

ANNEX:

TRAINING NEEDS ASSESSMENT FOR PEER EDUCATORS: A SIMPLE MODEL

I. What is training?

Generally, training involves the development or strengthening of three main aspects: knowledge, skills and attitudes. Usually these three aspects have to be taken together. All of them need to be addressed, if a person is to develop himself/herself to contribute effectively to a group or organization to which s/he belongs. So training is about enabling people to gain knowledge, to practise their skills and to shape their attitudes.

II. What is training needs assessment (TNA)?

A need is not a want or a desire. It is a gap between “what is” and “what ought to be”.

Needs assessment is used for identifying gaps and to provide information for a decision on whether the gaps could be addressed through training. The assessment is part of a planning process focusing on identifying and solving performance problems. These performance problems may be related to knowledge, skills and attitudes.

Training needs assessment (TNA) is usually related to organizational and individual performance. A needs assessment means that the individual assessed has a defined job performance or that an organization has defined objectives and goals.

Similar concepts (with some modification) apply in the case of peer educators in the fields of HIV/AIDS and substance use prevention and reproductive health.

For example, in this instance, we are focusing on the training needs assessment of individuals to gauge their knowledge, skills and attitudes for the task of peer education in the fields of HIV/AIDS and substance use prevention. This implies that both “what ought to be,” i.e., the knowledge, skills and attitudes expected of the peer educators and “what is,” i.e., the current level of knowledge, skills and attitudes of the individuals who are to be trained, must be included in the assessment.

III. Why should we conduct a training needs assessment?

The primary purpose of the training needs assessment is to ensure that there is a need for training and to identify the nature of what a training programme should contain.

A training needs assessment provides the information needed for developing a training plan that is based on the learning needs of the participants. It increases the relevance of the training and the commitment of the learners, as they are involved in the preparation of the training design that reflects their expressed needs. Thus, it helps to foster a rapport between the facilitators and the participants. The facilitators can acquire basic knowledge of the strengths and limitations of the participants and the learners can become partners in analyzing their own learning needs.

IV. How should we carry out a training needs assessment?

There are many tools and methods for undertaking training needs assessment. These tools and techniques range from questionnaire-based surveys to participatory learning and action (PLA) tools.

Below are some tools used for training needs assessment:

Questionnaire/Survey Questionnaires: This tool involves the preparation of questionnaires that are often lengthy and therefore time-consuming.

Participants have to spend time to complete the questionnaires. The facilitators also have to spend time in analyzing the responses.

There are several weaknesses of the questionnaire method. Critical weaknesses of this method are that it is not participatory and often poses problems of excess information and differences in understanding between those who develop the questionnaires and the questionnaire respondents. Most importantly, a questionnaire is non-transparent about the end-use of its outcome. This can become a serious problem when dealing with sensitive issues such as HIV/AIDS, substance use and sexual behaviour.

Interviews: Individual interviews that rely on questionnaires, as is often the case, suffer from the same limitations as survey questionnaires. However, interviews are more participatory than questionnaires.

Focus group discussions: This method is more participatory than the questionnaire method and less time consuming than the individual interview method. However, this method also requires an open-ended questionnaire and careful facilitation and analysis for relevant results.

Tests: This tool indicates the involvement of “experts” and is considered costly. Participants often feel disadvantaged when such a tool is used and at times could become uncooperative.

Participatory Tools: These tools, such as card sorting, empowering lines, matrices and games, encourage the involvement of participants and facilitators. A rapport is established between the two and they become partners in determining the content and design of a training course. It is sometimes said that participatory tools are “unscientific” or that their use is dependent on the facilitation skills of the facilitator. However, these tools are less time consuming and more appropriate for participant involvement. These are also easy to learn and could be used with participants with low levels of, or no, reading and writing skills. Most important of all, these tools empower the learner. On balance, in training needs assessment for peer education, participatory tools may be considered the most appropriate.

V. Participatory Tools in TNA

Some of the participatory tools that may be used by peer educators for TNA are described below:

a. Empowering lines

Time needed: 1 hour

Invite the participants to sit in a circle on the floor. Or, if they are seated on chairs, place a table in the centre of the circle.

Explain that horizontal lines will be used for undertaking the training needs assessment of the group.

Determine the subject on which you would like to do the training needs assessment. For example, you may want to undertake the assessment on HIV/AIDS.

Determine the main components of HIV/AIDS. For example, the main components may be:

- Means of transmission;
- Was of protecting oneself and others from the virus;
- Testing for HIV;

- Treatment for HIV/AIDS;
- High-risk behaviour;
- Care of and support for people living with HIV/AIDS.

Take a large sheet of paper and draw as many horizontal lines as there are components. Draw the line at a considerable distance from each other. You may want to draw only two lines on one sheet of paper. You may even use old newspapers instead of fresh sheets of paper.

Label each line with the heading of the components.

Label one end of each line as low and one end as high.

Distribute small stickers to the participants. Or, they may use marker pens. If stickers are used, each participant should have as many stickers as the number of components in the topic being assessed.

Ask the participants to individually place their stickers on the line of each component starting from the low end and progressing towards the high end.

On completion of the exercise, each component line will have clusters of stickers or dots at varying intervals.

The placement of clusters will help the facilitator to determine:

- The components that need detailed discussion and inputs.
- The components that need limited focus and can be managed through mutual learning sessions, such as group discussion and games.
- The components that do not require focused attention at all as they can be covered through the distribution of reading material to the participants.

Interpretation of the clusters

The clusters need to be interpreted. Some clues for interpretation are given below:

- Clusters at the low end indicate that the participants have no knowledge of the subject.
- Clusters at the halfway point between the two ends indicate that the participants have some knowledge and beliefs about the subject.
- Clusters near the high end indicate complete or considerable knowledge of the subject.

Table a (i) An Example of TNA Using Empowering Lines

Topic of training needs assessment: Knowledge about HIV/AIDS			
1. Means of HIV/AIDS transmission.			
oooo	oooooo	oooooo	ooo
Low			High
2. Method of Protection from HIV/AIDS.			
oo	oooooo	oooo	oooooo
Low			High
3. Testing for HIV/AIDS.			
ooo	ooooo	oo	o
Low			High

Table a (ii)

Topic of training needs assessment: Skills for protection against HIV infection.

1. Ability to say 'No' while under pressure from peers and friends.

oooo	oooooo	oooooo	ooo
Low			High

2. Skill in using a condom correctly.

oooooo	oooooo	oooo	oooooo
Low			High

3. Ability to deal with emotions and feelings.

ooo	ooooo	oo	o
Low			High

Advantages of using empowering lines

Some advantages experienced in the application of the tool are as follows:

- The completed line can be used to evaluate the training.
- The participants develop a rapport with each other and the facilitator.
- The facilitator gains the understanding needed to design training inputs according to the needs of the participants.
- Assessment can be done immediately before the training session begins, instead of being done well in advance.

b. Assessment Matrix

(i) Process

Time needed: 1 hour

Make a list of the knowledge, skills and attitudes that are necessary for a peer educator to be able to train other peers on the subject of HIV/AIDS and substance use. For ease, do this exercise for one subject at a time. For example, we may do the exercise for knowledge, skills and attitudes concerning HIV/AIDS training first, followed by the exercise concerning substance use.

Take each knowledge component and write it separately on a card (or paper).

Place the cards on the floor in a vertical line.

Draw a matrix around the cards so placed. This matrix should have three columns, including the vertical line of cards and as many rows as there are cards plus one.

Label the column with the cards as “knowledge needed for peer education”.

Label the second column as “have”.

Label the third column as “need”.

Place a bowl of stickers (or small stones or seeds) next to the matrix.

Ask each participant to come forward one by one and place a sticker (or small stone or seed) in the columns and rows, depending on what they have and what they need.

After the matrix has been completed, ask a volunteer to copy it on a chart so that it can be displayed on the wall. This can then be used later for evaluation of the training.

Repeat the matrix for skills and for attitudes in the same manner.

(ii) Example

Table b (i) Assessment Matrix for Assessing the Knowledge Needed by Peer Educators to be Able to Train Peers on Substance Use:

Knowledge that a peer educator must have to undertake a training session on substance use	Have the knowledge	Require the knowledge	Ranking based on intensity of need for knowledge
Definition of the term “drug”.	**	*****	4
Types of substances used by young people.	*****	****	5
Reasons for substance use by young people.	***	*****	1
The effects that substance use has on the lives and bodies of young people.	*****	*****	3
Treatment possibilities for young people who use substances.	***	*****	2
Symptoms of substance use.	*****	***	6
Country’s policy and laws on substance use and drug trafficking.	**	*****	2

- A score denoted by * indicates the number of respondents that have, or those that do not have, the knowledge on a given topic. The higher the score, the larger the number of people. The lower the score, the smaller the number of people.
- Ranking indicates the intensity of the need for knowledge on any given topic.

c. Scoring.

Time needed: 1 hour

Invite the participants to sit in a circle.

Explain that a free scoring exercise will be undertaken to assess the attitudes that are most important for protection against the spread of HIV/AIDS, sexually transmitted infections (STIs) and substance use.

Ask the participants to make a list of the attitudes required for protection against HIV/AIDS, STIs and substance use.

One flash card or one half sheet of A-4 sized paper may be used for writing one attitude.

Invite the participants to arrange the cards on the floor in a vertical line.

Ask the participants to discuss and score each attitude according to its importance for protection against HIV/AIDS, STIs and substance use. Since this is a free scoring exercise, the participants may use sand or stones to indicate the importance that they attach to each attitude.

Allow time for discussion, as the scores can only be assigned by consensus among the participants. Free scoring is different from voting and is based on consensus.

Table c (i) Scoring for Attitudes Needed by Peer Educators to be Able to Train Peers on the Subject of Protection from HIV/AIDS, STIs and Substance Use

Attitudes needed for protection from HIV/AIDS, STIs and substance use	Free scoring to indicate the importance attached to the attitude/behaviour for protection against HIV/AIDS, STIs and substance use	Ranking based on the intensity of the attitude and behaviour present in the peer educator
The belief that I am as vulnerable as everyone else.	***** *****	2
I could become dependant on drugs, even if I use them only once.	***** *****	3
The safety of my partner is as important as my own.	***** *****	1
People who have HIV/AIDS or who use drugs can help in the prevention of the same.	*** ****	4

- Free scoring indicates that there is no limit on the scores assigned. The participants use grains or sand or stones to indicate the importance that they attach to a stated attitude/behaviour.
- A high score indicates that the attitude/behaviour is present to a high degree and a low score indicates that the attitude/behaviour is present to a low degree.
- The ranking indicates the intensity.

VI. Using the outcomes of the TNA for designing a training course

Let us take a look at the outcomes in table a (i). The scores on the “empowering line” indicate that most participants have some knowledge on the transmission of HIV/AIDS and protection against HIV/AIDS, but very few participants have knowledge on testing for HIV/AIDS. Therefore, the

training session should focus on *session 5.4 Facts and Myths about HIV/AIDS dealing with testing for HIV/AIDS*. Handouts should be prepared from the material given under the title *Helpline for the Peer Educator*. All the information indicated is available in *Module 5 of the training guide*.

If we look at table b (i), the outcomes indicate that the participants need knowledge on the following subjects:

- Reasons for substance use by young people.
- Treatment possibilities for young people who use substances.
- Country’s policy on substance use and drug trafficking.
- Effects of substance use on the lives and bodies of young people.
- Definition of the term “drug”.

If a training course were developed to meet these needs using *Module 6 of the training guide*, the following design would emerge:

TNA Outcome	Session Number	Reading material
Reasons for drug use by young people.	6.5	Module 6 on “Drugs and Substance Use”, see Session 6.5: “Why Do Young People Use Drugs?” --- “Helpline for the peer educator”
Treatment possibilities for young people who use substances.	There is no session for this, as this needs to be based on the treatment possibilities available in the country or locality where the training is being held. A staff member of the local treatment facility could address the session through a lecture. Or, the facilitator could prepare a presentation based on the information that can be locally gathered.	Module 6 on “Drugs and Substance Use”, see Section III: Critical Concepts, subsections e), f) and k).
Country’s policy on drug use and drug trafficking.	This session also needs to be addressed through a lecture or presentation. Prior information on the subject	N/a

	needs to be collected by the peer educator.	
Effects of substance use on the lives and bodies of young people.	6.4 6.6	Module 6 on “Drugs and Substance Use”, see Section III: Critical Concepts, subsection d).
Definition of the term “drug”.	6.1	Module 6 on “Drugs and Substance Use”, see Section III: Critical Concepts, subsection a).

VII. Linkage between training needs and the modules in the training guide.

The training guide has 11 modules. Each module caters to a certain set of training needs. The following table indicates the modules and the corresponding training needs fulfilled by it:

Module number	Module name	Training needs addressed
0	Introduction to Training and Learning	Knowledge about the basics of a training course, learning theory and games and exercises on introductions and the basic needs of the learners.
I	Peer Education	Knowledge of the concept of peer education. Games and exercises to understand the importance and relevance of peer education and to identify the basic qualities needed for becoming a peer educator.
II	Communication	Knowledge of the concept of communication, its elements and its importance in training. Games and exercises on gaining skills for better communication and the application of communication skills in creating and spreading messages on HIV/AIDS prevention.
III	Basics of Growing Up -	Knowledge about the changes that take place in the human body during adolescence, beliefs and

	Understanding Adolescence	<p>myths related to these changes and critical issues, such as teenage pregnancy, appropriate nutrition and health hazards.</p> <p>Games and exercises for imparting this knowledge to learners.</p>
IV	Teenage Pregnancy, Sexually Transmitted Infections (STIs) and HIV/AIDS	<p>Knowledge about teenage pregnancy and sexually transmitted infections.</p> <p>Skills to deal with situations that could lead to teenage pregnancy and STIs.</p> <p>Games and exercise to impart this knowledge and skills.</p>
V	Basics of HIV/AIDS	<p>Knowledge about HIV/AIDS – transmission, protection and treatment.</p> <p>Skills to deal with situations that could lead to HIV/AIDS infection.</p> <p>Games and exercise to impart the knowledge, skills and attitudes required for protection against HIV/AIDS.</p>
VI	Drugs and substance use	<p>Knowledge about drugs, their linkage with HIV/AIDS and the skills needed for avoiding situations that could lead to substance use.</p> <p>Games and exercises to impart the knowledge, skills and attitudes needed for prevention of substance use.</p>
VII	Life Skills	<p>Knowledge about the concept of life skills and the basic life skills needed for prevention of HIV/AIDS, STIs and substance use.</p>
VIII	Learning and Practising Core Life Skills	<p>Exercises and games to enhance the competencies required for protection against HIV/AIDS, STIs and substance use.</p>
IX	People Living with HIV/AIDS	<p>Knowledge about the components of care and support required by people living with HIV/AIDS.</p>

		<p>Practical suggestions for peer educators on care giving.</p> <p>Games and exercises to understand the needs of people living with HIV/AIDS.</p>
X	Action Planning	<p>Knowledge about the need for and relevance of planning.</p> <p>Skills for making a plan.</p> <p>Games and exercises for imparting knowledge and skills for planning.</p>

SAMPLE QUESTIONNAIRE

Survey Questionnaire for Training Needs Assessment

This questionnaire is designed to facilitate the gathering of information on the thoughts, opinions, feelings and knowledge that young people have about HIV/AIDS. It also aims to determine whether the target audience feels able to deal with situations that may lead to HIV infection.

Instructions

Do not put your name on this form.

Please take your time to answer carefully

Please answer the following questions:

Sex: _____

Date of Birth: _____

Do you live with your parents? _____

What languages do you speak? _____

What is your education qualification? _____

What work do you do? _____

Do you get paid for the work you do? _____

For each of the following questions, circle the correct answer.

1. The term HIV stands for human immunodeficiency virus.

- (i) True
- (ii) False
- (iii) Don't know

2. The term AIDS stands for acquired immunodeficiency syndrome.

- (i) True
- (ii) False
- (iii) Don't know

3. There is no cure for AIDS.

- (i) True
- (ii) False
- (iii) Don't know

4. If one has HIV, a blood test will reveal the results.

- (i) True
- (ii) False
- (iii) Don't know

5. Only people who look sick can have HIV.

- (i) True
- (ii) False
- (iii) Don't know

6. People who are immoral spread HIV/AIDS.

- (i) True
- (ii) False
- (iii) Don't know

7. One can only get HIV/AIDS through sexual intercourse with a person who already has the virus.

- (i) True
- (ii) False
- (iii) Don't know

8. A mother can transmit HIV to her child through her breast milk.

- (i) True
- (ii) False
- (iii) Don't know

9. Condoms reduce the risk of getting HIV/AIDS.

- (i) True
- (ii) False
- (iii) Don't know

10. A person can get HIV/AIDS by touching or hugging someone with AIDS.

- (i) True
- (ii) False
- (iii) Don't know

11. You can get HIV/AIDS by having anal sex without a condom.

- (i) True
- (ii) False
- (iii) Don't know

12. You can get HIV/AIDS by being bitten by a mosquito that has bitten someone with HIV/AIDS.

- (i) True
- (ii) False
- (iii) Don't know

13. Only people who have sexual intercourse with gay (homosexual) people get HIV/AIDS.

- (i) True
- (ii) False
- (iii) Don't know

14. You can get HIV/AIDS from kissing someone who has HIV/AIDS.

- i). True
- ii). False
- iii). Don't know

15. You can become infected with HIV/AIDS by having sex with someone who injects drugs using needles and syringes shared with others.

- (i) True
- (ii) False
- (iii) Don't know

16. Birth control pills can protect women from getting HIV/AIDS.

- (i) True
- (ii) False
- (iii) Don't know

17. Could you talk to your friends about someone you would like to have as a girl friend or boy friend?

- (i) Definitely
- (ii) Probably
- (iii) Probably not
- (iv) Definitely not

18. Could you talk about sex with your friends?

- (i) Definitely
- (ii) Probably
- (iii) Probably not
- (iv) Definitely not

19. Could you talk with your friends about diseases that you can get from having unprotected sex?

- (i) Definitely
- (ii) Probably
- (iii) Probably not
- (iv) Definitely not

20. Could you start a conversation about condoms with your friends?

- (i) Definitely
- (ii) Probably
- (iii) Probably not
- (iv) Definitely not

21. Could you talk about HIV/AIDS with your friends?

- (i) Definitely
- (ii) Probably
- (iii) Probably not
- (iv) Definitely not

22. Could you say “No” to your friends if they challenged you to have sex with your girlfriend or boyfriend?

- (i) Definitely
- (ii) Probably
- (iii) Probably not
- (iv) Definitely not

23. Could you tell your boy friend or girlfriend that you do not want to have sex with her /him?

- (i) Definitely
- (ii) Probably
- (iii) Probably not
- (iv) Definitely not

24. Could you tell your boyfriend or girlfriend to stop touching you sexually?

- (i) Definitely
- (ii) Probably
- (iii) Probably not

25. Have you ever talked with your parents or any adult about sex?

(i) Yes

(ii) No

26. Have you ever discussed HIV/AIDS with your parents or any other older person that you are close to?

(i) Yes

(ii) No

27. Have you ever discussed pregnancy with your parents or any other older person that you are close to?

(i) Yes

(ii) No

28. Have you ever discussed the use of condoms or contraceptives with your parents (or any other older person that you are close to)?

(i) Yes

(ii) No

29. How would you feel about discussing sex with your parents?

(i) Comfortable

(ii) Uncomfortable

30. How would you feel about discussing HIV/AIDS with your parents (or any other older person that you are close to)?

(i) Comfortable

(ii) Uncomfortable

31. How would you feel about discussing pregnancy with your parents or any adult?

- (i) Comfortable
- (ii) Uncomfortable

32. How would you feel about discussing the use of condoms with your parents (or any other older person that you are close to)?

- (i) Comfortable
- (ii) Uncomfortable

33. How worried are you that you might become pregnant?

- (i) Not at all worried
- (ii) Somewhat worried
- (iii) Very worried

34. How worried are you that you may become infected with HIV?

- (i) Not at all worried
- (ii) Very worried
- (iii) Somewhat worried

35. Do you think using a condom is too much trouble?

- (i) Yes
- (ii) No

36. Have you ever used a condom while having sex?

- (i) Yes
- (ii) No

37. Having sexual intercourse is a “cool” thing to do. What is your view on this?

- (i) Agree
- (ii) Disagree

38. Having sexual intercourse makes a young man popular among his friends. What is your view on this?

- (i) Agree
- (ii) Disagree

39. Young girls should have sexual intercourse with their boyfriends because it shows that they love their boyfriends. What is your view on this?

- (i) Agree
- (ii) Disagree

40. I am worried about getting HIV/AIDS, so I will always make sure that I use a condom when I have sex.

- (i) Definitely would
- (ii) Probably would
- (iii) I probably would not
- (iv) I definitely would not

41. I would use a condom even if I were drunk or high on drugs.

- (i) Definitely would
- (ii) Probably would
- (iii) I probably would not
- (iv) I definitely would not