Caribbean HIV AIDS Regional Training (CHART) Network’s Regional Training Strategy
2007-2011

March 2007
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I) INTRODUCTION
Three years into the CHART education and training programme, there is strong evidence to suggest that this programme has filled a vital niche at a critical time in the evolution of the Caribbean’s response to the HIV/AIDS epidemic. CHART Network activities included building human resource capacity in HIV/AIDS healthcare, conducting related research and development activities and advocacy in order to improve the quality and coverage of HIV/AIDS prevention, care, treatment and support.

Two fundamental principles of the CHART Network approach are: to mount a coordinated effort in education and training and to develop synergistic relationships with agencies within and outside of the Caribbean. Some of the early training efforts were urgent or immediate, rather than being dictated by strategic decisions.

In the face of the continued growth of the pandemic, which is affecting this region of the world disproportionately, the leadership of the CHART Network recognizes the vital importance of prevention of HIV infection and the inescapable interrelationship between prevention and treatment of HIV/AIDS. Consequently, prevention and treatment are now included in the CHART approach, paying particular attention to the interaction between the two and the opportunities that caregivers have to promote preventive efforts while providing care and support.

The need to improve the organization and harmonization of education and training related to care and treatment of HIV/AIDS/STI is clear. The CHART Network is joining with PAHO/CAREC, other regional institutions and international agencies to take up the dual challenge of organization and harmonization of HIV/AIDS education and training.

During 2006 as the Strategic Plan for the CHART Network (2007-2011) was being prepared, it became evident that the CHART training strategy document needed to be updated in line with the regional and national priorities and taking into account the regional and international partners involved in capacity building efforts and the emerging role of the Network in this area.

This document will serve as a guide for the capacity building priorities of the Network as a whole and the individual centres over the next 5 years, with a focus on training activities. Plans are to review this document in mid 2009 for any amendments and inclusions.

II) BACKGROUND
The creation of the Caribbean HIV/AIDS Regional Training (CHART) Network needs to be seen in the context of the birth of the much wider Pan-Caribbean Partnership against HIV/AIDS (PANCAP), which was established at the request of the Caribbean Community (CARICOM) Heads of Government in February 2001.

The CHART Network was developed formally as an initiative in June 2001 at the request of the CARICOM Secretariat in collaboration with the Caribbean Epidemiology Centre
(CAREC), the U.S. Centres for Disease Control and Prevention (CDC) Global AIDS Program (GAP), the U.S. Health Resources and Services Administration (HRSA), and other local, regional, and international stakeholders. This was in keeping with the first five-year strategic framework of PANCAP, which sought to significantly reduce the number of new HIV infections, provide care and support for those affected by HIV/AIDS, reduce stigma and discrimination, and mobilize the response to the epidemic, and which included a request for a regional training network.

The CHART Network is currently funded through a collaborative effort by CDC/GAP, HRSA, and the United States Agency for International Development (USAID), with additional support from UNAIDS and the Global Fund though a grant from PANCAP.

III) VISION STATEMENT
The CHART Network leads the way in training excellence with the aim of reducing the burden and impact of HIV, AIDS and related conditions in every Caribbean country and territory.

IV) MISSION AND PURPOSE
The mission of the CHART Network is to strengthen the capacity of national healthcare personnel and systems to provide access to quality HIV/AIDS prevention, care, treatment, and support services for all Caribbean people through the development of a robust and sustainable training network.

V) STRATEGIC PRIORITIES
The CHART Network strategy encompasses four priority areas which will be achieved through several corresponding objectives

Priority area 1: Strengthen the CHART Network establishment.

Priority area 2: Strengthen the capacity of healthcare personnel, including leaders and managers, to provide access to quality HIV/AIDS prevention, care, treatment and support services.

Priority area 3: Strengthen partnerships within and outside of the Caribbean to maintain high quality training in order to fill gaps and increase the success of the CHART Network in meeting its goals and objectives.

Priority area 4: Establish and promote excellent monitoring & evaluation

VI) STRUCTURE OF THE CHART NETWORK
CHART functions as a network with which members retain their individual identity and agree to collaborate in a horizontal coordinated partnership. The University of the West
Indies, HIV/AIDS Response Programme (UWI/HARP) at the Mona Campus in Jamaica is designated as the home of the CHART Regional Coordinating Unit (RCU). The RCU serves as a coordinating point for governance, strategic planning, training of trainers, curriculum development, monitoring and evaluation, communications with the network of centres and information dissemination to other stakeholders.

The CHART network is designed to serve the region from National Training Centres (NCs) in the Bahamas, Barbados, Haiti, Jamaica, and a soon to be launched centre in Trinidad and Tobago, with later expansion as needed facilitated by the RCU. It is envisioned that these National Training Centres will function in a sub-regional capacity, and will serve to fulfil training needs of nearby countries. (See Table 1)

Table 1: CHART Network Sites

<table>
<thead>
<tr>
<th>Regional Coordinating Unit (RCU)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Jamaica</td>
<td>University of the West Indies, Department of Community Health and Psychiatry, in the office of the HIV/AIDS Response Programme (UWI HARP)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>National Training Centres (NC)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Bahamas</td>
<td>Ministry of Health; in association with the HIV Centre, Princess Margaret Hospital, Nassau</td>
</tr>
<tr>
<td>Barbados</td>
<td>Ministry of Health; in association with the Ladymeade Reference Unit (LRU)</td>
</tr>
<tr>
<td>Haiti</td>
<td>The Haitian Study Group on Kaposi's Sarcoma and Opportunistic Infections, Groupe Haitien d'Etude du Sarcome de Kaposi et des Infections Opportunistes or GHESKIO in association With Cornell and Vanderbilt Universities</td>
</tr>
<tr>
<td>Haiti</td>
<td>Partners in Health (PIH) / Zanmi Lasante, in association with Harvard University</td>
</tr>
<tr>
<td>Jamaica</td>
<td>Ministry of Health; in association with the Epidemiology Research Training Unit (ERTU), at the Comprehensive Health Centre, Kingston</td>
</tr>
</tbody>
</table>

VIII) SUPPORT THROUGH TECHNICAL ASSISTANCE

The primary source of programmatic and technical assistance for CHART is provided by the International Training and Education Centre on HIV (I-TECH). I-TECH's primary focus in the early years was to support infrastructure development. In this capacity I-TECH established sub-contracts and consulting agreements to support the creation of the CHART NCs and the RCU and assisted with the development of program coordination and monitoring and evaluation tools. I-TECH was also instrumental in the development of an earlier version of the regional training strategy and worked closely with the RCU to create systems to support the CHART Network. Key to building CHART capacity was to establish the presence of national training coordinators (NTCs) in the region who can manage and
coordinate training activities – matching needs to resources in order to systematically and effectively expand the number of trained providers.

In order to bolster the coordination of the network, I-TECH also supported the CHART RCU’s effort to hire additional personnel. In its role as primary provider of technical assistance (TA), I-TECH has also worked in collaboration with the CHART RCU and NCs to design and implement training to support care and treatment efforts.

Additional key activities included:

- Assistance with ongoing curriculum development
- Development of a monitoring and evaluation (M&E) plan
- Assistance with hosting M&E training workshop
- Modification and incorporation of a training monitoring system (using a revised version of JHPIEGO’s TIMS system)
- Completion of needs assessments
- Preparation of a Training Toolkit to standardise the training platforms across all sites
- Development and implementation of training-of-trainers and PMTCT workshops
- Support to develop the Clinical Mentoring Toolkit to assist in development of mentoring programs
- Formation and activation of the CHART/I-TECH Nurses Working Group to help meet the needs of nurses in HIV/AIDS care, research, prevention, and policy

VIII) CHART NETWORK TRAINING STRATEGY

Goal
The overall goal of the CHART Network Training strategy is to build the capacity of providers of health and health related services to deliver quality care in the context of HIV and associated conditions in accordance with international, regional and national standards.

Aims
The aims of CHART-initiated education and training are:

(a) To improve technical knowledge and skills, professional attitudes and behaviour, as well as competence in leadership and management,
(b) To promote measurable positive change in the individual learner, and
(c) To encourage learners to contribute to the improvement of the systems in which they work.
The last of these three aims is extremely important in the context of the Caribbean. This is because in many instances quality of service is related not just to the competence of the individual practitioner but to the relative strength or weakness of the system in which s/he is working. Every worker who thinks in terms of systems may have opportunities to help to improve them to the benefit of patients and clients.

Objectives

- Deliver innovative, cost effective, relevant and technologically appropriate in-service training in accordance with annual training needs
- Design and develop culturally appropriate curricula and training material that improve the knowledge, skills and attitudes of service providers and users
- Develop and implement a system that provides technical assistance to trainees and trainers in accordance with national HIV programmes and services

Against this background, the CHART Training Strategy includes:

- Ongoing development and implementation of NC and Network Training Plans
- Development of a resource bank of relevant HIV/AIDS information and resources, including a database for trainers, local consultants
- Utilize Training Needs Assessments or Needs Verification Summaries as well as support individual countries to update national training plans and inform future training priorities
- Design and implementation of curricula tailored to the needs of Caribbean learners.
- A focus on clinical healthcare systems, including care models and the management of preventive and therapeutic clinical services
- Commitment to working synergistically with national, regional and international partners to develop curricula, design collaborative training events and deliver trainings

Audience/target groups

All categories of healthcare workers are included, upon recommendation by their respective national health authorities (see Table 2 below). PLWHA and other recommended community based persons who are involved in national HIV/STI programmes are also included in training activities.

Table 2: Categories of healthcare workers trained by CHART to date
### Categories

<table>
<thead>
<tr>
<th>Accompagnateurs</th>
<th>Laboratory workers</th>
</tr>
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<tbody>
<tr>
<td>Clinical nurses</td>
<td>Nurse practitioners</td>
</tr>
<tr>
<td>Community health aides</td>
<td>Nutritionists</td>
</tr>
<tr>
<td>Contact investigators</td>
<td>Pharmacists</td>
</tr>
<tr>
<td>Counsellors</td>
<td>Physicians</td>
</tr>
<tr>
<td>Dentists</td>
<td>PLWHAS</td>
</tr>
<tr>
<td>Health administrators</td>
<td>Psychologists</td>
</tr>
<tr>
<td>Health educators</td>
<td>Public Health nurses</td>
</tr>
<tr>
<td>Health volunteers</td>
<td>Social workers</td>
</tr>
</tbody>
</table>

Major categories of workers trained over the last three years have been nurses, physicians, social workers, pharmacists and dentists.

### Multidisciplinary Teaching and Learning to promote teamwork

As a deliberate aspect of the training strategy for certain training events, learners are taught or mentored in multidisciplinary groups. Teams of facilitators are drawn from more than one professional discipline and include PLWHA. Integrating the different disciplines in the learning environment leads to an increased understanding of the roles each team member plays in providing quality patient care. The rationale for this approach is to encourage respect across professional and community boundaries and to promote effective teamwork. Team building exercises are built in to some of the training events to continue to foster teamwork.

### Training Themes

Teaching/learning is organized according to themes and topics, informed by training needs verification data from the region, including the CHART NCs and in conformity with internationally recognized priorities. Themes include:

- HIV Clinical Management of children, adolescents and adults
- Prevention of Mother-to-Child Transmission (PMTCT) of HIV plus continuum of care for women and their families
- Adherence
- Tb & HIV Management
- Leadership and Management training
- Clinical mentoring
- Programme/Project Management
- Treatment & Prophylaxis for Opportunistic Infections
- Counselling and Testing
- Management/prevention of Sexually Transmitted Infections
• Rapid Testing for HIV
• Laboratory Monitoring of Persons with HIV/AIDS
• Nutrition and HIV
• Treatment Literacy
• Contact Investigation
• Behaviour Change Communication

Several key issues with overall relevance to the prevention of HIV and to the care and treatment of PLWHA are integrated across topic areas. These cross-cutting topics include:

• Care of the Care-giver
• Infection Control
• Involvement of and sensitivity towards persons living with HIV/AIDS (PLWHAs)
• Stigma and Discrimination

Evaluating Training needs
Training priorities will be reviewed annually. This will include priorities for healthcare workers to be trained. Training Needs Assessments or Needs Verification Summaries from the NCs as well as national and regional training plans will be utilised to inform future training activities.

Training Levels
CHART has adopted the multi-level training approach founded on the principles of multidisciplinary learning and case-based instruction, commonly used in the US AIDS Education and Training Centers (AETCs); see Table 3 below

Table 3: Levels I to V. (Adapted from US AIDS Education and Training Centers Model- for more detail see Appendix A)

<table>
<thead>
<tr>
<th>Training Levels</th>
<th>Didactic Teaching</th>
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<tbody>
<tr>
<td>Level – I</td>
<td>Primarily one-way transmission of information. Format could include meetings, lecture series, video presentations.</td>
</tr>
<tr>
<td>Level – II</td>
<td>Skill-Building Workshops</td>
</tr>
<tr>
<td></td>
<td>Interactive, participatory exchange of information. Format could include case-based instruction, role play, small group exercises.</td>
</tr>
<tr>
<td>Level – III</td>
<td>Clinical Preceptorship</td>
</tr>
<tr>
<td></td>
<td>Hands-on experience in clinic settings to reinforce Levels I &amp; II training. Relationships cultivated between trainee and host</td>
</tr>
</tbody>
</table>
provides ongoing mentoring opportunities.

<table>
<thead>
<tr>
<th>Level – IV</th>
<th>Clinic Consultation (Individual)</th>
</tr>
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<tbody>
<tr>
<td></td>
<td>Provider-driven consultation that could encompass a variety of topics, conducted via any form of communication (on-site, phone, fax, e-mail).</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Level – V</th>
<th>Technical Assistance</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>All assistance provided to a person, organization, or group to ensure training at all levels is operationalized and to assess the effectiveness of the transfer of learning. Technical assistance as ongoing structural support and mentoring can take any form including newsletters, list-serves, warm-line clinical consultation, materials development, video conferencing, e-learning, surveys, knowledge, advice, or consultation.</td>
</tr>
</tbody>
</table>

**Case-Based Instruction**

At every opportunity case-based instruction is used to reinforce learning. CHART has implemented case-based learning at some levels of instruction. Clinical cases are based on realistic and meaningful problems chosen to suit the discipline, content, and cultural context of the audience and are multidisciplinary in nature. Case-based instruction has the potential to be used in face-to-face as well as distance learning. Learners engage with the characters and circumstances of case study examples, and transfer this knowledge to their own practices. Cases will be Caribbean specific, tailored to suit the discipline, content, and cultural context of the audience. Case-based instruction has traditionally been used to teach decision-making skills in professional education.

**Creating a standard training platform including core competencies**

**Training Toolkit**

A Training Toolkit has been developed and is in use in order to standardize the training platform. This includes standardization of recruitment, registration of trainees, syllabi, guidelines, teaching/learning tools and training methods. In addition, monitoring and evaluation of training is done in the same way by all entities in the Network, using standardized methods. The Toolkit has already been developed and disseminated to all NCs and many country HIV Programme Managers as a result of collaboration between the
CHART RCU and I-TECH and has proved to be a very useful tool for planning and preparing for training events.

Core competencies
WHO 3 by 5 Program
In 2003, the WHO/UNAIDS/GFATM announced its new 3 by 5 program. In order to treat 3 million people, it was estimated that 100,000 HCWs would need training. The specific strategy was developed to “strengthen and build the human capacity for scaling up antiretroviral therapy”. Training and certifying HCWs could be a major bottleneck for scale-up. A major action item was to achieve the “human capacity” strategy included the development of standardized HIV training packages based on the core competencies (i.e. IMAI modules). There was a consensus meeting lead by the WHO in 2004, entitled on “HIV Service Delivery Training and Certification” where several training partners were invited and the core competency list was developed.

Functions of Core Competencies
Core competencies serve as a means of standardization and are a tool to guide countries through the creation/adaptation of training materials to ensure that all HCWs were being trained according to an established standard.

The competencies also define HIV-specific roles of each cadre of staff as there may be HCWs who have minimal/no experience with HIV chronic care management. Plans are to have competencies further delineated for decentralized ART services and also to help clinical mentors/supervisors develop specific learning objectives for staff, also to help define quality assurance activities

Competency database
Generating set of Core Competencies for HIV training was a task outlined in the original I-TECH Caribbean grant. There was an initial process of adaptation of WHO Core Competency List & other resources from JHPIEGO. I-TECH will be working closely with CHART Network to establish core competencies in a given training area. This will be compiled in a competency database. It will be necessary to have national/ regional buy-in via consensus meetings with MOHs, local stakeholders, etc. and regional and national HIV guidelines need to be considered in this process.

Further plans will be to:

• Develop learning objectives based on Core Competencies
• Curriculum content flows from each objective
• Evaluation tools stem from Core Competencies/ objectives
• Translation of competencies into Performance Standard Checklists to be used in HIV Clinics

The Goals of the competence database are to:
• Be posted on the CHART website so entire region can have easy access to the competency database
• Eventually link core competencies to performance standards

Development of Leaders and Managers towards improving delivery of care
A special aspect of the work plan is the training of current and potential leaders, including programme managers. Curriculum developers are encouraged to include elements of leadership and management training in their modules. In addition, opportunities for specific training in leadership and management, including field training are part of the programme of activities. The emphasis is two-fold: a) assisting learners to understand and implement quality improvement as it relates to management of structures and operating systems, and b) encouraging and promoting the personal development of the leader. The latter, which is vitally important in everyday work and more so in networking, includes training for growth in self-awareness, motivational training, and training to strengthen skills required in managing relationships within and outside of the local organization.

Training of trainers (TOT)
Training of various professionals to become trainers is one of the pillars of the CHART Network approach. The strategic aim is to build and equip a team of indigenous trainers and master trainers, while providing quality training for persons who are on the front-line, either in programme management or in delivery of prevention, care, treatment and support services.

Over time, the trainers will form part of an expanding pool equipped with the skills to reinforce learning and help to build capacity within their respective countries and territories. Initially, trainers are trained and mentored by experts, including staff from the NCs and international personnel. The international trainers are available, sometimes on site and often remotely, as consultants. Master trainers are released by their national supervisors to form a mobile training team, paying planned visits for mentoring and capacity building efforts to other countries by mutual agreement and in fulfilment of national and regional training plans. When necessary, international trainers continue to partner with their Caribbean counterparts in order to add depth and quality to the training programme. The RCU works with the NCs to verify the quality of training and to ensure that the right mix of trainers participates in each training activity.

Trainer certification
Certification has long been used as a major incentive for training providers and trainees to engage in training activities.

At the regional level, however, support for certification related to HIV/AIDS training has only been provided on a small scale. Contributing factors are a lack of normative guidance on desirable training standards and the fact that national bodies have primary responsibility for educational issues.
However, the unprecedented shortage of skilled individuals essential for care and support requires a concerted regional effort to rapidly expand the cadre of health professionals skilled in HIV/AIDS. Regional support for installing certification schemes at the national level can provide an important stimulus to expanding training opportunities and demand and can support national efforts to ensure the attainment of high-quality training.

Certificates of HIV/AIDS competence are of particular use to individuals if they enhance their employment progression, which is best achieved through national regulations and agreements.

Currently the Trainers who have been through TOTs have not been formally certified. There is a need for a more formal certification process. This process will begin with the certification of ‘Master Trainer’ to the current group of Lead Trainers deployed in the four Teachback TOTs and two PMTCT workshops held over the past three years. The group will also include selected VCT Trainers. This certification training would be done in collaboration with I-TECH and the CDC GAP team in Atlanta. The RCU and I-TECH would also provide support in terms of provision of training materials, logistics, staff support etc. These certified trainers will be invaluable as we roll out the mentoring programme throughout the region.

**Partnerships, Mentoring and Transfer of Skills**

Mentoring to augment the effective transfer of knowledge and skills is emphasized. As with the training of trainers mentioned above, international mentors partner with colleagues from the NCs, and the Master Trainers, who, in turn, mentor others from elsewhere in the Caribbean. The emphasis is on empowering and building the confidence of learners who are then more capable of working independently, while having access to on-going support from mentors.

Priority for preceptorships and mentoring will be given to professionals working on the front-line either with PLWHA or in HIV/STI prevention programmes.

**Collaboration with Regional and International Partners**

The CHART Network has enjoyed excellent working relationships with many regional and international partners and plans are to continue and in some cases expand the collaboration, leading to increased numbers of trained healthcare workers, through ‘partner training activities’. Below are some highlights of these collaborations. For a list of partners please see Appendix C

**PAHO/CAREC**

The CHART Network anticipates that PAHO/CAREC will continue to take the lead for training in the technical areas which include rapid testing for HIV, provider initiated testing and counselling (PITC), CD-4 and viral load testing, upgrading clinical and laboratory personnel in the diagnosis of opportunistic infections, tuberculosis and STIs and surveillance which historically, has been one of their areas of strength. The CHART RCU
and NCs will continue to cooperate with PAHO/CAREC in planning and conducting training in these critical areas, sharing databases of trainers and trainees and collaborating in monitoring and evaluation of outputs, outcomes and impact of training.

The Tb/HIV co-infection project entitled “Enhancing Tb/HIV Collaborative Programs in Selected CAREC Member Countries” is funded by USAID and is spearheaded by PAHO/CAREC with support from the CHART Network, I-TECH and the Curry Center. Individual CHART Centres will also lend their expertise to this project.

The capacity building element of this project includes training programmes in 2007 in three Caribbean countries (Suriname, Trinidad and Tobago and St. Lucia, supported through the CHART Network and I-TECH. Target audience will include Tb/HIV Programme Managers and Tb/HIV Clinicians and care providers.

JHPIEGO
CHART will continue to collaborate with JHPIEGO to continue implementation of Voluntary Counselling and Testing curricula in the Caribbean region, through the utilization of the Master and Advanced Trainers developed from former JHPIEGO trainings. This includes expanding the types of training offered as well as incorporating additional countries into the schedule.

Caribbean Partnership for Nurses in HIV & AIDS Care
Leaders in nursing from around the Caribbean including the Caribbean Nurses Organisation (CNO) and the University of the West Indies School of Nursing, in collaboration with CHART, I-TECH, the François-Xavier Bagnoud Center (FXB), and the Association of Nurses in AIDS Care (ANAC) helped form The Caribbean Partnership for Nurses in HIV & AIDS Care. This organisation helps empower nurses in the region through education, leadership training, and clinical mentorship to influence national and regional policy, and to improve care for persons living with HIV & AIDS.

To achieve the goal of comprehensive regional representation, the Nursing Partnership seeks to include nurses from every Caribbean country. Currently, the Nursing Partnership benefits from the participation and expertise of Chief Nursing Officers, Directors of Nursing, college and university Tutors, Preceptors, and Coordinators of in-service training programs.

Current initiatives of the Nursing Partnership include:

- Finalization and distribution of the Pocket Guide for Nurses
- Development of curriculum outlines for pre-service, in-service, and advanced-practice education in HIV & AIDS nursing Clinical Mentorship
- Creation and launch of a Pan-Caribbean clinical mentorship training curriculum for nurses in HIV & AIDS care
- Nursing Leadership and Advocacy Skills Building
- Formally requesting the inclusion of HIV & AIDS into a regional nursing curriculum
As part of the Scale up of the partnership, there are plans to host several training programmes with the support of the NCs and the RCU.

**CHRC**

CHART Network plans to contribute to improving managerial and clinical systems through training M&E. These trainings will be undertaken in collaboration with the Caribbean Health Research Council (CHRC), which has been entrusted with lead responsibility in this area, and with other key partners. Network staff and healthcare managerial and clinical personnel from all other countries within our reach will be the target audience for these M&E trainings.

**CAP**

CHART continues to collaborate with CAP to offer a range of training topics including Pharmacoeconomics, treatment guidelines, care for PLWHAs, psychosocial aspects of HIV/AIDS care, ARVs and adverse drug reactions. Over the past two years the CHART Network has helped to support over three hundred pharmacists from 20 countries access HIV/AIDS training. Plans are in place to continue this collaboration with CAP in the area of integrating HIV/AIDS into Continuing Professional Development and also include aspects of pre service training at several pharmacy schools in the region.

**CCNAPC**

CHART has supported Programme Managers throughout the region to attend a workshop in HIV Programme Management. CHART will collaborate with CCNAPC on the accelerated leadership programme which will help to train HIV Programme Managers throughout the region in non clinical skills.

**Other Collaborations**

CHART through the national centres, has collaborated with several national dental associations and the Caribbean Dental Group to host several HIV/AIDS workshops including a TOT, throughout the region. This has been facilitated by faculty from the University of Alabama and the UWI School of Dentistry, Faculty of Medical Sciences based at the St Augustine campus. Over 800 dentists have been exposed to training topics including oral manifestations of HIV, HIV Infection Control, ARV management and medico legal issues.

Training at the community level including leaders, peer educators and PLWHA has been supported through organisations such as the Caribbean Regional Network of People Living with HIV/AIDS (CRN+), the International HIV/AIDS Alliance and the Lutheran Medical Center. CHART will continue to work with these important partners to expand training opportunities at the community level.
Pre-Service - Medical, Nursing, Dental and Pharmacy School Partnerships

The CHART Network supports provision of pre-service education for students of medicine, nursing, pharmacy, dentistry, counselling and social work. CHART centres work with medical, nursing, dentistry and pharmacy schools across the Caribbean and with professional associations to evaluate and enhance existing HIV/AIDS care and treatment curricula and/or provide access to CHART training curricula. As this partnership evolves, possibilities exist for a school certification program within CHART’s certification system.

IX) DEVELOPMENT AND ADAPTATION OF CURRICULA AND THE USE OF REGIONAL AND INTERNATIONAL TREATMENT GUIDELINES

Adapting and creating Curricula

The CHART teams continually adapt existing HIV/AIDS Care and Treatment training curricula to the Caribbean regional context, and develop new training materials where needed. Caribbean Guidelines for Care and Treatment of PLWHAs have been produced by a group of clinicians from several Caribbean countries through an initiative of the PAHO/CAREC Special Programme on Sexually Transmitted Infections and with assistance from I-TECH.

These guidelines are available on the CHART website and are updated periodically. As part of the effort to regularize the approach to prevention, care and treatment, there is special emphasis on the use of these guidelines in training events. The CHART Network also assists PAHO/CAREC in promoting the adaptation of the World Health Organisation’s Guidelines for Integrated Management of Adolescent and Adult Illnesses (IMAI) and the corresponding Guidelines for Care and Treatment of Children with HIV/AIDS and Other Conditions.

The CHART Network will continue its efforts in curricula development and adaptation with ongoing programmatic and technical assistance from I-TECH and other key partners. In addition, there is need for infrastructure and M&E systems development throughout the region. CHART will work closely with local and regional partners (PAHO/CAREC, CAP, CCNAPC, CHRC, CRN+, and others) to develop training curricula, design collaborative training events and deliver trainings.

The following are some of the curricula that have been adapted:

- **Caribbean Train up to Teachback**: This manual has been adapted from the CDC GAP manual with the support of CDC GAP and I-TECH. CHART has piloted and run four TOT’s in the past 2 years

- **PMTCT**: With the support of I-TECH and the Francois-Xavier Bagnoud Center (FXB), adapted from the WHO generic training package and the Caribbean Regional PMTCT curriculum. This manual has been piloted and adapted for use in the Bahamas and plans are in place to utilise in other Caribbean nations such as Barbados
• **M&E:** This manual has been developed, adapted and piloted at a training held in June 2006, through the support of I-TECH and CHRC

• **Caribbean HIV & AIDS Pocket Guide for Nurses:** An initiative of Caribbean Partnership for Nurses in AIDS Care (formerly known as the CHART/I-TECH Nurses Working Group); currently in development with support from I-TECH

### Certification Systems Development

The CHART Network is partnering with local professional societies and the University of the West Indies to develop a certification system for professional healthcare workers based on training received and competencies attained by persons in various disciplines.

In a situation in which training opportunities are expanding rapidly, certifying trainees can play an important role in quality control and significantly stimulate the training market. Providing certificates of HIV/AIDS competence to individuals who have successfully upgraded their skills in quality-assured training programmes will be an important part of a comprehensive strategy for expanding the workforce.

The certification process is expected to pull the interest of training providers in expanding training efforts and in seeking authorization to provide certificates of competence, as it will increase the demand of key groups to receive training, being assured of acquiring a set of skills that are highly relevant to current or future employment progression.

This process thus complements the active push for the creation of adequate national training capacity by providing core training courses and targeted technical assistance to institutions that have an untapped potential to provide training. Both the push and pull will trigger a substantial national training effort if they are based on simplified and appropriate training approaches, if they are embedded into sustainable human resource planning and if they are backed up by the necessary financial resources.

There are plans to develop curricula for degree and non-degree levels and to look at several distance learning courses and methodologies in collaboration with the School of Continuing Studies at UWI and UWIDITE. Developing training courses that are modular in nature will help students who want to continue their studies over time.

CHART plans to form alliances with bodies such as the Caribbean College of Family physicians (CCFP) (working in 20 countries), the Caribbean Association of Pharmacists (CAP) and other certifying bodies in the Caribbean for provision of continuing medical, nursing and dental education throughout the region.

### Curricula Technical Working Group

A Technical Working Group (TWG) on Curricula is responsible for developing criteria for certification. This technical working group will be convened by the RCU with the support of
the Executive Council. Members will be drawn from the university community as well as other regional bodies involved in education and training. There will also be representation from the PLWHA community through CRN+. This body will also be charged with the responsibility of recommendations for new curricula (including the accelerated leadership programme), where applicable, to fill gaps.

A formalized certification process will help to motivate public health professionals, enhance CHART credibility, and contribute towards the sustainability of CHART’s presence in the region.

Developing standards for training is another important activity to be undertaken with the assistance of the TWG. The core competencies being developed by I-TECH and CHART will help to develop these standards.

X) MONITORING AND EVALUATION (M&E) OF TRAINING ACTIVITIES
Monitoring and evaluation of training is one of the chief priorities of the CHART Network. Emphasis is placed on the use of continuous monitoring and periodic evaluation of inputs, processes, outputs, outcomes and impact, and the use of information derived from these activities to provide feedback to internal and external stakeholders.

The CHART Network recognizes that training is not an end in itself and that what really counts is the translation of learning into good quality practice among individuals and healthcare teams. From this perspective, tracking numbers of persons exposed to training is of some value, but evaluating the outcomes and impact of training is of greater importance. To this end, all training events are evaluated both by pre- and post-tests as well as detailed post-training evaluations. Within a six month period, randomly selected trainees will be contacted to assess the success of transfer of learning and any impact on service delivery. Results from these evaluations will be fed back through the network for information and planning purposes

Training Information Management System (TIMS) for Monitoring Training
A training monitoring system, which is a revised version of JHPIEGO’s TIMS (Access based) system is being used to track all CHART-related training events. This will be complemented by site visits, and telephone interviews to verify placement and activities of past CHART trainees. Similar data will also be collected for Master Trainers. Data can be accessed by country, speciality or theme. A complete M&E framework is presented as part of the CHART Network implementation plan 2007-2011.

Our commitment in M&E is in order to achieve continuing improvement in our internal operations, to maintain relevance of curricula and training activities and to help to increase the cadre of persons with the requisite skills within the Network and in the Caribbean as a whole. If this three-fold goal is achieved over time, we are confident that it will contribute to
improvement in managerial and clinical systems and ultimately enhance the quality of HIV prevention, care and treatment services.

Methods of Evaluating Training
The CHART Network is committed to quality improvement of its training programs and activities through the systematic collection, analysis, and application of data and evidence on program effectiveness. This includes using data in the planning stage to identify and determine training and education needs; assessing the immediate effectiveness of training programs in increasing skills and knowledge; and looking at longer-term outcomes from training in terms of transfer of learning, strengthened systems, and ultimately, improved health outcomes.

Depending on the level of training conducted, there are a number of different methods that programmes can use to evaluate their trainings.

Knowledge tests
Knowledge tests are not needed for every training. But, when knowledge tests are used they will be validated, implemented correctly, and used in the appropriate circumstances. If knowledge tests are not validated or are not implemented correctly, you do not know what you are measuring and hence are collecting information that cannot be useful.

Training Evaluation
Every training will have some evaluative component, even if it is simply a reflection by the trainer that “participants were engaged,” or that “nothing new developed.” As a mark of our expertise, we think about what we do, both what we did well and what we could do better. We utilize that information to improve our practice. Collecting evaluation information and not using it for improved training practice represents a waste of resources.

Learning Transfer Evaluation
Whenever possible, we will track transfer of learning. We want our trainings to result in improved job performance or behaviour change. Knowing whether participants liked the training, or learned something from the training, is not an indication of whether or not they have used the training. Finding out whether participants are using the training will both help us to improve our training and/or to document that our training activities are a worthwhile investment.

Required Monitoring data for training
Evidence shows that didactic training alone has limited effect on clinical practice. The CHART training framework emphasizes different types of training or levels for this reason. We collect monitoring information on level of training to see whether our training efforts are consistent with theory showing that didactic or classroom training is necessary but insufficient. All CHART programs are required to track the following monitoring data on training programs:
**Unique Participants Trained**
Each country will track total number of unique participants AND unique participants by PEPFAR service area so we know who we train. (PEPFAR Requirement). We know how many individuals we are training to perform various tasks (i.e. training 40 people to provide ART and Palliative care can be expected to have a different impact from training 20 people to provide both palliative care and ART).

**Training Level**
Each country will also track trainings and participants by the levels of training (Didactic, Skill building, Preceptorship, on-site training)

**Onsite Support**
Each quarter, programs will track quarterly the number of days of onsite support provided and the number of facilities provided with onsite support.

**Improving Managerial and Clinical Systems**
The CHART Network plans to contribute to improving managerial and clinical systems and ultimately enhance the quality of HIV prevention, care and treatment services. A part of the strategic approach to M&E is to facilitate training in these two related disciplines. Training in M&E will be undertaken in collaboration with CHRC, the lead Caribbean entity in this area, and with other key partners such as I-TECH, MEASURE Evaluation and UNAIDS. The target audience for training includes Network staff and other healthcare personnel from the region.

M&E are not just theoretical tasks, so that the CHART approach includes arrangement of practicum placements and mentoring in cooperation with our training partners. As in other areas of training, the Network aims to build the capacity of front-line staff working at country level as well as to foster transfer of training knowledge and skills in M&E from external partners to Caribbean trainers.

**XI) TRAINING APPROACH: 2007-2011**
CHART is committed to increasing capacity to improve quality of life for persons living with HIV infection by expanding the capacity of countries in the Caribbean to provide effective, timely, and compassionate care. Activities will be increasingly led by members of the core training team. These expert trainers and clinicians will be directing widespread training efforts as capacity building continues at all levels throughout the region. There will be an increased emphasis on level three and four training and ongoing TA from our partners in order to accelerate transfer of learning to those healthcare workers in the field. See more information in Appendix 2 – Timeline regarding the activities.

A complete five year indicative workplan for 2007-2011 and the current plan for 2007 are presented as part of the CHART Network Strategic Plan, which lay out the specific activities in training.
Numbers trained to date

Analysis of the TIMS data shows that in the three and a half year period June 2003 to January 2007, the Network through its national centres and regional partners has trained over 5900 persons from 26 countries. These numbers include VCT training activities done by JHPIEGO.

Challenges and limitations for successful training events

Participant criteria are an important factor in the success of training programmes. Having the ‘right’ participant can ensure that the training is successful and that the participant will be able to share the lessons learnt upon returning to their country. The additional challenge exists for these persons in that they need to seek and receive permission from their direct supervisors to share all that they have learnt.

For trainings initiated by the NCs this is easier to manage as participant criteria is used when choosing participants. Getting the right participant becomes more difficult however, for other countries as persons are generally chosen by national HIV programmes and Ministries of Health. Training is often seen as a ‘perk’ or reward for length of service, so the participant criteria may not be stringently adopted.

As a result of participant criteria not being fully adhered to, CHART has been receiving a few requests for ‘re certification’ as some participants were unable to utilise the skills learnt on returning to their job and have requested updates.

For busy and committed HCW in the region, especially in the smaller island states, there is also the challenge of having participants being released from their duties at work in order to attend trainings. In some cases the HCWs cover other medical areas and are not exclusively assigned to HIV/AIDS care.

Accessing adequate funding to support training efforts had also proved to be challenging. Although reports are that most Caribbean nations have received funds for HIV/AIDS projects either directly, or through organisations such as PANCAP, the emphasis might not be on capacity building, but more focussed on access to ARV medication or infrastructure support for treatment sites. This means that although countries are anxious to have their workers trained, they sometimes have challenges with funding persons to attend training, or training is not seen as a priority. This has put a strain on the CHART Network as it is sometimes assumed that CHART can cover all expenses related to training events. CHART has been working closely with the various MOHs to look at ‘cost-sharing’ activities which would see the MOH sharing the training expenses with the particular CHART centre. There is also sharing of resources e.g. using the MOH facility to host workshops rather than the cost of a hotel conference room.
The use of distance and web based training activities especially those of a modular type will alleviate the need for persons to travel to other countries to benefit from training and this may allow more HCW to attend training since they do not have to leave their country.

**Capacity building efforts through National Centres**

Training at the National Centres will continue to be rolled out as specified in the individual workplans, and will be in alignment with current national training priorities. As the NCs become more involved in regional activities, these will be included in the respective national implementation plans.

**Specialized expertise at the national Centres**

Each NC is regarded as a centre of excellence for one or more aspects of the training programme. CHART centres and units are autonomous entities working in their national interest, but relating to each other synergistically for mutual benefit and for the good of the region.

The NCs focus primarily on the development of capacity within their own national or sub-regional boundaries, but are also committed to creating opportunities to share learning with participants from other countries and territories in keeping with the needs identified through the regional strategic planning process. A case in point is the CHART Barbados Centre which has been supporting training efforts in the OECS over the past two years.

The centres are deliberately co-located with care and treatment sites to facilitate the placement of learners for preceptorships and mentoring activities. Plans are to continue to capitalise on the strengths of each NC with a view to sharing best practice across the region.

**Capacity building efforts with RCU support**

The RCU, with the support of the Centres, will continue to host regional training efforts that incorporate countries throughout the Caribbean, which are sensitive to the needs of the region. Ongoing needs assessments will guide this process and the RCU will work with key technical partners to achieve this goal.

**Leadership and Management Training**

There are plans to train current and potential leaders, including programme managers. This will be done through an accelerated Leadership Programme, details of which will be forthcoming from the Curriculum TWG. PANCAP, The Caribbean Coalition of National AIDS Program Coordinators (CCNAPC) and the regional Ministry’s of Health will be asked
to support this programme both financially and in terms of selecting the appropriate candidates.

**Increasing emphasis on training to enhance Laboratory Skills**
The CHART Network will collaborate with I-TECH and PAHO/CAREC to place an increasing emphasis on laboratory training support in the areas of rapid testing, CD-4 and viral load testing, OI's, STIs, Tb diagnosis, Quality Assurance & Quality Control (QA/QC), and Good Laboratory Practices (GLP).

**Process of Certification**
The CHART Network will host a certification of past TOT and PMTCT Lead and co trainers in mid 2007. There are also plans to include some selected VCT Trainers. This will be facilitated by the RCU and include TA from I-TECH and CDC- GAP. This group will help to form the Mobile Training Team helping with ongoing training and mentoring throughout the region. The Master trainers will help to track trainings that have been done.

**Tb/HIV Collaborative Programme**
One of the first objectives of this programme will be the development of an operational plan for collaborative TB/HIV activities, which would result in a TB/HIV collaborative work plan for the region.

The portion of the program related to capacity development efforts will be supported by the CHART Network and I-TECH and will include three training workshops in Suriname, St Lucia and Trinidad & Tobago as well as assistance with the finalising and dissemination of CAREC’s revised generic manual on TB/HIV operational procedures. Topics to be covered during the training workshops include programme management and the use of operational guidelines, clinical management of HIV and TB and HIV counselling and testing.

The training approach will emphasize the use of case-studies, mentoring and preceptorships in order to improve health worker performance related to Tb/HIV diagnosis, management, treatment as well as improve procurement management skills of relevant staff.

Persons to be trained include Tb and HIV Programme Managers - trained in Tb/HIV collaborative programme implementation, HIV and Tb clinicians - trained in the clinical management of patient with HIV/TB co-infection and Tb care providers - trained in HIV counselling and testing.
Further M&E Training
The CHART Network plans to conduct M&E training facilitate improved managerial and clinical systems. As previously mentioned, this training will be carried out in collaboration with CHRC and other key partners. Trainings in this area will be geared towards Network staff and regional managerial and clinical personnel.

Themed Clinical Conference and Best Practice Seminar
The CHART Network plans to host a bi-annual themed Clinical Conference and alternately a bi-annual HIV/AIDS Best Practice Seminar. The Clinical Conference will cater to approximately 150 persons based on agreed regional training priorities. This conference will adhere to the multi-disciplinary approach to training in teams. As for the Best Practice Seminar, this will be a smaller undertaking with the purpose of highlighting regional best practices and providing a forum to influence learning, skills transfer and collaboration through sharing past and current proven techniques and experiences in HIV/AIDS training and/or prevention, care, treatment and support services.

Training and Mentoring for Nurses
CHART and I-TECH in collaboration with the Nursing Partnership plan to develop an outline of an HIV/AIDS module for pre-service training, to submit to PANCAP/CARICOM and provide technical and coordination support for further development and integration of the module into a regional nursing curriculum.

There are also plans to provide technical resources and coordination for the development of a Caribbean clinical mentoring program for nurses through a series of clinical mentoring workshops and field placements.

Level III: Clinical Preceptorships
Clinical Preceptorships will provide hands-on experience in clinic settings to reinforce Level I & II training. CHART will work with I-TECH and Harvard Medical School Division for HIV/AIDS (HMSDAIDS), along with the NCs to identify and cultivate preceptorship sites, design a system for identifying trainees, match trainees with preceptorship sites and mentors, and guide the development of Level III training activities. Relationships cultivated between trainees and hosts will provide valuable and ongoing mentoring opportunities.

Level IV: Clinic Consultation
Individual
Provider-driven training that could encompass a variety of topics, conducted via any form of one-on-one communication (on-site, phone, fax, e-mail, etc.) I-TECH and HMSDAIDS will assist CHART with this level of training. There is also an important mentoring component to the Clinical Consultation level

Group
Level IV Group Clinic Consultations are provider-driven encounters to improve performance of clinic systems in partnership with and at the request of local clinic administrators and providers. Combining Levels I & II training with planned consultations, these encounters are typically on-site for more than 2 people. Caribbean-based staff will be identified and trained to provide regional consultation to clinics and bridge activities at the local, district, national, or sub-regional levels as appropriate: primary to primary; secondary to primary; tertiary to secondary, etc. In some cases, Clinic Systems Consultations may be combined with Mobile Training Team visits.

**Level V: Technical Assistance (TA)**

Level V Technical Assistance includes all assistance provided to a person, organization, or group to ensure training at all levels is operationalised and to assess the effectiveness of the transfer of learning. Technical assistance includes ongoing structural support and mentoring, and can take any form including newsletters, list-serves, warm-line clinical consultation, materials development, videos, e-learning, interactive distance learning, surveys, sharing knowledge, advice, or consultation.

**Use of Distance learning and other Innovative Technologies**

Increasing availability of new methods of communication at a distance, such as videoconferencing and the use of the Internet, creates real and exciting possibilities for connecting teachers and learners at multiple sites in the Caribbean. This is particularly important in a region of small states, in which transportation between countries is expensive and where health services are disrupted when health care professionals leave to attend training activities outside of their respective home countries. The UWI campuses are already equipped with facilities for distance conferencing, which can be used by the CHART Network.

The use of Adobe Connect (formerly known as Breeze) interactive distance learning software and programs such as the HIV Web study will be an important addition to the tools for transfer of learning.