partnerships.
6	Know the effect of addictive substances that we encounter in relation to chemsex and how to effectively reduce the damage they cause, as well as how and why there is a connection between stimulant and sex, and what difficulties a person striving for abstinence from chemsex faces.

7	Know about PrEP and am aware of its benefits in terms of prevention as well as the risks it may entail.
8	Know how to reflect on my attitudes towards PrEP critically, how to accept other people's opinions and advocate and explain my own views
9	Know how to better understand the signals we encounter, which can affect our attitudes towards ourselves and the work we are involved in.
10	Know about strategies in the field of cultural competences and how they can help in creating relevant interventions for MSM.

Figure 3 & 4 show the general changes in the level of confidence of participants of the National Pilot Training in Prague. Overall, results show that participants' confidence regarding the topics evaluated increased significantly after attending the NPT. Before the training, 13% of the participants did not feel confident about certain topics covered in the NPT, and 32% of them only felt somewhat confident. However, this number reduced to only 9% feeling somewhat confident after the training and none feeling unconfident. In addition, the percentage of people feeling very confident with the topics evaluated increased from 15% to 56%.

**Figure 3 & 4** Level of Confidence regarding addressed topics before & after NPT



#### 4. Concluding remarks/general impression

The NPT in the Czech Republic has been organised well. The facilitators were able to use the ESTICOM training materials and delivered the training in an interactive way. The participants were very satisfied with the training delivery and organisation.



**Deliverable D10.4**

**ESTICOM Training Programme**

**Pilot Training Evaluation Report**

**Appendix 6.19**

**Evaluation Report**

**National Pilot Training**

**Baltic Countries**

**Lithuania, Latvia, Estonia**

# ESTICOM National Pilot Training

## Baltic Countries

### Evaluation Report



Training Organiser	Demetra (Lithuania), BalthIV (Latvia) and Estonian Network of People Living with HIV/Aids
Date	5-7 October 2018
Venue	Riga, Latvia
Training Facilitators	Anda Kivite (Latvia); Deniss Kukin (Estonia) and Kestutis Rudaitis (Lithuania)
Training Language	English
Participants	11 participants (2 female and 9 male)
ESTICOM representatives	Matthias Kuske, Ulrich Marcus and Nur Hidayati



## Introduction

The National Pilot Training (NPT) in Riga, Latvia, took place between the 5<sup>th</sup> and 7<sup>th</sup> of October 2018 and served as the ESTICOM NPT for the Baltic countries (Latvia, Estonia and Lithuania). The training was organised by the Demetra, BaltHIV, and the Estonian Network of people living with HIV/Aids, hosted by BaltHIV and was conducted in English. A total of 11 participants (2 female and 9 male) attended the training which was facilitated by Anda Kivite (Latvia), Deniss Kukin (Estonia), and Kestutis Rudaitis (Lithuania). The 3 facilitators attended the Training of Trainers workshop in Vilnius earlier in 2018.

Attending the NPT were 5 participants from Lithuania; 3 from Latvia; and 3 from Estonia. The background of the participants are medical doctor/staff, NGO staff, staff WHO region, volunteers, testing counsellors and project coordinator from different organisation in those 3 countries.

During the training, three training aspects were evaluated:

- Training *sessions* – consisting of individual and anonymous assessments of the session content and didactical methods used
- Training *process* – entailing a group assessment and individual observations by an independent observer focusing on topics related to training organisation and experience
- Training *impact* – consisting of a short-term measurement by conducting pre- and post-training assessments regarding participants' level of confidence regarding pre-defined learning outcomes

This report presents the results of the NPT evaluation, starting with an overview of the training *sessions* included in the training and the feedback received regarding their content and the learning and teaching methods used. Next, results of the evaluation of the training *process* will be presented and discussed. The final section presents the *impact* of the training on participants' confidence regarding specific topics.

### 1. Training Sessions

The Baltic countries' NPT consisted of 8 sessions (see table 1), in which various topics, such as Cultural Competence, Chemsex, Harm Reduction, the use of Digital Media and Social Media, and Development of Prevention Campaign were addressed.

**Table 1.** Session Titles: NPT Baltic Countries

Session 1	Introduction, registration, housekeeping, Overview of ECHOES
Session 2	Cultural Competence
Session 3	Subgroups of MSM
Session 4	Introduction to Chemsex
Session 5	Chemsex and Harm Reduction
Session 6	Marketing of HIV, STI's and Viral Hepatitis using Digital Media and Social Media
Session 7	Practices of Social Media in Lithuania
Session 8	Creating Prevention Campaign

Session 1 - *Introduction and Overview of ECHOES* - served as introductory sessions for the NPT and was used to explain about the ESTICOM project. The training opened with an ice breaker using photos in which participants introduce themselves to each other and expressed their expectations/feeling. Participants chose a photo they felt best represented themselves, their feelings and explained the reason for selecting the photo. Matthias Kuske gave a short explanation about the ESTICOM project

and the context of NPT, followed by some Q&A with participants. Participants were highly interested in the ESTICOM project, including the EMIS and ECHOES survey. The NPT started later than planned due late arrival of one facilitator.

*Session 2- Cultural Competence* – this session started later than due to late arrival of participants. The session opened with an energizer using questions for a dating app about gay sex in envelopes (what people usually asked gay/LGBTI people) and people have to answer or imagine how people would answer them. This energizer was an effective start for the session on Cultural Competence, facilitated by Anda. The sessions consisted of several activities: An individual task “When I Was Young”; a presentation on cultural competency; and group work to discuss the cultural competence of the HIV testing group, counselling and support group. The input was more of a short lecture with limited interaction or opportunity to ask questions; with the result that participants did not seem to fully understand the topic. Due to the perceived limited understanding, diversity of participants (from 3 countries) and the cultural context of the involved countries, the discussion remained superficial and inhibited discussion about how to use cultural competency to improve services for MSM.

*Session 3 - Subgroups of MSM* - this session began with an energizer (“Two Choices”) and stimulated participants to move and laugh. The facilitator (Anda) asked the participants the different sub-groups of MSM and listed the answers on the flipchart. Participants were then divided into 3 groups based on the subgroups of MSM mentioned, followed by a small group activity to discuss the sexual needs of these vulnerable MSM subgroups. Each group presented their discussion and almost every participant actively contributed their opinion and commented on other group discussion results.

Participants commented this session had a lot of information (sub-groups within MSM) and it would have been better not to overwhelm participants with such a big topic. The suggestion was to select some topics, discuss it intensely; and leave other topics for the next training/meeting.

*Session 4 - Introduction to Chemsex* – this session was facilitated by Deniss and started with an energizer called ‘Something unique about yourself’. However, this energizer was not successful in ‘waking up’ participants after lunch (some participants were quiet and inactive). The energy of the participants was low. The session should have been interactive (questions and answers), however, it was mostly a lecture (no visual aid/slides). Participant feedback suggested visual aids (slides) would help participants understand the topic.

*Session 5 - Chemsex and Harm Reduction* - the session was facilitated by Deniss, and began with a brief explanation and key words were listed on a flipchart about evidence-based data on Chemsex and Harm Reduction. The session was not interactive – with a limited question and answer activity. The session could be improved by making it more interactive and asking participants to share their own ideas/knowledge/understanding of the topic. Afterwards, group work and group presentations with a follow-up discussion about services needed to address Chemsex. At the end of the session, Matthias informed participants about the Chemsex CarePlan, an online resource ([davidstuart.org/care-plan](http://davidstuart.org/care-plan)).

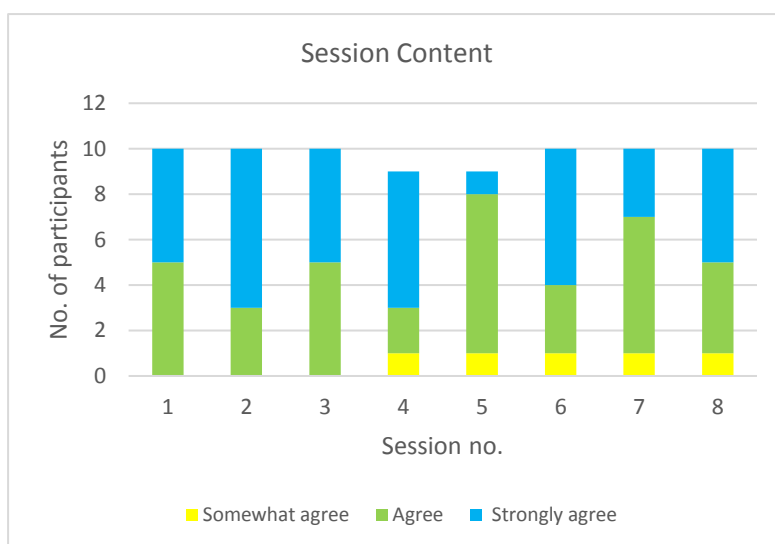
*Session 6 - Marketing of HIV, STI’s and Viral Hepatitis Prevention Using Digital Media and Social Media* - the session started late due late arrival of participants. Facilitator (Kestutis) started the session with a slide presentation; then he handed a questionnaire to participants about kinds of survey media in use and questions about the kind of user they are. Discussion continued with examples of IEC materials. An interactive discussion about examples of IEC materials (mostly from Lithuania) was held to discuss the appropriateness of the messages, the size of the printed materials, for whom and where these materials should be distributed. Participant feedback mentioned the wish to include examples from other countries (not only Lithuania – also for session 7). In this session an energizer called “Parcel with one person” was used.

Session 7 - *Practices of Social Media in Lithuania* - the facilitator (Kestutis) shared an example from a video on safe sex and collaboration with a sponsor to disseminate the message/campaign. The session consisted of a lecture as well as questions and answers. To bridge to the next session, the facilitator conducted a fun energizer: 'True not true'.

Session 8 - *Creating a Prevention Campaign* - The session consisted of group work and presentations from the group work to discuss how to create the campaign. During the discussion, the participants contributed with examples from their own countries. The discussion was primarily exchanging and sharing information, rather than a focus on issues the prevention campaign was addressing. Diversity of the situation limited the depth of discussion between participants.

During the training, participants were asked to provide feedback (both quantitative and qualitative) on the content of the sessions and the didactical (learning/teaching) methods used by the facilitators. Figure 1 and 2 provide an overview of the results.

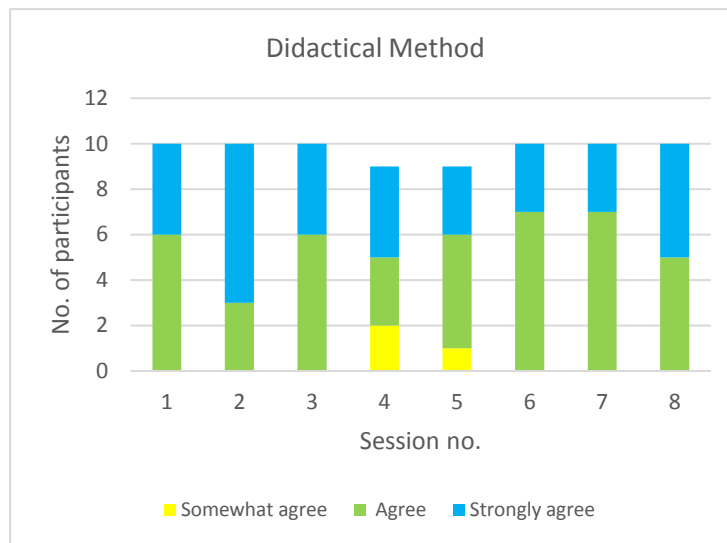
**Figure 1.** Level of Satisfaction with Session Content



The majority of participants *agreed* and *strongly agreed* the content of the sessions provide a clear and up-to-date overview of the topic(s) addressed. However, one participant only on the content for sessions 4,5,6,7, and 8 (all sessions in day 3 of the NPT) – see figure 1.

Similarly, for the didactical methods used, generally for all sessions, participants *agreed* or *strongly agreed* they are helpful in enhancing their understanding of the topics selected for the NPT. A few participants mentioned they only *somewhat agreed* for session 4 and 5 (both on Chemsex) – see figure 2. Participants found the sessions on Chemsex (session 4 and 5) the most interesting, as this topic is rather new. In general, the time management was not considered optimal as many sessions either started or ended later than planned. This is particularly the case for day 2 and day 3 of the NPT.

**Figure 2.** Level of Satisfaction with Didactical Methods



## 2. Training Process

### 2.1. Training Experience & Training Organisation

During the training, participants were asked to rate several aspects of the training in terms of *training experience* (i.e. group/class interaction, training equipment, facilitators' performance) and *training organisation* (i.e. communication with participants, training venue, facilities available). Table 2 provides an overview of the evaluation results for several of these items.

**Table 2.** Participants' satisfaction with aspects of the Training Process

Time management and allocation per session	Training Equipment (projector, other devices)	Group and Class Interactions	Training organisation (communication, Venue, registration etc.)
Satisfactory	Satisfactory	Very Satisfactory	Very Satisfactory

Participants were very satisfied with the *training organisation* and *training experience*. Participants valued the time management and allocation per session and the equipment used during the training. Group and class interaction were highly valued as was the training organisation. Participants were very active during the 3 days training both in the plenary as well as in group work.

### 2.2. Post-training evaluation: Satisfaction with NPT

At the end of the training, participants were asked to indicate their level of satisfaction with various topics related to the training. The average score for the training is 8,4.

Overall Score	<b>8,4</b>
---------------	------------

Most participants found the training useful for their work, enjoyable and will recommend this training to other colleagues.

In response to a question about how they will use what they learned during the NPT in their future work, participant responses were as follows:

- “...to share the experiences to promote HIV testing”.
- “I will be more confident to promote HIV testing for my MSM friends to consult them about discussed topics”.
- They also planned to share what they learned from the training to their colleagues.

At the end of the training, participants held a reflection session to share their take home messages. Generally, they mentioned that the training was very useful and provided many (new) realistic ideas particularly on the campaign and self-testing, new knowledge on Chemsex and they enjoyed the discussions and brainstorming sessions: “I do like the balance between the group work and the presentation”. There was a unique comment from one participant, sharing how he had undertaken a HIV test for the first time at a Checkpoint during a social activity (visiting the HIV testing at a nightclub in Riga).

### 2.3. Facilitation Process and Facilitator’s Performance

The post-training assessment revealed the majority of participants *strongly agreed* that the facilitation process was good. Participants highly appreciated the facilitators’ performance. Participants indicated that they would like to be trained by the same facilitators in the future. The 3 facilitators had their own dynamic, as one was rather dominant and influenced the dynamic during the discussions.

### 3. Training Impact

A short-term (pre and post) measurement of the training impact was conducted by assessing participants’ level of confidence regarding specific topics/learning outcomes connected to each training session (see Table 3).

**Table 3.** Learning Outcomes

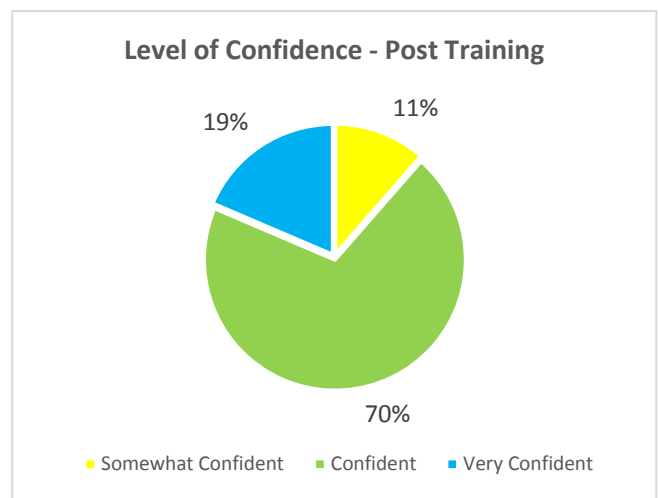
LO1	have a good understanding of how societal messages influence my attitude and the work I am involved in
LO2	have a good understanding of cultural competency issues and strategies to help build relevant interventions for MSM
LO3	am aware of the issues faced by vulnerable subgroups of MSM
LO4	have the skills to develop initiatives that could reduce the impact of these issues for subgroups of MSM
LO5	have a good understanding of Chemsex among MSM and the challenges, stigma and prejudices I may experience when working with this client group
LO6	have the skills to effectively work with MSM engaging in Chemsex, toward better sexual wellbeing
LO7	have a good understanding of digital and social media use to help interventions aimed at MSM

The level of confidence was measured using an anonymous self-assessment questionnaire, administered before and after the training. A four-point scale was used to assess the level of confidence:

<b>Not Confident</b>	<b>Somewhat confident</b>	<b>Confident</b>	<b>Very confident</b>

Before the training, 4% of participants did *not feel confident* on the topics selected for the NPT, and 43% of participants felt *somewhat confident*. More than half of participants felt *confident* (43%) and about 10% of participants felt *very confident* on the topics selected for the NPT (see figure 3).

**Figures 3 & 4.** Participants' level of confidence on topics addressed during NPT



After the training, more than half of all participants *strongly agree* they felt confident (49%) and 38% felt confident on the topics taught and discussed during the ESTICOM NPT (figure 4).

The proportion of participants who *did not feel confident* decreased from 4% to 1%; and similarly, the proportion of participants who felt *somewhat confident* also decreased from 43% to 12%.

#### 4. Concluding remarks/general impression

The NPT in Riga has been organised well. The participants were (very) satisfied with the training organisation and delivery.



**Deliverable D10.4**

**ESTICOM Training Programme**

**Pilot Training Evaluation Report**

**Appendix 6.20**

**Evaluation Report**

**National Pilot Training**

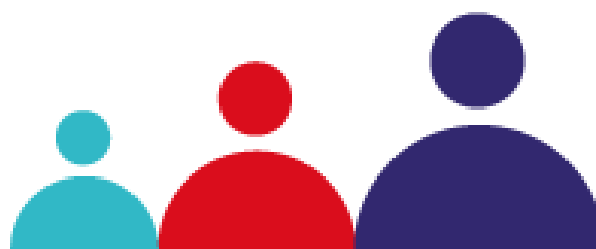
**Finland**



# ESTICOM National Pilot Training

**Helsinki, Finland**

**Evaluation report**



**POSITIIVISET**  
HIV FINLAND

Training Organiser	Positiiviset
Date	13-14 October 2018
Location	Helsinki
Training Facilitators	Tapani Valkonen & Sami Tuunainen
Training Language	Finnish
Participants	16
ESTICOM representatives	Barrie Dwyer

**ResultsinHealth**

*ESTICOM Work Package 11 – Monitoring & Evaluation*



## Introduction

The National Pilot Training (NPT) in Helsinki, Finland took place between 13-14 October 2018 and was organised by Positiiviset, the national HIV organisation of Finland. The training was attended by 16 participants who work at the Checkpoint in Helsinki or Positiiviset. The NPT was facilitated by Tapani Valkonen and Sami Tuunainen. Both facilitators attended the ESTICOM Training of Trainers workshops in Vilnius, Lithuania earlier this year.

During the training, three aspects of the training were evaluated:

- Training *sessions* – consisting of individual and anonymous assessments of the session content and didactical methods used
- Training *process* – entailing a group assessment and individual observations by an independent observer focusing on topics related to training organisation and experience
- Training *impact* – consisting of a short-term measurement by conducting pre- and post-training assessments regarding participants level of confidence and pre-defined learning outcomes

Outlined below are results of the NPT evaluation, starting with an overview of the training *sessions* and feedback regarding the content, learning and teaching methods. Next, results regarding the training *process* are presented and discussed. Finally, results regarding the *impact* of the training on participants' confidence about specific topics.

### 1. Training Sessions

The Finnish NPT consisted of 7 sessions (see Table 1) in which various topics, such as cultural competence, beliefs and attitudes and new HIV prevention techniques were addressed.

**Table 1.** Session Titles NPT Helsinki

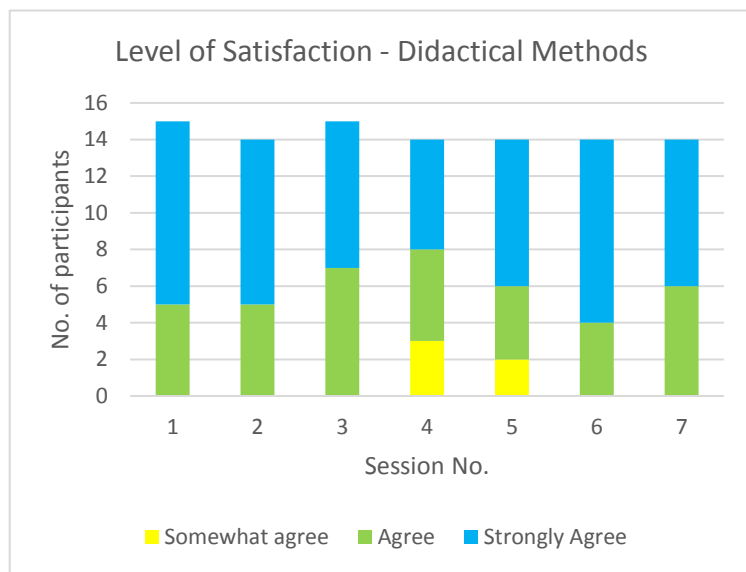
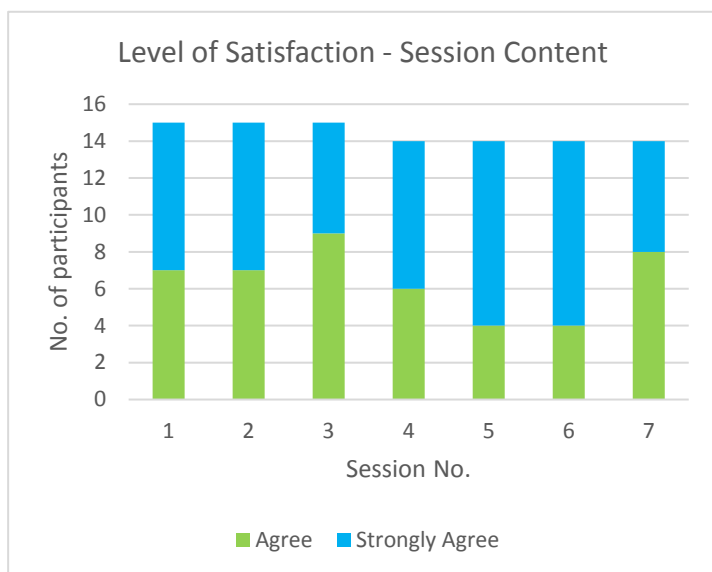
Session 1	Beliefs and attitudes
Session 2	Cultural competence
Session 3	Vulnerable groups and their needs
Session 4	HIV and other STDs and STDs in men who have with sex with men
Session 5	New means of preventing HIV
Session 6	Chemsex and the situation in Finland
Session 7	Chemsex care plan

During the training, participants were asked to provide feedback (both quantitative and qualitative) on the content of the sessions and the didactical (learning/teaching) methods that were used by the facilitators. Figure 1 and 2 provide an overview of the results.

Data shows that the group was generally very appreciative of the training sessions and a high level of satisfaction was reported for all the topics addressed regarding both their content and the didactical methods used. Participants were particularly happy with the content of sessions 5 (covering *new HIV prevention techniques*) and session 6 (*ChemSex - "New and good information about ChemSex issues"*). Slightly lower levels of satisfaction were reported for the didactical methods used in sessions 4 (*HIV and other STDs and STDs in MSM*) and session 5.

**Figure 1.** Level of Satisfaction with Session Content

**Figure 2.** Level of Satisfaction with Didactical Methods



Session 1 (*beliefs and attitudes*) received some specific feedback/suggestions for improvement regarding the didactical methods used, with participants saying they would have liked to see “*more blending of groups*” and “*clearer lecturing; somehow [it] was not clear and to the point*”.

Session 2 (addressing the topic of *cultural competence*) received some suggestions for improvement, with participants’ feedback including that “*maybe some of the group work exercises were too tricky*” and that they would have liked to see the session elaborate “*more about cultural sensitivity*” [taking into account an] *intersectional point of view to the topic*”.

Although both well received in terms of content and didactical methods used, session 3 (*sexual health needs of vulnerable groups*) and session 7 (*ChemSex care plan*) received feedback stating the topics were too big to cover in this one session: “[The] *subject is so vast, that diving into specific needs of each group is not possible*” (session 3) | “*ChemSex is such [an] extensive theme and four hours to cover the topic will only grasp the surface. A week-long seminar would be needed instead*” (session 7).

## 2. Training Process

This section discusses the level of participants’ satisfaction with various aspects of the National Pilot Training.

### 2.1. Training Experience & Training Organisation

During the training, participants were asked to rate several aspects of the training in terms of *training experience* (i.e. group/class interaction, training equipment, facilitators’ performance) and *training organisation* (i.e. communication with participants, training venue, facilities available). Table 2 provides an overview of the evaluation results for several of these items.

Participants were very happy with the group dynamics and atmosphere. Results show high levels of satisfactions regarding the group and class interaction and the breaks and joint dinner that was

organised. The group also indicated they felt either satisfied or very satisfied with the communication with and support for the participants. Some participants indicated they were not satisfied with the facilities available for the participants (i.e. Wi-Fi).

**Table 2.** Participants’ satisfaction with aspects of Training Process

Time management and allocation per session	Training organisation – communication & support		Group and Class Interaction	Coffee/tea breaks, lunch and joint dinner
Satisfactory	Satisfactory	Very Satisfactory	Very Satisfactory	Very Satisfactory

## 2.2. Post-training evaluation: Satisfaction with NPT

At the end of the training, participants were asked to indicate their level of satisfaction with various topics related to the training they had just completed. A large majority of the participants strongly agreed that they had enjoyed and agreed or strongly agreed that the training was useful for their work as Community Health Workers. Participants felt that the training was an appropriate use of their time and all agreed or strongly agreed that they would recommend it to their colleagues. On average, participants scored the training with an 9,1.

Average Score	9,1
---------------	-----

When asked how they would use what they learned in the training in their daily work as Community Health Workers, answers varied. Participants felt they could use insights and skills acquired during the training in their “daily practice at work” and “use the power point slides in [my] own trainings”.

One participant noted that they now “have information with which I can guide/support men from the target group”. Another added that the training topics and process will help them shape their daily work more clearly: “All information given in [the] training and good discussions help in processing themes clearly in my work”.

Some participants mentioned the relevance and usefulness of the new information and skills acquired during the training, “Updated information can be implemented within work with clients immediately. After this training I have better skills to seek for more information and follow public discussion, for instance about PrEP”. But also, the realisation that there is still a lot of work to be done: “I got new perspectives on MSM-work. Some [of the] information shook me; there is still much work to do”.

Another felt they needed some time to see how the training would influence their work, expressing the hope the discussions started in the training would develop further: “I hope that discussion about [the] themes which were brought forth in the training will continue. I don’t know yet how I can implement new information in practice in my work”.

## 2.3. Facilitation Process and Facilitator’s Performance

The facilitators’ performance was rated very positively across the board. The post-training assessment evaluating participants’ level of satisfaction with various aspects of the training, shows that a large

majority of the participants either agreed or strongly agreed that the facilitation process was good, and they would like to be trained by the facilitators again.

*“The training was well planned, and discussions were well-informed. Nine grades for that. I think there is always [the] possibility to look [to the] future, develop trainings even better and do them different ways to keep interest. Thank you for trainers for an interesting training in Finnish language”.*

Overall, the atmosphere that was created during the training was positive and open and participants very much appreciated how the training was delivered and how the facilitators created a space for the group to share experiences with others and moderate the discussions.

### 3. Training Impact

A short-term (pre and post) measurement of the training impact was conducted by assessing participants’ level of confidence regarding specific topics/learning outcomes connected to each training session (see Table 2). The level of confidence was measured using a fully anonymous self-assessment questionnaire, administered before and after the training. A four-point scale was used to assess the level of confidence:

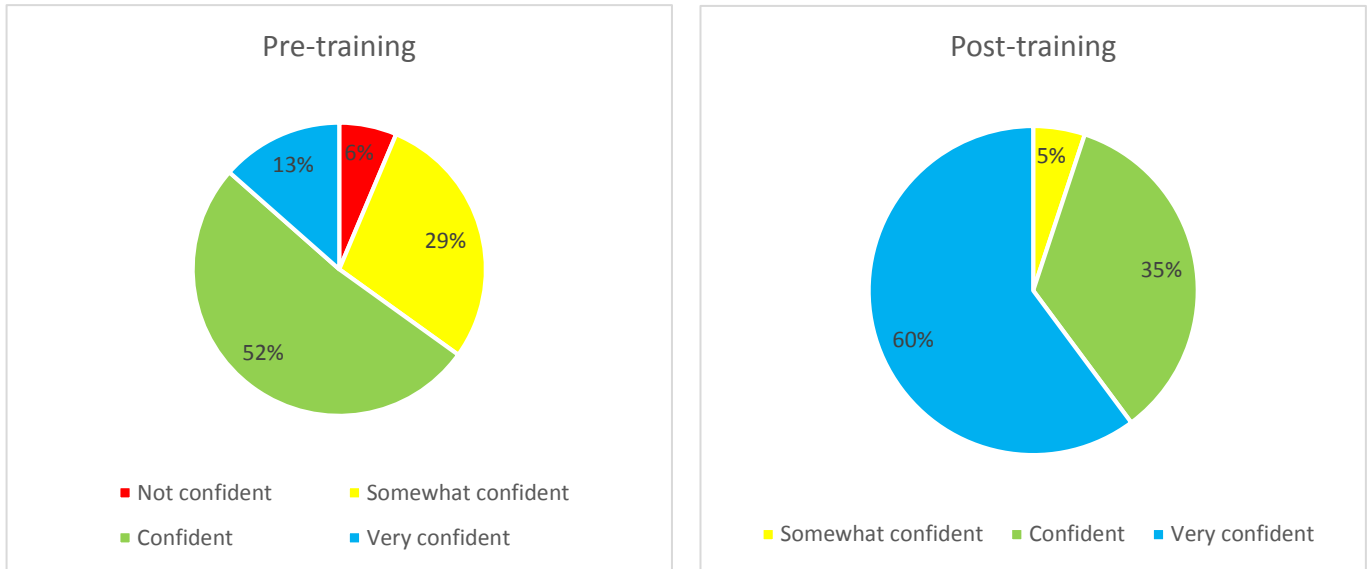
Not Confident	Somewhat confident	Confident	Very confident
---------------	--------------------	-----------	----------------

**Table 3. Learning Outcomes**

1	Have a good understanding of ESTICOM project and national pilot training
2	Have a good understanding of the origin of stigma and discrimination and its impact on CHW and MSM health
3	Am aware of the concept of cultural competency and existing belief systems, attitudes and cultural needs within the context of MSM health
4	Am able to meet the specific needs of higher risk of minority groups of MSM
5	Have a good knowledge of HIV and STI treatment and care
6	Have good knowledge and skills in new ways of preventing HIV, and can explain them clearly
7	I know what Chemsex is and am aware of the situation regarding Chemsex and MSM in Finland
8	I can answer questions related to chemsex without judgement, am aware of the harm-reduction approach and can counsel MSM accordingly

Figures 3 & 4 show the general changes in the level of confidence of participants of the National Pilot Training in Helsinki. Overall, results show that participants’ confidence regarding the topics evaluated increased significantly after attending the NPT. Before the training, 6% of the participants did not feel confident about certain topics covered in the NPT, and 29% of them only felt somewhat confident. However, this number reduced to only 5% of the participants feeling somewhat confident and nobody feeling unconfident after the training. In addition, the percentage of people feeling very confident with the topics evaluated increased from 13% to 60%.

**Figure 3 & 4** Level of Confidence regarding addressed topics before & after NPT



#### 4. Concluding remarks/general impression

The NPT in Finland has been organised well. The facilitators were able to use the ESTICOM training materials and delivered the training in an interactive way. The participants were very satisfied with the training delivery and organisation.



**Deliverable D10.4**

**ESTICOM Training Programme**

**Pilot Training Evaluation Report**

**Appendix 6.21**

**Evaluation Report**

**National Pilot Training**

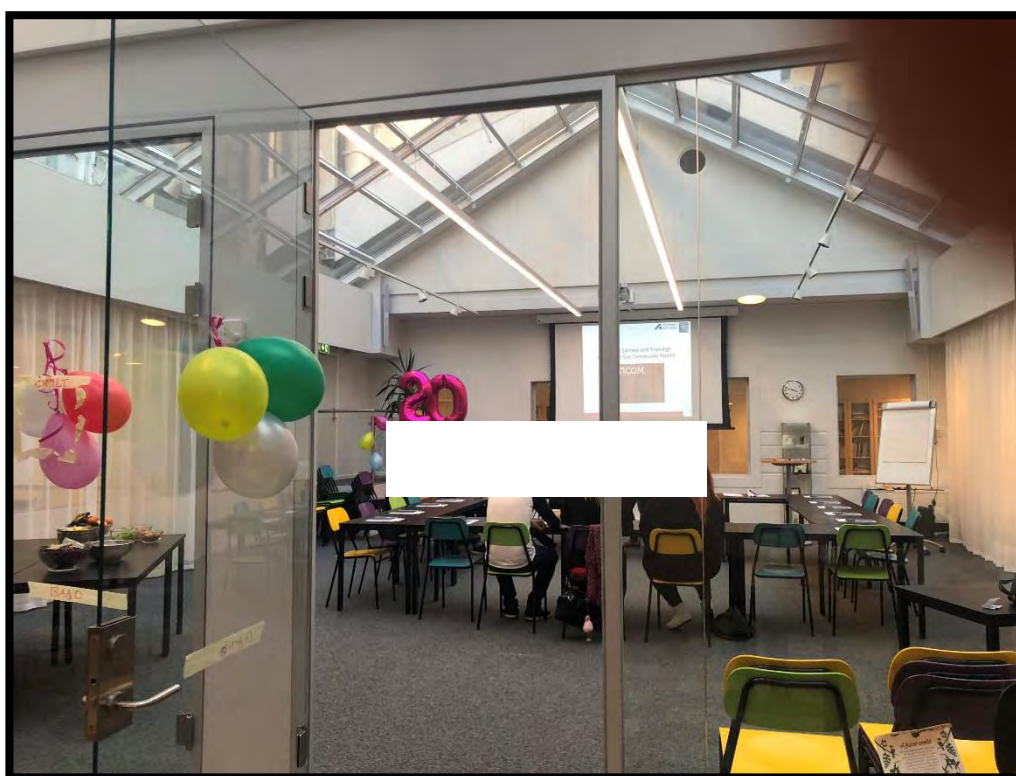
**Sweden**



## ESTICOM National Pilot Training

Stockholm, Sweden

Evaluation report



Training Organiser	RFSL Sweden
Date	12 – 14 October 2018
Venue	RFSL office, Stockholm
Training Facilitators	Jon Gjønnnes and Jonas Jonsson
Training Language	Swedish
Participants	17 Participants (12 male and 5 female)
ESTICOM representatives	Aryanti Radyowijati

## Introduction

The National Pilot Training (NPT) in Stockholm, Sweden, took place between the 12<sup>th</sup> and 14<sup>th</sup> of October 2018 and was organised by RFSL Sweden. A total of 17 participants (5 female and 12 male) attended the training which was facilitated by Jon Gjønnnes and Jonas Jonsson. The facilitators are employees of RFSL Sweden and attended the Training of Trainers workshop in Vilnius earlier in 2018. The participants are all somehow connected to RFSL and have long experience in working with MSM.

During the training, three aspects of the training were evaluated:

- Training *sessions* – consisting of individual and anonymous assessments of the session content and didactical methods used
- Training *process* – entailing a group assessment and individual observations by an independent observer focusing on topics related to training organisation and experience
- Training *impact* – consisting of short-term measurement by conducting pre- and post-training assessments regarding participants' level of confidence regarding pre-defined learning outcomes

Outlined below are results of the NPT evaluation, starting with an overview of the training *sessions* and feedback regarding the content, learning and teaching methods. Next, results regarding the training *process* are presented and discussed. Finally, results regarding the *impact* of the training on participants' confidence about specific topics.

### 1. Training Sessions

The Swedish NPT consisted of six sessions (see table 1) addressing, Epidemiology of HIV, STI and Hepatitis among MSM. New prevention methods and Chemsex were also addressed.

**Table 1.** Session Titles: NPT Sweden

Session 1	Welcome and Introduction, including Introduction to ESTICOM project
Session 2	Epidemiology of HIV and STI in Europe
Session 3	Communication
Session 4	Health Promotion: Theory and Practice, including Motivational Interviewing
Session 5	Chemsex
Session 6	Various Prevention Methods

The NPT started with a short introduction of training facilitators and participants and was followed by an introductory session on the ESTICOM project (Session 1). In this session, results of EMIS and ECHOES and the context of the NPT and the ToT were explained. The introduction was short, as most participants knew each other already. In this session, the facilitator provided details of the RFSL policy and informed participants the prescribed training duration would be a maximum of 45 minutes, followed by a 15-minute break. Feedback for session 1 included recommendations for facilitators to explain the next step after the NPT within the ESTICOM project and that slides could be more lively with less text and more pictures.

Session 2 - *The Epidemiology of HIV infection among MSM in Europe*. During this session, epidemiological data on HIV, STI and Hepatitis among MSM in Europe was presented. The presentation made use of slides and in response to the previous day's feedback, had limited text. The atmosphere was subdued, and the energy level was rather low. During the short break, facilitators highlighted how presenting epidemiological data is restricted by lack of opportunity for creativity.



Before continuing, an energizer (*Clapping in your lap and saying "Haha ..."*) was conducted to elevate the energy of participants. The session continued with a practical exercise about the content of information on STI for MSM and on treatment of STI. After the practical exercise, a plenary was held to share results of the small group exercise. The discussion went well, some participants asked questions, however the atmosphere was still rather subdued and formal. Participants reported some challenges in following this session and attributed this to presentation about coverage of time periods and places, and recommended it would have been better data presentation focused on one place and over a certain period of time, the terminology used were considered too technical and data and information on the slides were excessive. Suggestions to improve this session were to use less slides and make them slides with the use of pictures, instead of text and to combine the presentation with small group exercises.

Before starting session 3 on day 2 of the NPT, facilitators established group rules and expectations. Facilitators also explained how methods used in the ESTICOM training are very different from the way the training is done in Sweden. As facilitators, they were curious about participants' experiences of the ESTICOM training.

Session 3 – *Communication* started with a practical exercise on communicating without words, using shoulders' tap (The Samaritans). Participants enjoyed the practical exercise and there was a lot of laughter in the room. The atmosphere became lighter and there was more interaction between participants. The practical exercise was closed with a plenary to share the results of the exercise. This session was followed by another practical exercise: *When I was young*. Each participant filled in a form and presented these on A3 paper on the wall. After everybody wrote their input, facilitators led a discussion on the results of the exercise. Both facilitators mentioned they were not sure how this exercise would go, as it touched on some personal issues, however, in the end, it went well. Despite the above-mentioned concern, participants enjoyed the exercise, there was more interaction between participants and more interaction.

Session 4 – *Health Promotion: Theory and Practice, including Harm Reduction, Resilience and Motivational Interviewing*. This session consisted of two blocks, of 1.5 hours. The session started with theoretical inputs on Harm Reduction and Resilience. During these explanations, participants asked questions about the concept of Harm reduction. Further, participants were asked to work in small groups for 30 minutes and were asked to mix, unless they really did not want to. During the small group work, participants discussed aspect of resilience and identified interventions addressing resilience. This part of the exercise finished with a plenary. This session was continued after lunch and began with an energizer (find your name). The session on Motivational Interviewing (MI) started with a short explanation about MI, using the principles of LURE (Listen, Understand, Resist and Empower). The session continued with small group work where participants were asked to discuss two scenarios using MI. After the small group work, a plenary was held to discuss results of the small group work. MI is a familiar concept for the NPT participants, the discussion went smoothly although not very lively, however, they enjoyed the exercise.

An energizer (*Making a row based on body length and birth dates without talking*) was conducted before the start of Session 5 – *Chemsex*. The energizer was meant to be fun, however, not all participants enjoyed it: *"These "funny" exercises, like standing in line based upon your length... WHY?"*

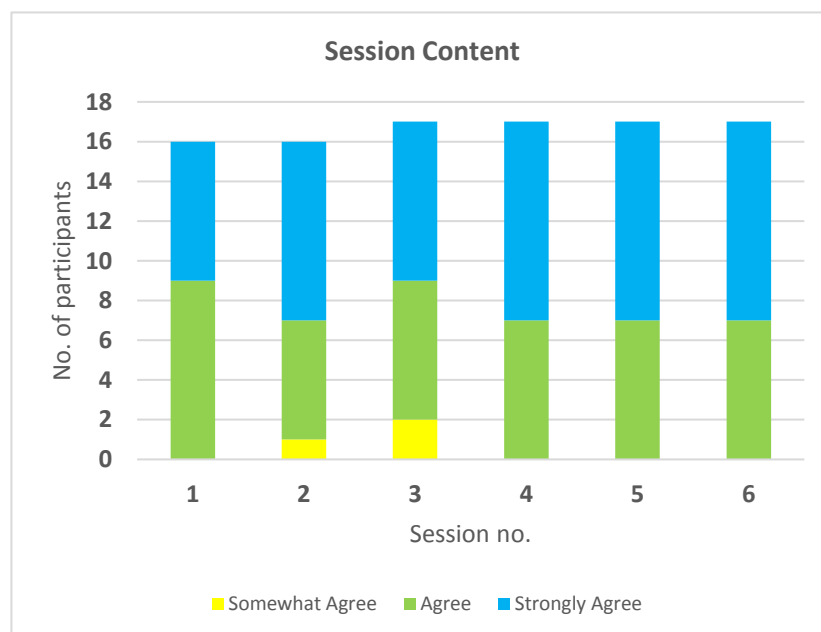
Session 5 started with a theoretical explanation about the concepts, motivators and potential risks, of Chemsex. There was a high level of interest among participants for this topic and it stimulated a number of questions about Chemsex. A small group exercise, focussing on problems related to Chemsex and different situations related to HIV status, were conducted. Participants actively discussed this issue in the small groups and everybody was engaged. There was more interaction in

the small group exercise than in the plenary. Another small group exercise took place in this session to develop an intervention (new or based on existing intervention) to address Chemsex. The intervention would be described later on in the plenary, using the ASTOR methods. In the plenary, each group presented their intervention to address Chemsex. Despite the timing (last session, late on Saturday), participants who had previously been very passive, were more engaged in sharing their knowledge about this topic. Feedback from participants revealed a high level of interest in this topic. One participant suggested that considering the complexity of this phenomenon, perhaps it would have been better to involve a psychiatrist in the session.

Session 6 - *Various Prevention Methods* discussed treatment as prevention (TasP), Pre-Exposure prophylaxis (PrEP), Post-Exposure prophylaxis (PEP) and HIV self-test. Facilitators explained the different prevention methods and interaction increased, and questions were asked about PrEP. The session continued with small group exercises (5 groups) on developing Action Planning or Action Learning on interventions focussing on PrEP. The choice to focus on PrEP was based on the results of the needs assessment, prior to the NPT. There is clearly a high interest in knowing more about PrEP. One of the participants, suggested having a comprehensive presentation on PrEP. The exercise was received well and considered a good method to develop a team work. During the plenary, each group presented their intervention addressing PrEP. In each presentation, there was some discussion about the content of the presentation.

During the training, participants were asked to provide feedback (both quantitative and qualitative) on the content of the sessions and the didactical (learning/teaching) methods that were used by the facilitators. Figure 1 and 2 provide an overview of the results.

**Figure 1.** Level of Satisfaction with Session Content

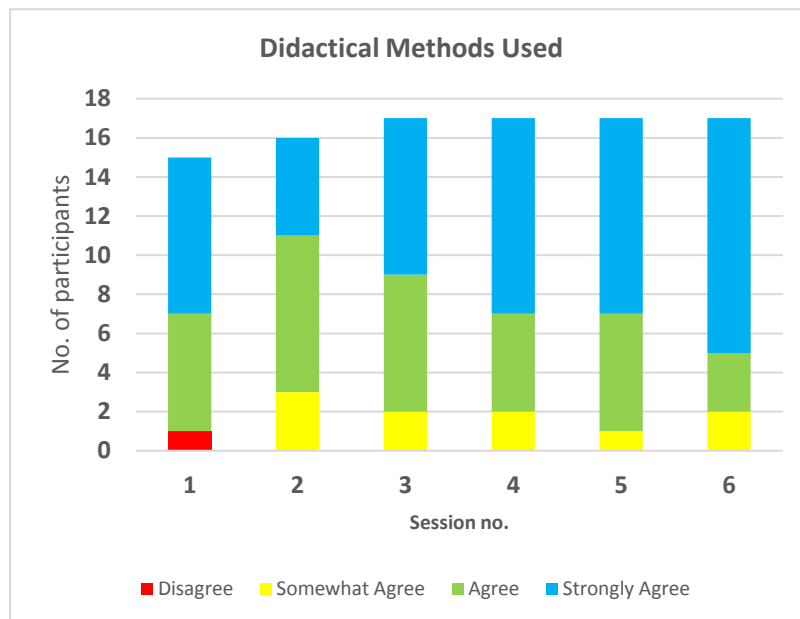


The large majority of participants agreed that the content of all sessions was clear and up-to-date. For session 2 (Epidemiology of HIV and STI in Europe) and session 3 (Communication), some participants only somewhat agreed the content was clear and up-to-date.

Similarly, for didactical methods, in all sessions, participants agreed or strongly agreed they are helpful in enhancing their understanding on the topics selected for the NPT.

Feedback also revealed, however, that some participants only somewhat agreed the didactical methods used were helpful in enhancing their understanding of topics addressed during the NPT (see figure 2). For session 1 (introduction to ESTICOM project), one participant disagreed methods used during the NPT were helpful. This may be due the level of knowledge and insight of facilitators on the content and context of ESTICOM project.

**Figure 2.** Level of Satisfaction with Didactical Methods



In general, the NPT was well received, and the sessions went as planned. Participants were happy with the content and the didactical methods used in the NPT sessions. They valued the combination of team building, short lecture, discussion, group/team work, fun and a mix of theory and practice:

*“Very nice mix of theory and practice”*

*“This concept of training works perfectly fine”*

*“Thank you for today! Very fun with practical exercises!”*

## 2. Training Process

### 2.1. Training Experience & Training Organisation

During the training, participants were asked to rate several aspects of the training in terms of *training experience* (i.e. group/class interaction, training equipment, facilitators’ performance) and *training organisation* (i.e. communication with participants, training venue, facilities available). Table 2 provides an overview of the evaluation results for several of these items.

**Table 2.** Participants' satisfaction with aspects of the Training Process

Time management and allocation per session	Training Equipment (projector, other devices)	Group and Class Interactions	Training organisation (communication, Venue, registration etc.)
Very Satisfactory	Very Satisfactory	Satisfactory	Very Satisfactory

Participants were very satisfied with some aspects of the training organisation and training experience. Participants highly valued the time management and allocation per session and the equipment used during the training. The group and class interactions were also considered satisfactory, although it was felt it took some time for participants to interact with each other. Communication and support prior to the training were rated neutral, while the venue, meals, breaks and facilities were regarded as very satisfactory. The training venue was the newly designed RFSL office, it was spacious and provided enough space for the breakout sessions.

**Figure 3.** Training venue NPT Sweden



*“Perfect venue to be in. Nice with all the tasty things to eat”. | “Nice venue and "fika" (coffee, sandwiches, fruits and snacks). Great group! Thank you very much!”*

## 2.2. Post-training evaluation: Satisfaction with NPT

At the end of the training, participants were asked to indicate their level of satisfaction with various topics related to the training they had just completed. The average score for the training is **8,9**.

Average Score	<b>8,9</b>
---------------	------------

The large majority of participants found the training to be an appropriate use of their time, useful for their work, enjoyable and will recommend this training to other colleagues. A few participants (1 or 2), however, did not share this opinion.

In response to a question about how they will use the NPT in their future work, participant responses were as follows:

- *“In organising training, to spread more information [and] more MI conversation”.*
- *“I have more knowledge regarding PrEP. I will investigate more about Chemsex. I will think about using more Motivational Interviewing when it is suitable”.*
- *“I will use them in my work in Checkpoint, The Sexperts, and also on my PR counselling sessions”.*
- *“I will bring concrete things back to my local branch; e.g. develop the conversation form. I feel safer with MI”.*
- *“To spread knowledge to visitors (at Testpoint/Checkpoint). To do more MI-conversations - I feel safer with them now”.*
- *“To provide better information about PrEP to visitors at Checkpoint. I will look for more information about Chemsex. I will think about how to strengthen resilience among visitors at Checkpoint”.*
- *“I will use the different perspectives and theories learned at the training”.*
- *“To spread the information given at the training. Conversations and referrals”.*
- *“I feel much more confident regarding the different sessions, meaning that I will feel even more confident in my work. I am able to spread information about everything we've learned in a more safe way”.*
- *“I guess a direct implementation of the possible changes of our reception and conversations with our clients”.*
- *“I learned a lot that will be useful, except the testing service itself”.*
- *“Hard to say right now”.*
- *“Now I have more knowledge, meaning that I will understand our clients in an easier way”.*

### 2.3. Facilitation Process and Facilitator’s Performance

The post-training assessment revealed the majority of participants strongly agreed the facilitation process was good and facilitators’ performance was highly appreciated. Participants indicated they would like to be trained by the same facilitators in the future: *“Jon and Jonas respond to us and see us. They are lovely trainers!”*

## 3. Training Impact

A short-term (pre and post) measurement of the training impact was conducted by assessing participants’ level of confidence regarding specific topics and the learning outcomes connected to each training session (see Table 3).

**Table 3.** Learning Outcomes

LO1	I have a clear understanding of the epidemiology of HIV within Europe and how it affects MSM.
LO2	I have a good understanding of STI epidemiology, transmission risks, prevention options, resistance, symptoms and treatment.
LO3	I have a good understanding of messages that can influence our attitudes to each other and the work we are involved in.

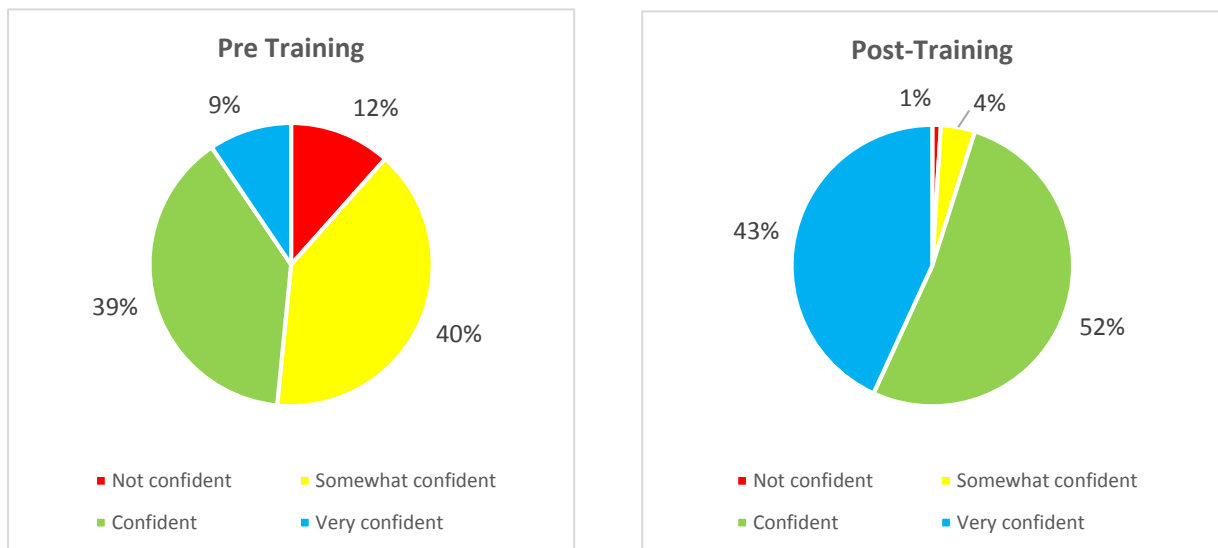
LO4	I have a good understanding and have explored the concept of Harm Reduction and Resilience and experienced Motivational Interviewing.
LO5	I am able to examine the issues faced by vulnerable sub-groups (e.g. Chemsex users) of MSM, discussed and developed initiatives that could lessen the impact of these issues for these MSM.
LO6	I have examined and explored the new prevention technologies and plan an action on how to inform MSM about them.

The level of confidence was measured using an anonymous self-assessment questionnaire, administered before and after the training. A four-point scale was used to assess the level of confidence:

<b>Not Confident</b>	<b>Somewhat confident</b>	<b>Confident</b>	<b>Very confident</b>
----------------------	---------------------------	------------------	-----------------------

Before the training, 12% of participants did not feel confident about the topics selected for the NPT, and almost half of the participants felt somewhat confident (40%). 39% of participants felt confident and about 10% of participants felt very confident about the topics selected for the NPT (see figure 4)

**Figures 4 & 5.** Participants' level of confidence on topics addressed during NPT



After the training, more than half of all participants felt confident (52%) and 43% felt very confident about the topics taught and discussed during the ESTICOM NPT (figure 5).

The proportion of participants who did not feel confident decreased from 12% to 1%; and similarly, the proportion of participants who felt somewhat confident also decreased from 40% to 4%.

#### 4. Concluding remarks/general impression

The NPT in Sweden, was organised well. The facilitators were able to use the ESTICOM training materials and delivered the training in an interactive way. The participants were satisfied with the training organisation and delivery.



**Deliverable D10.4**

**ESTICOM Training Programme**

**Pilot Training Evaluation Report**

**Appendix 6.22**

**Evaluation Report**

**National Pilot Training**

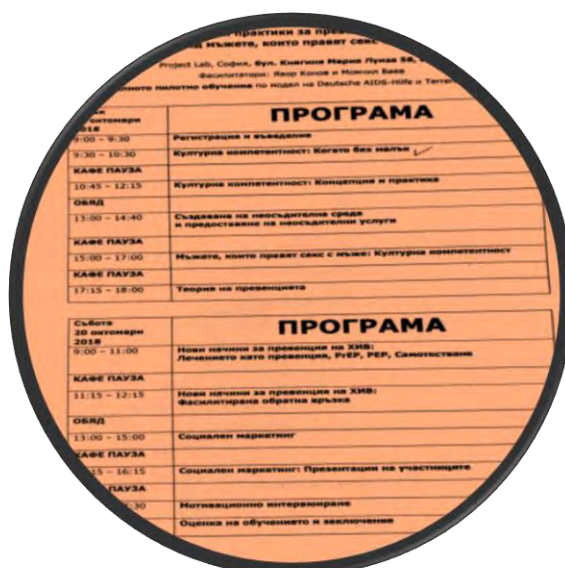
**Bulgaria**



# ESTICOM National Pilot Training

## Sofia, Bulgaria

### Evaluation report



Training Organiser	Single Step and Yavor Konov
Date	19-20 October 2018
Venue	Sofia, Bulgaria
Training Facilitators	Yavor Konov and Momchil Baev
Training Language	Bulgarian
Participants	10 participants (7 male and 3 female)
ESTICOM representatives	Matthias Kuske



## Introduction

The National Pilot Training (NPT) in Sofia, Bulgaria, took place between the 19<sup>th</sup> and 20<sup>th</sup> of October 2018 and was organised by Single Step and Yavor Konov. A total of 10 participants (3 female and 7 male) attended the training facilitated by Yavor Konov and Momchil Baev.

One of the facilitators Momchil Baev is employed by Single Step and the other, Yavor Konov, is a freelance professional. They attended the Training of Trainers workshop in Vilnius earlier in 2018. The participants came from different organisation and places within Sofia, except for one person. The NPT participants were relatively young, most are volunteers, working as Community Health Workers (CHWs), Peer Educator or Activist. Most are aware what is needed to improve the situation of LGBT in Bulgaria.

During the training, three training aspects were evaluated:

- Training *sessions* – consisting of individual and anonymous assessments of the session content and didactical methods used
- Training *process* – entailing a group assessment and individual observations by an independent observer focusing on topics related to training organisation and experience
- Training *impact* – consisting of short-term measurement by conducting pre- and post-training assessments regarding participants' level of confidence regarding pre-defined learning outcomes

Outlined below are results of the NPT evaluation, starting with an overview of the training *sessions* and feedback regarding the content, learning and teaching methods. Next, results regarding the training *process* are presented and discussed. Finally, results regarding the *impact* of the training on participants' confidence about specific topics.

### 1. Training Sessions

The Bulgarian NPT consisted of 9 sessions (see table 1), addressing Cultural Competency, New Prevention Technology and Social Marketing were addressed.

**Table 1.** Session Titles: NPT Bulgaria

Session	Sessions' Title
Session 1	Cultural Competency: When I was Young
Session 2	Cultural Competency: Concept and Practice
Session 3	Creating A Non-Judgemental Service or Environment
Session 4	MSM: Cultural Competency
Session 5	Prevention Theory 1 <sup>st</sup> Methodology
Session 6	New Prevention Technology
Session 7	Social Marketing – 1
Session 8	Social Marketing – 2
Session 9	Motivational Interviewing

Session 1 – *Cultural Competency: “When I was Young” exercise* – started with a short explanation of the sessions. Participants were asked to complete a short questionnaire for the exercise. There was a lot of interaction and discussion between participants about gay scene/celebrities/culture and everybody was fully engaged. Participants were asked to write on the flip chart, during the discussion

– the activities were less centralized. After participants wrote on the flip chart, Yavor led the plenary discussion reading what was on the flip chart. Group rules and norms were not established.

Session 2 - *Cultural Competence* – Yavor explained the session and followed with a small group exercise. During the exercise participants were divided into 3 groups. The discussion was dominated by one female participant and later other participants joined the discussion. The topic about capacity building was skipped as the group was too small to divide into 4 groups.

Session 3 - *Creating a Non-judgemental Service or Environment* – This session started with an energizer – *an effective ice-breaker*. A short explanation on the topic was provided and during the explanation, some participants asked questions. This interaction made it easier for participants to follow this session. After the explanation, small group exercises (45 minutes) were conducted. The small group exercise focused on creating a non-judgemental service. During the small group exercise, everyone was very engaged, much more active than in the bigger group. Group 1, 2 and 3 presented their results. During the presentation, there were Q&A from the group.

Session 4 – *MSM: Cultural Competency* – this session started with plenary followed by a group exercise. During the plenary there were Q&A's between facilitator and participants, and this had a positive interaction on the interaction of then training. Some participants, however, became quite passive appearing unable to follow the discussion. The group exercise was on agreement about sexual practice. Participants really enjoyed the exercise - lots of fun - and the energy in the room was lifted. This session continued with another plenary and group exercise.

Session 5 – *Prevention Theory* – this session started with a small group exercise about safer sex today and different ways of prevention and transmission, including a discussion on PEP and PrEP.

The slides were too wordy and gave the impression this part of the session involved just one-way knowledge transfer.

At the end of day 1, participants completed the evaluation form and gave a round of feedback. At the start of day 2, only 8 participants attended (2 female and 6 male).

Session 6 – *New Prevention Technology*. The session started with an explanation about new prevention technology. During the explanation, participants were very engaged with the topics, asked many questions and the discussion was lively. The discussion on PrEP was rather long, as it seemed that there were many different ways to obtain PrEP and its quality in Bulgaria. A small group exercise was conducted to develop an action plan for intervention on PrEP and on Testing. After the group work, each group presented their results. During this session the second facilitator, Momchil Baev, gave a presentation about his organisation's work (Single Step) for MSM (HIV self-testing, video, campaign materials etc.). This session closed with the exercise on Action Planning (an exercise of 75 minutes).

Session 7 – *Social Marketing – 1*. The session started with a short introduction, using slides and a verbal presentation on the concept of social marketing. One participant explained, in length, her experience with social marketing. After a short discussion, participants started a practical exercise. There were 3 groups, one group work on Facebook, one group on You Tube and the other one on *Social Influencer*. In this small group, participants learned how social marketing was set up in a different platform. They rotated and listened to the other group. In session 7, there were more participants (in total the 10 participants). The atmosphere of the training was relaxed; however, it seemed some participants did not take things seriously. This session was followed by a presentation of the action planning developed earlier. The first presentation was on Facebook, followed by YouTube

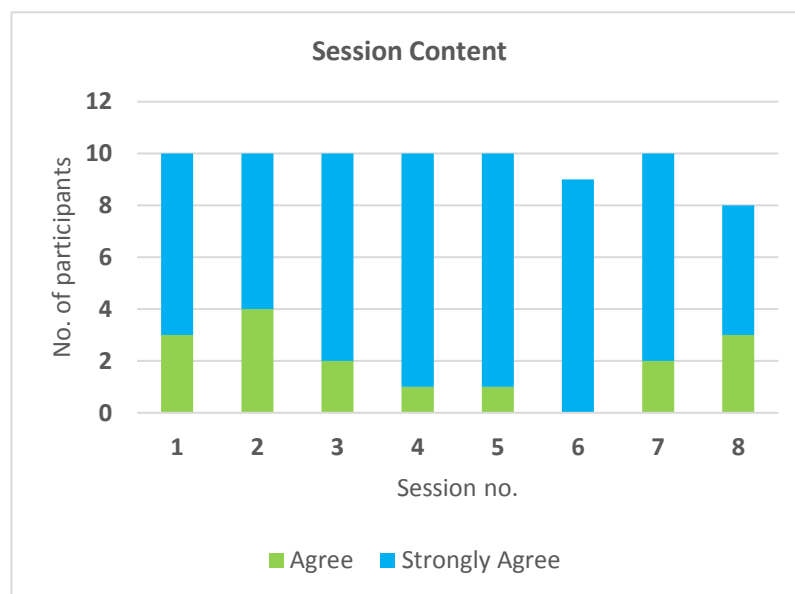
and *Social Influencer*. Participants were enthusiastic and highly motivated positive feedback from each group.

Session 8 – *Motivational Interviewing* – The session started with a presentation on the definition of Motivational Interviewing (MI). After a short lecture, participants were asked to share their knowledge on MI. There were different levels of knowledge on MI amongst participants, and it remains challenging to work on this topic, considering the different levels of knowledge of participants. All participants were involved in reading the information on the slides and started discussing the content. The practical exercise focused on conducting MI in pairs, followed by a discussion on MI. The discussion was intensive, including whether to conduct a second round of interviews to include learnings from the first exercise. Session 9 ended with a discussion on MI, followed by completion of the evaluation form.

During the training, participants were asked to provide feedback (both quantitative and qualitative) on the content of the sessions and the didactical (learning/teaching) methods used by the facilitators. Figure 1 and 2 provide an overview of the results.

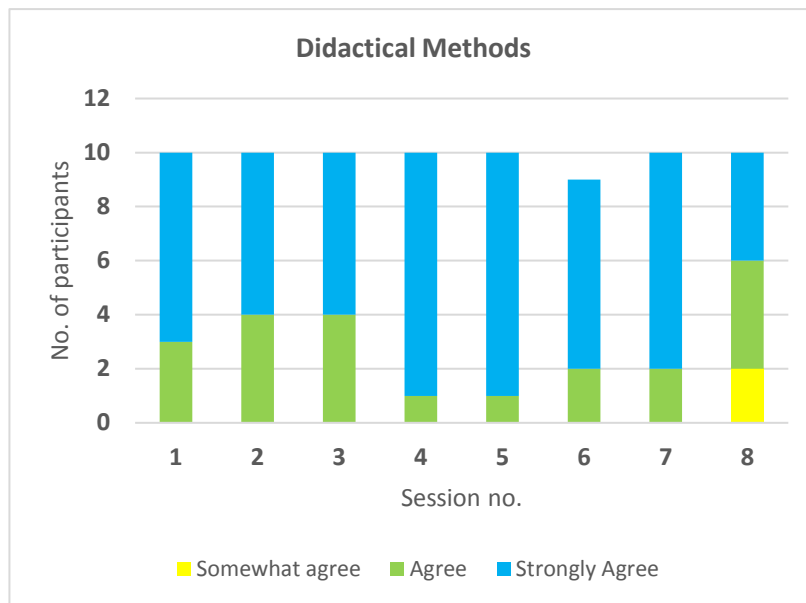
Regarding the content most participants *strongly agreed* and *agreed* all sessions provided a clear and up-to-date overview of the topic(s) addressed – See figure 1.

**Figure 1.** Level of Satisfaction with Session Content



Regarding didactical methods, most participants *strongly agreed* and *agreed* the learning and teaching methods used were helpful in enhancing their understanding of the sessions. This was particularly so for session 4 (MSM Cultural Competency) and session 5 (Prevention Theory). For session 8 (Motivational Interviewing Support and Behaviour Change), some participants only *somewhat agreed* about the didactical methods used for this session – see figure 2.

**Figure 2.** Level of Satisfaction with Didactical Methods



In general, the training was facilitated in an interactive way. One facilitator took the lead in most of the sessions during this NPT.

## 2. Training Process

### 2.1. Training Experience & Training Organisation

During the training, participants were asked to rate several aspects of the training in terms of *training experience* (i.e. group/class interaction, training equipment, facilitators' performance) and *training organisation* (i.e. communication with participants, training venue, facilities available). Table 2 provides an overview of the evaluation results for several of these items.

**Table 2.** Participants' satisfaction with aspects of the Training Process

Time management and allocation per session	Training Equipment (projector, other devices)	Group and Class Interactions	Training organisation (communication, Venue, registration etc.)
Satisfactory	Very Satisfactory	Very Satisfactory	Very Satisfactory

Participants were *very satisfied* with the training organisation and experience. Participants were critical about the time management and time allocation per session. They were *very satisfied* with the equipment used during the training. Group and class interaction were also *very satisfactory*. Participants were very active during the 3 days training both in class as well as in the group discussions.

### 2.2. Post-training evaluation: Satisfaction with NPT

At the end of the training, participants were asked to indicate their level of satisfaction with various topics related to the training. The average score for the training is 9,2.

Average Score	9,2
---------------	-----

All participants found the training useful for their work, enjoyable and will recommend this training to other colleagues. Participants were *very satisfied* with the training and stated that they benefitted a lot from it and appreciated the way the facilitators facilitated the training.

### 2.3. Facilitation Process and Facilitator’s Performance

The post-training assessment also indicated participants’ level of satisfaction with the training facilitation and facilitators’ performance. The facilitation was considered *very good*, and the facilitator performance was rated *very high*. Participants also indicated they would like to be trained again by the same facilitators.

## 3. Training Impact

A short-term (pre and post) measurement of the training impact was conducted by assessing participants’ level of confidence regarding specific topics/learning outcomes connected to each training session (see Table 3). Irreprehensible

**Table 3.** Learning Outcomes

LO1	Have a good understanding of the messages which MSM receive. These messages can continue to exert influence on the attitudes we have towards each other and the work we do.
LO2	Have considered questions and strategies in the area of cultural competency in order to support the creation of suitable interventions for MSM.
LO3	Am aware of and evaluated the necessary steps for the establishment of appropriate services. In addition, I have a better idea about how to realise the necessary changes
LO4	Have a good understanding regarding the culturally appropriate answers to the problems that MSM are facing
LO5	Have a good understanding about the established practices to prevent HIV, STIs and viral hepatitis.
LO6	Am aware of new methods of prevention against HIV (PrEP, PEP and self-testing). Also have a plan on how to inform MSM about them.
LO7	Have a good understanding about the use of digital and social media with the aim to conduct interventions targeting MSM.
LO8	Have a good understanding and have gone through the process of Motivational interviewing.

The level of confidence was measured using an anonymous self-assessment questionnaire, administered before and after the training. A four-point scale was used to assess the level of confidence:

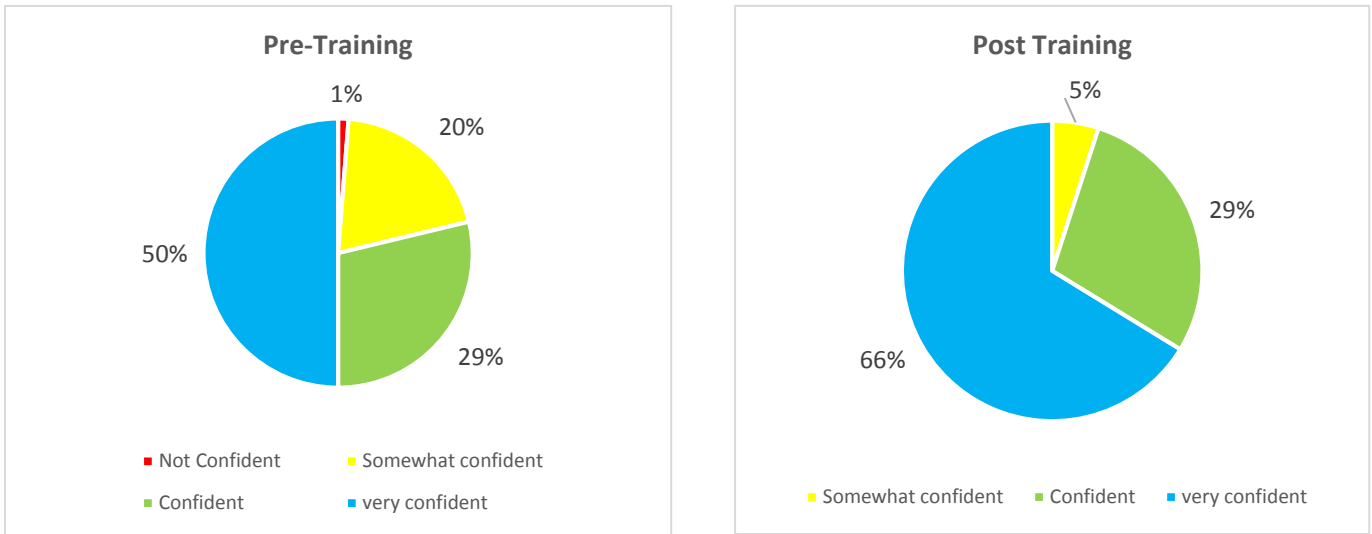
<b>Not Confident</b>	<b>Somewhat confident</b>	<b>Confident</b>	<b>Very confident</b>

Figure 3 shows the general changes in the level of confidence of participants on the topics addressed during the National Pilot Training. Before the training, 1% of participants did *not feel confident* and 20% felt *somewhat confident* about (certain) topics covered in the NPT. 29% of them felt confident and 50% of them felt *very confident* on the topics addressed during the NPT – see figure 3.

After the training, more than 67% of participants felt *very confident* about topics addressed during the NPT and 29% of the participants felt *confident*. No participant seemed *not to feel confident* and 5% of participants felt *somewhat confident* (see figure 4).

The proportion of participants who felt *very confident* increased from 50% to 66%; and participants who felt *confident* remained the same (28%). The proportion of participants who felt *somewhat confident* decreased from 20% to 5%. And after the training, participants who did *not feel confident* decreased from 1% to 0%.

**Figures 3 & 4.** Participants' level of confidence on topics addressed during NPT



Overall, results show that participants' confidence regarding the topics evaluated had increased significantly after attending the NPT.

#### 4. Concluding remarks/general impression

The NPT in Bulgaria was organised well. The facilitators were able to use the ESTICOM training materials and delivered the training in an interactive way. The participants were satisfied with the training organisation and delivery.



**Deliverable D10.4**

**ESTICOM Training Programme**

**Pilot Training Evaluation Report**

**Appendix 6.23**

**Evaluation Report**

**National Pilot Training**

**Portugal - Lisbon**



# ESTICOM National Pilot Training

Lisbon, Portugal

Evaluation report

October 2018



Training Organiser	GAT - Grupo de Ativistas em Tratamentos
Date	25-26 October 2018
Location	Lisbon, Portugal
Training Facilitators	Jesus Rojas & Luís Veríssimo
Training Language	Portuguese
Participants	8
ESTICOM representatives	Matthias Kuske

ResultsinHealth

ESTICOM Work Package 11 – Monitoring & Evaluation



## Introduction

The National Pilot Training (NPT) in Lisbon, Portugal took place between 25-26 October 2018 and was organised by GAT (Grupo de Ativistas em Tratamentos). The training was attended by 8 participants working as Community Health Workers for either GAT or local NGOs working with MSM in Lisbon. The NPT was facilitated by Jesus Rojas and Luís Veríssimo. Both facilitators attended the ESTICOM Training of Trainers workshops in Athens, Greece, earlier this year.

During the training, three aspects of the training were evaluated:

- Training *sessions* – consisting of individual and anonymous assessments of the session content and didactical methods used
- Training *process* – entailing a group assessment and individual observations by an independent observer focusing on topics related to training organisation and experience
- Training *impact* – consisting of a short-term measurement by conducting pre- and post-training assessments regarding participants level of confidence and pre-defined learning outcomes

Outlined below are results of the NPT evaluation, starting with an overview of the training *sessions* and feedback regarding the content, learning and teaching methods. Next, results regarding the training *process* are presented and discussed. Finally, results regarding the *impact* of the training on participants' confidence about specific topics.

### 1. Training Sessions

The NPT in Lisbon consisted of 9 sessions (see Table 1) in which various topics, such as cultural competence, beliefs and attitudes and new HIV prevention techniques were addressed. The session "Talking to a specialist" (session 8\*) was facilitated by an external expert.

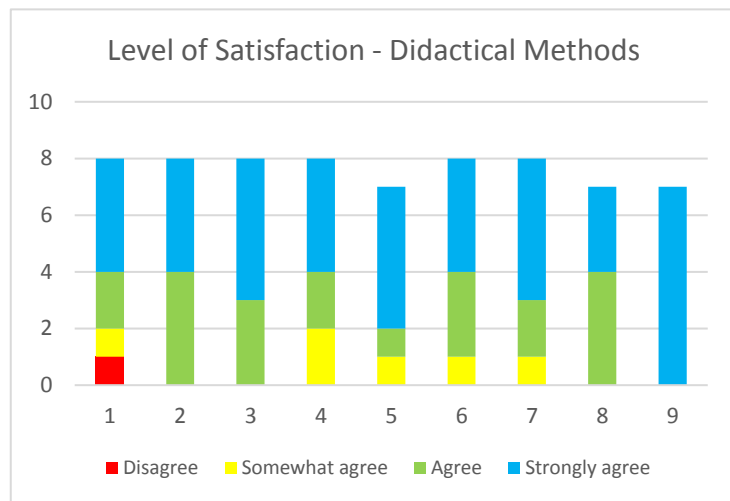
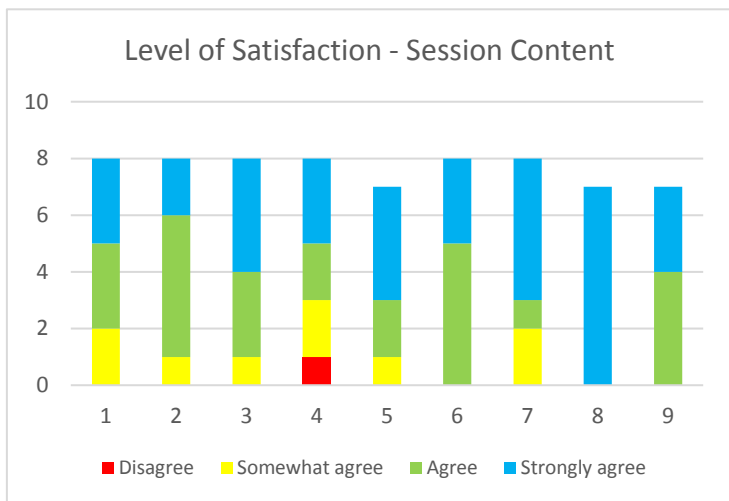
**Table 1.** Session Titles NPT Lisbon

Session 1	Creating non-judgmental services and environment
Session 2	Cultural competence: when I was young
Session 3	Listening without speaking/interrupting
Session 4	MSM: cultural competencies
Session 5	Follow all instructions
Session 6	Body language and exploration of distance and relative position.
Session 7	New prevention techniques: TcP (TasP), PrEP, PPE (PEP) and self-collection / self-testing
<i>Session 8*</i>	<i>Talking to a specialist</i>
Session 9	Case studies

During the training, participants were asked to provide feedback (both quantitative and qualitative) on the content of the sessions and the didactical (learning/teaching) methods that were used by the facilitators. Figure 1 and 2 provide an overview of the results.

Data shows that the group was generally very appreciative of the training sessions and a high level of satisfaction was reported for all the topics addressed regarding both their content and the didactical methods used.

**Figure 1.** Level of Satisfaction with Session Content | **Figure 2.** Level of Satisfaction with Didactical Methods



After starting the training with introductions and an energiser, the facilitators kicked off with a session on the creation of a non-judgmental environment and services for MSM. Starting with an interactive presentation on non-judgmental services (using ESTICOM materials with some added data from the stigma index in Portugal), there was space for participants to ask questions and get the discussion started.

Due to some left-over time in the schedule after initial introductions, some confusion regarding the questions that needed to be addressed in the group work and the fact that the groups’ presentations were not written down before, but while presenting, the time allocated to the group work in this session was extended. This decision accommodated more interaction and discussion during the presentations and space to address questions from the groups.

Written feedback from the group regarding suggestions to improve this session included the suggestion to “[include] cases of good/new practices in Europe or in the world”; to deepen the discussion: “superficial content, dynamics very [little] explored”; and to “consider giving all reading material at the beginning of the session to develop a more natural [way of] learning of the concepts during discussion and exercises”.

Participants were generally satisfied with the content and methods used during the afternoon sessions on day #1. Session 2-4 addressed the topics of “cultural competence” (including the exercise ‘when I was young’) and “listening without speaking”. Feedback from the participants was positive; they felt it was a new way of training – very interactive and interesting. However, written feedback also shows some suggestions for improvement: for session 3 (listening without speaking), where several participants felt 10 minutes of ‘speaking’ was too much: “10 minutes of speaking without interruption is too much, the subject got drained”. | “From my point of view 10 minutes to execute this exercise from the speaker [point of] view is too much. Why not consider reducing such time to 7 minutes, for example”.

Session 4, covering cultural competencies related to MSM, shows slightly lower levels of satisfaction with both its content and the didactical methods used. One participant noted that the content of this session was “not easy to apply during every-day practice. It would be useful to present the idea[s] on video with concrete cases before doing the exercises”. Another wrote that it might help to “perhaps

*structure the exercise a little more, be it in relation to the themes attributed to each group or the subsequent exercises".*

Session 6, exploring body language and physical distance/position, started with a short energiser befitting the topic: 'approach your partner', where participants were immediately made aware of their own needs in regard to physical closeness and space. Participants were largely very satisfied with the content of this session but had some suggestions for improvement when it came to the didactical methods used: *"Make the exercise in a bigger room. Avoid giving results before ending the exercise. Explore more the feelings of the participants".*

Session 7 addressed new HIV prevention techniques, which covered an interactive presentation with many questions from the participants and some discussions – especially concerning PrEP. Not all questions were discussed in-depth due to the upcoming session with an expert; questions could be addressed further during that session. The session also included group work ("Action Planning" exercise) which needed some additional input from the facilitators since the original briefing did not seem completely clear. Once the group work got started, it was very interactive with intense and long discussions. This also had to do with the fact that (as happened in session 1), the presentations were written on flipcharts while presenting, which took longer but provided all group members with the opportunity to give input (instead of 1 person presenting) and made the process more interactive.

Participants were generally satisfied with both content and methods used during this session but had some suggestions for improvement. One suggested it would be worthwhile to go deeper into the topics: *"More thorough consideration of content. Use an expository and interrogative methodology".* Another mentioned that even though they appreciated the tools that were discussed during this session, it would be good to receive more *"information for their practical application and/or counseling in the context of screening".*

"Good definitions of tools, but for information for their practical application and / or counseling in the context of screening"

For session 8 ('talking with a specialist'), an infectious disease specialist (working at the Checkpoint and in a clinic providing PrEP) was invited to facilitate a Q&A session about the opportunities of PrEP. All participants strongly agreed that the content of this session was satisfactory. One participant indicated that the session could have been longer (than the 90 minutes allocated).

Session 9, where specific case studies were discussed, was received well by the participants; particularly when it came to the didactical methods used. One participant mentioned that the session could be improved further by *"[making] a question by question review in order to obtain the best practice to adopt for the case".*

## 2. Training Process

This section discusses the level of participants' satisfaction with various aspects of the National Pilot Training.

### 2.1. Training Experience & Training Organisation

During the training, participants were asked to rate several aspects of the training in terms of *training experience* (i.e. group/class interaction, training equipment, facilitators' performance) and *training organisation* (i.e. communication with participants, training venue, facilities available). Table 2 provides an overview of the evaluation results for several of these items.

Participants were particularly satisfied with the communication between them and the organisers of the training and the support they were given beforehand (e.g. information regarding training, venue and accommodation). Results show slightly lower levels of satisfaction among some of the group regarding the training equipment that was used, the training venue and the time management and allocation per session. Many of the sessions did not take as much time as planned in the training schedule. However, other sessions benefited from this for there was now extra time for elaboration, discussions and group work. In addition, several sessions started later than planned, which can be explained by the ‘cultural habits’ (see section 2.2.).

**Table 2.** Participants’ satisfaction with aspects of Training Process

Time management and allocation per session	Training Equipment (projector, other devices)		Group and Class Interactions	Training organisation – communication & support
Satisfactory	Satisfactory	Very Satisfactory	Very Satisfactory	Very Satisfactory

## 2.2. Post-training evaluation: Satisfaction with NPT

At the end of the training, participants were asked to indicate their level of satisfaction with various topics related to the training they had just completed. A large majority of the participants indicated they enjoyed the training and agreed or strongly agreed that the training was useful for their work as Community Health Workers. Participants felt that the training was an appropriate use of their time and would recommend it to their colleagues. On average, participants scored the training with an 7,7.

Average Score	7,7
---------------	-----

When asked how they would use what they learned in the training in their daily work, one of the participants explained that they would be able to *“apply some of the techniques of group dynamic/ activities in the integration of colleagues”*. Another mentioned that *“ideas that emerged during the training can be applied/worked [with] in “real life”, in our day to day. Example: try to work on the physical barriers (or the lack thereof) in hospital pharmacies. [Or to] create/propose a PEP algorithm for the use of Saúde 24 [a service for telephone health counselling]”*.

Some general comments regarding the training included that one of the participants felt the training days were too long: *“from 9.30 to 7.30pm, not even a normal working day lasts that [long]”*. Another noted that *“the chairs (very hard ones) and lack of writing support (a table) makes that the training becomes uncomfortable, even painful. Thankfully the facilitators were a charm to the eye and were able to give us small [breaks], understanding and respecting our ‘cultural habits’”*.

## 2.3. Facilitation Process and Facilitator’s Performance

The facilitators’ performance was rated very positively across the board. The post-training assessment evaluating participants’ level of satisfaction with various aspects of the training, shows that all, except for one, of the participants strongly agreed that the facilitation process was good, and they would like to be trained by the facilitators again.

Overall, the atmosphere that was created during the training was positive and open and participants very much appreciated how the training was delivered and how the facilitators created a space for the group to share experiences with others.

### 3. Training Impact

A short-term (pre and post) measurement of the training impact was conducted by assessing participants' level of confidence regarding specific topics/learning outcomes connected to each training session (see Table 3). The level of confidence was measured using a fully anonymous self-assessment questionnaire, administered before and after the training. A four-point scale was used to assess the level of confidence:

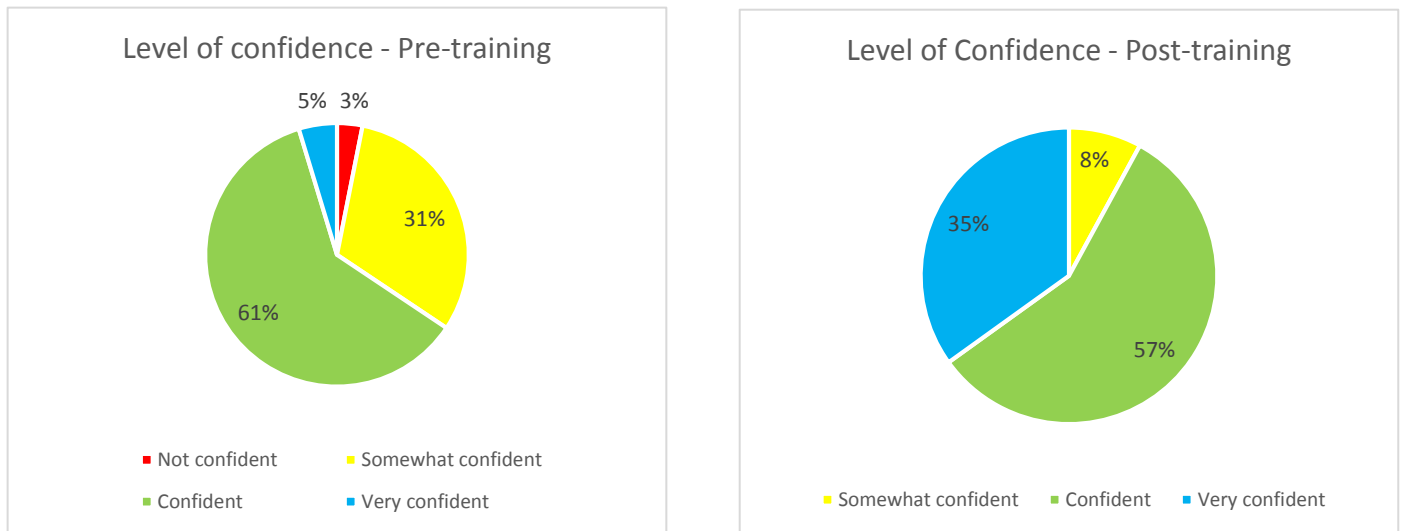
<b>Not Confident</b>	<b>Somewhat confident</b>	<b>Confident</b>	<b>Very confident</b>
----------------------	---------------------------	------------------	-----------------------

**Table 3.** Learning Outcomes

1	I have explored and evaluated the necessary steps in creating non-judgmental services and have a better idea of how to make the changes to achieve this goal.
2	I understand that the messages I receive can influence my attitudes and the work I do.
3	I have experienced being truly heard and what happens when I do not interrupt and only hear; I built skills around "active listening."
4	I have a good understanding of culturally competent answers to the questions posed by MSM during my work.
5	I have good listening skills.
6	I understand the importance of body language, respecting "personal comfort zones," and how eye contact and body language interact to affect interactions between people and how that understanding can be used in my work with MSM.
7	I am aware of new prevention techniques (TcP (TasP), PrEP, PPE (PEP) and self-collection / self-testing) and I know how to inform MSM about them.
8	I can practice communication strategies so as not to break confidentiality and work with professional ethics and rigor.

Figures 3 & 4 show the general changes in the level of confidence of participants of the National Pilot Training in Lisbon. Overall, results show that participants' confidence regarding the topics evaluated increased significantly after attending the NPT. Before the training, 3% of the participants did not feel confident about certain topics covered in the NPT, and 31% only felt somewhat confident. However, this number reduced to only 8% of the participants feeling somewhat confident after the training and none of them feeling unconfident. In addition, the percentage of people feeling very confident with the topics evaluated increased from only 5% to 35%.

**Figure 3 & 4** Level of Confidence regarding addressed topics before & after NPT



#### 4. Concluding remarks/general impression

The NPT in Lisbon was organised well. The facilitators were able to use the ESTICOM training materials and delivered the training in an interactive way. The participants were satisfied with the training organisation and delivery.



**Deliverable D10.4**

**ESTICOM Training Programme**

**Pilot Training Evaluation Report**

**Appendix 6.24**

**Evaluation Report**

**National Pilot Training**

**Denmark**



# ESTICOM National Pilot Training

## Denmark

### Evaluation report



Training Organiser	AIDS Fondet
Date	26-27 October 2018
Venue	Copenhagen, Denmark
Training Facilitators	Heidi Slavin and Thomas Hübertz
Training Language	Danish
Participants	15 participants (9 male and 6 female)
ESTICOM Representatives	Barrie Dwyer



## Introduction

The National Pilot Training (NPT) held in Copenhagen, Denmark, took place between the 26<sup>th</sup> and 27<sup>th</sup> of October 2018 and was organised by AIDS Fondet. A total of 15 participants (6 female and 9 male) attended the training facilitated by Heidi Slavin and Thomas Hübertz. The facilitators are employees of AIDS Fondet and attended the Training of Trainers workshop in Vilnius, earlier in 2018. Participants came from 3 different sites of AIDS Fondet in Denmark.

The NPT in Denmark was a short NPT, consisting of 4 sessions and organised as 2 half days. Due to the shortened training, the evaluation has also been modified. During this training, three training aspects were evaluated:

- Training *sessions* – by an external observer.
- Training *process* – which entailing individual observations by an independent observer focusing on topics related to training organisation and experience
- Training *impact* – consisting of short-term measurements by conducting pre- and post-training assessments regarding participants' level of confidence regarding pre-defined learning outcomes

Outlined below are results of the NPT evaluation, starting with an overview of the training *sessions* and feedback regarding the content, learning and teaching methods. Next, results regarding the training *process* are presented and discussed. Finally, results regarding the *impact* of the training on participants' confidence about specific topics.

### 1. Training Sessions

The Danish NPT consisted of 4 sessions (see table 1). Topics covered in the sessions are presented below.

**Table 1.** Session Titles: NPT Denmark

Session 1	Setting the Scene
Session 2	Chemsex
Session 3	When I was young
Session 4	Safer sex

Session 1 – *Setting the Scene* – This session started with an explanation about the ESTICOM project and its stages. Group norms and expectations were established.

Session 2 - *Chemsex* - This session started with a short presentation informing the group about the situation in Europe from EMIS results, drugs associated with Chemsex and the situation in Denmark. The discussion addressed the implication of Chemsex and the situation in the Checkpoint; and comparisons between countries in Europe. Afterwards the group divided into 4 small groups to each take a look at one specific drug (Meth/Cocaine/MDMA/GHB). Each group received 7 questions to research and took turns to give feedback on their findings. This was followed by a small group session discussing about Chemsex when talking with clients in the Checkpoint.

Session 3 - *When I was Young* – started with an energizer – one statement following on from another like “consequences” was fun and raised energy levels. The session continued with an introduction on culture, followed by exercises. Participants were interested and engaged, sharing their thoughts and experiences, working at Checkpoints. The discussion was deep, covering aspects that need to be covered or raised, all this happened without having to prompt the group.

Session 4 – Safer Sex – *What is safer sex in 2018 – elements of STIs* - This session started with evidence-based aspects of safer sex. Participants divided into 4 groups to discuss safe sex: the use of PrEP, condom-less (bareback), sex and stigma and Chemsex. The group further discussed the different STIs and followed by presenting the results using the online game “Kahoot”. The session closed with a feedback round and completion of the evaluation forms.

The training went well. Participants were very engaged and enjoyed the opportunity to meet people from other Checkpoints, interact, share and discuss issues at work and being able to put names to faces.

## 2. Training Process

### 2.1. Post-training evaluation: Satisfaction with NPT

At the end of the training, participants were asked to indicate their level of satisfaction with various topics related to the training. The average score for the training is 8.7.

Average Score	8,7
---------------	-----

All participants found the training useful for their work, enjoyable, an appropriate use of their time and will recommend this training to other colleagues.

In general, participants were very satisfied with the training and stated they benefitted a lot and appreciated the way the facilitators facilitated the training:

- *“Good exercises and fun ways to get information and remember the shared/learned information. It could have been more focused on the counselling and communication of issues”.*
- *“I would like more of this - room discussions that will broaden our understanding and view of different topics”.*
- *“It was a little Copenhagen-focused even though it was attempted to be avoided. It was a lot of the same people talking. Otherwise very rewarding sessions and great facilitators”.*
- *“Perhaps exercises with questions and conversations could be an idea”.*
- *“Thank you for great days”.*

When asked on how they will use what they learned during the NPT in their future work, participants’ responses were as follows:

- *“I will try to implement my gained knowledge in my counselling in Checkpoint.”.*
- *“Wider understanding about any subject will lead to better counselling”.*
- *“I feel I can give a better counselling because I feel more confident and have a wider understanding about the subjects”.*
- *“I will think about the language I use and how I can be more aware when asking questions in Checkpoint”.*
- *“It’s a new experience, new ways and strategies of communication and new focus on how culture and background affect us”.*
- *“Reflections based on knowledge. Plus, knowledge that increases my quality of information provision”.*
- *“Further reflections on stereotypes, images, perspectives and approach”.*

- “More information and a brush up on prevention, drugs, STI's etc. as well as a wider awareness of prejudices and stigma, including what the service users think”.
- “Try to implement other trainees' useful techniques in future work to test how they work for me”.

## 2.2. Facilitation Process and Facilitator’s Performance

The post-training assessment also indicated participants’ level of satisfaction with the training facilitation and the facilitators’ performance. The facilitation was considered very good, and the facilitators’ performance was rated very high. Participants also indicated they would like to be trained again by the same facilitators: “Heidi and Thomas were insanely good”.

## 2. Training Impact

A short-term (pre and post) measurement of the training impact was conducted by assessing participants’ level of confidence regarding specific topics/learning outcomes connected to each training session (see Table 3).

**Table 3.** Learning Outcomes

LO1	Understand what drugs might be used in relation to sex between men and how the drugs affect the person who takes them.
LO2	Know how to discuss the subject of Chemsex during counselling in Checkpoint.
LO3	Understand the messages young MSM’s might receive about their sexuality and relationships and how they might affect them as adults.
LO4	Understand how our beliefs and values might be influenced by early messages from the surrounding society.
LO5	Understand various different methods of safer sex.
LO6	I have knowledge of different symptoms of STI’s.

The level of confidence was measured using an anonymous self-assessment questionnaire, administered before and after the training. A four-point scale was used to assess the level of confidence:

<b>Not Confident</b>	<b>Somewhat confident</b>	<b>Confident</b>	<b>Very confident</b>

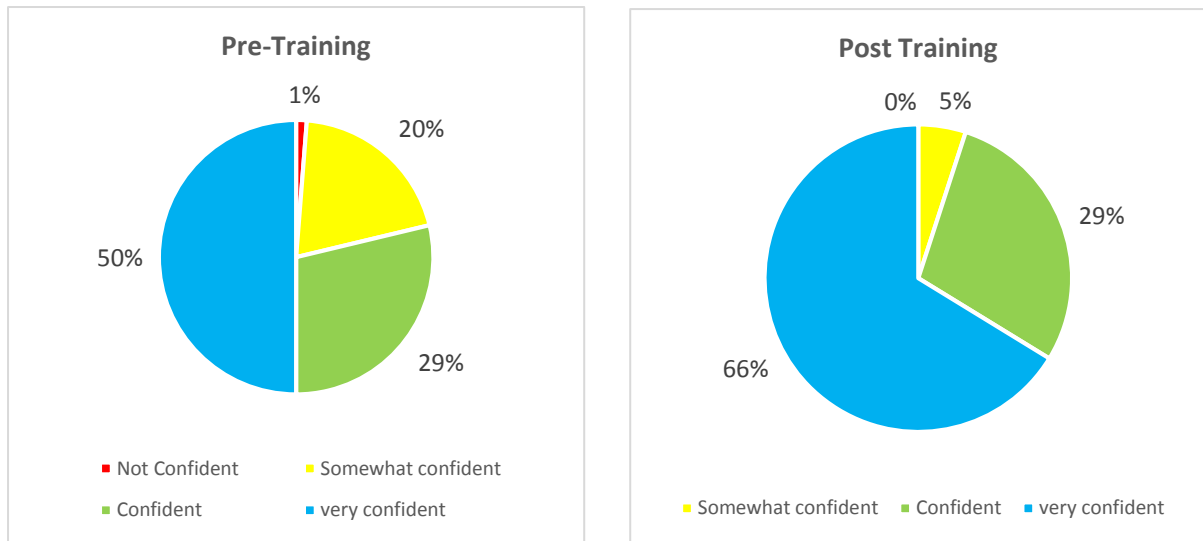
Figures 1 and 2 indicates the general changes in the level of confidence of participants about topics addressed during the National Pilot Training.

Before the training, 20% of the participants felt *somewhat confident* about (certain) topics covered in the NPT. 29% felt *confident* and 50% felt *very confident* (see figure 1).

After the training, 67% of the participants felt *very confident* about the topics addressed during the NPT and 29% of participants felt *confident*. 5% of participants felt *somewhat confident* (see figure 2).

The proportion of participants who felt *very confident* increased from 50% to 67%, the proportion of participants who felt *confident* remained the same (29%), and the proportion of participants who felt *somewhat confident* decreased from 20% to 5%. Overall, results show that participants’ confidence regarding the topics evaluated had increased significantly after attending the NPT.

**Figure 1 & 2.** Participants' level of confidence on topics addressed during NPT



#### 4. Concluding remarks/general impression

The NPT in Denmark was organised well. The facilitators were able to use the ESTICOM training materials and delivered the training in an interactive way. The participants were satisfied with the training organisation and delivery.



**Deliverable D10.4**

**ESTICOM Training Programme**

**Pilot Training Evaluation Report**

**Appendix 6.25**

**Evaluation Report**

**Summary Report Evaluation**

**National Pilot trainings**



# ESTICOM National Pilot Trainings

*Evaluation Report*

Developed by Work Package 11

**January 2019**

## 1. Introduction

This report falls under Objective 3 of the European Surveys and Training to Improve MSM Community Health (ESTICOM) project, which is funded by the Consumers, Health, Agriculture and Good Executive Agency (CHAFAEA) of the European Commission from September 2016 to August 2019. Objective 3 aims to develop training material and a training programme for Community Health Workers (CHW) that work with men who have sex with men (MSM) in Europe.

The training programme aims to increase the knowledge and skills of CHWs to develop and implement a range of activities and services to improve access to HIV, STI and viral hepatitis prevention and health care for MSM. The training programme consists of two parts: (1) Training of Trainers (TOT) workshops and (2) National Pilot Trainings (NPTs).

The main aim of the NPTs was to pilot and implement the training materials developed within the ESTICOM project. The trainings were facilitated by former TOT participants, who developed and organised NPTs in their own countries and local contexts, under the umbrella of ESTICOM. The objective of the NPT is to support CHW working with MSM in providing appropriate services, particularly in the following areas:

1. *Increasing the access to prevention*, including testing services for HIV, STI's and Viral Hepatitis among MSM and priority sub-groups
2. *Improving the linkage and retention in care as well as quality of care*, including treatment for HIV/AIDS, STI's and Viral Hepatitis infections
3. *Improving the integration of services to ensure patient-centred care*, including inpatient and outpatient facilities
4. *Reducing stigma and discrimination* due to sexual orientation and of people living with HIV/AIDS in the health care settings

### **Evaluation**

The overall purpose of the training evaluation is to assess the training materials developed by Objective 3. The aim of the evaluation is to provide insights to the results achieved, lessons learnt, and recommendations for the finalisation of the training material. It covers feedback on the training material as well as the training programme and process.

During the NPTs, three main items were evaluated<sup>1</sup>:

- Training sessions – individual and anonymous assessment of the session content and didactical methods used (based on training materials)
- Training process – group assessment and individual observation by an independent observer focusing on training organisation and experience
- Training impact – measured short-term (level of confidence in specific topics)

This evaluation report presents a summary of the NPT evaluations conducted (including 18 trainings). The report focuses on those topics/sessions that were most frequently included in the NPTs. For NPT-specific information, please be referred to the individual evaluation reports that were developed, which can be found in the Annexes of this document.

---

<sup>1</sup> A thorough description of the evaluation approach and methods are presented in the Evaluation Design which was submitted separately

Following some contextual information about the NPTs, evaluation results regarding the training sessions are presented (addressing session content and didactical methods used), including feedback received on specific sessions/topics. Next, the report addresses the participants' satisfaction with the NPTs, including evaluation results of training organisation and experience and the level of satisfaction regarding specific topics (e.g. usefulness of training and how/if it will influence their work as CHW). Next, the facilitators' role and performance are considered, followed by the evaluation of the training impact. The impact evaluation includes the short-term impact of the training (measured by the participants' level of confidence in certain topics). Finally, some general conclusions are drawn, and specific recommendations given for the organisation and provision of future trainings and the revision/finalisation of the ESTICOM training material.

## 2. The ESTICOM National Pilot Training

In total, 19 NPTs were organised during the ESTICOM project timeline (May-October 2018), involving 24 European countries. 18 of these trainings, organised in 17 countries<sup>2</sup>, were evaluated<sup>3</sup>.

The NPTs were organised between 1 to 3 days with 8-15 contact hours. The trainings took place in either a (commercial) training venue or at the office of the local host organisation. All NPTs were developed and organised by facilitators who had attended the ESTICOM Training of Trainers workshops earlier in 2018. Six (6) of the NPTs were funded by the ESTICOM project (Bulgaria, Baltic countries, Croatia, Greece, Poland, and Romania). The other NPTs were funded by the local organisers themselves, or with support from external funds provided by their partners. Figure 1 shows an overview of the countries where NPTs were organised and evaluated. The participating countries are orange.

**Figure 1 | Locations of ESTICOM NPTs**



<sup>2</sup> In Portugal, two separate National Pilot Trainings were organised

<sup>3</sup> Please be referred to Deliverable 10.3 for detailed information about the implementation of the NPTs



The background of the NPT participants varied. In some NPTs, participants were professionals - qualified to work with MSM and other key populations and professionally employed (e.g. Austria). In other NPTs, participants were largely volunteers (trained to work with MSM and other key populations), peers and non-peers, working as CHWs in their free time (e.g. Spain). In countries such as Croatia and Italy, the group of participants was a mix of professionals and volunteers.

### 3. Evaluation of the NPT Training Sessions

The NPTs aim to pilot and implement the training materials developed within the ESTICOM project. Therefore, the sessions that were taught in the NPTs were designed based on these materials. To evaluate each session, and the ESTICOM materials that were used in them, participants were asked to assess the session's *content* and the *didactical methods* that were used by the facilitators.

In total, 139 sessions (see Table 1) were organised within the 18 NPTs evaluated, consisting of 117 technical sessions and 22 sessions focusing on logistical and practical matters. The technical sessions focused on topics related to working as CHWs. These topics could be knowledge and/or skills-based. The logistical sessions included evaluation, feedback, establishment of group norms, introductions to the ESTICOM project, introductions among participants and facilitators, etc.

**Table 1 |** Number of sessions in ESTICOM NPTs

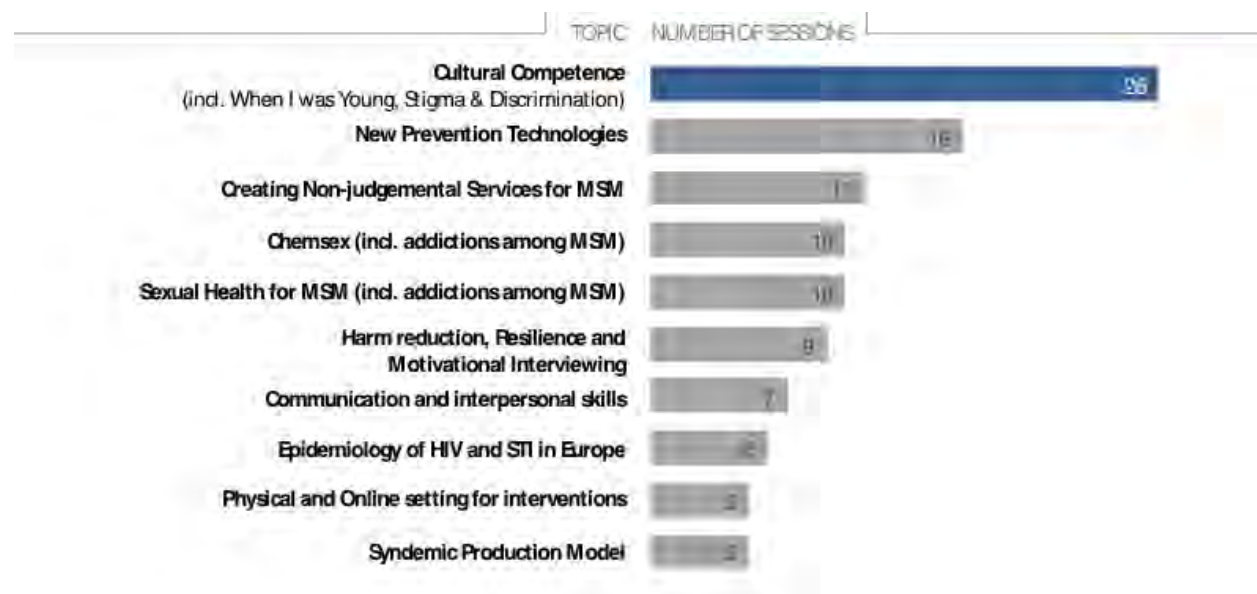
Location	No. of Sessions	Location	No. of Sessions	Location	No. of Sessions
Portugal - Porto	4	Spain	7	Portugal - Lisbon	9
Denmark	4	Italy	7	Bulgaria	9
Sweden	6	Finland	7	Croatia	10
Romania	7	Switzerland	7	Czech Republic	10
England	7	Greece	8	Austria	11
Germany	7	Baltic Countries	8	Poland	11

The ESTICOM NPTs had a minimum of 4 (Denmark and Portugal - Porto) and a maximum of 11 (Austria, Poland) sessions, depending on the duration of the training and the length allocated to each session. The decision to include a particular number of sessions was made by the NPT facilitators with input from ESTICOM work packages 9 and 10. Considerations were mainly the results of the local need assessments that were conducted beforehand, the time available for the NPT, facilitators' input and logistical matters (e.g. travel time, available funding).

### 3.1.NPT Session Topics

Figure 2 presents the 10 most frequently taught topics during the NPTs, showing the number of sessions where each topic was included (some topics were addressed in more than one session). A detailed overview of which topic was addressed in which country/NPT can be found in Appendix 6.26.

**Figure 2 |** Most frequently taught topics during the ESTICOM NPTs



Sessions on Cultural Competence were included in *all* NPTs; indicating the importance allocated to this topic by the facilitators and respondents of the local need assessments. Some other topics that were addressed during the NPTs, though less frequently, included:

- Behaviour change (Poland/Croatia/Spain)
- Action Planning / Action Learning – Integration into the work process (Italy/Spain/Sweden)
- Partnerships between statutory and community health services & Collaboration of state and non-profit organisations and NGOs (England & Czech Republic)
- Whole System Approaches (Croatia/Austria)

The selection of the topics taught during the NPTs was based on the results of the local need assessments, in-country situation (e.g. trends on MSM health/ situation, health systems), factors related to the background of participants (i.e. professional/volunteer), the facilitators' capacity to design and facilitate training programmes, logistical issues and input from ESTICOM work packages 9 and 10.

When comparing the selection of topics taught during NPTs against the overall objectives of the NPT (from the ESTICOM perspective), it can be concluded that the NPTs actively addressed all pre-defined objectives (see the introduction to this report). Table 2 shows that, for each objective, specific sessions/topics were included in the NPTs, showing a perceived need to address these objectives across local contexts.

**Table 2 |** Categorisation of NPT Topics according to Overall Objectives NPT

ESTICOM's Objectives of NPT	Topics taught during NPTs
(1) Increasing the access to prevention, including testing services for HIV, STI's and Viral Hepatitis among MSM and priority sub-groups	<ul style="list-style-type: none"> <li>• New Prevention Technology</li> <li>• Chemsex</li> <li>• Physical and online settings for intervention</li> <li>• Behavioural Change</li> <li>• Action Planning</li> </ul>
(2) Improving the linkage and retention in care as well as quality of care, including treatment for HIV/AIDS, STI's and Viral Hepatitis infections	<ul style="list-style-type: none"> <li>• Sexual health for MSM</li> <li>• Epidemiology of HIV and STI in Europe</li> </ul>
(3) Improving the integration of services to ensure patient-centred care, including inpatient and outpatient facilities	<ul style="list-style-type: none"> <li>• Harm Reduction, Resilience and Motivational Interviewing (MI)</li> <li>• Syndemic production</li> <li>• Whole system approach</li> <li>• Partnership between statutory and community health services</li> </ul>
(4) Reducing stigma and discrimination due to sexual orientation and of people living with HIV/AIDS in the health care settings	<ul style="list-style-type: none"> <li>• Creating Non-Judgemental services</li> <li>• Communication and Interpersonal skills</li> <li>• Cultural Competence</li> </ul>

### 3.2. Feedback on the NPT Session Content

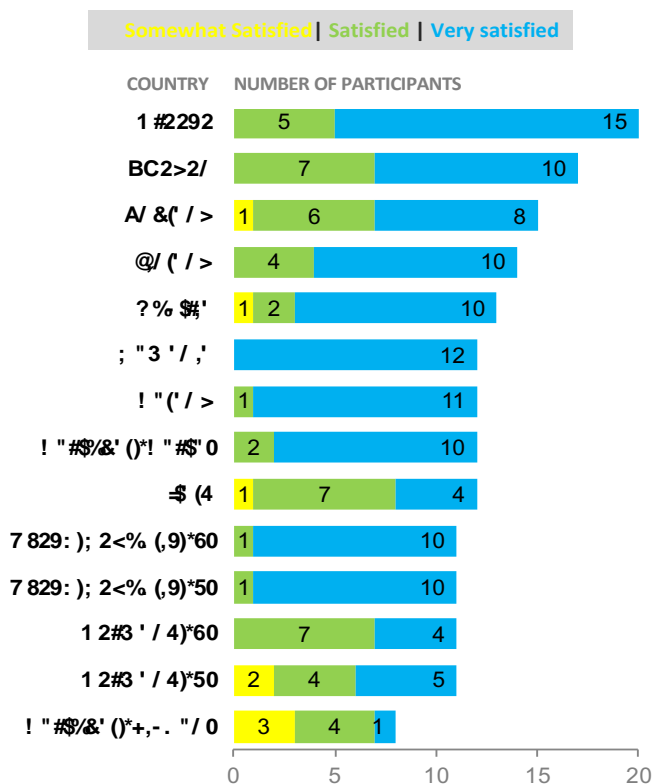
In order to pilot and implement the training materials developed within the ESTICOM project, the NPT facilitators designed their training sessions based on these materials. The sessions were evaluated by assessing the NPT participants' level of satisfaction with the sessions' content and whether or not the materials used provided a clear and up-to-date overview of the topics addressed.

Across all NPTs evaluated, participants indicated they were satisfied with the content of the NPT sessions, particularly enjoying the diverse approach: *"The NPT has a very nice mix of theory and practice"*. As an example, figure 3 provides an overview of participants' level of satisfaction with the clarity and accuracy of the content of all sessions focusing on New Prevention Techniques (one of the most frequently taught topics)<sup>4</sup>.

For a few of the sessions that were taught, a lower level of satisfaction was reported. For example, feedback regarding the content of the session on *Behavioural change in the planning and implementation of prevention programme*, shows that the way this topic was presented in Croatia was considered to be too theoretical.

<sup>4</sup> The NPTs in Germany and the Czech Republic included two sessions on New Prevention Techniques

**Figure 3 | Satisfaction with Session Content for New Prevention Techniques**



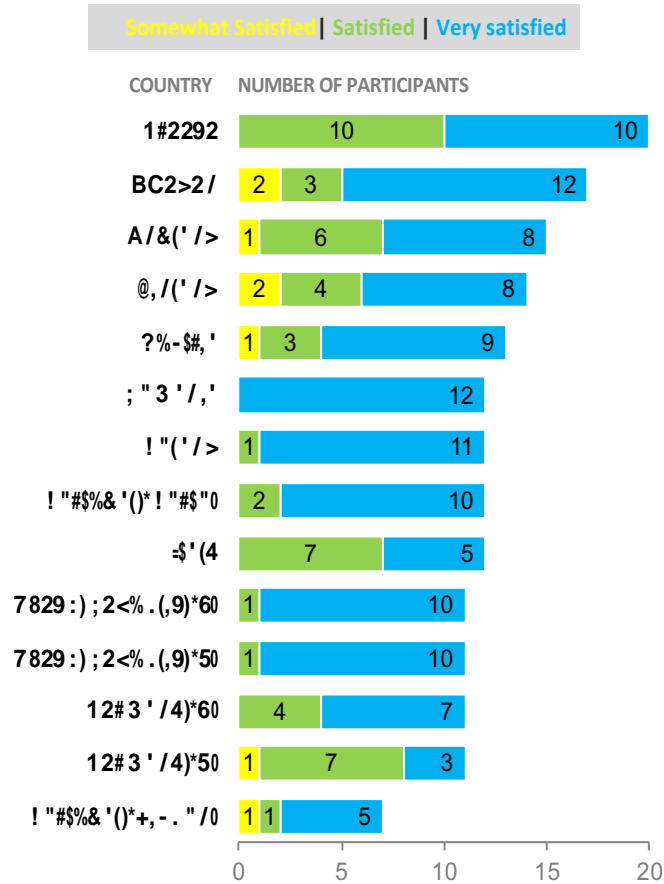
### 3.3.Feedback on Didactical Methods used in the NPTs sessions

The ESTICOM NPTs were considered to be very interactive and participative, which was a new approach for the participants and facilitators in most of the countries. Data shows that, for the didactical methods used during the NPTs, there is an overall agreement among the participants in all countries that they were helpful in enhancing the understanding on the topics addressed during the NPT.

- ! *...This concept of training works perfectly fine...*
- ! *...The practical training and tasks were fun and instructive...*
- ! *...Amazing and very useful sessions. Interactive, creative, diverse and relaxed!*

The didactical methods used in the sessions focusing on Cultural Competence were particularly highly valued (see specific feedback for the session on cultural competence – section 3.5.1). As an example of the high levels of satisfaction with this aspect of the training, Figure 4 shows participants’ satisfaction with the didactical methods that were used during the sessions on New Prevention Techniques

**Figure 4 | Satisfaction with Didactical Methods for New Prevention Techniques**



However, some participants also indicated specific needs for improvement for the didactical methods used in the sessions on Harm reduction, Resilience and Motivational Interviewing (Romania), Non-judgmental services (Germany) and Behavioural change in the planning and implementation of prevention programme (Croatia).

### 3.3.1.1 Using Ice Breakers and Energizers

Ice Breakers and energizers were integrated in the didactical methods used during the NPTs and were often utilised, for various reasons. In some trainings they were used to transfer knowledge (in sessions on communication skills, for example), to get to know each other (to introduce participants and facilitators) and/or to elevate the energy in the training room. Furthermore, they were used to introduce participants to a particular session/topic in a playful manner.

The decision to include ice breakers and/or energizers in the ESTICOM NPT was left up to the facilitators. The use of ice breakers and energizers was sometimes pre-defined (discussed prior to the NPT and included in the training plan) or used on a more ad-hoc basis – decided during the NPTs. Most facilitators had several activities ‘on hand’ and chose those that felt appropriate at a specific time.

Examples of Ice-breakers and Energizers that were used during the NPT:

- Two choices for session on subgroups of MSM
- What people usually asked gay/LGBTI people on the dating app
- Something unique about yourself
- Shark attack
- Exercise: Think, Feel and Do
- Journey to Jerusalem
- The Samaritans
- Standing according to birthday date and months
- Standing according to their length
- Online game: Kahoot

### **3.4.! Specific Feedback on Particular Sessions of the NPT**

This section presents some of the specific feedback received regarding particular sessions/topics.

#### **3.4.1.! Sessions on Cultural Competence**

The topic of Cultural competence was included in all NPTs - either as a single session or covering multiple sessions (2 or 3) - and often taught in combination with the exercise "*When I was young*". This topic covered discussions about factors affecting MSM and their health, acceptance/behavioural issues, drivers of stigma; and culturally competent services for MSM.

In general, the content of these sessions was considered to be very personal yet discussed professionally. Discussions around the topics addressed were intense in some NPTs and often lasted longer than planned but were highly valued by participants.

Participants were very much engaged and aware of possible sensitivities (stopping the discussions when things became too personal).

- .... *I would have liked more time for this activity. I found it very interesting...*
- ... *I think it was a beneficial exercise that highlighted exactly what I should think about....*
- .... *I would love to participate in this session again....*

Sessions on cultural competence were contextualised to each country's local situation. The topic was often scheduled early in the NPT and positively influenced the overall atmosphere of the NPT. After experiencing this session, participants (and facilitators) often felt more comfortable, becoming more open and reflective. This atmosphere contributed to the level of engagement in small group discussions on other topics within the NPTs.

Box 1 present the suggestions recommendation on finalisation the materials for the sessions on cultural competence.

### Box 1 - Suggestions for improvement for the sessions on Cultural Competence.

- *“It would be useful to present the idea[s] on **video** with concrete cases before doing the exercises”.*
- *“I could not sufficiently follow the theoretical contents of PowerPoint... The contents of the slides were very extensive”.*
- *“The wording of the questions in the small group exercise was not quite clear at the time”.*
- *“The manner in which the **learning objectives** were delivered/presented could be stronger and improved”*
- *“The **instructions for tasks** could be [clearer]”*
- *“To include (more) **examples or assign specific instructions** to guide the participants in the exercises/group work, to help it flow and be understood easier. instead of mainly theoretical reference to cultural competency”*
- *“Perhaps **structure the exercise** a little more, be it in relation to the themes attributed to each group or the subsequent exercises”.*
- *“The group work didn't quite work as most of us were confused by what was needed. I would suggest that this topic be further developed, in terms of how it is delivered to ensure maximum impact”.*
- *“The small group task was formulated very extensively, so that we were busy in our small group the first 10 minutes to find out what we should do”*

### 3.4.2.! Sessions on New Prevention Technologies

This session included topics of PEP, PrEP, TasP and Self-testing; the advantages, disadvantages and barriers of the new technologies and access to them in some countries (especially PrEP). The content of these sessions was considered “new” in many countries and were very well received by participants. The sessions included many informative questions (where to find the medication/service), or questions on how to go about this new prevention technique (how to communicate them to clients). Feedback included:

- *“The exercise at the end of the session was very interesting, helped to fix the notions taught”*
- *“Lots of great discussion and providing the way forward”*
- *“It was good as [it] explored all methods and how we can utilise them effectively”.*

The level of discussion and the session format very much depended on the level of knowledge of the facilitator(s), participants and the local situation regarding this topic. The discussions went deep when a lot of knowledge was available in the room; and became more general when knowledge was limited. In case of limited knowledge among the facilitators, facilitators ended up reading slides or conveyed internet-based information. Similarly, when participants had only limited knowledge, they would not ask questions and the sessions tended to become a one-way learning format.

Box 2 below present the suggestions for improvement received for the sessions on New Prevention Technologies.

### **Box 2 - Suggestions for Improvement for the sessions on New Prevention Technologies**

- *“Better illustration on the different prevention techniques is required as the discussion is dependent on knowledge of the local situation and (mis-)information of the groups”.*
- *“In the context of the PrEP all the other STDs against which it does not work should possibly have been included even more resolutely”.*
- *“I would have liked more specific medical knowledge (discussion on alternative dosing regimens) to be able to answer exact questions”.*
- *“The topic is in flux. Must be constantly updated; important single tool for “newcomers” to the topic PrEP, too little information; possibly send information material by post in advance”.*
- *“More information on where and how to obtain information about PrEP and PEP”.*
- *“It would have been good to receive more information [on] how to buy self-testing and self-sampling kits. The questions discussed in the group work should be made more specific, they were somewhat general”.*
- *“More time should be given for the theory part, for example, I could not always read the content of the slides and follow the speaker’s presentation”*
- *“Need to have more information on the subject before splitting into small group discussion.*
- *Include literature on this topic”*
- *“To receive more information for their practical application and/or counselling in the context of screening”.*

### **3.4.3.! Sessions on Creating Non-Judgmental Services**

Issues discussed during these sessions were acceptance, respect, honesty, and reflection (seeing yourself as a recipient of the service discussed). These sessions served as a space to talk about (self) discrimination. Questions such as: *“if you were wanting to use the service, how would you want it to be”* were used to stimulate discussion. During these sessions, participants were very engaged and eager to share their personal experiences. Box 3 provides suggestion received from participants on how to improve this session:

### **Box 3 - Suggestions for Improvement for the session on Creating Non-Judgmental Services**

- *“Adapt the session to local needs and current policies. This session should have more practical exercises; and less reading from PowerPoint”*
- *“The presentation can be made clearer, as 2 out of 3 groups were unclear about what they needed to do”.*
- *“More time allocated so that we could better and in depth understand the session”.*
- *“More guidance through slides”*
- *“This session needs high level facilitation skills”.*
- *“This session needs a good support from the facilitators, so that participants gained a better understanding and enjoyed this session”.*



#### 3.4.4.! Sessions on Chemsex

Participants welcomed this session as this topic was considered to be very new and interesting: “*New and good information about Chemsex issues*”. During the NPTs, sessions addressing Chemsex were given in 1 or 2 parts. Box 4 provides suggestions for improvement received from participants, which were mainly directed at the perceived need to spend more time on this topic.

#### Box 4 - Suggestions for Improvements for the session on Chemsex

- “*Visual aid (slides) would help participants understand the topic*”
- “*[The] subject is so vast, that diving into specific needs of each group is not possible*”
- “*Chemsex is such [an] extensive theme and four hours to cover the topic will only grasp the surface. A week-long seminar would be needed instead*”

#### 3.4.5.! Additional feedback for sessions less frequently taught during NPTs

Some additional feedback was received for those topics less frequently taught in the NPTs. For example, the sessions that addressed *Harm Reduction, Resilience and Motivational Interviewing*, received some suggestions for improvement. Participants indicated that the session would be better with a more dynamic presentation and less text being read out loud (Romania). To add to this more dynamic approach, a suggestion was made to include scenarios for role plays. Furthermore, the idea was put forth to schedule a session on Motivational Interviewing earlier in the day and allocate sufficient time, since it included a lot of information and exercises (Croatia).

Sessions on the *Epidemiology of HIV and STIs in Europe* (including the UNAIDS 90-90-90 strategy) included an explanation about the epidemiology of HIV and STIs in the NPT country concerned (and other countries if the NPT was attended by participants from more than one country). Box 5 provides some criticisms and suggestions received from participants.

#### Box 5 - Suggestions for Improvements for the session on Epidemiology of HIV and STIs in Europe

- “*A brief theoretical input on relevant knowledge on this topic would have encouraged a more in-depth discussion (e.g. what does this mean for my work)*”.
- “*Include local data*”
- “*Provide bibliography for the session*”
- “*The session went too fast and more time was needed*”,
- “*Need a more structured discussion, rather than leaving it to participants to initiate discussions*”

Sessions addressing *Physical and Online settings for interventions focusing on MSM* included discussions on how to make appropriate use of social media and social marketing in designing and implementing such interventions. Feedback from the NPT in England showed a lot of appreciation for this topic, particularly the interactive approach to it:

- *"[I] really enjoyed the group task! Able to share ideas"*
- *"Loved this session – really engaging and allowed a lot of dialogue to swap experiences and share successes"*.

### **3.4.6.! Recommendations for the finalisation of the ESTICOM training materials**

In addition to the specific feedback received regarding the session content and didactical methods used during the NPTs, evaluation data shows several general suggestions that were made by participants to further improve the NPT sessions and ESTICOM training materials (see Box 6).

#### **Box 6 - Suggestions for Improvements**

- *"Simplify and schematize the theory, with lots of examples if it's possible"*
- *"Accentuate goals of each module in slides and add more practical examples".*
- *"Use recent and understandable terminology (LGBTQ+, sex work)"*
- *"[Include] cases of good/new practices in Europe or in the world"*
- *To deepen the discussion: "consider giving all reading material at the beginning of the session to develop a more natural [way of] learning of the concepts during discussion and exercises".*
- *"It would be more understandable if the info provided was clear, with less words on the slides and not too dense slides".*
- *"Add information on drug resistance, more medical-related information and a guide for arguing with different (extreme) opinions"*

## 4. Training Process

### 4.1. Training Experience & Organisation

#### 4.1.1. Training Experience

Looking at all NPTs, the majority of the participants were either satisfied or very satisfied with both the overall Training Experience (including group/class interaction, training equipment, facilitators' performance) and Training Organisation (including communication with participants, training venue, facilities available). Participants were particularly happy with the group dynamics and atmosphere. Results show high levels of satisfaction regarding group/class interaction and the breaks and joint dinners that were organised.

#### Time management and allocation

The majority of NPTs satisfied/very satisfied with the *Time Management and allocation* – with the exception of Greece and Italy, where the majority of participants indicated 'neutral'. In many NPTs, there were sessions that took longer than scheduled; whereas some participants indicated this made them feel (slightly) less satisfied, others felt happy about it: it provided opportunity to elaborate on certain topics or ask questions. However, data also shows that some sessions (especially those including group work) needed additional time due to unclarity about instructions/ goals of exercises. Sometimes this could be explained by the facilitators' inexperience with certain topics, and them having difficulty explaining.

Please καταγράψτε την αξιολόγηση σας ως παρακάτω εΙΟΤΗΤΕΣ!

Unhappy Neutral Happy Very Happy

Επίπεδα σου αναταράχης στο <math>\leftarrow</math>ΚΑΤΑΘΕΤΙΚΟ

Περιγραφή	Unhappy	Neutral	Happy	Very Happy
Ναρκωμένη ή αδιάφορη και σε κάθε ευκαιρία ξενοφιλίας	+	+	+	+
Επικοινωνία εκπαιδευτών (παραδιδόντων κ.α.π.)	+	+	+	+
Αλληλεπίδραση μέσα στην αλληλεπίδραση και κίνηση στην αίθουσα	+	+	+	+
Απόδοση των Εισιτηρίων	+	+	+	+
Καλωσορίσματα/εγκαταστάσεις στο ξενοκέντρο - Ice Breakers	+	+	+	+
Οργάνωση <math>\leftarrow</math>ΚΑΤΑΘΕΤΙΚΟ				
Επικοινωνία με τους <math>\leftarrow</math>συντελεστές	+	+	+	+
Προσέγγιση (ή) παροχή πληροφοριών για το περιβάλλον εργαστηριακών χώρων <math>\leftarrow</math>στην αίθουσα <math>\leftarrow</math>εργαστηρίου	+	+	+	+
Check in και εγγραφή στο χώρο διαμονής	+	+	+	+
Προσέγγιση χώρου <math>\leftarrow</math>εργαστηρίου	+	+	+	+
Παράκληση στους συντελεστές (W: Fish)	+	+	+	+
Διαθέσιμα για κούφια, σεντόνια και βραδιά	+	+	+	+

#### 4.1.2. Training Organisation

Despite challenges encountered, results from all NPTs showed that the majority of participants were either satisfied or very satisfied with the Training Organisation. Only Switzerland presents an exception, with a majority of the participants indicating that they were not satisfied with these aspects of the training. In Sweden, on the other hand, participants were very satisfied with the Training Organisation, particularly the venue (spacious and provided enough space for breakout sessions).

### 4.2. Satisfaction with NPT

The average score that was given to the NPTs by the participants ranged from 6 (Switzerland) to 9,7 (Poland), with an average of 8,7. In general, participants from all NPTs indicated they very much enjoyed the training and a large majority agreed or strongly agreed that the training was useful for their work as CHW. In addition, they felt the training was an appropriate use of their time and would recommend it to their colleagues.

#### 4.2.1. General Feedback on the NPTs

As mentioned above, participants were satisfied with both the content of and the didactical methods used in the NPT sessions. They particularly valued the combination of team building, short lectures, discussions, group work, fun and a general mix of theory and practice. The space and time provided for interaction between participants was also highly appreciated. Participants indicated that the NPT improved the


connection and facilitated knowledge sharing between them:

- *“Mixture of participants good, many participants from small organisations with the same problems”.*
- *“Thank you for the space provided and the mixture of internals and externals, even we internals don’t meet often enough, so important for the work to discuss with the colleagues and see that we have a common ground”*  
*“Exchange is very useful, and it gives me a feeling to be on the right track and feel more secure in the job”*
- *“I am grateful for quality fulfilled time, funny and lovable people, who with I became aware of some secret concepts of your opinion. Useful and educative!”*

Across the NPTs, there were also some critical thoughts reported. An example of this, is a participant from Germany, who reported that: *“The NPT content had nothing to do with the invitation, too theoretical, missing practical topics for outreach-workers, conclusions from the scientific discussions for the concrete outreach work was also missing”.*

Overall, the NPTs were well received, and almost all sessions went as planned. The NPTs were seen, in the first place, as an opportunity for people who work as CHWs to meet and network with other CHW. In addition, the NPT served as events for CHWs to learn about (new) topics related to their work and exchange ideas and experiences with colleagues, learning from each other. Due to the interactive and reflective character of the training sessions, the NPTs also served as an opportunity for participants to actively reflect on their own thoughts and behaviour in their work as CHWs. The value of the NPTs for CHWs in Europe is reflected by their intention to use/integrate what they learnt during the NPTs in their daily work (see Table 3):

**Table 3 | The value of the NPTs for CHWs in Europe**

	<b>VALUE 1</b> <b>NPT as an opportunity to learn about new topics and/ or learn from the experience of other CHW</b>
<b>Lisbon:</b>	<i>“Ideas that emerged during the training can be applied/worked with in 'real life', in our day to day”.</i>
<b>Greece:</b>	<i>“I will revisit topics addressed during training and increase knowledge/skills further to be able to better integrate them in daily work”</i>
<b>Croatia:</b>	<i>“My newly acquired soft skills will improve communication with clients”</i>
<b>Czech Republic:</b>	<i>Most of the feedback regarding the use of the training in their daily work focuses on ability to provide more non-judgmental services, looking at the client as an individual, with individual needs and choices</i>
<b>Spain &amp; Croatia:</b>	<i>Feedback focuses on how skills/knowledge acquired can be used for personal growth and in their immediate environment/social lives (i.e. provide advice to friends on sexual health and risk reduction)</i>
<b>Italy:</b>	<i>Feedback shows that the lessons learned and insights gained - including the clarification of certain topics - will help them in their work as CHW</i>



**VALUE 2**  
**NPT as an opportunity to Exchange or share experience or ideas with other CHW**

**Denmark:**  
 Feedback included that participants would like to try techniques used by fellow CHW in their own work

**Switzerland:**  
 Focus on increasing and improving more open communication with clients. In addition, increase exchange and collaboration with colleagues from other services for a more holistic approach



**VALUE 3**  
**NPT as an opportunity to reflect on working as a CHW**

**Sweden:**  
 "I feel much more confident regarding the different session [topics], meaning that I will feel even more confident in my work"

**England:**  
 NPT has provided an opportunity to reflect on current activities and approach and adjust where possible/necessary.

**Finland:**  
 "I got new perspectives on MSM work. Some of the information shook me; there is still much work to do"

**Finland:**  
 "All information given in the training and good discussions help in processing themes clearly in my work"

**Denmark:**  
 "I will think about the language I use and how I can be more aware when asking questions at the Checkpoint"

#### 4.3.1 Facilitation Process and Facilitators Performance

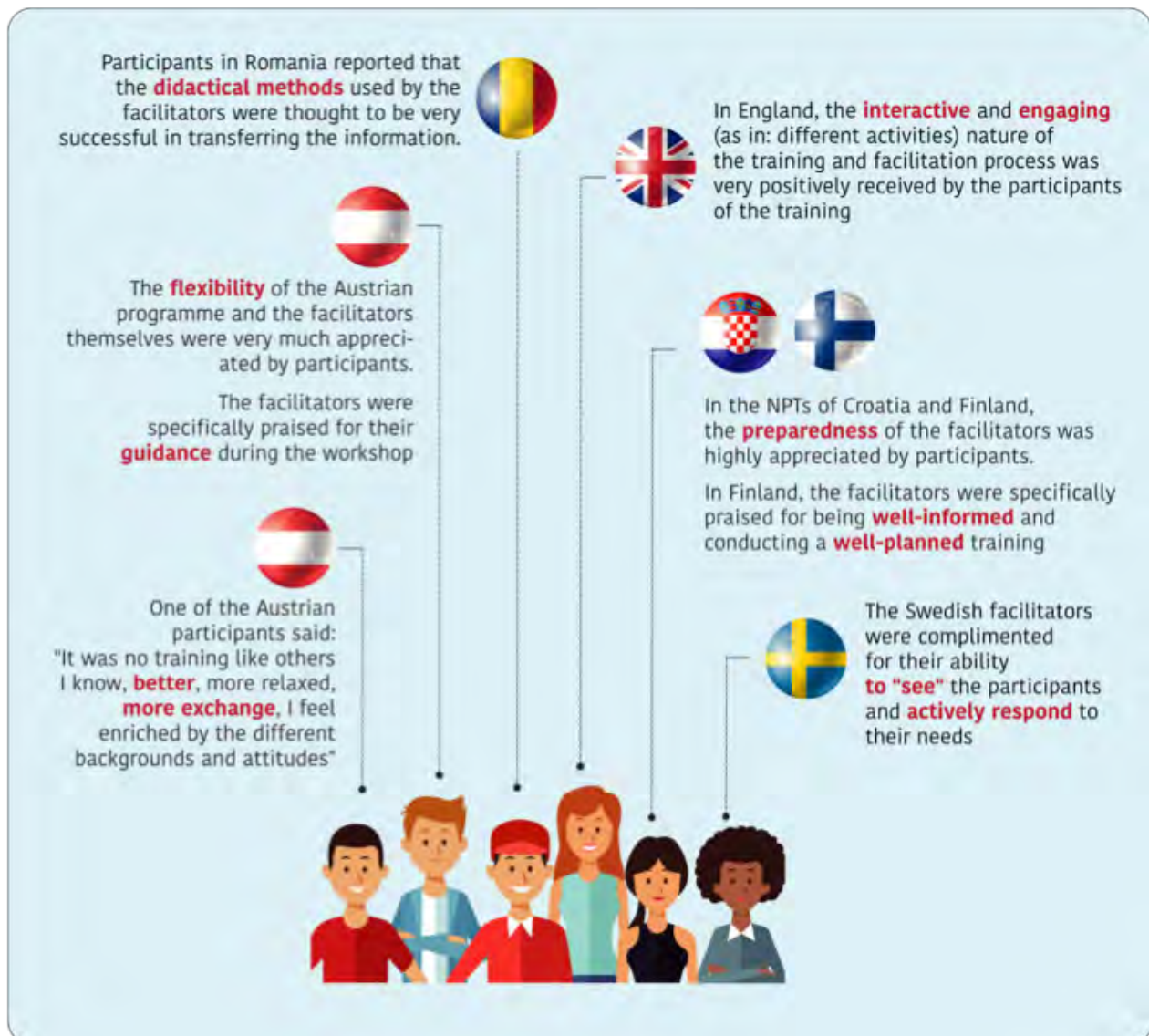
The NPTs were facilitated by facilitators who attended one of the ESTICOM Training of Trainers workshops earlier in 2018. Each NPT was organised by 2 or 3 facilitators<sup>5</sup>. Some facilitators worked as professionals, others on a voluntary basis, but all were Community Health Workers working in the field of MSM health. Their individual skills and experience as trainers/facilitators varied significantly.

High levels of satisfaction with the NPT facilitators were reported across the board. Participants indicated that they would like to be trained by them again. Furthermore, data shows that the atmosphere during all NPTs was largely positive, with all participants being invited to actively engage in the discussions and exercises and to share their experiences and questions openly while space was given to those that were less extravert. In some NPTs, facilitators needed to manage certain participants monopolising the conversations, but no significant feelings of discomfort were reported anywhere.

<sup>5</sup> With the exception of the NPT organised in Portugal – Porto, which had 1 facilitator

For many participants, the interactive approach of the NPT was a new one. However, data shows that this approach was highly appreciated by them. Positive feedback was received about the value and use of trusting and building on the participants' experiences and the guiding (as opposed to leading) role of the facilitators (see figure 4 for some specific feedback on the role and performance of the facilitators).

**Figure 4** | Examples of Participants' feedback on Facilitators' Role & Performance



In designing and preparing the NPTs, the facilitators were supported by the ESTICOM training team. This included support in designing, planning and evaluating the NPTs.

During the preparatory phase, certain elements of the ESTICOM NPTs (interactive, participative and reflective) were highlighted. These elements imply that the facilitators were expected to act as "enablers" (as opposed to trainers/teachers), facilitating discussion and creating and protecting a safe space for the

participants. This inherently meant that complete mastery of the topics taught in the NPTs was not fully required. Rather, facilitators were encouraged to use the knowledge and experience of the training participants. For most of the facilitators, this type of training was new, whereas for others it was already a familiar concept. In addition, there was a large variety in the level of facilitations skills and confidence with facilitation among the TOT participants who were responsible for the design and organisation of their own NPT. Overall, it was observed that the NPT facilitators were becoming more and more confident in facilitating this type of training as their NPTs went on.

To ensure that the elements of the ESTICOM NPTS (interactive, participative and reflective) are integrated in the training effectively, NPT participants made the following suggestions to improve of the planning and designing of future NPTs:

<b>Interactive character:</b>
<ul style="list-style-type: none"> <li>• <i>“More or less for all the sessions, more space for discussions would have positively affected the whole training”</i></li> <li>• <i>“I would like to have more time to hear experiences from each association”</i></li> <li>• <i>“More time should be given for exchange between participants”</i></li> </ul>
<b>Participative character</b>
<ul style="list-style-type: none"> <li>• <i>“Put more discussions into the presentations, [to] call the participants more to action!”</i></li> <li>• <i>“The PowerPoint slides could be distributed in advance, so that the participants have the opportunity to take notes or make additions”</i></li> </ul>
<b>Reflective character</b>
<ul style="list-style-type: none"> <li>• <i>“I liked to reflect on myself in terms of cultural competences, next time reflection should also be included in this exercise”.</i></li> </ul>
<b>General facilitator skills</b>
<ul style="list-style-type: none"> <li>• <i>“Too many sessions and high intensity in such a short time (Too much content for the planned time)”.</i></li> <li>• <i>“Content of the first day should be split into two days minimum, nobody's attention span can last that long” [applicable for NPTs that last more than 1 day]</i></li> </ul>

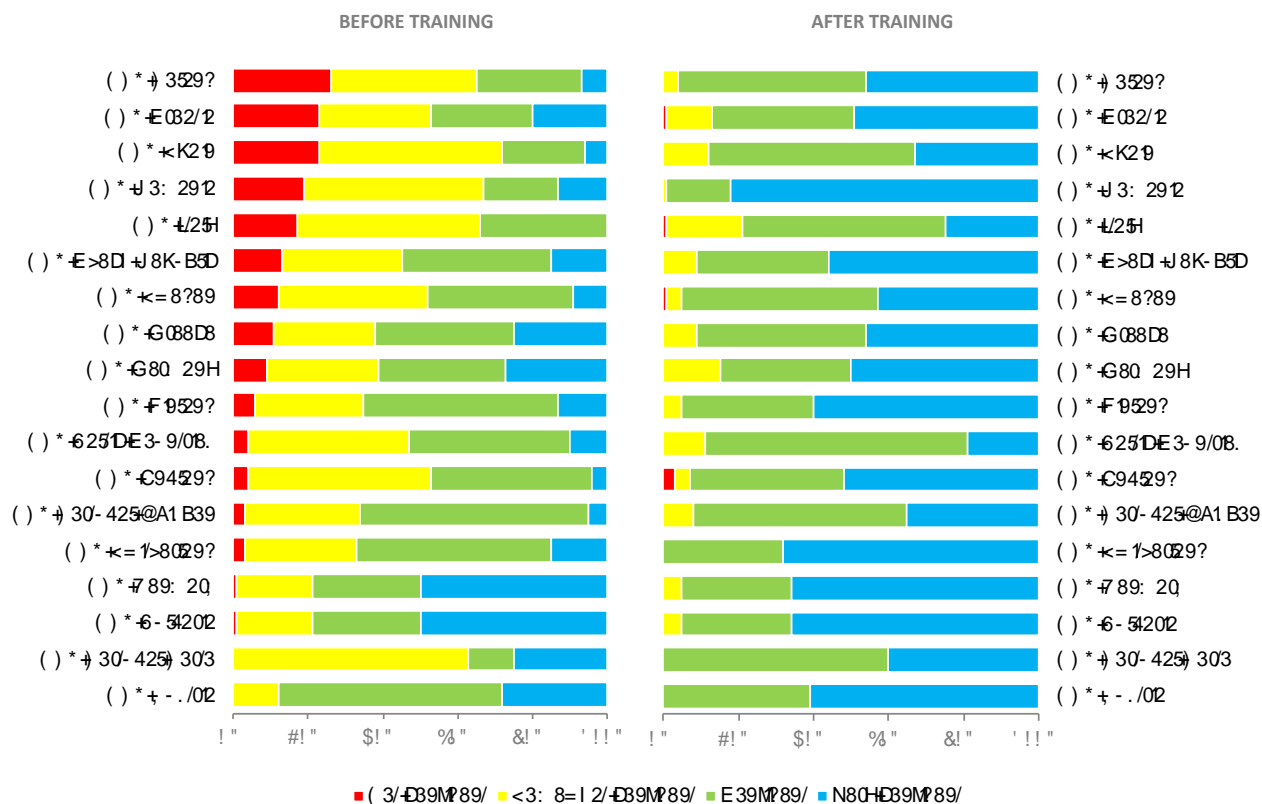
## 5. Training Impact

For each NPT, the facilitators prepared Learning Outcomes (LOs) for the topics taught during their NPT. Each session may have one or more LOs. The LOs may be related to participants’ knowledge, skills or the application of the knowledge acquired; and closely connected to the content (materials) and didactical methods used for the topics taught during the NPT.

The LOs were used to determine the training’s impact. This was done by measuring the level of confidence for each LO before and after the NPT, by means of self-assessment. The results were analysed at an aggregate level. Table 4 provides an overview of the proportion of level of confidence among participants regarding the LOs connected to each NPT, before and after the training.

The data shows a clear trend of participants' level of confidence related to the topics taught during the NPT increasing. Across the NPTs, the proportion of participants who did *not feel confident* or only *somewhat confident* decreased significantly, increasing the proportion of participants who felt *confident* or *very confident*.

**Table 4 |** Proportion of participants' level of confidence on the topics taught during the NPT (in %)



In some countries the increase in level of confidence was significantly big. For example, participants in Croatia, Poland and Spain had the lowest level of confidence before the training, with a majority of the group feeling *unconfident* or only *somewhat confident*. However, after attending the NPT, the balance shifted; with a large majority feeling *confident* or *very confident*. This can be explained by the fact that these NPTs addressed topics that were (relatively) new to the participants.

In some other countries (Austria, Bulgaria and Denmark) the increase in the proportion of participants feeling very confident before and after the training was minimal. This could be explained by the fact that the topics selected for these NPTs were relatively known to the participants before attending.

The positive impact of the NPTs on the participants' level of confidence with specific topics can be connected to the content/materials and didactical methods that were used to address these topics. The impact results indicate that the NPTs met the needs of and provided an effective way of learning for European CHW.



## 6. Limitations of the NPT Evaluation

In the evaluation of the ESTICOM NPTs, the following limitations were encountered and acknowledged:

### **Approach to evaluation**

The evaluation of the NPT was led by the facilitators and their approach varied across the NPTs:

- The time provided to complete the evaluation form may not have been sufficient due to poor time management. In addition, some facilitators emphasized the importance of the written feedback, while others did not. This may have resulted in more elaborate evaluation data in some locations.
- Some facilitators preferred to evaluate each session immediately after a session ended, while others evaluated the sessions covered per day, or only once the training had finished. This may have introduced some bias in the accuracy of the evaluation data (people may have forgotten part of what was taught the previous day(s)) or influenced the amount of data collected (with people feeling tired of filling in evaluation forms or wanting to go home).
- Some facilitators organised rounds of verbal evaluation as an addition to the written evaluation. This verbal feedback was not always recorded (mainly due to language barriers). Such feedback sessions often resulted in limited information being written in the evaluation forms as most feedback was already provided verbally.

### **Data related matters**

Limited contextual knowledge, language barriers and reliance on others may have influenced the depth of the data analysis:

- **Lack of involvement of participants and facilitators in data analysis.**  
Due to the limited resources and time, it was not possible to involve the NPT participants and or facilitators in the data analysis process. While considering the context of each NPT, their involvement would have been highly useful and relevant. Particularly because of the fact that the feedback from participants may have been contextual or have specific references to his/her personal or country's situation which may not be known to the evaluator, and therefore not taken into account in the data analysis.
- **Completeness of data.**  
For some NPTs, the number of participants completing the evaluation forms varied in the beginning and at the end of the training, and not all evaluation items were completed by participants. Therefore, some gaps were found in the evaluation data.
- **Language**  
ESTICOM NPTs and its evaluation were largely conducted in other languages than English. For the purpose of data analysis and reporting, the evaluation data was translated to English. During this translation process, specific context or references may have been changed or lost, influencing the (depth of) the analysis.
- **Reliance on others in evaluation process**  
Due to the high number of NPTs, it was not possible for WP11 to evaluate all NPTs in person, which meant there was a certain level of dependence on others in conducting the evaluation data. This may have limited the interpretation and depth of analysis WP11 was able to conduct.

### **Specific limitation regarding the evaluation of the Training impact**

The limited information on and high variety of the NPT participants' background posed difficulties in deciding on a "starting point" of measurement for the learning outcomes. In addition, the measurement was based on statements (learning outcomes) which participants may interpret subjectively.

## 7. General Conclusions

1. The ESTICOM National Pilot Trainings (NPTs) for the European CHWs were successfully organised across Europe, highly valued by its participants and served its function to pilot and implement the training materials developed within the ESTICOM project. The evaluations of the ESTICOM NPTs were successfully conducted and able to obtain recommendations on how to finalise the training materials.
2. The ESTICOM NPT sessions were highly valued by NPT participants. The content/materials and didactical methods used in the sessions clearly address the needs of European CHWs in working with MSM population, with emphasis on the development of soft skills as professionals. Experiences and data gathered from the NPTs evaluation show and support the need for having an appropriate European-wide training material.
3. The ESTICOM NPT training facilitation was highly appreciated by NPT participants, due to its interactive, participatory and reflective character. Experiences and data gathered from the NPTs evaluation show and support the need for having skilled facilitators who are able to provide future trainings that share the same characteristics as the ESTICOM NPTs for the European CHWs.
4. The ESTICOM NPTs served as the first opportunity for European CHWs Health Workers to meet, learn, share and exchange their experience of working with MSM in Europe. Experiences and data gathered from the NPTs evaluation show and support a general desire to continue the NPTs/CHW training after the ESTICOM project.

## 8. Recommendations for Future Trainings for Community Health Workers

Based on the NPT evaluation results, we propose the following recommendations:

1. Future training for CHWs, similar to the ESTICOM NPTs, should be continued as part of a European-wide training approach for CHWs, serving as a forum for European CHWs to meet, network, learn, share experiences/ideas with their peers and reflect on their work as CHWs;
2. The materials of European training for CHW should focus on the development of CHWs' soft skills and be accompanied and complimented by materials for the knowledge-based topics. The knowledge-based materials may be delivered as self-study materials;
3. The materials of European training for CHW should address different working definitions and terminologies. In addition, it should acknowledge the presence of language barriers in Europe, offering strategies to work with such barriers;

**Box 7 | The role and terminology of “Community Health Workers” in Europe**

Sessions on the scope and content of the ESTICOM project were held in many NPTs, including discussions about the term “Community Health Workers”. In the Austrian NPT, a group activity was included to define the term CHW and its purpose. During this session, participants discussed their understanding and meaning of “CHW” and “community”, not only increasing mutual understanding of these terms, but also a connection to the idea of belonging to a (European-wide) group of CHW.

This type of session could provide valuable input to further define the term CHW and contribute to efforts in having a European-wide definition of CHW, with people connecting to its meaning and significance.

4. The European training materials for CHWs should be designed in such a way that they offer ample space for the materials to be contextualized and tailor-made, including inclusion of local, regional or global evidence-based data.

**Box 8 | Italy – Using survey data**

The NPT in Italy made use of concrete examples from results of EMIS 2010 as part of their session on Sexual Health for MSM (for example: best-sex life). The inclusion of this session serves as an example to show the link between training and survey activities. It can therefore be used to justify the timing of both activities (with the survey ideally preceding the training). Suggestions received from participants to improve this session included:

- Participants commented this session had a lot of information (sub-groups within MSM) and it would have been better not to overwhelm participants with such a big topic.
- The suggestion was to select some topics, discuss it intensely; and leave other topics for the next training/meeting.

5. European training for CHWs needs to acknowledge the importance of participant interaction and networking, facilitating sufficient time for participants to connect, share and learn from each other (be it through specific activities or by allowing time for break/joint dinners, etc.). Therefore, it should preserve the character of the ESTICOM NPTs, namely interactive, participatory and reflective
6. European training for CHW should be facilitated by facilitators who have the skills and capacity to plan, design and deliver training that is interactive, participative and reflective (which a particular focus on skills in moderating experience/idea-exchange). To ensure the quality of such a training, our suggestion would be to develop a required set of relevance facilitator skills and competences.

7. For quality assurance, European trainings for CHW should include participative evaluation activities to enable continuous improvement of its materials, process and impact.



**Deliverable D10.4**

**ESTICOM Training Programme**

**Pilot Training Evaluation Report**

**Appendix 6.26**

**Evaluation Report**

**Overview modules used in the  
NPT's**

# ESTICOM – National Pilot Training

Modules run by country:

- Cultural Competency - Concept & Practice:  
Romania / Poland / England / Greece / Czech Republic / Finland / Germany / Austria / Spain / Portugal / Baltics / Bulgaria
- When I Was Young:  
Romania / Poland / England / Greece / Croatia / Czech Republic / Finland / Denmark / Austria / Switzerland / Spain / Portugal / Baltics / Bulgaria / Sweden
- Drivers of HIV and Sexual Orientation related stigma:  
Romania / England / Czech Republic
- Harm Reduction, Resilience and Motivational Interviewing:  
Romania / Poland / Greece / Croatia / Italy / Sweden / Bulgaria
- Creating non-judgemental services:  
Romania / Poland (within Cultural Competency) / Greece / Germany / Switzerland / Italy / Spain / Portugal / Bulgaria
- STI Information for MSM:  
Romania [not run] / Poland / England [not run] / Czech Republic / Finland / Denmark / Spain (?) / Sweden
- New Prevention Technologies:  
Romania / Poland / England / Greece / Czech Republic / Finland / Germany / Austria / Italy [with Action Planning] / Portugal / Sweden
- Prevention Theory – **Evidenced based elements of a...to HIV:**  
Poland / Croatia
- Epidemiological dynamics of HIV:  
Poland / Greece / Czech Republic / Finland / Sweden
- HIV 90-90-90:  
Poland / Greece / Switzerland / Italy
- Behaviour change:  
Poland / Croatia / Spain
- Syndemic Production Models:  
Poland / Greece / Croatia / Czech Republic
- Chemsex:  
Poland / Czech Republic / Finland / Denmark / Spain / Baltics / Sweden
- Physical and Online settings – MSM work:  
England

- Partnerships – Statutory and Community Health  
England / Czech Republic

- Stigma – Sexual Health:  
Greece / Switzerland / Spain

- Communication & Interpersonal Skills:  
Croatia / Czech Republic

- Whole Systems Approaches:  
Croatia / Austria

- Vulnerable MSM Sub-Groups:  
Czech Republic / Finland / Germany / Baltics

- Partnership Work – LGBT organisations:  
Czech Republic

- Cultural Competency – Identity and Gender  
Finland

- Counselling:  
Spain

- Planning Model / Action Planning:  
Italy [with New Prevention Technologies] / Spain / Sweden

- Social Media:  
Baltics / Bulgaria

Additional Exercises – either from ToT or unrecognised

Case Study Scenario – Greece

Working Groups [ToT Management Model & Transfer to own practice] – Germany

Think / Feel / Do – Switzerland

Developing Interventions for MSM [PrEP] – Germany

Active Learning (listening?) & Active Planning – Portugal

Working with MSM – successes & challenges - Portugal



**Deliverable D10.4**

**ESTICOM Training Programme**

**Pilot Training Evaluation Report**

**Appendix 6.27**

**Evaluation Report**

**Observation tool sheet**







## HOW TO OBTAIN EU PUBLICATIONS

### Free publications:

- one copy:  
via EU Bookshop (<http://bookshop.europa.eu>);
- more than one copy or posters/maps:  
from the European Union's representations ([http://ec.europa.eu/represent\\_en.htm](http://ec.europa.eu/represent_en.htm));  
from the delegations in non-EU countries  
([http://eeas.europa.eu/delegations/index\\_en.htm](http://eeas.europa.eu/delegations/index_en.htm));  
by contacting the Europe Direct service ([http://europa.eu/europedirect/index\\_en.htm](http://europa.eu/europedirect/index_en.htm))  
or calling 00 800 6 7 8 9 10 11 (freephone number from anywhere in the EU) (\*).

(\*). The information given is free, as are most calls (though some operators, phone boxes or hotels may charge you).

### Priced publications:

- via EU Bookshop (<http://bookshop.europa.eu>).

