



सत्यमेव जयते

National AIDS Control Organisation

Ministry of Health and Family Welfare
Government of India

Training Module for District AIDS Prevention and Control Unit

*Notes to the Facilitator
(August 2014)*



India's voice against AIDS

National AIDS Control Organisation
Ministry of Health & Family Welfare,
Government of India
www.naco.gov.in

CONTENTS

Introduction	1
Training Overview	7
1 Decentralisation of NACP to District Level	21
2 Targeted Interventions and Link Worker Scheme	23
3 Basic Services	39
4 STI/RTI Services	41
5 Care, Support and Treatment	45
6 Blood Transfusion Services	51
7 IEC and Advocacy	53
8 Mainstreaming HIV/AIDS Programmes with Line Departments	63
9 Roles and Responsibilities of DAPCU Team	67
10 Supportive Supervision	69
11 Basics of Finance, Accounts and Records at DAPCU Level	77
12 Monitoring of Critical Indicators in NACP through DAPCU Monthly Report	83
13 Adult Learning Principles	87

INTRODUCTION

The National AIDS Control Programme (NACP) through its decentralised approach is implemented through the State AIDS Control Societies (SACS) and the District AIDS Prevention and Control Units (DAPCUs) at the state, district and sub-district level. Based on the vulnerability and magnitude of the HIV epidemic, the districts are categorised as high (A, B) or low (C, D). In 2009-10, DAPCUs were established in 189 Category A and B districts across 22 states in the country.

Each DAPCU has a six-member team. The DAPCU is headed by a District AIDS Control Officer (DACO), who in most cases is from the government health system. The DACO is supported by a team of five people appointed on a contractual basis. They include the District Programme Manager (DPM), District Integrated Counselling and Testing Centres (ICTCs) Supervisor (DIS), District Assistant - Monitoring and Evaluation (M&E), District Assistant - Accounts -, and District Assistant - Programmes. Each of these positions has defined responsibilities in supporting and managing the programme at the district and sub-district level. The major functions of the DAPCU are facilitation, coordination, monitoring, and mainstreaming of HIV programme activities at the district and sub-district level. The DAPCUs are managed at the state level one of the SACS Component Officers, known as the DAPCU Nodal Officer (DNO). Based on the Department of AIDS Control (DAC) guidance issued in February 2013, the Joint Director - Basic Services Division has been vested with this responsibility of monitoring and mentoring the DAPCUs in the state, besides other functions.

The Centers for Disease Control and Prevention (CDC) has been providing technical assistance to strengthen DAPCUs through its partner, SHARE India. In order to provide a focused and continuous mentoring to the DAPCUs, the DAC has constituted a DAPCU National Resource Team (DNRT) as part of the National Technical Support Unit to conduct on-going capacity building activities, mentoring, and periodic supportive supervision for the DAPCUs. In 2009, a five-day DAPCU induction training curriculum was developed in a consultative process involving key development partners. Using these modules 886 DAPCU staff members were trained in 18 batches between July 2010 and February 2011.

Previous experience of the training, conducted in batches regionally for five during 2010-2011, indicates that, it was loaded with content. This caused difficulty in ensuring undivided and focused attention of the participants and assimilation of key messages by the participants. The engagement of SACS officials, particularly the DNOs' participation in the training was limited as they could not afford to spend a week's time for the training at one go. Due to widespread locations, and exigencies of the states it took almost eight months for SHARE for completing the induction training in 18 batches with the trainers travelling extensively to facilitate each batch of training. Some states deputed their staff for 3-4 days and the training team had to compromise on the quality of training to accommodate the state's decision.

Further, the DAPCU Monthly Report (DMR) data indicates high attrition of DAPCU staff (15%) and that those trained in 2010-11 are not fully capacitated to perform their responsibilities effectively as there was no further refresher training conducted. In addition, with the evolving of the programme, more responsibilities have been transferred to the DAPCUs since the modules were developed in 2009-10. To address this through CDC, SHARE India, has revised the training curriculum in consultation with different divisions of DAC.

Therefore, this revised DAPCU national training package is based on the experiences gained in establishing and mentoring DAPCUs between 2009 and 2014 and in line with the recent programmatic changes in NACP IV. This package will be used to train existing DAPCU staff as well as new units expected to be established under NACP IV based on the revised re-categorisation of districts in the country.

Objectives of the training

At end of the training, participants should be able to:

1. Understand various components of NACP and inter-linkages between them;
2. Understand the role of a DAPCU team with respect to each component of NACP.
3. Understand the skills required for effective functioning as a team

DAPCU INDUCTION TRAINING PACKAGE

All six cadres (DACO, DPM, DIS, District Assistants - M&E, Accounts, Programme) of the DAPCU team will be trained under the induction programme. The training package covers all components of the NACP, as also sessions to strengthen the DAPCUs' soft skills. A phased-approach to the training will be adopted to cover this wide-ranging syllabus. Four days of training are envisaged in Phase 1 and three days under Phase 2.

Topics for the training are:

S. No.	Topic	Phase
1.	Decentralisation of NACP to District Level	One
2.	Targeted Interventions and Link Worker Scheme	One
3.	Basic Services	One
4.	STI/RTI Services	One
5.	Care Support and Treatment Services	One
6.	Blood Transfusion Services	One
7.	Information Education Communication and Advocacy	One
8.	Mainstreaming	One
9.	Roles and Responsibilities of DAPCU Team	One
10.	Supportive Supervision	One
11.	Basics of Finance, Accounts and Records	One
12.	Monitoring of Critical Indicators through DAPCU Monthly Report	One
13.	Adult Learning Principles	One

14.	Problem Identification and Resolution	Two
15.	Management of NACP Commodities Supply	Two
16.	Review Meetings	Two
17.	Annual Work Plan	Two
18.	Preparation of Spatial Maps using Epi-maps	Two
19.	Team Building	Two
20.	NACP Programme Updates	Two
21.	Govt. Communication (will be state specific and to be included when new DAPCUs are on board)	Two

After the first phase of training, SACS officials and DNRT will monitor the staff on their field visits and observe their ability to translate their learning into action. The feedback from the field will be incorporated into the second round of training.

Both phases of training should ideally be completed within a period of six months. Both phases will be residential and it is mandatory for local participants to stay at the venue for all days. Participants are encouraged to reach the venue an evening before the date of training.

Participant's Handbook

The Participant's Handbook is part of the DAPCU training package and it contains reading material pertaining to the training sessions.

The contents under each topic include:

- Description of the component and services, drawn from Operational Guidelines issued by the DAC;
- Staffing structures of the NACP facilities at the district and sub district level;
- Roles and Responsibilities of DAPCU based on DAPCU Operational Guidelines (2012) and DAC updates;
- Key Monitoring Indicators based on indicators reported by facilities each month.

The Participant's Handbook is an essential part of the DAPCU training. All DAPCU staff must keep a copy of it while attending the sessions. A few sessions will have time set aside for self-study, which will then be followed by a quiz, game or exercise. Training aids like case studies, situation cards, etc. will be provided during each session and are not part of this handbook.

Post- training the participants can use the handbook as a ready reckoner for information on each topic/component. The handbook has information updated to July 1st 2014. However, DAPCU staff must keep abreast of developments with periodic updates on guidelines and components.

Notes to the Facilitator

‘Notes to the Facilitator’ is a session-wise guide for facilitators of the DAPCU Induction Training. The notes for each session include:

- Objectives
- Duration
- Methods
- Materials and Aids
- Session Flow (detailing use of training aids and exercises)

The aids required for each session are made available along with the session to facilitate ease of access and reference. There is a continuity of visual elements and style so as to make the package components look like an integrated set. Corresponding sessions in the Participant’s Handbook and in the Notes to the Facilitator will have a similar colour that will also extend to the visual aids used in the session.

Overview of methods and aids

The training package incorporates a range of methods and aids to increase interaction among participants and to leverage their experiences. A variety of methods have been used in the package including:

- Presentation
- Group Work
- Group Study
- Self-Study
- Quiz
- Match the Following
- Group Games such as the Suggestion Wheel
- Brainstorming Exercises
- Role Play
- Self-Assessment
- Video Screening

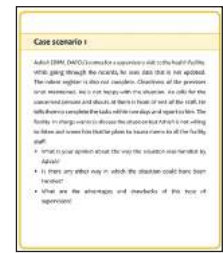
PowerPoint (PPT) presentations: are included in most sessions. These are based on information detailed in the Participant’s Handbook. The facilitator must study both the handbook and the presentation prior to the session.



Situation Cards: Situation Cards are used as stimulants for discussion and provide the facilitator with an easy-to-use aid that supports discussion and dialogue. They help groups to think through the reasons behind a situation as also to come up with solutions to address them. These cards depict a situation visually with an illustration, and then describe it in words on the back, along with questions for participants.



Case Cards: Case Cards or Case Studies, like Situation Cards, describe a situation and serve as stimulants for discussion. These cards do not have illustrations.



Assessment Checklists: Simple assessment checklists have been used in the package for self-assessment as well as assessment of processes recommended for certain activities. These help participants in developing a critical understanding of their needs and capacities and also critically look at processes followed in the implementation of activities.

Preparation for training

It is imperative that facilitators are familiar with the experience of working under the NACP, as also with the content of the sessions that they will be facilitating. This will help in responding to participants' questions which might be beyond the scope of that particular session.

The facilitator should ensure that all training aids (Situation Cards, Case Cards, Quiz Sheets, etc.) required for the session are organised in advance.

Facilitating a conducive training environment

The facilitator should develop a participatory environment during the training, where participants are encouraged not only to ask questions but also add value by sharing their experiences. At the same time, the facilitator must ensure that discussions do not stray away from the topic at hand.

The facilitator must seek to keep the group attentive and lively by interspersing the sessions with energizers and shuffling the seating arrangement to match the format of the session.

Few tips to the facilitator

Points to keep in mind are:

- Provide enough time for the introduction session so that participants become familiar with you and with their fellow participants;
- Create an environment where participants feel comfortable to ask questions and voice their opinions;
- Ensure that material and aids for the sessions are available and handy;
- Provide clear instructions for activities and group exercises; and
- Do not let the discussion stray away from the topic, thus losing out on time and productivity.
- Ensure that session is conducted according to the flow outlined in the "Notes to Facilitator"

Training Overview

Objectives

At end of session, participants should be able to:

- Understand the structure and purpose of the training;
- Identify ground rules for training; and
- Complete the pre-test.

Duration

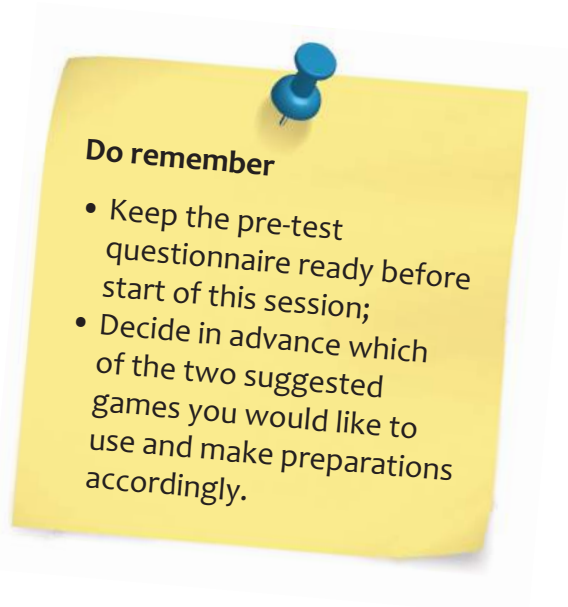
75 minutes

Methods

- Presentation
- Discussion
- Game
- Pre-test exercise

Materials and aids

- PowerPoint (PPT) presentation on Training Overview
- A ball of string (if the string game is used for participant introductions)
- Flip chart and markers
- Pre Test Questionnaire



Session Flow

Use any one of the following games to help participants get to know each other:

Option 1- String Game

- Cut a big roll/ball of string into various lengths, example, as short as 12 inches and as long as 30 inches;
- When the strings are cut, bunch together all the pieces up into one big clump of string;
- Explain to participants that each should pull on one piece of string and separate it from the rest;
- While doing this, the participant introduces himself/herself to the group.
- Some participants will get a long string and therefore will get more time to talk about themselves; and some will get a short string so they will need to say all they would like to in a short time (before the string is completely separated from the bunch)!

Option 2- Getting to know each other

Divide participants and facilitators into groups of three and instruct them thus:

- Each person has to note down one interesting question. Common questions like “What’s your name?” are not allowed. Advise the group to be creative and devise questions like “Describe the most interesting place you have ever travelled to” or “What are you passionate about?”;
- Each participant writes down the responses of the other two members of the group to his/her questions;
- When all the answers are set down, everyone can go back to their places;
- Then each participant stands to introduce himself/herself (name and district); Ask the other two group members to tell the larger group what they know about him/her.

Presentation

Introduce the course to the participants by using PPT slides on:

- List of sessions
- Different methodologies used
- Introduction to the Participant’s Handbook

Establishing Ground Rules

Ask participants to list rules that must be followed throughout the training, including:

- Respect opinions and views expressed by others;
- All must participate in the different activities and exercises – speaking is not the only indicator of participation;
- Anyone may contribute ideas but the trainer may set limits on speaking time, in interest of completing the session on time;
- Speak one at a time and avoid whispering or “side” conversations;
- Each participant should attend to his or her own comfort needs without disturbing the other two members of the group
- Be on time for each session;
- Keep mobiles in silent mode;
- Do not use laptops, tablets etc. unless required for the session.

List these on a chart paper and put it up on a wall of the training venue.

Pre-test

- Distribute pre-test questionnaires to participants, informing them of the time limit for completion;
- Ensure there are no conversations/discussions during the pre-test.

Annexure 1- Pre-Test Phase 1

Name of the Participant: Date:

Designation: District:

State:

1. **Which are the two cross cutting components under NACP IV?**
 - A. Blood Safety and Basic Services
 - B. SIMU and IEC& Mainstreaming
 - C. SIMU and Advocacy
 - D. TI and LWS

2. **Who is the Member Secretary of DAPCC?**
 - A. DACO
 - B. DPM
 - C. District Collector
 - D. CEO Zilla Parishad

3. **What is the role of DAPCU under the Basic Services Component?**
 - A. Provide support to ICTCs through supportive supervisory visits
 - B. Support voluntary blood donation camps
 - C. Monitor referrals and linkages
 - D. All of the above
 - E. A and C only

4. **Under Intensified TB Case Finding at ICTC and ART Centres.....**
 - A. All ICTC clients are screened by ICTC counsellors for presence of TB symptoms at every encounter (pre, post, or follow-up counselling).
 - B. Clients who have symptoms or signs, irrespective of their HIV status, are referred to RNTCP diagnostic and treatment facility.
 - C. There is no need to screen ICTC clients for TB
 - D. All of the above
 - E. A and B only

5. **Which of the following contributes to the rapid spread of STIs/RTIs?**
- A. Poor hygiene.
 - B. Lack of effective drugs for STI/RTI.
 - C. High-risk sexual behaviour.
 - D. All of the above.
6. _____ **is the closest provider (for information on STI) to a woman living in a village.**
- A. PHC Medical Officer
 - B. DPM
 - C. DACO
 - D. ASHA/ Link Worker
7. **Which is the body for policy formulation for Blood Transfusion Services in India?**
- A. Division of Blood Transfusion Services
 - B. National Blood Transfusion Council
 - C. Drug Control General of India
 - D. All of the above
8. **What is the shelf life of whole blood?**
- A. 35-42 days
 - B. 52-72 days
 - C. 25-30 days
 - D. None of the above
9. **What is the most important principle for storage of kits and drugs to identify out-dated stocks?**
- A. First In First Out (FIFO)
 - B. First Expiry First Out (FEFO)
 - C. Last In First Out
 - D. All the above
10. **Which of these is not part of the intervention package for high risk groups covered under TIs?**
- A. Linkages to other health services
 - B. Provision of safe spaces
 - C. Rehabilitation of Sex workers
 - D. Crisis management
11. **Which typology of sex workers are most at risk for HIV in the following:**
- A. Street based
 - B. Lodge based
 - C. Home based
 - D. A and B

- 12. Treatment of OI is a function of CSCs**
- A. True
 - B. False
- 13. Patients who do not return to the ART Centre for 3 continuous months (90 days) are categorised as**
- A. LFU
 - B. MIS
 - C. Defaulters
 - D. None of the above
- 14. DAPCUs should support the roll out of folk media and mid media campaigns by**
- A. Writing scripts of performances
 - B. Identifying villages for performances
 - C. Supervising and Monitoring performances
 - D. B and C only
- 15. The expanded form of the acronym IEC is**
- A. Information Entertainment Communication
 - B. Information Education Communication
 - C. Informal Education and Communication
 - D. None of the above
- 16. HIV test kits are kept in deep freezer**
- A. True
 - B. False
- 17. What should be done while writing TA/DA requisition and adjustment claims?**
- A. Mention rate of salary drawn
 - B. Ensure tour report is submitted along with bills
 - C. Both A and B
 - D. None of the above
- 18. Which of these is not a register to be maintained by DAPCU?**
- A. Movement Register
 - B. Asset Register
 - C. Process Register
 - D. Stock Register

19. Who are the key stakeholders for mainstreaming efforts?

- A. Government – Ministries/Departments, PSUs
- B. Private Sector
- C. Civil Society, CBOs, NGOs
- D. All of the above

20. What are the benefits of mainstreaming?

- A. Enhanced coverage and reach by information on STI and HIV prevention
- B. Enhanced social entitlements for social protection of people infected and affected with HIV/AIDS
- C. Integrated services through existing health infrastructure available in Ministries/Departments, Public Sector Undertakings, Civil Society Organizations
- D. All of the above

21. What are the attributes of a good supervisor?

- A. Manages time effectively
- B. Maintains trust
- C. Is fair and impartial
- D. All of the above
- E. Only A and C

22. Supervision should be undertaken as

- A. Inspection/ policing
- B. Visits, not relationships
- C. Supervisory control, not teamwork
- D. All of the above
- E. None of the above

23. Information for preparing the DAPCU Monthly Report is to be provided by:

- A. DACO
- B. DPM
- C. District Assistant- M & E and Program Assistant
- D. DIS and District Assistant Accounts
- E. All of the above

24. The expanded form of the acronym SIMS is _____

- A. Strategic Information Monitoring System
- B. Standard Information Management System
- C. Strategic Information Management System
- D. Standard Information Monitoring System

25. Mark the most appropriate path for data flow under NACP

- A.

Record Keeping Register/s at

CMIS/SIMS Monthly Report

DAPCU Monthly Report

- B.

CMIS/SIMS Monthly Report

Daily Diary

DAPCU Monthly Report

- C.

DAPCU Monthly Report

CMIS/SIMS Monthly Report

Record Keeping Register/S at Facilities
--

- D. None of the Above

Annexure 2: Post -Test Phase I

Name of the Participant: Date:

Designation: District:

State:

1. **Which are the two cross cutting components under NACP IV?**
 - A. Blood Safety and Basic Services
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- A. Writing scripts of performances
 - B. Identifying villages for performances
 - C. Supervising and Monitoring performances
 - D. B and C only
- 15. The expanded form of the acronym IEC is**
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Record Keeping
Register/s at

CMIS/SIMS Monthly
Report

DAPCU Monthly
Report

B.

CMIS/SIMS Monthly
Report

Daily Diary

DAPCU Monthly
Report

C.

DAPCU Monthly
Report

CMIS/SIMS Monthly
Report

Record Keeping
Register/S at Facilities

D.

None of the Above

Annexure 3: Answer Key to Pre/Post Test - Phase 1

Question Number	Correct Answer
1.	B
2.	A
3.	E
4.	E
5.	C
6.	D
7.	B
8.	A
9.	B
10.	C
11.	D
12.	B
13.	A
14.	D
15.	B
16.	B
17.	C
18.	C
19.	D
20.	D
21.	D
22.	E
23.	E
24.	C
25.	A

1

Decentralization of NACP to District Level

Objectives

At end of session, participants should be able to:

- Understand the evolution of the National AIDS Control Programme
- Recognise the linkages between the National Health Mission and the National AIDS Control Programme at the district level

Duration

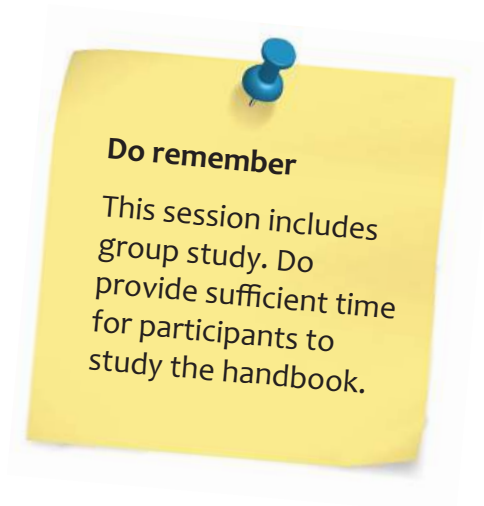
75 minutes

Methods

- Presentation
- Group Study
- Quiz

Materials and aids

- PPT Presentation
- LCD projector and screen
- Participant's Handbook



Session Flow

Presentation

Use the PPT presentation to discuss:

- Overview of NACP I-IV;
- History of its integration with the NHM;
- Description of DHS and DAPCC;

Group Study

Divide the participants into two groups and provide the following instructions:

- The groups will be provided time to study the handbook chapter on Decentralisation;
- Group study will be followed by a quiz.

Quiz

Conduct a quiz with the questions provided in Annexure 1. The group with the maximum number of correct answers wins.

Annexure 1: Quiz on Decentralisation

Sr. No.	Question	Answer
1.	What were the implementation years/ time periods of NACP I?	1992-99
2.	Decentralization of management and coordination to the district & sub-district level took place during NACP II. True/false	False. NACP III
3.	The CMHO/DMHO is a member of DHS and DAPCC. True/false	True
4.	In which year was the National AIDS Prevention and Control Policy adopted?	2002
5.	Who is the chairperson of the DAPCC?	District Collector/Deputy Commissioner
6.	In which phase of the NACP was the Inter-Ministerial Group for Mainstreaming formed?	NACP II
7.	Name the six programme components of NACP III.	<ol style="list-style-type: none"> 1. Targeted Intervention (TI); 2. Basic Services Division; 3. Care, Support and Treatment (CST); 4. Information, Education and Communication and Mainstreaming (IEC and MS); 5. Blood Safety (BS); 6. Strategic Information Management Unit (SIMU).
8.	Name the two cross cutting components under NACP IV.	<ol style="list-style-type: none"> 1. SIMU 2. IEC and Mainstreaming
9.	DAPCUs are established in all districts of the country. True / False	False
10.	'Accelerate Reversal and Integrate Response' is the goal of which phase of the AIDS Control Programme?	NACP IV

2

Targeted Interventions and Link Worker Scheme

Objectives

At end of session, participants should be able to:

- Understand services and facilities under Targeted Interventions and Link Worker Scheme
- Identify roles and responsibilities of DAPCUs under Targeted Interventions and Link Worker Scheme

Duration

150 Minutes

Methods

- Situation Card based Group Work
- Presentation
- Brainstorming

Materials and aids

- PPT presentation on TI and LWS
- LCD projector and screen;
- Participant's Handbook
- Situation Cards
- Flip chart and marker pens



Session Flow

Group work

Divide participants into seven groups and explain to them the objectives and process of the session:

- Each group is given one situation card (Annexure 1), providing a brief profile of an individual/group and questions for discussion;
- The groups are expected to discuss the questions and present their answers to the larger group.

Group Presentations

Once the groups have completed their discussions, request a volunteer to put up six charts around the room, labelling them as follows: *Clinical Services, Enabling Environment, Community Mobilisation, Referrals and Linkages, Behaviour Change Communication and Provision of Commodities*. Inform him/her that:

- A common question across all situation cards is about the facilities and services required by each individual/group described in the card;
- As and when each group presents its answers, the other participants should be asked which of the above categories

does the response belong to. The volunteer should enter the answers on the respective charts;

- For example, if a group suggests Female Sex Workers (FSWs) require condoms to stay safe, the participants may suggest that this is written on the chart titled 'Provision of Commodities'. Or, if the suggestion is about the importance of sensitising the police so as to ensure safety of Men who have Sex with Men (MSM), the participants may feel this is part of providing an 'Enabling Environment'. The suggestions should be noted on the respective charts by the volunteer.

Request the groups to make presentations in the following sequence:

- Female Sex Workers
- Men who have Sex with Men
- Transgender -Hijra
- Injecting Drug Users
- Truckers
- Migrants
- Link Worker Scheme (LWS)

After each group presentation, use the PPT slides to summarise discussion on that particular group. Example, after the FSW presentation, you may use slides on FSW definitions and typology. The rest of the groups follow in the given sequence till all the presentations are done.

Presentation

Use PPT slides to discuss:

TI (HRG and Bridge Population)

- Components of service delivery. Connect these discussions to the entries on the charts and the needs of the community;
- Roles & Responsibilities of DAPCU;
- Key Monitoring Indicators.

LWS

- Implementation Structure;
- Risk Reduction under LWS;
- Roles & Responsibilities of DAPCU;
- Key Monitoring Indicators.



Situation Card 1 : FSW

Twenty-year old Sarita, who recently took up sex work, operates through dhabas on highways. She works for about 12 hours starting in the evening, returning home in the early morning.

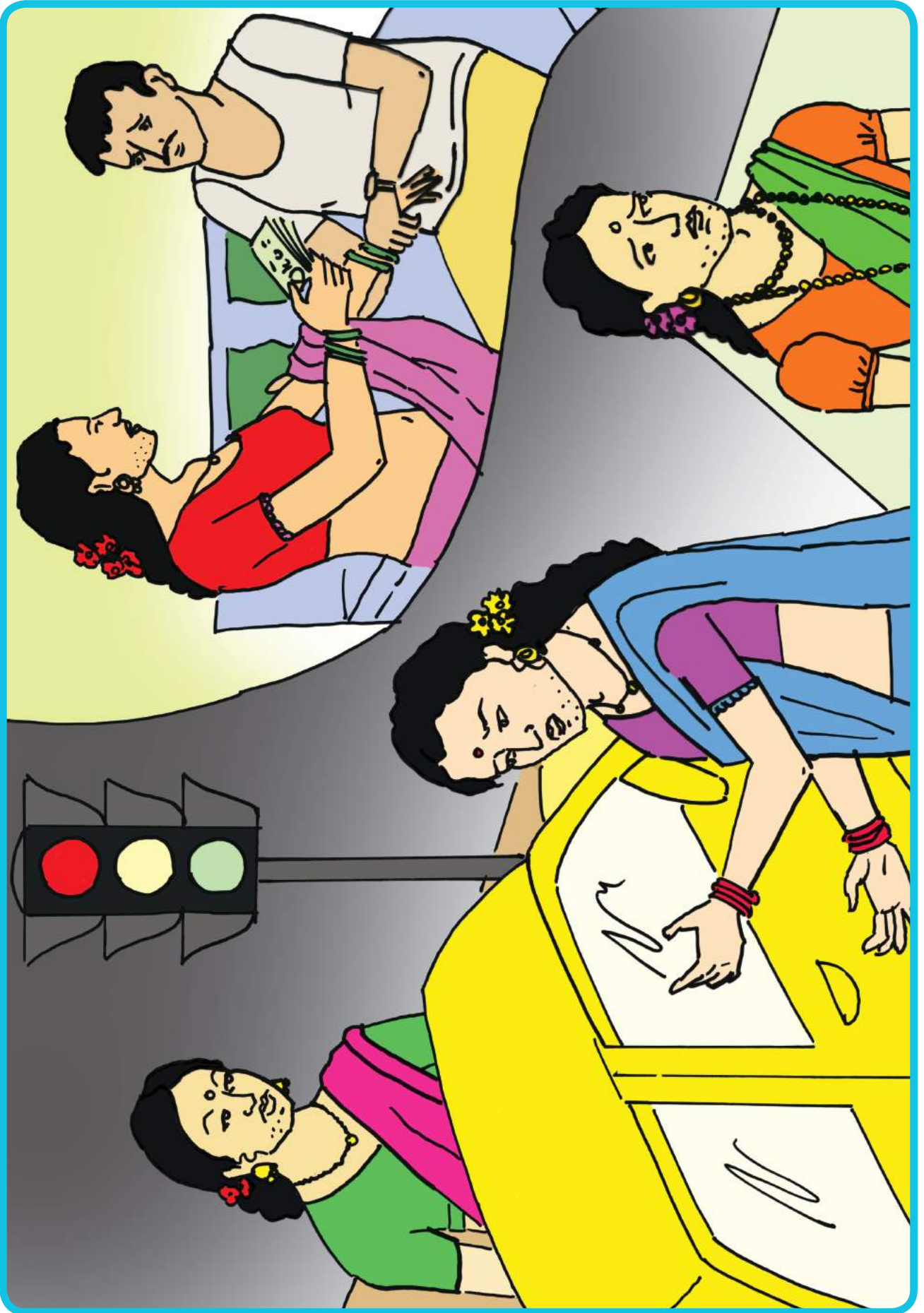
- Why are women like Sarita vulnerable to HIV?
- What services and support can help these communities stay safe from HIV?
- Sarita operates through dhabas on the highway. What are some other places that sex workers operate from, i.e., solicit clients?
- Are there different needs or vulnerabilities for each of these kinds of sex workers? Give examples for each.



Situation Card 2 : MSM

Twenty-five year old Akshay is married and has one child. He also enjoys sex with men and often goes to a neighbouring town in the, evenings and nights, to find male sexual partners. His family is unaware of his sexual preferences.

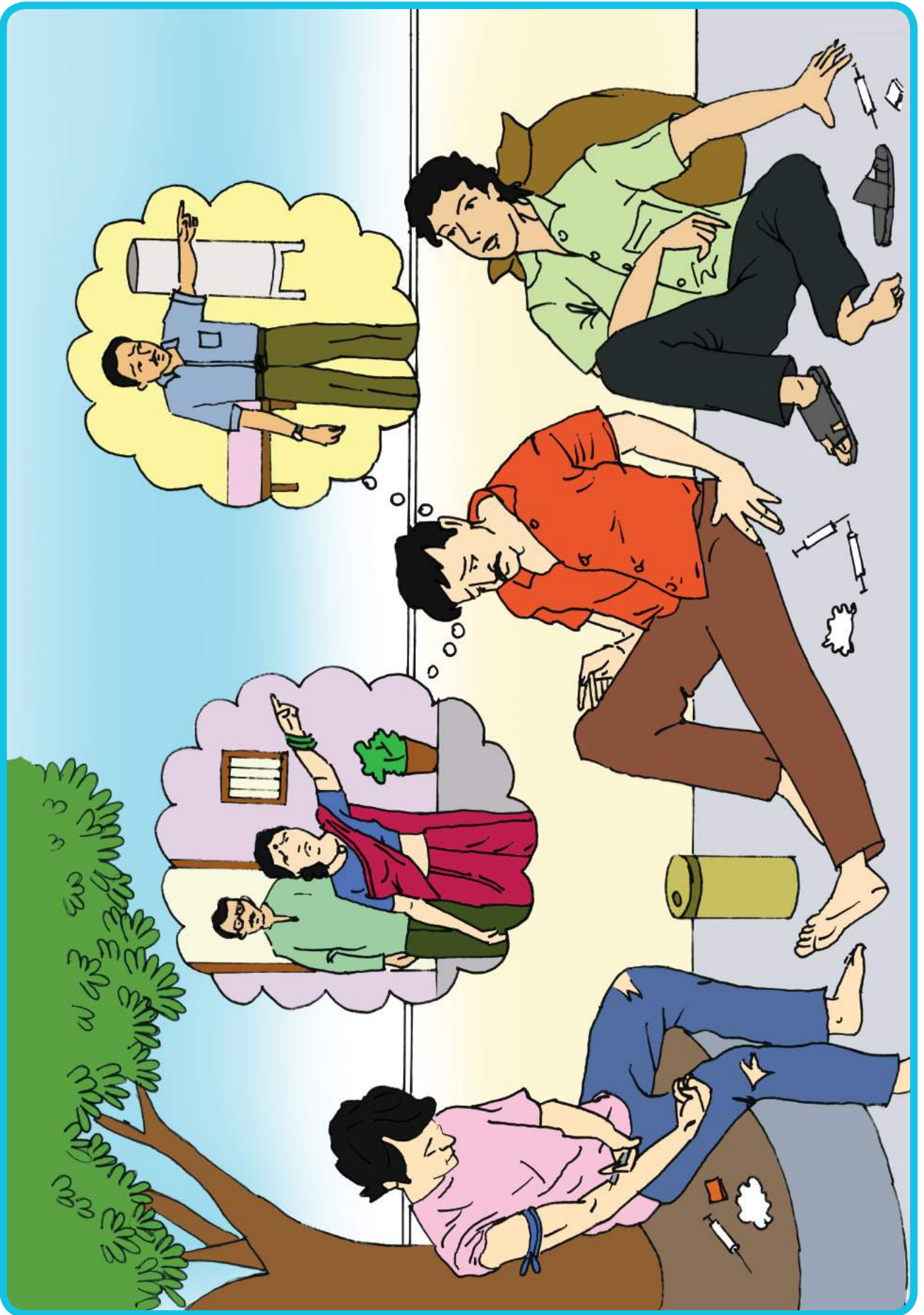
- Why are men like Akshay vulnerable to HIV?
- What services and support can help these communities stay safe from HIV?
- TIs usually work with people like Akshay through interventions for Men who have Sex with Men (MSM). Are all people covered by TI similar to Akshay? Who are the other kind/types of people whom the MSM TIs reach?
- How can the programme reach these populations and their spouses/partners?



Situation Card 3 : Hijras

Kamla is a hijra who lives and works with fellow-hijras in a small-town slum. To earn money, she seeks alms at traffic signals. But, as these earnings were low, she and many of her companions now also sell sex.

- Why are people like Kamla vulnerable to HIV?
- What services and support can help these communities stay safe from HIV?
- What are the differences between MSM, Transgender, and hijra in sexual orientation and behaviour?



Situation Card 4 : IDU

Satnam and his friends have been using drugs for over two years now. While initially they consumed drugs orally, they have recently started injecting. Thereafter, Satnam lost his job and was thrown out of the house by his family.

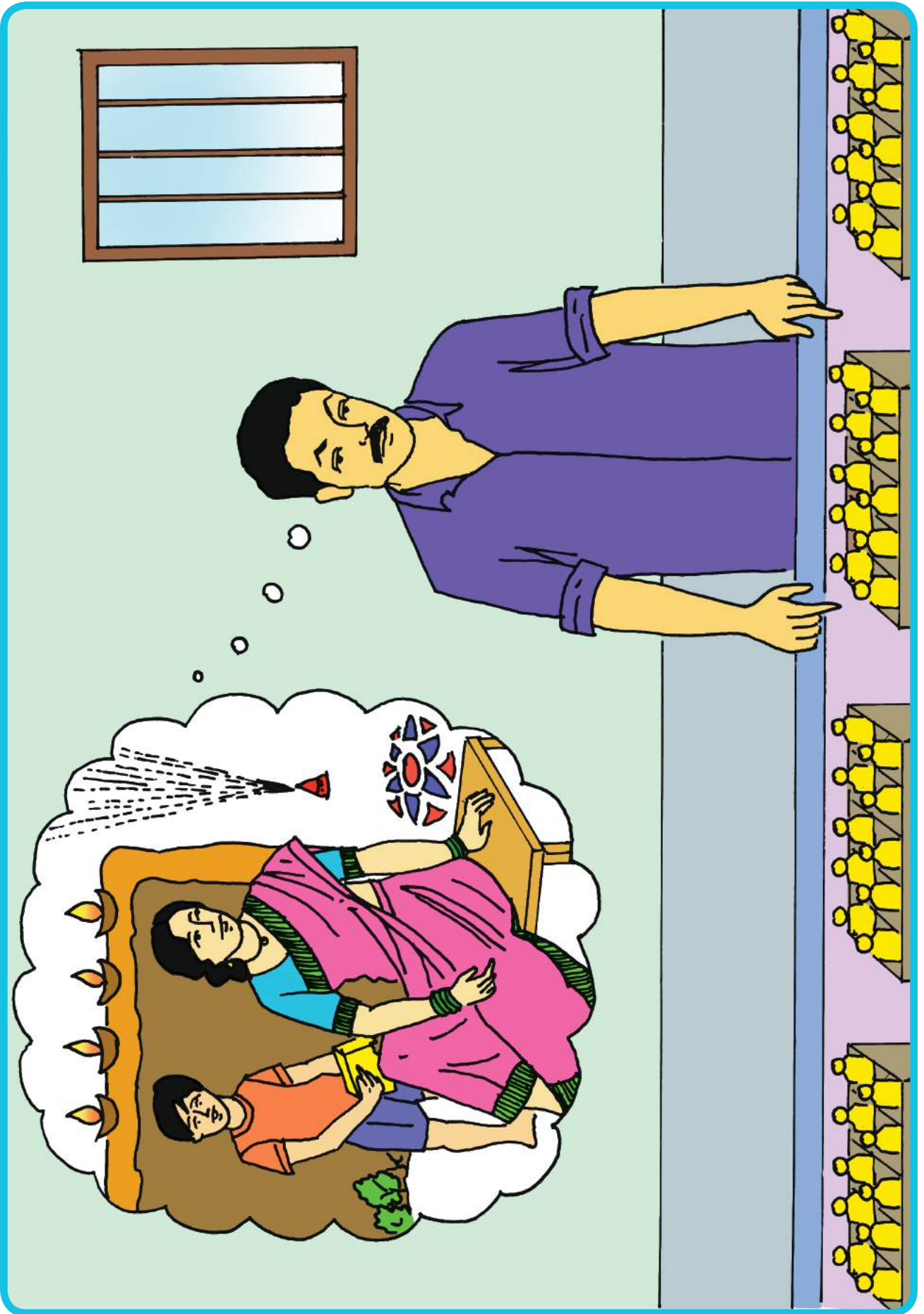
- Why are Satnam and his friends vulnerable to HIV?
- Two of Satnam's friends who inject drugs are women. What additional risk do they have to contracting HIV?
- How to reach these populations through TIs?
- What services and support can help Satnam and his friends stay safe from HIV? Can you suggest what other services can be provided to Female Injecting Drug Users (FIDUs) through IDU TI interventions?



Situation Card 6 : Trucker

Ratan drives a truck for a transport company. Since he usually travels two to three weeks at a stretch to different parts of the country, the highway is his home. He visits his family home only a few days every month. While on the job, he depends on dhabas on the highway for food and rest.

- Why are long-distance truck drivers vulnerable to HIV?
- What services and support can help these communities stay safe from HIV?
- What are some mechanisms or strategies used to reach truckers and their spouses?



Situation Card 7 : Migrant

Bisu, who came from a small town to a big city in search of employment, is a daily wage earner in a factory. He lives in a small settlement in the city along with many other men like him. He goes home to his wife and children twice a year during major festivals.

- Why are men like Bisu vulnerable to HIV?
- Bisu is married, but migrated to the city alone. Some of his other friends who have migrated to the city are unmarried or have come with their families. What is the difference between Bisu's vulnerability to HIV and that of the others?
- What services and support can help these communities stay safe from HIV?
- Like Bisu, there are also female migrant workers. What additional services can be provided for engendering migrant interventions?



Situation Card 5 : LWS

Thirty-year old Parvati lives in a village with her children. Her husband, like most other men from her village, works in a city. He comes home twice a year. His earnings not always being sufficient to support the family, Parvati along with other women like her (whose husbands live in the city) have started working as farm hands to support their families.

- Why are people like Parvati vulnerable to HIV?
- What services and support can help these communities stay safe from HIV?
- What other groups of people in villages are vulnerable to HIV and why?

3

Basic Services

Objectives

At end of this session, participants should be able to:

- Understand facilities and services under Basic Services;
- Identify roles and responsibilities of DAPCU under Basic Services

Duration

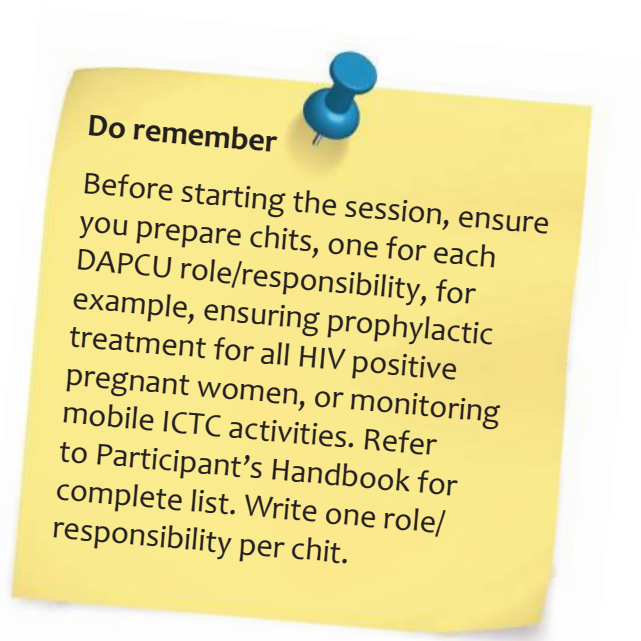
90 Minutes

Methods

- Presentation
- Exercise
- Brainstorming
- Self Study

Materials and aids

- PPT presentation on Basic Services
- LCD projector and screen
- Participant's Handbook
- Chits with one role/responsibility of DAPCU written on each chit (complete list in Participant's Handbook)



Session Flow

Presentation

Use the PPT presentation on facilities and functions under Basic Services and discuss:

- Integrated Counselling and Testing Centre (ICTC);
- Prevention of Parent to Child Transmission (PPTCT);
- HIV and Tuberculosis (HIV-TB).

Exercise: "The Suggestion Wheel"

Divide participants into two equal groups (A and B) and proceed as follows:

- Give one chit listing one role/responsibility of DAPCU to each member from Group A ;
- Group A forms a circle with each member at an arm's distance from the other;
- Group B forms a circle around Group A, so that members of group A and B face each other;



- When the facilitator flags off the game, each Group A member reads out the contents of the chit to the group B member facing him/her;
- The Group B member is expected to provide one suggestion on how DAPCU can carry out that particular role. For example, if the role read out is, 'Review cross referrals between ICTC and STI services', the Group B member must suggest a way of doing this. For instance, he/she could suggest that interaction between the Counsellors in the two facilities [that is ICTC, DSRC and TI-STI clinic] through monthly review meetings will facilitate review of cross referrals; or alternatively, that the District ICTC Supervisor (DIS) could review referral processes during field visits to ICTC, and suggest modifications if any;
- When the facilitator says 'change', Group B members move clockwise, so that they now face and interact with the next member of Group A;
- Do this for as long as time permits or till everyone is back to their original places. Try to ensure that a minimum of three to five 'changes' take place;
- Participants may then return to their seats.

Discussion and Brainstorming

Using the PPT presentation to display DAPCUs responsibilities under ICTC/PPTCT, HIV-TB:

- Read out each role/responsibility and check if the role/responsibility was on the chits that the Group B members received ;
 - If yes, ask the participant to share the suggestions;
 - If not, then ask the larger group to make suggestions;
- Cover all roles and responsibilities in this way.

Self-Study

Provide time for participants to study the contents of Annexure 1, Basic Services in the Participant's Handbook.

4

STI/RTI Services

Objectives

At end of session, participants should be able to:

- Understand facilities and services under STI/RTI control and prevention;
- Identify roles and responsibilities of DAPCUs under STI/RTI control and prevention.

Duration

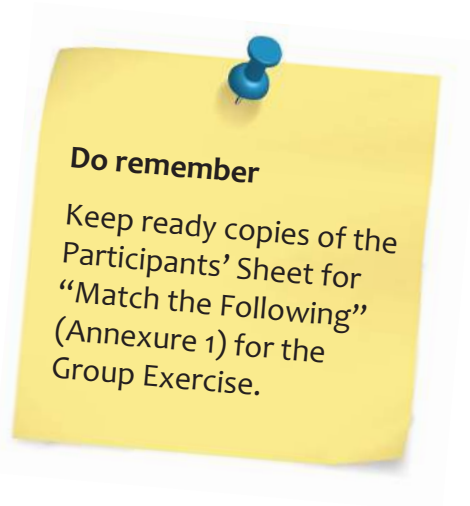
60 minutes

Methods

- Presentation
- Group Exercise - Match the Following

Materials and aids

- PPT presentation on STI/RTI Services
- LCD Projector and Screen
- Participant's Handbook
- Exercise sheets for 'Match the following'



Session Flow

Presentation

Use the PPT presentation to cover:

- Introduction to STI/RTI;
- Types of STI/RTI service delivery facilities;
- Modalities of service delivery;
- Roles and Responsibilities of DAPCUs; and
- Key Monitoring Indicators.

Group Exercise - "Match the Following"

Divide participants into five or six groups and proceed thus:

- At the start of the game, give each group a sheet (Annexure 1) with statements/words in two columns, A and B;
 - The groups must match statements of Column A with the most appropriate statement/word in Column B;
 - Remember – the statements are based on information provided in the participant's handbook. The groups can refer to the handbook for clues and
 - The first group to correctly finish the exercise wins.

(For the facilitator's reference, the correct answers are provided below and the set for participants is available in Annexure 1)

Item No.	Column A	Column B
1.	A migrant (working in a city) who has no access to government health facilities can access STI services through ----- in the city	Health camps
2.	An FSW in a brothel-based area where more than 1000 FSWs reside can access services through -----	TI static clinic
3.	An MSM in a town with less than 800 MSM can access services through -----	Preferred Private Provider
4.	_____ is the closest provider (for information on STI) to a woman living in a village	ASHA/Link Worker
5.	ASHA/Link worker/Health Worker Male Female provide the following STI Services -----	Information, Condom provision and promotion, Screening for STI/RTI, Referral for treatment
6.	----- is the health facility closest to a village which offers syndromic case management, syphilis screening, ARSH services	PHC
7.	An FSW in a town with small scattered pockets of sex workers can access STI Services at -----	Hybrid Model clinic (Static and PPP)

Annexure 1 – Participants’ Sheet for ‘Match the Following’

Item No.	Column A	Column B
1.	A migrant (working in a city) who has no access to government health facilities can access STI services through ----- in the city	PHC
2.	An FSW in a brothel-based area where more than 1000 FSWs reside can access services through -----	Information, Condom provision and promotion, Screening for STI/RTI, Referral for treatment
3.	An MSM in a town with less than 800 MSM can access services through -----	ASHA/Link Worker
4.	_____ is the closest provider (for information on STI) to a woman living in a village	Hybrid Model clinic (Static and PPP)
5.	ASHA/Link worker/Health Worker Male Female provide the following STI Services -----	Health camps
6.	----- is the health facility closest to a village which offers syndromic case management, syphilis screening, ARSH services	Preferred Private Provider
7.	An FSW in a town with small scattered pockets of sex workers can access STD Services at -----	TI static clinic

5

Care, Support and Treatment

Objectives

At end of session, participants should be able to:

- Understand facilities and services under Care, Support and Treatment;
- Identify roles and responsibilities of DAPCUs under Care Support and Treatment.

Duration

90 Minutes

Methods

- Presentation
- Case Card based Group Work

Materials and aids

- PPT presentation on CST
- LCD projector and screen
- Participant's Handbook
- Whiteboard and markers
- Case Cards



Session Flow

Presentation

Use the PPT presentation to cover:

- Facilities under Care, Support and Treatment ;
- Human Resource and functions of each facilities.

Group Work

Divide the participants into four groups and give each group a case study provided in Annexure 1. Inform the groups that:

- Each group has to discuss the situation described on the card and arrive at detailed answers to the questions posed;
- One representative will be requested to present the group's solutions to the others.

Presentation

After all the solutions have been presented, use the PPT slides to summarise

- Roles and Responsibilities of DAPCUs; and
- Key Monitoring Indicators.

Case Card 1: ANC and HRG LFU

In district X, the DAPCU team observes that most of the LFU and MIS cases in the ART centre are HRGs and ANC. Later, at discussions at the Centre, the ART team says their Counsellors regularly call and remind the patients about their scheduled visit to the ART centre. However, some do not respond, while others are not reachable.

- List a few reasons why positive ANCs and HRGs on ART become LFU and MIS;
- Of these reasons, select any four which the DAPCU can address. List in detail the actions DAPCU can take to prevent LFU in these groups;
- Identify facilities and human resources that can be mobilised to trace positive ANCs and HRGs who are LFU/MIS and help them to resume ART treatment.

Case Card 2: Migrant LFU

In district Y, the DAPCU team observes that LFU and MIS cases at the ART centre are steadily on the rise. Most cases are migrants. Discussions reveal that though ART Counsellors regularly remind clients of their next ART visit, some do not respond, while others are not reachable.

- List a few reasons why positive migrants become LFU and MIS;
- Of these, select any four reasons which the DAPCU can address. List in detail the actions the DAPCU can take to prevent migrant LFU;
- What kind of coordination mechanisms are required between districts and states, to ensure that migrants adhere to the ART.

Case Card 3: Pre-ART registrations

During a monthly meeting with Facilities, the DAPCU observes that in each quarter, the number of Pre-ART registrations is only half the number of positives found in the district. This is a very worrying trend as it means that PLHIV are not reaching ART centres.

- List reasons why PLHIV do not reach the centre for Pre-ART investigations and registration;
- Of these, select any three reasons which the DAPCU can help address. List in detail actions the DAPCU should take to prevent linkage loss;
- Identify facilities and human resources that can be mobilised to ensure that PLHIV are registered at the ART centre.

Case Card 4: Social Benefit Schemes

At a review meeting, the ART Counsellor shares her concerns with the DAPCU and other Facilities. She points out that many of the PLHIVs who visit the ART centre are poor and have very limited resources to spend on travel and food. Also children in many of these poor families have dropped out of school.

- List the kind of schemes and programmes available at the district level that can be of use to such families;
- Take any one concern holding back PLHIV from attending the centre, and identify different steps that the DAPCU can take to address this concern through social benefit schemes;
- List mechanisms of identifying suitable schemes, likely beneficiaries, process of application, award, etc.

6

Blood Transfusion Services

Objectives

At end of session, participants should be able to:

- Understand facilities and services under Blood Transfusion Services
- Identify roles and responsibilities of DAPCU under Blood Transfusion Services

Duration

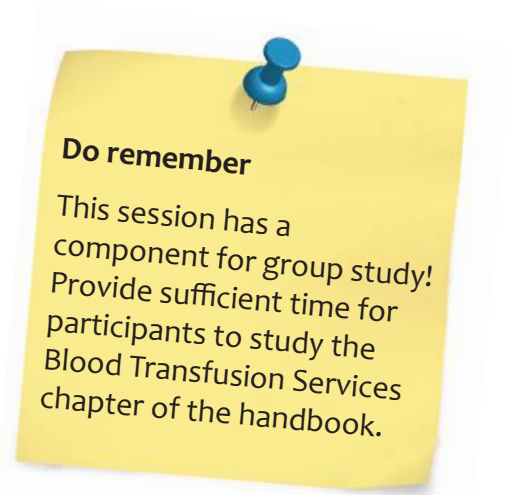
60 Minutes

Methods

- Presentation
- Group Study
- Quiz

Materials and aids

- PPT presentation on Blood Transfusion Services
- LCD projector and screen
- Participant's Handbook
- Quiz questions



Session Flow

Presentation

Use the PPT presentation to cover:

- Strategies for Blood Transfusion Services;
- National, State and Regional Blood Transfusion Councils;
- Blood Banks, Blood Storage Centers, Blood Component Separation Units;
- Roles and Responsibilities of DAPCU;
- Key Monitoring Indicators.

Group Study

Divide the participants into groups and provide the following instructions:

- All groups will be given 15 minutes to study the section on Blood Transfusion Services of the Participant's Handbook;
- The groups can chose to divide sections for study among its members; and
- The 15 minute study period will be followed by a quiz

Quiz

Conduct the quiz with questions provided in Annexure 1

ANNEXURE 1: BLOOD TRANSFUSION SERVICES QUIZ SHEET

Q.No	Question	Answer
1	Which is the Policy Formulating Apex Body for blood transfusion services in India?	National Blood Transfusion Council (NBTC) located in the Division of Blood Transfusion Services, Department of AIDS Control
2	Does India have a National Blood Policy?	Yes
3	Who gives licence to blood banks to operate?	Under the Drug and Cosmetics Rules 1940 by the state drug control departments with the approval of DCG(I)
4	Recruitment of donors is not a function of the blood bank. True/False	False. Blood Banks are expected to recruit voluntary blood donors.
5	In case the license of the parent blood bank/centre is cancelled, the approval of the Blood Storage Centre will also be automatically cancelled. True/False	True
6	On what criteria does an SBTC qualify as a blood centre as RBTC in a State?	Its capacity to meet regional blood needs and linkage with blood banks and its capacity to conduct blood donation camps.
7	An RBTC with networked Blood Banks & Storage Centres will be considered as a unit to serve a population of approximately how many lakh in metro cities?	20-30 lakhs
8	What are the categories of Blood Banks supported by DAC?	Model Blood Bank Major Blood Banks District Level Blood Bank
9	What is the shelf life of blood?	35-42 days. It also depends upon the type of blood bag used.
10	Who allocates a budget to NBTC and SBTC for strengthening Blood Transfusion Service?	DAC, GOI. States also receive a 50% contribution from their respective state governments.
11	What are the minimum annual collection units for RBTCs in metropolitan cities?	10,000 units in eight metropolitan cities and 5000 units in others.
12	Which facility has all of these responsibilities: collection, processing, storage, distribution and testing of blood components?	Blood banks
13	At what temperature should the blood be refrigerated in a blood bank for its storage?	4-6°C ± 2°C
14	For how long is the license for blood storage centre valid?	Two years
15	At the district level, whose responsibility is it to support blood banks in voluntary blood donation camps through developing linkages between Blood Banks and Red Ribbon Clubs, Youth Clubs, Nation Service Scheme, National Cadet Corps, Nehru Yuva Kendra etc.	DAPCUs

7

Information, Education Communication and Advocacy

Objectives

At end of session, participants should be able to:

- Understand the purpose of Information, Education and Communication and Advocacy
- Identify roles and responsibilities of DAPCU under Information, Education Communication and Advocacy

Duration

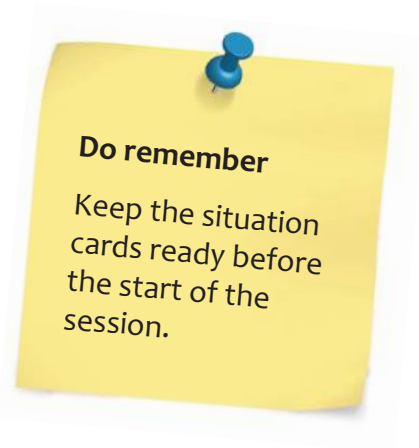
75 minutes

Methods

- Presentation
- Case-based discussion
- Situation Card based Group Work

Materials and aids

- PPT presentation
- LCD projector and screen
- Participant's Handbook
- White board and markers
- Chart papers and pens
- Situation cards



Session Flow

Presentation

Use the PPT presentation to discuss the following topics:

- IEC at the national, state and district levels;
- Mid-media activities;
- Advocacy;
- Stakeholders for advocacy;
- Rights in the context of HIV/AIDS;
- Grievance redressal systems at the district level;
- Roles and responsibilities of DAPCUs;
- Importance and Influence Matrix.

Group work

Divide the participants in four groups and explain the process below:

- Each group will be given a situation card along with questions based on the case (Annexure 1);
- Each group is expected to discuss the questions and present their solutions to the larger group ; and

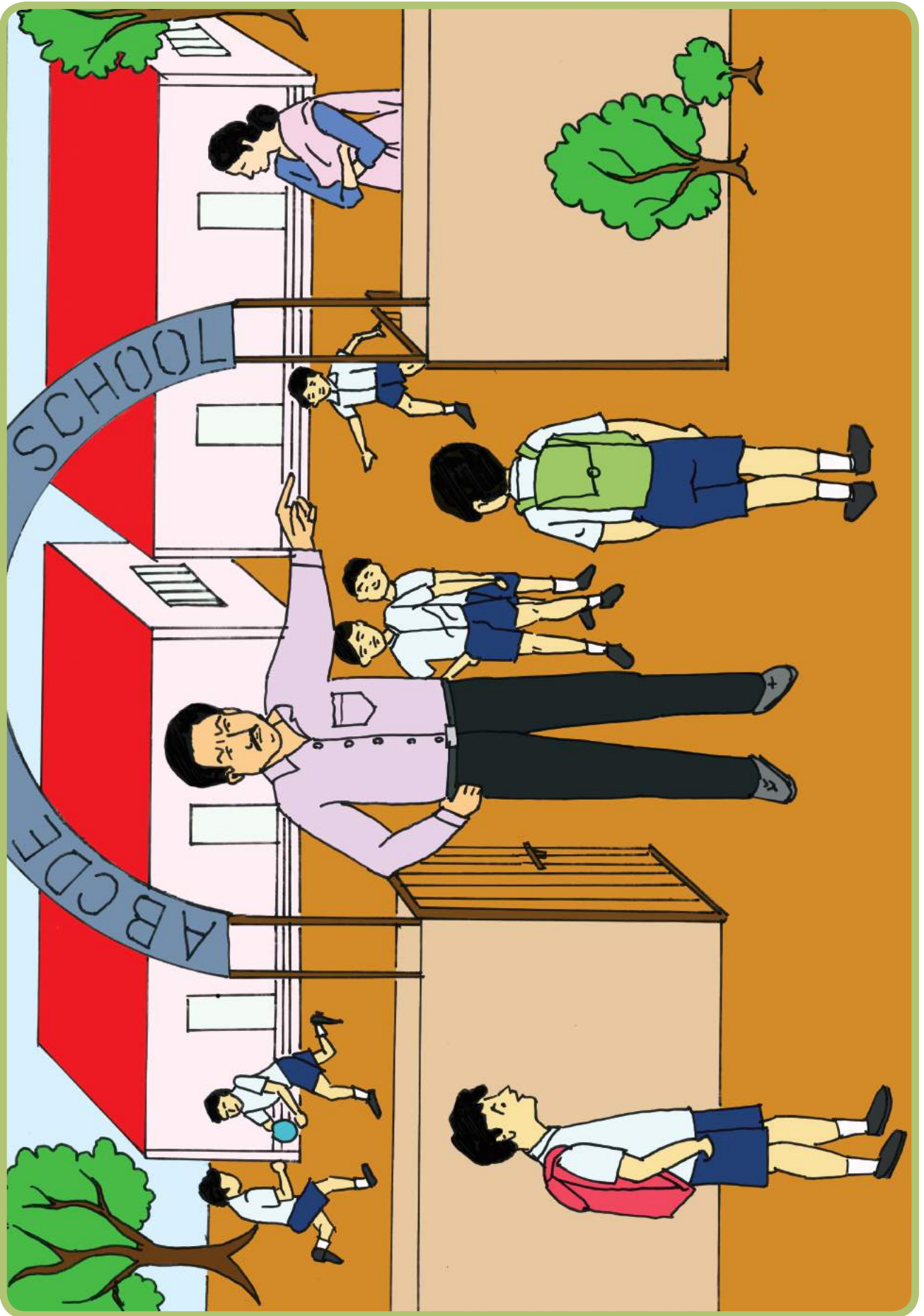
Sum up the discussions by discussing the use of 'Importance and Influence Matrix'.



Situation Card 1

A new DAPCU team is recruited in District X. They undertake a site visit to a brothel area, along with the TI staff, and observe the PEs' work. They learn that the TI needs the support of the police.

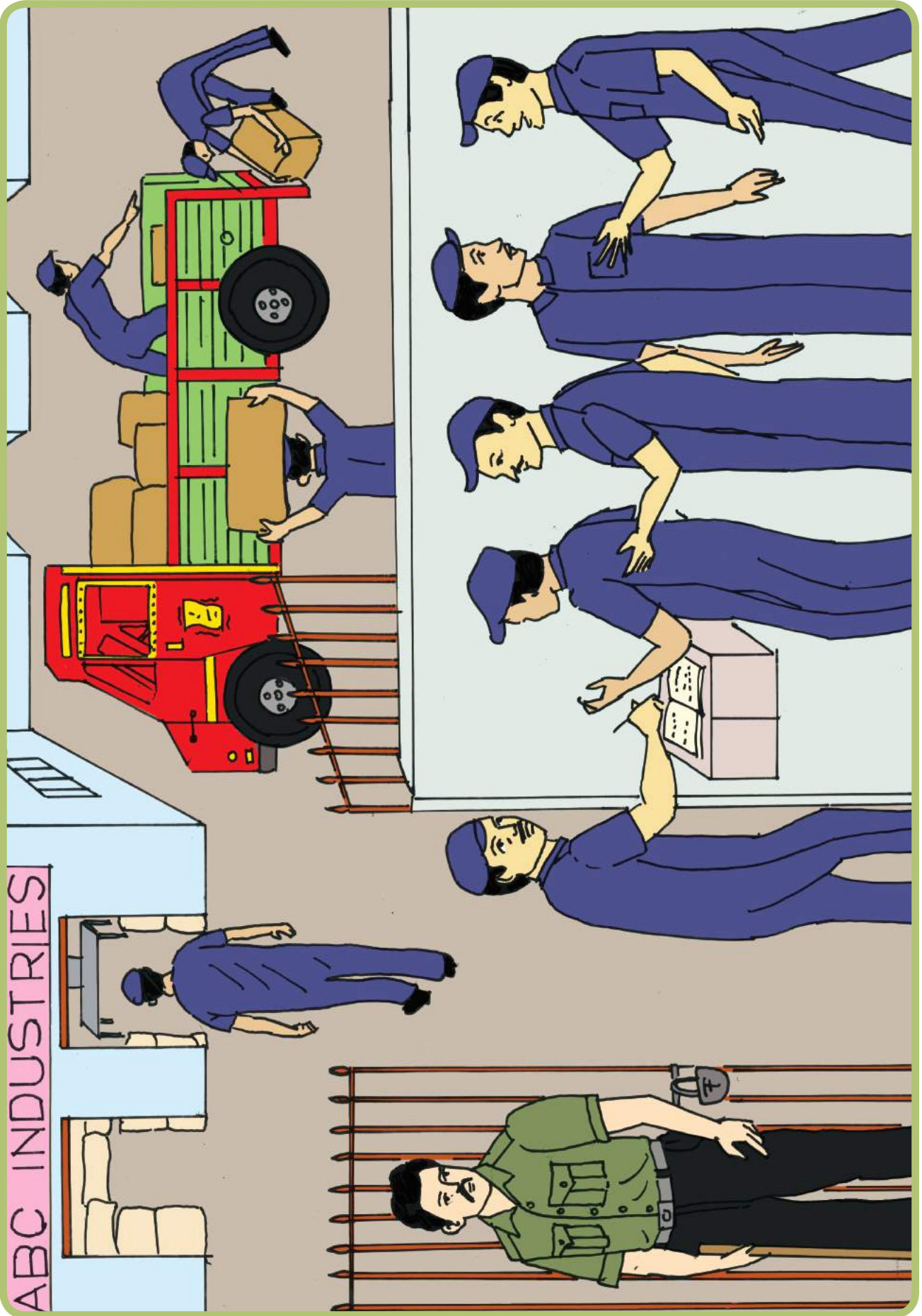
- Use the 'Importance and Influence Matrix' (Annexure 1- IEC and Advocacy, Participant's Handbook) to identify and classify the stakeholders in this situation;
- Identify the type of support you need from each group of stakeholders; and
- List ways of gaining their support.



Situation Card 2

The DAPCU team visits the office of the District Level Positive Network (DLN) of PLHIV. In a meeting with the PLHIV community, they learn that many children living with HIV (CLHIV) have been thrown out of school because the management does not want CLHIV in their schools. In other cases children of PLHIV have been withdrawn from school because of the financial strain on the family. The DLN seeks the DAPCU's support in addressing this concern.

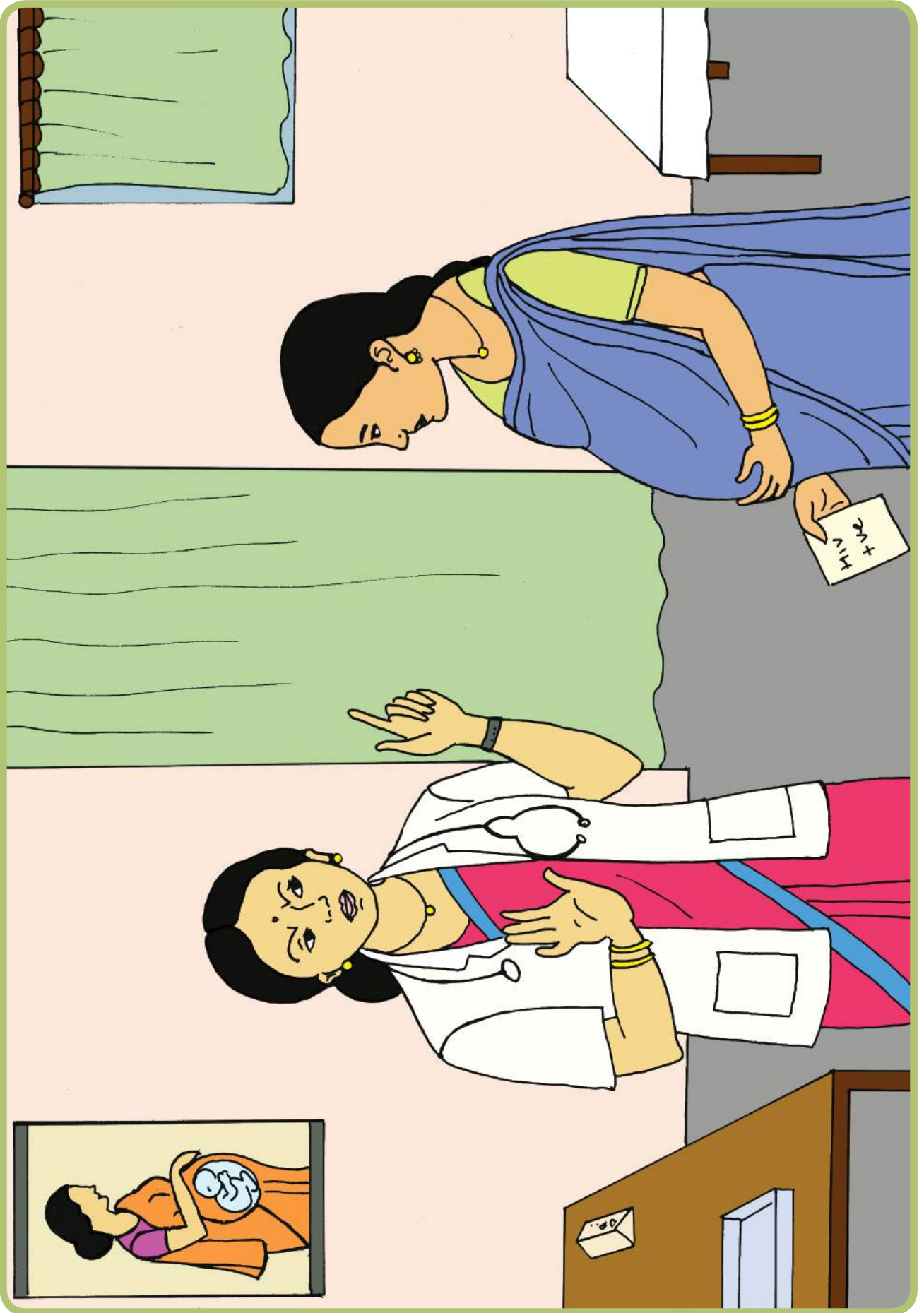
- Use the 'Importance and Influence Matrix' (Annexure 1- IEC and Advocacy, Participant's Handbook) to identify and classify the stakeholders in this situation;
- Identify the type of support you need from each group of stakeholders; and
- List ways of gaining their support.



Situation Card 3

While discussing migration into the district, a TI informs the DAPCU staff that the management of ABC Group of Industries, which employs the most migrants in the district, does not conduct services such as health camps and referrals for its workers. The management also refuses to respond to the TI's repeated efforts to contact them in order to initiate these services. Most of the company's workers are single male migrants, a group that needs access to prevention and care services. The TI seeks the DAPCU's help in working with ABC Industries.

- Use the 'Importance and Influence Matrix' (Annexure 1- IEC and Advocacy, Participant's Handbook) to identify and classify the stakeholders in this situation;
- Identify the type of support you need from each group of stakeholders; and
- List ways of gaining their support.



Situation Card 4

A PPTCT NGO and counsellors inform the DAPCU that certain CHCs in the district refuse to conduct deliveries for pregnant women who are HIV positive. Instead, they refer these women to the district hospital on one pretext or the other. The PPTCT staff believe the CHC staff refuse HIV cases out of fear and ignorance relating to the virus' transmission, and seek the DAPCU's help in addressing this issue.

- Use the 'Importance and Influence Matrix' (Annexure 1- IEC and Advocacy, Participant's Handbook) to identify and classify stakeholders in this situation;
- Identify the type of support you need from each group of stakeholders; and
- List ways of gaining their support.

8

Mainstreaming HIV/AIDS Programmes with Line Departments

Objectives

At end of session, participants should be able to:

- Understand the concept of mainstreaming in the context of HIV/AIDS mainstreaming
- Identify roles and responsibilities of DAPCUs under mainstreaming

Duration

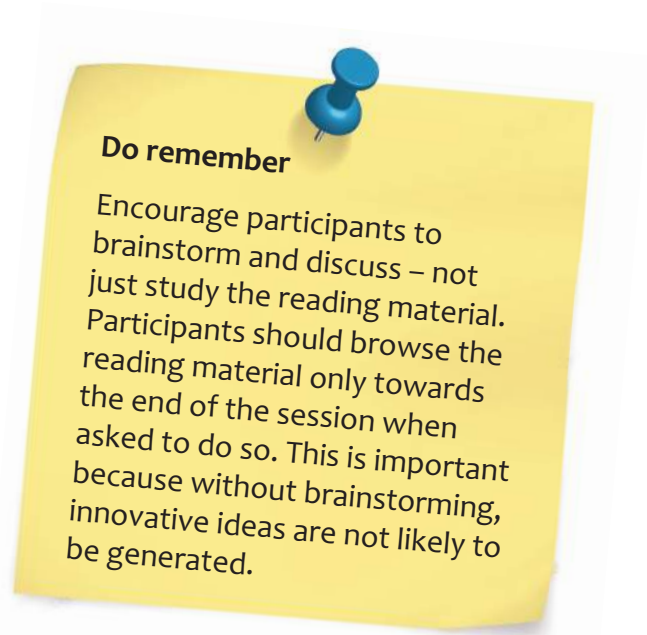
60 minutes

Methods

- Exercise
- Presentation
- Brainstorming
- Group work

Materials and aids

- PPT presentation on Mainstreaming
- LCD projector with screen
- Flipcharts and marker pens
- Participant's Handbook



Session Flow

Exercise

Ask participants to detach a page from their notebooks, or hand out small sheets of paper to each and follow instructions:

- Ask them to list their daily routine step-by-step and mark a star or make a note whenever and wherever they feel they can integrate an HIV/AIDS message or action;
- Next, ask them to add other activities – outside of their daily routine – where it is possible to integrate HIV/AIDS messaging (see examples below);

Example

- Wake up and get ready (* Ads/inserts in your daily newspaper);
- Travel to office (* Hoardings/wall paintings/banners seen on the road or on public transport);
- At work (*Workplace policy on HIV and messages on HIV displayed around the workplace);
- Go to the market (* Ads/messages on products);

- Come back home and relax, watch television/listen to the radio (* TVCs/radio spots/ HIV messaging woven into serials/soaps);
- Go on a trip with family (*Messages on tickets/boarding passes/ on tour guidebook/city map, etc.);
- Visit the hospital/doctor for annual checks or in case of illness (* Doctor's advice, pamphlets in the waiting room, posters etc.)

Ask one or two participants to share their daily routine with the group. On a flipchart, put up key areas/ appropriate times where HIV messaging can be integrated. Let other participants add to the list. Talk about how HIV/AIDS messaging can be made visible in different areas of life but that to ensure success of campaigns, public and private sectors need to come together. Inform participants that the session will focus on the need for all stakeholders to come together and the role each one can play.

Presentation

Use the PPT presentation to highlight:

- Definition of mainstreaming;
- The vision of mainstreaming;
- The importance of mainstreaming ;
- The benefits of mainstreaming;
- Key focus of mainstreaming;
- Role and responsibilities of DAPCUs in mainstreaming and social protection;
- Details on facilitating transition to integration with NHM.

Brainstorming

Ask participants to name the various departments where mainstreaming is required.

- List the suggestions on a chart paper/whiteboard. Make sure the list is as comprehensive as possible;
- Check that all the departments listed in Annexure I of the reading material are included;
- Show the last slide in the PPT presentation (Departments/Organizations for Mainstreaming).

Group Work

Divide participants into three groups according to which State they represent. If this is not possible, divide participants into groups and assign any State to each. Ask each group to:

- Select seven ministries/departments that are most relevant to their State. To take a simple example, if the State does not have ports/harbours then do not select the Shipping Ministry;
- Brainstorm on:
 - What that particular ministry/department can contribute towards HIV/AIDs prevention efforts;
 - If there are schemes or facilities which can encourage testing and treatment;
 - If prevention efforts can be adopted as a workplace policy;
 - If that particular ministry/department can appoint a nodal officer to share information of the work done by it.

Ensure that the groups do not refer to the Participant's Handbook during group work.

Ask each group to come up with a simple presentation on their State including:

- Name of State;
- Seven key ministries/departments for mainstreaming;
- Four key activities that each ministry/department may support.

Let the group brainstorm and present their own suggestions before taking up the reading material. It is possible that group members come up with innovative ideas that do not feature in the reading material. Wrap up the presentation by once again reminding participants that HIV/AIDS prevention requires a concerted collaborative effort from all organisations in public and private sector.

At session's end, encourage participants to use the reading material as a chief reference source for chalking out plans for mainstreaming in different ministries/departments.

9

Roles and Responsibilities of the DAPCU team

Objectives

At end of session, participants should be able to:

- Define the roles and responsibilities of each cadre of DAPCU staff

Duration

130 minutes

Methods

- Presentation
- Group work

Materials and aids

- PPT on Roles and Responsibilities of the DAPCU team
- LCD projector with screen
- Participant's Handbook
- Post-Its
- Chart paper and markers



Session Flow

Group Work

Start the session with group work. Divide participants into six groups. Assign one cadre to each group and provide the following instructions:

- Each group has to create and perform a role play in which:
 - One member will play the role of a new recruit to that cadre (eg. a new M&E assistant); and the remaining members have to pretend to be the other officials (eg. DACO, DPM, ICTC supervisor, etc.) in the DAPCU team;
 - The other officials explain to the new recruit what her/his role and responsibilities are;
 - The “new recruit” could ask questions, pretend to be confused, etc. and the “senior officials” would have to clarify, provide encouragement and give tips to the new recruit on performing his role efficiently;
 - The Participant's Handbook can be used as reference.

Once the groups are ready, invite each to perform. At the end of each role play

- Ask the larger group to add any points that the performers may have missed while presenting the role play;

- Walk the participants through the relevant section of the participant’s handbook ;
- Follow this process for all role plays/cadres.

Exercise

Write the name of each cadre on a separate sheet of a chart paper and draw a vertical line dividing the chart into two columns. Write ‘Importance’ as the title of one column and ‘Qualities’ as the title of the other, as in the following illustration:

DACO	
Importance	Qualities

Instruct the group on the following:

- All participants will be provided 15-20 post-its. They can take more if required;
- Pass each of the chart papers with the name of each cadre from one participant to the next;
- Participants must write their responses in brief on the post-its to:
 - What is the importance of the particular cadre?
 - What are the two most important qualities that people who work in this capacity should possess?
- Participants should stick their post-its on the relevant column;

After all the participants have done this, collect the chart papers and ask a volunteer to read out the post- its on each chart paper; repeat this process for all cadres.

Presentation

Summarise the session by emphasizing the following points:

- DAPCUs shoulder a major responsibility of coordinating and monitoring NACP at the district level;
- Each member in the DAPCU team has a very critical role to play;
- It is important that each member fully understands her/his responsibilities and performs them with integrity and diligence; and
- DAPCUs must use the Participant’s Handbook, DAPCU Operational Guidelines and updates from DAC to orient “new recruits” on their roles and responsibilities.

10

Supportive Supervision

Objectives

At end of session, participants should be able to:

- Explain styles of supervision and the differences between them
- Develop draft indicators for monitoring performance of facility staff

Duration

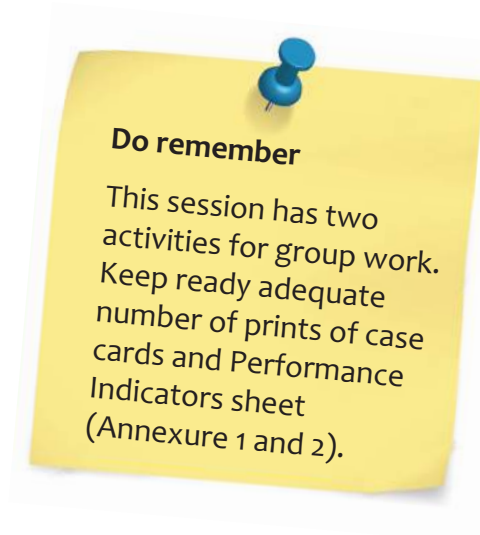
90 minutes

Methods

- Case Card based Group Work
- Presentation
- Group work on performance indicators
- Exercise – Positive Strokes

Materials and aids

- PPT presentation
- LCD projector and screen
- Case Cards for Group Work
- Chart paper and markers
- Performance Indicators for Group Work (Annexure 2)



Session Flow

Group work

Start the session with group work. Divide the participants into four groups and explain the process listed below. Do note that the situations given to all groups are the same; the difference is in the way the supervisor responds to the situation.

- Each group will be given one case card (Annexure 1). The case card narrates a situation and a person's response to it;
- The groups are expected to discuss the questions provided in the cards and make a presentation of it to the larger group.

Once the groups have completed their discussions, ask them to make their presentations one by one.

- Ask the remaining groups if they would like to add any points or disagree with any points made by the group.
- After all the groups present their work, use PPT slides to summarise the topic: 'Types of supervision' with participants.

Presentation

Use the PPT to consolidate the points emerging from the above discussion and also to cover the following topics:

- Meaning, need and process of supportive supervision;
- The process of supportive supervision;
- Linkages between self/ peer supervision, internal supervision and external supervision;
- Ten keys to effective supervision and difference between traditional supervision and supportive supervision.

Group Work - Performance Indicators

Divide the participants into five groups and explain the process as given below:

- Each group will be given a performance indicators template for select staff of different NASCP facilities (Annexure 2);
- List key performance indicators for each staff member and the support required from the supervisor and the organisation;
- Discuss and fill up the checklist with key performance indicators and include description of support required from the organisation.

Ask each group to present and encourage questions from other participants. At the end of the discussions, do explain:

- The indicators developed by the groups are meant to help DAPCUs understand how to supervise facility staff. These can serve as examples and should not be taken as the final word on performance indicators;
- Also highlight that performance is linked to the support provided to the staff. It is therefore important to understand both what the staff is expected to do and the support that the organisation should provide to help her/him perform;
- While DAPCU supervises all NASCP facilities in the district, it is also important for it to ensure that constructive supportive supervision is available to staff of each facility

Exercise- “Positive strokes” (adapted from NACO Module for Programme Managers)

Wrap up the session with this game:

Divide the participants into pairs and give them these instructions:

- Ask each person to write down three things they have noticed in their partner;
- The items must ALL be positive ones!

After a few minutes of writing, each observer states what s/he wrote about the other. Wrap up the session with a discussion around the following points:

- It is often difficult for us to give another person a compliment!
- What factors can facilitate giving positive feedback to others?
- What makes it easier for us to receive positive feedback from others?
- Why do some people give ‘negative strokes’ more easily than positive ones?

Case scenario 1

Ashish (DPM, DAPCU) comes for a supervisory visit to the health facility. While going through the records, he observes that data is not updated. The indent register is also not complete. Cleanliness of the premises is not maintained. He is not happy with the situation. He calls for the concerned persons and shouts at them in front of rest of the staff. He tells them to complete the tasks within two days and report to him. The facility- in-charge wants to discuss the situation but Ashish is not willing to listen and warns him that he plans to issue a memo to all the staff.

- What is your opinion about the way the situation was handled by Ashish?
- Is there any other way in which the situation could have been handled?
- What are the advantages and drawbacks of this type of supervision?

Case scenario 2

Ashish (DPM, DAPCU) comes for a supervisory visit to the health facility. While going through the records, he observes that data is not updated. The indent register is also not complete. Cleanliness of the premises is not maintained. He is not happy with the situation and he informs the facility in-charge of a few details and leaves.

- What is your opinion about the way the situation was handled by Ashish?
- Is there any other way in which the situation could have been handled?
- What are the advantages and drawbacks of this type of supervision?

Case scenario 3

Ashish (DPM, DAPCU) comes for a supervisory visit to the health facility. While going through the records, he observes that data is not updated. The indent register is also not complete. Cleanliness of the premises is not maintained. He is not happy with the situation. The staff has organised a good lunch for Ashish and he jokes about the lapses/gaps with the staff and continues with the remaining visit.

- What is your opinion about the way the situation was handled by Ashish?
- Is there any other way in which the situation could have been handled?
- What are the advantages and drawbacks of this type of supervision?

Case scenario 4

Ashish (DPM, DAPCU) comes for a supervisory visit to the health facility. While going through the records, he observes that data is not updated. The indent register is also not complete. Cleanliness of the premises is not maintained. He is not happy with the situation. He enters the office of the facility in charge and discusses the matter with him. He asks him to call for the concerned staff. He talks with each staff member individually in the presence of the facility-in-charge and tries to understand the reasons for the situation. He works out possible solutions for setting things right, sets feasible deadlines with the concerned staff and facility in-charge. He suggests that the facility in-charge monitor progress regularly and give him a report.

- What is your opinion about the way the situation was handled by Ashish?
- Is there any other way in which the situation could have been handled?
- What are the advantages and drawbacks of this type of supervision?

Annexure 2: Performance Indicators

Group 1- ICTC			
Sl. No.	Position	Key Performance Indicators	Support required from the Supervisor/ Organisation
1	Counsellor		
2	Lab Technician		
3	Medical Officer		



Group 2 - DESIGNATED STI/RTI CLINIC (DSRC)			
Sl. No.	Position	Key Performance Indicators	Support required from the Supervisor/ Organisation
1	Counsellor		
2	Lab Technician		
3	Medical Officer		



Group 3- ANTI RETROVIRAL TREATMENT CENTRE (ART Centre)			
Sl. No.	Position	Key Performance Indicators	Support required from the Supervisor/ Organisation
1	Counsellor		
2	Data Entry Operator		
3	Care Coordinator		

Group 4- BLOOD BANKS			
Sl. No.	Position	Key Performance Indicators	Support required from the Supervisor/ Organisation
1	Counsellor		
2	Lab Technician		
3	Blood Donor Motivator		



Group 5- TARGETED INTERVENTION (TI)			
Sl. No.	Position	Key Performance Indicators	Support required from the Supervisor/ Organisation
1	Counsellor		
2	Accountant		
3	Programme Manager		

Basics of Finance, Accounts and Records at the DAPCU Level

Objectives

At end of session, participants should be able to:

- Understand basics of finance, accounts and records
- Identify roles and responsibilities of DAPCUs in finance, accounts and records

Duration

120 minutes

Methods

- Presentation
- Exercise
- Discussion
- Group work
- Game – Dos and Don'ts

Materials and aids

- PPT presentation
- LCD projector with screen
- Participant's Handbook
- Flipcharts and marker pens
- Samples of books of accounts and registers, ideally from the local DAPCU
- Chits describing actions for the game on do's and



Session Flow

Presentation

Use slides in the PPT presentation to highlight the following points:

- Financial management;
- Principles of financial management;
- The importance of financial management;
- Fund flow; and
- Points to remember while preparing a budget.

Exercise

Ask the participants to list the various books of accounts and registers that need to be maintained by the DAPCU:

- Write their lists down on the flipchart;
- Show slide in the presentation to highlight books of accounts and registers to be maintained by DAPCU;
- Ask the participants to state the importance of maintaining records and registers;
- Show slide on the importance of maintaining records and registers.

don'ts (see the Annexure 1 for action points), to be prepared before the session

- Bowl in which to keep the chits
- Scissors
- Tape to stick the chits on the chart

Presentation

Explain to the participants that the presentation will help them understand the various books of accounts and registers in detail:

- Start with payment voucher. Cover:
 - Important points to remember
 - Format
- Give the participants time to clarify any doubts;
- If possible, show a sample of a payment voucher being used at the DAPCU. Ask one of the participants to explain how it should be filled;
- Next move to the section on cash book. Cover the following:
 - Cash book
 - How to maintain a cash book (use the notes provided in the reading material)
 - The format for a cash book;
- Give the participants time to clarify any doubts;
- If possible, show a sample of a cash book being used at the DAPCU. Ask one of the participants to explain how it should be filled;
- Next show samples of a cheque issue register and cheque receipt register.

Discussion

Describe the currently followed procedure for withdrawal and discuss the issues participants face during the process.

Wrap up the discussion with slides in the PPT presentation to highlight the following points:

- Procedure for withdrawing amount.

Presentation

Use slides in the PPT presentation to highlight the following points:

- Take up the section on other registers and cover the brief on each register;
- Give the participants time to clarify any doubts;
- If possible, show a sample of each register being used at the DAPCU. Ask participants to take turn to explain how each should be filled;

- Take up the section on TA/DA norms. Cover the following:
 - Points to remember while filling the TA/DA format
 - Annexure I on entitlements(see reading material);
- Give the participants time to clarify any doubts;
- Take up staff advances. Cover the following:
 - Expenses for which advances are applicable
 - Annexure II (see the reading material)
 - Advance register format
 - Adjustment of advance
 - Annexure IV (see the reading material)
 - Monitoring of advances;
- Give the participants time to clarify any doubts;
- Finally, take up the sections on asset management and auditing. Cover the following:
 - Definition of asset
 - Types of assets
 - Maintenance of assets
 - Asset verification
 - The role of the DAPCU;
- Give the participants time to clarify any doubts;
- Allow participants to go through Annexure III of the reading material.

Exercise/group work

Divide the participants into four groups:

- Give each group one of the four financial statements/reports– statement of expenditure, utilisation certificate, monthly expenditure and variance report, and bank reconciliation statement;
- Ask each group to discuss the following:
 - What is the specific statement/report
 - Why it is useful
 - Any issues/points to remember for the specific report;
- Give the groups 15 minutes to discuss these topics, after which call each group to present their discussion points. Allow other participants to add points after the presentation;
- Wrap up the discussion with slides in the PPT presentation to highlight the following points:
 - Statement of Expenditure
 - Sample SoE format
 - Utilization Certificate
 - Points to Remember while preparing UCs
 - UC Format
 - Monthly Expenditure and Variance Report
 - Sample variance statement
 - Bank Reconciliation Statement
 - Sample of BRS

Game – dos and don'ts

Put up two flipcharts – one that has 'DOs' written on it and the other that has 'DON'Ts' written on it:

- Inform the participants that there is a bowl full of chits that has a particular action written in it;
- Make sure the chits are prepared before hand with the mentioned actions (Annexure 1) written on them:
- Ask each participant to come up and pick up a chit, read it aloud and then stick the chit on the correct flipchart. Before doing this, the participant should explain his/her reasons for doing this. Encourage other participants to comment on whether they agree or disagree with the explanation;
- Wrap up the exercise with slides from the PPT presentation to highlight the following points:
 - Dos and don'ts of financial management.

Annexure 1 – Examples of actions for the Do’s and Don’ts Game

Three quotations for procurement	Expenditures/liabilities exceeding allocation	Inward register to check delivery	Statement of Expenditure and Utilisation Certificate submission
Checking bills against Purchase Order	Preparing Bank Reconciliation Statement	Issuing cheques in anticipation of receipts	Overwriting entries
Verification of TA/DA bills according to the movement register	Physical cash verification	Re-appropriation of funds from one head to the other	Accepting the lowest quotation

The facilitator may use statements like these for the game

Monitoring of Critical Indicators in NACP through DAPCU Monthly Report

Objectives

At end of session participants should be able to

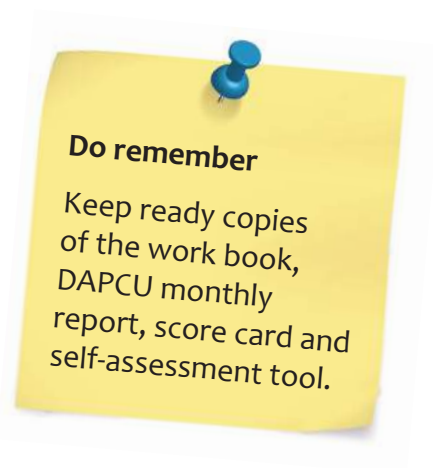
- Define and distinguish between Monitoring and Evaluation;
- Understand the existing data flow mechanism in NACP;
- List existing records and reporting registers available at various facilities;
- Demonstrate ability to fill in the DAPCU Monthly reports, consolidate and validate data from source.

Duration

330 minutes

Methods

- Presentation
- Quiz
- Exercise “Filling DMR from SIMS reports”
- Exercise – “Filling up SIMS monthly reports with the help of registers”



Session Flow

Presentation

Use the PPT to discuss:

- Overview of Monitoring and Evaluation;
- Programme Indicators;
- NACP IV SIMU strategy;
- Monitoring DAPCU- Monthly Score card and DAPCU Self-Assessment;
- Records and Registers at the facility level;
- DAPCU Monthly report.

Quiz

Ask for two volunteers to be quiz masters. Divide the rest of the participants into 2 groups.

- The quiz masters must read aloud one Data Element of the DMR and the groups are expected to provide a description for it;
- If the groups are unable to answer, the quiz masters must read out the description provided in the handbook;
- After the participants have understood the description. The facilitator must explain the source for Data Element;

Materials and aids

- PPT Presentation
- LCD projector with screen
- Participant's Handbook
- White board with markers
- DMR work book (one copy per participant)
- DAPCU monthly report
- DAPCU score card
- DAPCU self-assessment tool

- Do this for all Data Elements of Part A and B of the DMR. Alternatively if there is a time constraint, identify 10-15 elements which can be a part of the quiz.

Presentation

Use the PPT slides to discuss:

- DMR Guidance - Overview Part A and Part B;
- Data Synchronisation tool.

Exercise “Filling DMR from SIMS reports”

Divide participants into 5-6 groups. Ensure that they have the following:

- Blank DMR format (Quantitative);
- Copies of SIMS monthly reports of ICTC, Blood Bank, TIs, ART centre and STI/RTI Clinic

Explain the process below:

- Participants will be given time to choose the indicators from the DMR and circle the fields/indicator for which the source of information is from SIMS;
- They must refer copies of SIMS reports for each facility and consolidate the data and fill it in the DMR format;
- They can refer to the DMR guidance document for clarification;
- One member must make a presentation of the completed report to the larger group.

Exercise – “Filling up SIMS monthly reports with the help of registers”

Divide participants into 5-6 groups, with 2 individuals per group depending on the batch size. Ensure that they have the following:

- Blank SIMS report formats to fill the information on indicators mentioned in the DMR (those derived from registers maintained at the facilities);
- Facility wise exercise sheet to enter data from registers;
- Filled registers of the facilities ;

Explain the process below:

- Participants must identify the registers to fill the SIMS monthly report;
- They must complete the SIMS monthly report for the indicators which are in DMR;
- One member must make a presentation of the completed report to the larger group.

Adult Learning Principles

Objectives

At end of the session, participants should be:

- Sensitized on adult learning principles and the need for practicing them during the course of their routine work

Duration

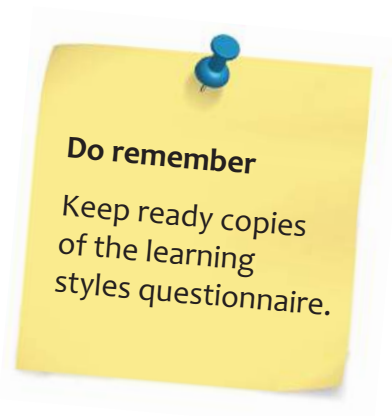
90 minutes

Methods

- Presentation
- Exercise
- Group work

Materials and aids

- PPT Presentation
- LCD projector with screen
- Participant's Handbook
- White board and markers
- Chart papers and pens
- Learning style questionnaire



Session Flow

Exercise

Start the session with this exercise. Distribute the learning styles questionnaire (Annexure 1) to each participant and provide the following instructions:

- Each participant must complete his or her questionnaire and calculate his/her scores based on the instructions provided in the sheet.

Once all the participants have completed the questionnaire and arrived at their scores, wrap up the discussion on learning styles with the following points for reflection:

- There are many classifications for types of learners. Through the presentation and this exercise we have explored two such classifications.
- While each individual may have one predominant style of learning, many people also adopt mixed styles.
- When training and supervising staff it is important to keep in mind the principles of adult learning and learning styles. This will help plan capacity building activities effectively.

Presentation

Discuss the following

- Adult learning principles

- Learning styles
- The characteristics of the learning environment

Group work

Divide the participants in three groups and ask them to follow the instructions projected on the LCD.

- Call each group to present their discussions.

Wrap up the discussions by emphasising that while adult learning is usually associated with training situations it is also important in processes of mentoring, monitoring and supervision.

Annexure 1: Questionnaire: What kind of learner am I?

We are all different individuals and unique in many ways. We think differently, come with different past experiences and have different aspirations for the future. We also learn and understand things differently. Some learn by 'doing' things and others by reading about them. Some learn by hearing and listening, and others by drawing on their past experiences and linking them to their current experiences. We can be classified as 'thinkers', 'observers', 'doers' or 'feelers'. Although most of the time we learn best from one form, there are times when we use a combination of forms to learn.

Let us now try to understand what kind of learner we are.

Read the 10 statements given below, each with four options. Tick the option that is most applicable to you in each statement. The key at the end of the sheet gives the learning style indicated by each option. Score each of your chosen options against the key and add up your total for each style. The category under which you have the highest total indicates your predominant learning style.

1. When I want to learn something new, I prefer to

- a. Attend a lecture on the subject
- b. Read books and articles on the subject
- c. Talk to someone who knows the subject
- d. Work at it, make notes for myself

2. I find it easiest to absorb new information when

- a. It is presented as a diagram or chart
- b. It is listed in the form of points
- c. A detailed explanation is given
- d. Examples are provided

3. I feel I learn best when

- a. I'm able to interact with others
- b. I'm able to understand the relationships between ideas and situations
- c. I receive practical tips
- d. I observe a practical demonstration

4. In a class or a training programme, if a question is asked and I know the answer, I

- a. Wait to see what other people say, before I respond
- b. Think about other possible answers before I respond
- c. Wonder if the rest of the group would agree with me
- d. Call out the answer at once

- 5. My favourite activity in a training programme is generally**
 - a. Reading a handout or a case study
 - b. Listening to lectures and talks
 - c. Small group work
 - d. Participating in role plays and demonstrations

- 6. The lectures that I enjoy and find most useful are those that**
 - a. Offer practical tips
 - b. Make logical arguments
 - c. Explain the essence or main idea of a topic
 - d. Are in the form of stories

- 7. When I'm doing group work, I generally**
 - a. Am the first to say something and begin the discussion
 - b. Wait to listen to others before I say anything
 - c. Question others' opinions
 - d. Encourage everyone to share their opinions

- 8. The activity I dislike most when I attend a training programme is**
 - a. Reading a hand-out or a case study
 - b. Listening to lectures and talks
 - c. Small group work
 - d. Participating in role plays and demonstrations

- 9. While evaluating a trainer I usually consider**
 - a. Her/his knowledge of the subject
 - b. Her/his personality and interactions with people
 - c. The way he/she is able to organise and control the group
 - d. The methods he/she uses for training

- 10. After attending a training programme, I generally**
 - a. Think about what was discussed
 - b. Try to practise what was taught
 - c. Talk to others about my experiences
 - d. Reflect on the training as a whole

Score key

Feelers		Observers		Thinkers		Doers	
1c		1a		1b		1d	
2d		2a		2c		2b	
3a		3d		3b		3c	
4c		4a		4b		4d	
5c		5b		5a		5d	
6d		6c		6b		6a	
7d		7b		7c		7a	
8a		8c		8d		8b	
9b		9d		9a		9c	
10c		10d		10a		10b	
TOTAL							

Adapted from Train the Trainer: Facilitator's Guide by Karen Lawson; Copyright © 1998 by Karen Lawson.

Source: Material available on www.go2itech.org

Annexure 1- Day Feedback Form Phase -1

Name of the Participant (optional) _____ Designation of the Participant _____

State _____ District (optional) _____ Date _____

Instructions for participants

- Chronologically write the name of sessions below the session number. For instance if the first session of the day was Introduction to NACP, write this below Session 1 and write the name of the next session below Session 2.
- Based on your level of agreement for each statement assign a score between 1-5. Do this for all sessions of the day.

Scale Definition:
 1 – Strongly disagree. 2-Disagree. 3-Neither Agree nor Disagree. 4- Agree.
 5 – Strongly Agree

S. No	Statement	Name of the session (please indicate name of the session in the row below)					
		Session 1	Session 2	Session 3	Session 4	Session 5	Session 6
1	The content of the session was relevant.						
2	The content was easy to follow.						
3	The participant's handbook provided adequate information relating to this session.						

S. No	Statement	Name of the session (please indicate name of the session in the row below)					
		Session 1	Session 2	Session 3	Session 4	Session 5	Session 6
4	The materials (PPT, Case Cards, Situation Cards etc.) supported the session appropriately.						
5	The methodology (exercise, group work, quiz etc.) used by the trainer was appropriate.						
6	The trainer provided adequate time for questions and discussion.						

7. Please list the key learnings from today's sessions.

8. Any questions which you wish to get clarified from the trainers and this could be

9. Suggestions for improvement if any

Annexure 2 - End of Training Feedback Form - Phase 1

Name of the Participant (optional) _____ Designation of the Participant _____

State _____ District (optional) _____ Date _____

Instructions for participants

- Based on your level of agreement for each statement assign a score between 1-5.

Scale Definition:
 1 – Strongly disagree. 2-Disagree. 3-Neither Agree nor Disagree. 4- Agree.
 5 – Strongly Agree

S. No	Statement	Score
1	The training met my expectations.	
2	The content of the training was relevant.	
3	The sessions held my interest and attention.	
4	The participant’s handbook provides adequate information.	
5	The materials used in the training (PPT, Case Cards, Situation Cards etc.) supported the sessions appropriately.	
6	The methodology (exercise, group work, quiz etc.) used in the training was appropriate.	
7	The duration of the training was appropriate.	
8	The trainers were knowledgeable.	
9	The trainers provided adequate time for questions and discussion.	
10	The knowledge/information from the training will help me perform my role better.	
11	The training is essential for all DAPCU team members.	

12. Please list the key learnings from the training.

13. How would you rate the physical facilities and ancillary services in terms of

a	Food Services	
b	Venue of Training	
c	Accommodation	

14. What did you like the most about the training (In terms of topics covered, facilitators, hand outs, methodology & coordination)?

15. What did you like the least about the training?

16. Any suggestion to further improve the training?

Annexure 3 - Self Assessment Feedback Form (End of Training)

Name of the Participant (optional) _____ Designation of the Participant _____

State _____ District (optional) _____ Date _____

The following section is to find your self-assessment of the training. Please rate the subjects listed in the following tables using the scale listed below.
 On the left side, rate the level **before the training** and on the right side; rate the level **after the training** by **circling the number**.

SCALE DEFINITIONS:

Little to no understanding of skills/knowledge	Basic understanding of skills/knowledge	Can perform skill/knowledge with guidance	Can perform skill/knowledge without guidance	Can perform skill/knowledge and teach others
1	2	3	4	5

SESSIONS:

	Before the training	Name of the session	After the training
1 2 3 4 5	Session 1 Title _____		1 2 3 4 5
1 2 3 4 5	Session2 Title _____		1 2 3 4 5
1 2 3 4 5	Session 3 Title _____		1 2 3 4 5
1 2 3 4 5	Session 4 Title _____		1 2 3 4 5
1 2 3 4 5	Session 5 Title _____		1 2 3 4 5
1 2 3 4 5	Session 6 Title _____		1 2 3 4 5

Before the training					Name of the session					After the training					
1	2	3	4	5	Session 7	Title _____					1	2	3	4	5
1	2	3	4	5	Session 8	Title _____					1	2	3	4	5
1	2	3	4	5	Session 9	Title _____					1	2	3	4	5
1	2	3	4	5	Session 10	Title _____					1	2	3	4	5
1	2	3	4	5	Session 11	Title _____					1	2	3	4	5
1	2	3	4	5	Session 12	Title _____					1	2	3	4	5
1	2	3	4	5	Session 13	Title _____					1	2	3	4	5
1	2	3	4	5	Session 14	Title _____					1	2	3	4	5
1	2	3	4	5	Session 15	Title _____					1	2	3	4	5

