

PROGRAMME MANAGEMENT WORKSHOP: MANAGING OUTREACH PROGRAMMES AMONG INJECTING DRUG USERS

INTRODUCTION

The **Programme management workshop** is a four-day training course designed to train people who are or will become managers of outreach programmes to IDUs. It can be used together with the **Programme development workshop** (for example at the local district level where the same people may have the roles of developers and managers of outreach programmes). However, this should be done only *after* an assessment has taken place of the HIV/AIDS and drug-use situation in the participants' localities and after agreement has been reached with local authorities and funders to allow an outreach programme to start and to provide it with resources. Participation in a **Programme management workshop** should be restricted to people who have a direct role in managing at least some aspect of outreach programmes.

Sessions in the module provide revision of ways of addressing HIV epidemics among IDUs, planning outreach programmes and communicating with IDUs: many of these sessions can be shortened or deleted if the **Programme development** and **Programme management workshops** are being run together. Sessions then provide basic information on HIV/AIDS and drug use; contacting and educating IDUs; specific education messages for safe sex and less risky injecting; working with IDUs, ex-IDUs and others; recruiting and training outreach workers; supervision, relapse and burnout prevention and performance appraisal of outreach staff; monitoring and evaluation; establishing and maintaining relationships with other agencies, including set-up and use of a referral system and programme advocacy. This module also helps participants to plan the next steps in implementing an outreach programme among IDUs (including planning for training outreach workers with the fourth workshop for field workers).

This chapter provides an overview of the module (split up by Days 1–4) together with the list of materials needed, preparations needed, and an outline of the sessions in the module. Please remember that all teaching notes and slides for this module are contained in a PowerPoint file on the CD-ROM labelled "**Programme management workshop slides**".

AIM OF THE WORKSHOP

To improve the knowledge and skills related to managing an outreach programme for HIV prevention among IDUs.

ACTIVITIES

Lectures, role-playing, case study discussions, small-group work.

MATERIALS

- ▶ Computer projector (for PowerPoint slides) or overhead projector
- ▶ Computer with PowerPoint slides or printed overhead slides
- ▶ Flip-chart paper on a stand; at least 10 marker pens (various colours)
- ▶ Optional: whiteboard or blackboard (plus chalk for blackboard or special whiteboard marker pens if using whiteboard)
- ▶ Optional: case study video (from CD-ROM)
- ▶ Handouts (one for each participant):
 - ✓ *Handouts* C1-4 (one per participant), C5.1 and C5.2 (half the number of participants for each), C6 (one per participant)
 - ✓ *Case studies*
 - ✓ *Evaluation forms*
 - ✓ *Certificates*
 - ✓ *WHO Outreach training guide* (this book and CD-ROM, or at least the CD-ROM)
- ▶ A set of 50 or so pieces of light-coloured cardboard (about 15 cm x 20 cm) for various exercises: all pieces should be the same colour
- ▶ Condoms (about three per participant) and several pieces of fruit or vegetables (bananas, cucumbers or zucchinis), or dildos if culturally acceptable, for condom demonstration
- ▶ Needles and syringes (two per participant). It is easiest for the demonstrations to use a 1-ml disposable needle-and-syringe rather than separate needles and syringes
- ▶ Cotton wool balls or cigarette filters (two per participant)
- ▶ Cotton wool balls or alcohol swabs (two per participant)
- ▶ Teaspoons (two per participant)—use plastic teaspoons if metal spoons are unavailable/too expensive
- ▶ A packet of sugar (about 500 g)
- ▶ Four litres of water
- ▶ Plastic cups (one per participant)
- ▶ Bleach (either powdered in sachets or liquid): enough to make 50 ml of bleach solution per participant
- ▶ HIV/AIDS literature in the national language(s) of the participants, varying from simple pamphlets to more complex booklets with details of the ways in which HIV disease can develop, ways to prevent HIV, legal and social aspects of HIV/AIDS, and details of any HIV treatments available in the locality and how they work. Similarly, any general literature on drugs and drug use in the participants' countries would be useful. If possible, bring enough of these materials to be able to give one of each to every participant.

BEFORE TO THE WORKSHOP

Arrange everything you will need for the workshop such as venue, materials, catering (if appropriate) for the breaks, etc. Print out the **Programme management** slides with **Teaching notes** and **Programme management** exercises (on CD-ROM), and familiarize yourself with the PowerPoint slides.

Also, insert times, venue(s) and other relevant details in the **Programme management workshop** agenda template (on CD-ROM) and make as many copies of this as there are training participants; do the same with **Programme management workshop** evaluation sheets (also on CD-ROM). Remember that you will need enough daily evaluation forms for four days of training, as well as one course evaluation form for each participant (to be distributed on the final day).

Choose appropriate case studies (on CD-ROM) and have these copied so that each participant has a copy: ensure that you choose at least one case study though you may choose to use more than one. You may also wish to use one of the videos included on the CD-ROM in the Case study and Site visit sessions (Sessions C2.4 on Day 2, C3.9 on Day 3, and C4.10 on Day 4). If possible, also copy suitable background materials for participants' further reading after the workshop. Certificates (on CD-ROM) should be completed, printed out, copied and signed and the names of participants filled in (ready for distribution at the end of the training course).

Arrange guest lecturer(s) if needed (Sessions C1.5–1.7 on Day 1; and/or Session C2.4 on Day 2), and site visit or guest lecture by outreach workers, IDUs or ex-drug users (Session C3.9 on Day 3). If it is impossible to provide a site visit or guest lecture, examine the Case studies in Outreach methods and the videos on the CD-ROM. Design a set of exercises using the case studies and videos to give participants a clear picture of the reality of outreach work.

In some settings, it is common practice to provide participants with a copy of all overhead slides: these copies should also be made before the workshop.

WORKSHOP OUTLINE

Day 1	C1.0	Introduction
	C1.1	HIV epidemics and prevention among IDUs
	C1.2	Planning outreach programmes I
		Break
	C1.4	Planning outreach programmes II
		Lunch
	C1.5	Communicating with drug users I
	C1.6	HIV/AIDS knowledge
	C1.7	Anonymous questions
		Break
	C1.8	Drugs and drug use
	C1.9	Condom demonstration
	C1.X	Evaluation and close

- Day 2**
- C2.0 Welcome
 - C2.1 Motivation
 - C2.2 Effective approaches to HIV among IDUs
 - C2.3 Arguments for outreach programmes I
 - Break
 - C2.4 Making contact: case study
 - C2.5 Making contact with IDUs
 - C2.6 Communicating with drug users II
 - Lunch
 - C2.7 Risks related to injecting
 - C2.8 Needle and syringe use demonstration
 - C2.9 Education messages
 - Break
 - C2.10 Needle and syringe cleaning
 - C2.11 Education strategies
 - C2.12 Slogan exercise
 - C2.X Evaluation and close
- Day 3**
- C3.0 Welcome
 - C3.1 Problem-solving with injecting risks
 - C3.2 HIV testing and counselling
 - Break
 - C3.3 What are the attributes of effective outreach workers?
 - C3.4 Recruiting and training outreach workers
 - C3.5 Recruitment interview role-playing
 - Lunch
 - C3.6 Managing outreach staff
 - C3.7 Developing outreach rules
 - C3.8 Supervising outreach workers
 - Break
 - C3.9 Site visits/ guest lectures
 - C3.X Evaluation and close
- Day 4**
- C4.0 Welcome
 - C4.1 Impressions of outreach work
 - C4.2 Evaluation and monitoring
 - C4.3 Evaluation and monitoring exercise
 - Break
 - C4.4 Power mapping
 - C4.5 Advocacy for outreach programmes
 - C4.6 Advocacy arguments
 - Lunch
 - C4.7 Developing a referral database
 - C4.8 Setting up a referral network
 - C4.9 Advocacy for access to care, treatment and support for HIV-positive IDUs
 - Break
 - C4.10 Case study: outreach for specific purposes
 - C4.11 Follow-up and networking
 - C4.X Evaluation and close

DAY 1

C1.0. INTRODUCTION

(55 MINUTES)

Training objective: To provide participants with an understanding of the aim and activities of the workshop, and introduce participants to facilitators and each another.

Learning objective: By the end of the session, participants should have increased knowledge about:

- ▶ the aim of the training workshop;
- ▶ the duration of the workshop, timing of breaks and main topics to be covered; and
- ▶ their fellow participants.

Key learning points:

- ▶ This workshop should lead to effective management of outreach programmes for HIV prevention among IDUs in the participants' localities.

Techniques: Lecture, introductions.

Programme management workshop slides: Slide C1.1

Session approach and content: See chapter on workshop methods (1.5) of introducing participants and Ice-Breaker games, as well as PowerPoint Slides (with Teaching notes) and exercises for **Programme management workshop** for specific techniques useful for multi-day training courses. Introduce yourself to participants. Allow participants to introduce themselves to the group, stating at least their name, their profession or job title and the name of the institution where they work (including the city or province if the workshop has a large geographical focus). Read the aim of the workshop (Slide C1.1) and read out the outline, stating when breaks and lunch will be each day.

C1.1. HIV EPIDEMICS AND PREVENTION AMONG IDUs

(25 MINUTES)

Training objective: To provide participants with core information on HIV epidemics and HIV prevention among IDUs.

Learning objectives: By the end of the session, participants should have increased knowledge about:

- ▶ the ways in which HIV can spread among IDUs and from IDUs to others;
- ▶ the speed at which HIV epidemics can develop among IDUs;
- ▶ the impact of IDU-related HIV epidemics on individuals, societies and economies;
- ▶ methods used to address HIV among IDUs; and

- ▶ the relationship of outreach to other effective methods.

Key learning points:

- ▶ HIV epidemics can spread very quickly among IDUs.
- ▶ The personal, social and economic costs of HIV epidemics among IDUs can be very high.
- ▶ Public health approaches are needed to address effectively HIV among IDUs.
- ▶ Within a public health approach, several specific activities have been shown to be highly effective in preventing HIV transmission among IDUs, including outreach.
- ▶ While outreach may be limited in effectiveness on its own, it is often the first effective method to be implemented and is vital to the success of HIV prevention among IDUs.

Techniques: Lecture, discussion.

Programme management workshop slides: Slides C1.2–C1.10

Session approach and content:⁴ This session is a summary of the information provided in Sessions A.1 and A.3 (see the guidelines on these sessions for an overview of the main points made).

C1.2. PLANNING OUTREACH PROGRAMMES I

(10 MINUTES)

Training objective: To revise the planning steps for outreach programmes

Learning objectives: By the end of the session, participants should have increased:

- ▶ knowledge about planning outreach programmes for HIV prevention among IDUs; and
- ▶ skills in presenting outreach plans.

Key learning points:

- ▶ Planning is vital to effective outreach programmes.

Techniques: Lecture

Programme management workshop slides: Slide C1.11

Session approach and content: Inform participants that there are some aspects of managing an outreach programme that need to be planned before starting a programme.

⁴ If the **Programme development** and **Programme management workshops** are being joined together, this session and the following planning exercises can be deleted, shortening the programme by about half a day.

DAY 1

DAY 2

DAY 3

DAY 4

These aspects are covered in **Programme development workshop**. The key activities that should have been completed before this workshop are:

- ▶ setting aims and objectives for the outreach programme;
- ▶ selecting target groups and target areas for initial outreach work by the programme;
- ▶ rapid situation assessment of the HIV/AIDS and IDU situation in the locality where the outreach programme will operate (using WHO RAR methods) or some other assessment of the situation in the locality;
- ▶ type of outreach programme and organizational structure have been identified and planned;
- ▶ human and financial resources have been identified for the outreach programme, and funding has been secured for starting the programme;
- ▶ important organizations have been contacted, allies and potential obstacles have been identified and informed about the outreach programme.

Ensure that all participants are aware of these steps. Inform participants that, after the break, they will be asked to develop and present basic outreach plans to the plenary group.

C1.3. PLANNING OUTREACH PROGRAMMES II

(90 MINUTES)

Training objective: To check participants' plans for outreach programmes in their localities

Learning objectives: By the end of the session, participants should have increased:

- ▶ knowledge about planning outreach programmes for HIV prevention among IDUs in the localities where participants work; and
- ▶ skills in presenting outreach plans.

Key learning points:

- ▶ Planning is vital to effective outreach programmes.
- ▶ Local plans reflect local differences.

Techniques: Small-group work, discussion in plenary, exercise C1.3.

Session approach and content: Participants work in small-groups to develop and present plans for their outreach programmes on sheets of flip-chart paper. Ask participants to rejoin the plenary group. Each participant or group should present its work.

This session is very important for facilitators as it will give a clear indication of the state of outreach programmes represented by participants. If most participants can complete most questions (in the Teaching notes), the remainder of the training course can be continued as set down in these training manuals.

However, it sometimes happens that at least some participants have not gone through the planning steps. If these participants are a minority, they can learn from the plans presented by the others. Inform those participants who cannot complete their plans that these steps are

vital to success of their outreach programmes and encourage them to either read the **Programme development workshop** module and develop their plans (at night, away from the training course) or to complete a **Programme development workshop** after this training course to ensure that the planning steps are completed before the programme development goes any further.

In the worst case (which should be very rare), none of the participants can complete his or her outreach plans. If this occurs, trainers have a real difficulty. It is close to impossible to carry out the remainder of the course if participants do not know the HIV and IDU situation in their locality, have no aims or objectives, know nothing about the target group and area for their programme and have not mobilized any resources. If this is the situation, consider instituting a shortened version of **Programme development workshop** after lunch. Concentrate on sessions: B.5, B.6, B.8 and B.9. This will cause difficulties with all the other sessions and may mean that participants have to work an extra hour each day to complete the sessions of this training course. While this will be problematic, it is far better to redesign the training course than it is to run a course with a group that is starting without outreach plans.

C1.4. COMMUNICATING WITH DRUG USERS I

(20 MINUTES)

Training objective: To show the communication environment in which most IDUs live.

Learning objectives: By the end of the session, participants should have increased:

- ▮ understanding of how communications are perceived by IDUs.

Key learning points:

- ▮ Any communication to an IDU must compete with all the other communications an IDU receives every day.
- ▮ Health issues are not necessarily the most significant problems an IDU faces each day.
- ▮ Many communications to IDUs are angry and negative.
- ▮ IDUs are likely to mistrust anyone who tries to communicate with them, expecting them to be angry and negative.

Techniques: Role-playing, discussion, exercise C1.4.

Session approach and content: In this role-playing, various roles are assigned to selected participants (IDUs, the IDU's father, mother, brother, sister, priest/imam/monk/nun, police/public security/internal affairs officer, doctor, IDU friend, drug dealer). Role-playing is carried out in front of the remaining participants. The "IDU" sits in the centre of the participants playing the other roles. Each of these participants approaches and makes one statement to the IDU. A discussion is held among the participants about the points brought out by the role-playing. Try to elicit the following points:

- ▮ Any communication to an IDU must compete with all the other communications an IDU receives every day.

DAY 1

DAY 2

DAY 3

DAY 4

- ▶ Health issues are not necessarily the most significant problems faced by an IDU each day.
- ▶ Many communications to IDUs are angry and negative.
- ▶ IDUs are likely to mistrust anyone who tries to communicate with them, expecting them to be angry and negative.

If these points do not emerge from the discussion, the trainer should state them.

C1.5. HIV KNOWLEDGE

(45 MINUTES)

Training objective: To provide participants with an overview of important HIV/AIDS knowledge.

Learning objectives: By the end of the session, participants should have increased knowledge about:

- ▶ HIV/AIDS.

Key learning points:

- ▶ HIV is a virus: infection with HIV is likely to lead to AIDS.
- ▶ HIV disease has several stages: diagnosis of HIV infection does not mean AIDS, immediate or visible illness or impending death.
- ▶ HIV infection is diagnosed using specific tests.
- ▶ HIV transmission occurs in only a few ways: from infected body fluids, including blood, semen, vaginal fluid and breast milk.
- ▶ HIV is not transmitted by mosquitoes, through the air or by casual or household contact.
- ▶ HIV transmission can be avoided by preventing HIV-infected body fluids from entering the body of an HIV sero-negative person. This means:
 - ✓ condoms for penetrative vaginal or anal sex;
 - ✓ no transfer of blood between IDUs via needles, syringes or other shared injecting equipment or drug preparations;
 - ✓ treatment of HIV-infected pregnant women with antiretroviral drugs to prevent transmission of HIV to their infants;
 - ✓ when replacement feeding is acceptable, feasible, affordable, sustainable and safe, avoidance of all breast feeding by HIV-infected mothers; otherwise, exclusive breast-feeding is recommended during the first months of life and should then be discontinued as it is feasible; and
 - ✓ screening blood and blood products for HIV to ensure safety of blood supplies.

Techniques: Question and answer or lecture by guest lecturer.

Programme management workshop slides: Slides C1.12–C1.21

Session approach and content: It is best that a guest lecturer undertake this session (usually a doctor or other authority with a wide knowledge of medical and social aspects of HIV/AIDS). The information provided here is suitable only for those trainers who feel that they have sufficient experience in training on HIV/AIDS topics to answer questions from participants.

The session covers:

- ▶ What is HIV?
- ▶ What is AIDS?
- ▶ What is the difference between HIV and AIDS?
- ▶ What are the stages of HIV infection?
- ▶ What are the ways of detecting whether a person has HIV (including role of voluntary counselling and testing)
- ▶ What is the window period?
- ▶ How is HIV transmitted?
- ▶ How is HIV *not* transmitted?
- ▶ What are the main methods of preventing HIV transmission other than in hospitals and clinics?

C1.6. ANONYMOUS QUESTIONS

(25 MINUTES)

Training objective: To provide participants with specific answers to their questions related to HIV/AIDS.

Learning objectives: By the end of the session, participants should have increased knowledge about:

- ▶ HIV/AIDS.

Key learning points:

- ▶ Will depend on the questions asked.

Techniques: Individual writing, short lectures.

Session approach and content: Participants are encouraged to write questions (especially embarrassing questions or anything they do not know about HIV/AIDS) anonymously on cards that are given to the trainer or guest lecturer and shuffled. The trainer or guest lecturer should pick up each card, read the question and provide an answer. Some questions will be sensitive or embarrassing and will lead to laughter but each question should be answered honestly and carefully.

C1.7. DRUGS AND DRUG USE

(55 MINUTES)

Training objective: To provide participants with an overview of important knowledge related to drugs.

Learning objectives: By the end of the session, participants should have increased knowledge about:

- ▶ drugs and drug use.

Key learning points:

- ▶ There are three main categories of drugs: stimulants, depressants and hallucinogens.
- ▶ Drugs can be legal or illegal, depending on culture and tradition.
- ▶ Drug use takes place along a continuum from experimental or occasional use to dependent use.
- ▶ Problems related to drug use depend on the drug, the individual using the drug and the environment within which it is used (drug, set and setting).

Techniques: Question and answer or lecture by guest lecturer.

Programme management workshop slides: Slides C1.22–C1.31

Session approach and content: In a similar way to Session C1.5, this session provides an introduction to drugs and drug use. The session covers:

- ▶ What are drugs?
- ▶ How are drugs categorized?
- ▶ What is drug dependence or “addiction”?
- ▶ Why are some drugs legal while other drugs are illegal?
- ▶ Comparisons between selected legal and illegal drugs: nicotine, heroin, cocaine, alcohol.
- ▶ How are drugs used?
- ▶ Discuss the continuum of drug use.
- ▶ Discuss the triangle of drug use: drug, set and setting.

C1.8. CONDOM DEMONSTRATION

(35 MINUTES)

Training objective: To assist participants in feeling comfortable with condom demonstrations.

Learning objectives: By the end of the session, participants should have increased:

- ▶ knowledge about condoms and their use in preventing sexual transmission of HIV;

- ▶ skills in putting on a condom; and
- ▶ comfort with demonstrating condom use to others.

Key learning points:

- ▶ Condom quality is important.
- ▶ There are specific steps that should be taken when putting on a condom.
- ▶ Embarrassment in condom demonstrations is common at first but needs to be overcome so that participants can provide these demonstrations to outreach workers and to IDUs.

Techniques: Lecture, demonstration, exercise in small-groups, demonstrations.

Programme management workshop slides: Slides C1.32–C1.34

Session approach and content: Before beginning this session, talk to participants about the discussion of topics related to sex. Inform them that these discussions are needed during this course because issues surrounding sexual transmission of HIV must be raised with outreach workers and with IDUs and other clients. Depending on the culture of participants, specific rules or methods may have to be used at this point for discussing topics related to sex. Explain these if they are needed.

This session covers condom quality and the steps of condom use. Condoms should be:

- ▶ manufactured to a specific standard;
- ▶ packaged with a “use by” date;
- ▶ stored in a cool, dry place; and
- ▶ discarded after a single use.

Condom use is demonstrated using pieces of fruit/vegetables or dildos, first by the trainer then by participants.

C1.X. EVALUATION AND CLOSE

(10 MINUTES)

Training objective: To provide trainers with insight into the effectiveness of their training materials and methods and to offer participants a structured way to comment on the training process.

Techniques: Individual filling out of evaluation forms, exercise C1.X.

Session approach and content: Daily evaluation sheets are distributed and completed by the participants.

DAY 2

C2.0. WELCOME

(15 MINUTES)

Training objective: To help participants feel comfortable and to focus on the day ahead.

Learning objectives: By the end of the session, participants should have increased:

- ▶ interest in continuing training.

Key learning points: These will depend on the method used.

Techniques: Discussion and/or ice-Breaker exercise, exercise C2.0.

Session approach and content: Welcome participants to the second day of the training course. Following this, an ice-Breaker exercise or a discussion or both can be held. Another technique is to provide a recapitulation of the previous day's training sessions. Trainers can either read out a list of the areas covered, asking whether any questions remains or ask participants to recall the most important points made (recording these on a flip-chart sheet).

C2.1. MOTIVATION

(25 MINUTES)

Training objective: To help participants to explore their motivation to work on HIV prevention among IDUs.

Learning objectives: By the end of the session, participants should have increased:

- ▶ awareness of their own motivation;
- ▶ common motivation of other participants;
- ▶ possible motivation of prospective outreach workers.

Key learning points: There are several reasons why people want to work on HIV prevention among IDUs:

- ▶ Personal motivation can come from experience, occupational requirements, beliefs (philosophy), etc.
- ▶ Outreach workers may also have various reasons for wanting to work on HIV prevention among IDUs.
- ▶ Finding out what motivates an outreach worker can assist in recruitment and decisions about whether potential outreach workers are to be employed and how they can be supported in their work.

Techniques: Individual work, then small-group work, followed by plenary discussion, exercise C2.1.

Session approach and content: This exercise concerns the motivation to work on HIV prevention among IDUs. Participants are asked to write down their reasons for working on HIV prevention among IDUs. The important point to bring out is that there are both common and specific motives for this type of work. Some motives are obvious and are expected because of a person's occupation. However, other motives are personal and are not immediately obvious. Most people working on HIV prevention among IDUs have several reasons for doing so.

Participants are advised that, when they are seeking people to work as outreach workers, they should look beyond the obvious and consider what might motivate people to take such a job. Thinking about motivation can assist in recruiting outreach workers by helping to persuade appropriate people to join the outreach team and by assisting in making decisions about employing potential outreach workers. It can also help in managing outreach workers to understand their motivation and to use this when dealing with discipline and other issues such as burnout, which will be discussed in a later session.

C2.2. EFFECTIVE APPROACHES TO HIV AMONG IDUS

(35 MINUTES)

Training objective: To provide an overview of the evidence for various methods of addressing HIV among IDUs.

Learning objectives: By the end of the session, participants should have increased knowledge of:

- ▶ methods used to address HIV among IDUs;
- ▶ relative effectiveness of these methods; and
- ▶ relationship of outreach to other effective methods.

Key learning points:

- ▶ Public health approaches are needed to effectively address HIV among IDUs.
- ▶ Within a public health approach, several specific activities have been shown to be highly effective in preventing HIV transmission among IDUs, especially when they are used in combination with each other. These are outreach, other relevant and credible education, increasing the availability of needles and syringes, and drug substitution treatment.
- ▶ While outreach may be limited in effectiveness on its own, it is often the first effective method to be implemented and is vital to success of HIV prevention among IDUs.
- ▶ Most outreach work involves finding and contacting IDUs, and providing IDUs with information and education about HIV/AIDS transmission and prevention, HIV testing, HIV disease (especially for HIV-positive IDUs), drug use and the services available to assist IDUs; outreach is also commonly linked to (or part of) other programmes such as NSPs, substitution and other forms of drug treatment, and other health and social services.

Techniques: Lecture and discussion.

Programme management workshop slides: Slides C2.1 – C2.9

Session approach and content: Effective approaches to HIV/AIDS and injecting drug use are examined in this session. The Ottawa Charter of Health Promotion is described in some detail as the foundation document of public health approaches to HIV and drug use. Major findings from the WHO Evidence for Action reports are reviewed and findings from the papers on education, needle and syringe programmes and drug substitution therapy are provided in greater detail.

IEC interventions for IDUs are an important component of an effective HIV prevention programme among IDUs. These interventions can:

- ▶ sensitize both the population in general and people who inject drugs to the potential risks associated with injection, to the availability of counselling and testing facilities, and to treatment and care options;
- ▶ provide information about HIV/AIDS-related risks and ways of reducing risk and reducing harm;
- ▶ be used to establish a policy climate supportive of work with IDUs, and sensitive to the approaches that work best; it may do this through high-level advocacy with politicians and political decision-makers, religious leaders and community groups.

To be effective, IEC approaches require clear and realistic goals, and need to be couched in language that is both credible and familiar, addressing sexual as well as injection-related concerns.

Research has shown that IDUs who attend NSPs have:

- ▶ lower risk behaviours, especially needle and syringe sharing;
- ▶ fewer new cases of HIV each year; and
- ▶ lower percentage of IDUs with HIV than IDUs who do not attend NSPs or IDUs in areas where there are no NSPs.

NSPs have also been found to be:

- ▶ cost-effective; and
- ▶ most effective when integrated with other forms of health care.

Drug treatment programmes have been found to be effective in assisting drug users to reduce or stop injecting, especially where drug substitution treatments are used (Ward et al., 1998). Methadone programmes are the most widely used types of drug substitution treatments but others include buprenorphine, pethidine, heroin, morphine, LAAM (laevo-alpha-acetylmethadol, a long-acting form of methadone), and tincture of opium. Methadone and other substitution therapies have recently been found to be very effective HIV prevention measures.

The role of outreach is reiterated in light of research related to education, NSPs and drug substitution treatment. Outreach is most effective when it is linked with other services, especially needle and syringe provision, and when IDUs are provided with explicit information and education, developed with the involvement of IDUs themselves.

Most outreach work at least involves:

- ▶ finding and contacting IDUs: going into the communities where IDUs live, work and buy, sell and use drugs; and
- ▶ providing IDUs with information and education about HIV/AIDS transmission and prevention, HIV testing, HIV disease (especially for HIV-positive IDUs), drug use and the services available to assist IDUs.

Many also provide:

- ▶ condoms
- ▶ bleach
- ▶ sterile needles and syringes and other injecting equipment
- ▶ primary health care (e.g. abscess care) and
- ▶ treatment of STIs.

C2.3. ARGUMENTS FOR OUTREACH PROGRAMMES I

(15 MINUTES)

Training objective: To provide participants with arguments to use if police/narcotics control/public security or internal affairs personnel argue against the opening of an outreach programme in their locality.

Learning objectives: By the end of the session, participants should have increased:

- ▶ knowledge of specific arguments to persuade Police/Narcotics Control/Public Security or Internal Affairs personnel of the need for outreach programmes for HIV prevention among IDUs; and
- ▶ skills in developing such arguments.

Key learning points:

- ▶ Much information is available that can be used to persuade influential people and groups about the need for outreach for HIV prevention among IDUs.
- ▶ Creativity is needed to develop counter-arguments when influential people and groups object to outreach programmes.

Techniques: Plenary discussion, exercise C2.3.

Programme management workshop slides: Slides C2.1–C2.9

Session approach and content: In this exercise, participants are asked to imagine that they have started managing an outreach programme but are facing opposition from a local official. The trainer plays the role of the local official and participants are encouraged to think of arguments to persuade the official to allow the programme to operate. Types of arguments and counter-arguments are discussed.

C2.4. MAKING CONTACT: CASE STUDY

(30 MINUTES)

Training objective: To provide participants with an understanding of how outreach programmes have made contact with IDUs in at least one context and to allow discussion of methods of making contact in participants' localities.

Learning objectives: By the end of the session, participants should have increased:

- ▶ knowledge of methods of making contact with IDUs; and
- ▶ understanding of some key aspects of making contact with IDUs.

Key learning points:

- ▶ Making contact with IDUs is effectively carried out in localities similar to that of the participants.
- ▶ As part of making contact with IDUs, key steps include:
 - ✓ deciding aims and objectives; and
 - ✓ selecting a specific target group.

Techniques: Individual reading, followed by small-group discussion and plenary discussion.

Programme management workshop slides: Slide C2.10

Session approach and content: Participants read one or more case studies and answer the following questions:

- ▶ What are the important steps in making contact with IDUs in the locality in the case study?
- ▶ What differences are these likely to be between making contact with IDUs in your locality and in the locality in the case study?
- ▶ What are some ways for your outreach programme to assist its outreach workers to make contact with IDUs in your locality?

C2.5. MAKING CONTACT WITH DRUG USERS

(40 MINUTES)

Training objective: To give participants suggestions on ways to make contact and begin communicating with IDUs.

Learning objectives: By the end of the session, participants should have increased knowledge of:

- ▶ methods of contacting IDUs;
- ▶ settings for contacting IDUs; and
- ▶ techniques for communicating with IDUs.

Key learning points:

- ▶ Outreach requires careful building of trust between outreach workers and IDUs.
- ▶ There are some established methods of making contact with IDUs.
- ▶ Communication with IDUs on HIV prevention needs to occur in a context of friendly contact.

Techniques: Lecture and discussion.

Programme management workshop slides: Slides C2.11–C2.19

Session approach and content: In this session, a discussion is started among participants about ways to contact drug users. The discussion begins by examining the information needed on IDUs in the locality such as:

- ▶ where IDUs congregate;
- ▶ when to visit a place where IDUs congregate;
- ▶ persons to contact first;
- ▶ ways to approach IDUs; and
- ▶ materials to ease introductions.

Tasks of outreach work are then identified. The main task of outreach work is to go to where IDUs are, to enter “their space”, where drug users feel comfortable. This means that the outreach worker needs to abide by the norms or rules that govern this space. Two ways of making contact are provided:

- ▶ doing it on your own; and
- ▶ being introduced by someone.

The main task after making contact is to gain the trust of the IDUs, establishing credibility, providing education and materials. This often leads to outreach workers being asked for their advice and to “outreach counselling” of IDUs. Tips are provided for education and counselling on the streets.

C2.6. COMMUNICATING WITH DRUG USERS II

(25 MINUTES)

Training objective: This exercise is designed to show non-outreach workers some of the difficulties of outreach work.

Learning objectives: By the end of the session, participants should have increased:

- ▶ understanding of the difficulties of outreach work; and
- ▶ knowledge of problem areas and possible solutions for face-to-face communication with IDUs.

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Key learning points:

- ▶ Starting conversations with IDUs can be difficult.

Techniques: Role-playing, discussion, exercise C2.6.

Session approach and content: In the role-playing, participants are encouraged to do the role-playing together with two people whom they do not know so that the exercise also assists participants to get to know one another. In this role-playing, participants break into groups of three with one member in each group playing the role of:

- ▶ outreach worker seeking to establish contact with a drug user;
- ▶ drug user, wary of strangers and not very interested in HIV/AIDS; and
- ▶ observer, who says and does nothing but watches and listens, trying to identify ways in which outreach work could be done more effectively.

During discussions, participants are asked to concentrate on what they felt and discovered in playing each of the three roles.

C2.7. RISKS RELATED TO INJECTING

(20 MINUTES)

Training objective: To provide participants with detailed information on risks associated with drug injecting.

Learning objectives: By the end of the session, participants should have increased knowledge of:

- ▶ risks associated with injecting drugs.

Key learning points:

- ▶ HIV transmission is only one of many risks associated with injecting drugs.
- ▶ It is important to have an understanding of all risks associated with injecting as other issues (overdose, for example) may be more immediately important to IDUs.
- ▶ Drug intoxication can also lead to risky sexual behaviour among IDUs, thus increasing the possibility of HIV transmission.
- ▶ HIV risk reduction can be placed in the context of other risks when outreach workers talk with IDUs.

Techniques: Lecture and discussion, exercise C2.8.

Programme management workshop slides: Slides C2.20–C2.21

Session approach and content: This session focuses on the risks associated with injecting, looking first at infections and other health problems that can occur through sharing injection equipment or through drug injecting such as:

- ▶ bloodborne infections: HIV, hepatitis B, hepatitis C, syphilis;

- ▶ overdose, including fatal overdose;
- ▶ vein damage: regular injection into the same sites or poor injecting technique can lead to vein damage and collapse;
- ▶ bacterial infections causing abscesses, endocarditis, cellulitis, septicaemia and tetanus;
- ▶ gangrene leading to loss of limbs, severe bleeding and permanent damage to the vessel wall may result from injection into an artery; and
- ▶ loss of sensation of limbs may be caused by injection into a nerve.

Injection sites are discussed and advice on safer injecting is provided (as a handout) and discussed.

C2.8. NEEDLE AND SYRINGE USE DEMONSTRATION

(40 MINUTES)

Training objective: This exercise is designed to assist participants in becoming familiar with handling needles and syringes and with drug-related HIV transmission risks.

Learning objectives: By the end of the session, participants should have increased:

- ▶ familiarity with the ways IDUs use needles and syringes;
- ▶ understanding of problems faced by IDUs in attempting to reduce their drug-related HIV transmission risks;
- ▶ knowledge of HIV contamination points during (powdered) drug preparation and injection; and
- ▶ knowledge and familiarity with methods of cleaning needles and syringes.

Key learning points:

- ▶ HIV contamination can occur at several points during drug preparation and injecting.
- ▶ Haste (caused by fear of police or trying to inject in a public place) increases the risk of HIV contamination and transmission.
- ▶ Problem-solving techniques can be used to reduce risks.
- ▶ Needle and syringe cleaning is not totally effective in preventing HIV transmission, but cleaning by an approved method is more effective than not cleaning syringes and needles.

Techniques: Demonstrations, discussion.

Programme management workshop slides: Slides C2.20–C2.21

Session approach and content: All participants are provided with needles, syringes and injecting equipment and are shown how to advise IDUs on safer injection technique. The exercise illustrates that:

- ▶ HIV contamination is possible at several points in drug preparation and injecting.

- ▶ Used needles returning to a common spoon or other drug container can result in HIV contamination (even if the same person has kept his or her own needle and syringe).
- ▶ A needle or syringe used by someone else can transmit HIV. Remember to note that, where a separate needle and syringe are used, HIV can be transmitted via sharing either the needle or the syringe.
- ▶ Sharing a filter or spoon can result in HIV contamination and transmission.
- ▶ Injecting—even with all the right equipment—in a public place, where a lot of injecting occurs, tends to be done hastily, which increases the likelihood of mistakes and HIV contamination and transmission.
- ▶ In real-life situations, IDUs often need to negotiate the difficulty of sharing various materials. Again, this often has to be done quickly, enhancing the chance of health risks such as HIV transmission.

C2.9. EDUCATION MESSAGES

(30 MINUTES)

Training objective: To provide participants with core HIV-prevention education messages and suggestions for developing specific education messages for IDUs in their localities.

Learning objectives: By the end of the session, participants should have increased knowledge of:

- ▶ core (standard) HIV prevention education messages for IDUs;
- ▶ other potentially useful HIV prevention education messages for IDUs; and
- ▶ methods of creating prevention education messages.

Key learning points:

- ▶ To be effective, HIV-prevention education messages need to be explicit, using local vocabularies for drugs and related practices, and targeted specifically at the IDUs in the participants' localities.
- ▶ A wide range of education messages is needed for effective HIV prevention among IDUs, but the most important messages are:
 - ✓ Always use condoms for penetrative vaginal or anal sex.
 - ✓ Always use your own needle and syringe, spoons, pots, swabs, water, filters and tourniquet.
 - ✓ Do not share injecting equipment.
 - ✓ Use each needle and syringe once only.
 - ✓ Prepare injections on a clean surface.
 - ✓ Wash your hands before and after each injection.
 - ✓ If reusing injection equipment, reuse your own.
 - ✓ If using someone else's used injecting equipment, clean by an approved method.
 - ✓ Be aware of the possibility of infections and overdose.

Creating prevention education messages should include the following steps:

- ✓ Defining the aim of the message, including input from active IDUs.
 - ✓ Assembling required information and drafting of publication or message.
 - ✓ Checking information by medical or other qualified personnel.
 - ✓ Having a focus group of active IDUs to provide reactions.
 - ✓ Re-drafting message or publication.
 - ✓ Having a focus group of active IDUs to provide final feedback.
 - ✓ Finalizing message or publication, producing and disseminating.
- ▶ The same process should be used for other target groups.

Techniques: Lecture and discussion.

Programme management workshop slides: Slides C2.22–C2.26

Session approach and content: Participants are informed that HIV-prevention education messages need to be explicit and targeted specifically at the IDUs in the participants' localities. This means that IDUs need to be involved in developing and disseminating these messages. There is a wide range of education messages for HIV prevention among IDUs, but the most important messages are the following:

,Sex: Always use a condom when having penetrative vaginal or anal sex.

Drug injecting: You can protect yourself from infection by always using your own:

- ▶ new, sterile needles and syringes;
- ▶ mixing water, cups or pots;
- ▶ spoons or "cookers" (used to heat powdered drug and mix it with water);
- ▶ filters;
- ▶ swabs/alcohol wipes;
- ▶ tourniquet;

and never sharing, lending or borrowing them.

Always be aware of the risk of:

- ▶ catching infection from others;
- ▶ overdose;
- ▶ passing infection on to others;

and, where possible:

- ▶ use each needle and syringe once only;
 - ▶ prepare injections with clean hands on a clean surface and clean the injecting site;
- and
- ▶ wash your hands before and after each injection.

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Disinfection of injecting equipment is covered in some depth. Other education messages may relate to:

- ▶ drug manufacturing, purchase and preparation;
- ▶ combinations of drugs (including alcohol) that cause severe intoxication or specific health problems;
- ▶ overdose and resuscitation;
- ▶ vein care;
- ▶ abscess prevention;
- ▶ penetrative and non-penetrative sexual practices; and
- ▶ prevention of mother-to-child transmission.

Both the local phrasing of core educational messages and the development of additional messages should be carried out as a standard process, which is provided.

C2.10. NEEDLE AND SYRINGE CLEANING

(45 MINUTES)

Training objective: To increase participants' familiarity with the 2 x 2 x 2 needle and syringe cleaning method

Learning objectives: By the end of the session, participants should have increased:

- ▶ knowledge of the 2 x 2 x 2 needle and syringe cleaning method;
- ▶ understanding of the problems of trying to clean needles and syringes; and
- ▶ skills in demonstrating the 2 x 2 x 2 method.

Key learning points:

- ▶ The 2 x 2 x 2 cleaning method is complex and time-consuming.
- ▶ This and other cleaning methods are not as effective as using a new needle and syringe for each injection or reusing your own needle and syringe.

Techniques: Demonstrations, discussion.

Session approach and content: Participants form small-groups and practise cleaning needles and syringes using protocols provided in a handout (C3).

C2.11. EDUCATION STRATEGIES

(25 MINUTES)

Training objective: To provide participants with suggestions for HIV-prevention education strategies.

Learning objectives: By the end of the session, participants should have increased knowledge of:

- ▶ HIV-prevention education strategies for IDUs.

Key learning points:

- ▶ A wide range of education strategies is needed for effective HIV prevention among IDUs but among the most important strategies are:
 - ✓ one-to-one education;
 - ✓ group education;
 - ✓ slogans and sayings;
 - ✓ leaflets; and
 - ✓ newsletters and magazines.
- ▶ Publications and messages should be developed using the process outlined in Session C2.9.
- ▶ Outreach workers can use this development process as a way of raising issues about HIV risk.
- ▶ Effective HIV prevention requires providing the same messages in different levels of detail and in different media to reach the same group of IDUs many times over an extended period of time.

Techniques: Lecture and discussion.

Programme management workshop slides: Slides C2.27–C2.32

Session approach and content: Various ways to provide HIV-prevention education messages to IDUs are discussed, including:

- ▶ **One-to-one:** when an outreach worker speaks with an individual IDU;
- ▶ **Group:** this includes an outreach worker speaking with a group of IDUs on the streets or a place where IDUs congregate and more formal peer education, peer support or peer leader training;
- ▶ **Slogans and sayings:** each time outreach workers are on the streets, they can provide short versions of education messages;
- ▶ **Leaflets and booklets:** these can contain larger amounts of information and complex ideas preferably with illustrations; and
- ▶ **Newsletters and magazines:** regular communication can occur through these media.

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All these publications and messages should be developed using the process outlined in C2.9. Effective HIV prevention requires the provision of the same messages in different levels of detail and in different media to reach the same group of IDUs many times over a sustained period of time.

C2.12. SLOGAN EXERCISE

(15 MINUTES)

Training objective: To assist participants in practising the development of sayings and slogans for HIV-prevention education.

Learning objectives: By the end of the session, participants should have increased:

- ▶ knowledge of the process of developing HIV prevention education messages; and
- ▶ skills in developing slogans and sayings.

Key learning points:

- ▶ Slogans and sayings should be short and catchy.
- ▶ Developing effective education messages requires input from IDUs.

Techniques: Individual work, plenary discussion, exercise C2.12.

Session approach and content: Participants are asked to write a new catchy saying or slogan based on any of the core prevention messages provided in Session C2.9.

C2.X. EVALUATION AND CLOSE

(10 MINUTES)

Training objective: To provide trainers with insight into the effectiveness of their training materials and methods and to offer participants a structured way to comment on the training process.

Techniques: Individual completion of evaluation forms, exercise C2.X.

Session approach and content: Daily evaluation sheets are distributed and completed by the participants.

DAY 3

C3.0. WELCOME

(15 MINUTES)

Training objective: To help participants to feel comfortable and to focus on the day ahead.

Learning objectives: By the end of the session, participants should have increased:

- ▶ interest in continuing training.

Key learning points:

- ▶ These will depend on the method used.

Techniques: Discussion and/or ice-Breaker exercise, exercise C3.0.

Session approach and content: Welcome participants to the third day of the training course. See Session C2.0.

C3.1. PROBLEM-SOLVING WITH INJECTION RISKS

(45 MINUTES)

Training objective: To help participants respond effectively to unfavourable circumstances regarding safer injecting, and to familiarize participants with problem-solving techniques.

Learning objectives: By the end of the session, participants should have increased:

- ▶ knowledge of problems faced by IDUs in attempting to reduce their drug-related HIV transmission risks;
- ▶ understanding of the various ways in which IDUs attempt to reduce their risks in difficult circumstances; and
- ▶ skills in solving problems that can arise in real injecting situations

Key learning points:

- ▶ Injecting is often carried out in difficult circumstances.
- ▶ IDUs often have choices (though these are frequently limited) between more or less risky behaviours.
- ▶ One of the tasks of outreach is to help IDUs know the least risky behaviour and to encourage this behaviour.

Techniques: Large group work, discussion, exercise C3.1.

Session approach and content: In this exercise, participants are encouraged to think like IDUs. A set of problematic situations is provided to participants (who are split into two groups), who then have to suggest ways of minimizing HIV transmission risk within each situation.

The session concludes with a discussion of the choices IDUs can make (though these are often limited) between more or less risky behaviour and the role of outreach in assisting IDUs to know the least risky behaviour and in encouraging this behaviour.

C3.2. HIV TESTING AND COUNSELLING

(30 MINUTES)

Training objective: To provide participants with an understanding of important issues surrounding testing for HIV and counselling for HIV testing.

Learning objectives: By the end of the session, participants should have increased knowledge of:

- ▶ reasons why HIV testing can be useful for IDUs;
- ▶ important issues around HIV testing; and
- ▶ elements of effective pre- and post-test counselling.

Key learning points:

- ▶ HIV testing should be voluntary and confidential.
- ▶ HIV testing should be accompanied by appropriate pre- and post-test counselling.
- ▶ Pre- and post-test counselling can provide valuable opportunities for HIV-prevention education for IDUs and others.

Techniques: Lecture and discussion.

Programme management workshop slides: Slides C3.1–C3.4

Session approach and content: This session begins with a discussion, asking participants why should people such as IDUs in their localities should consider being tested for HIV. Issues related to testing are outlined, including:

- ▶ where to have the test;
- ▶ pre- and post-test counselling;
- ▶ informed consent;
- ▶ confidentiality;
- ▶ notification of sexual partners and family;
- ▶ partner testing; and
- ▶ treatment, care and support issues and related issues of stigma and discrimination.

Pre-test counselling is discussed in further detail, including:

- ▶ why a person might wish to be tested;
- ▶ provision of information about HIV and AIDS;
- ▶ consideration and assessment of the impact or interference of intoxication, neuro-cognitive impairment, mood disorders and dual diagnosis;
- ▶ any other risk factors and behaviours related to or influencing decision-making;

and

- ▮ discussion of the implications of both a positive and a negative result.

Post-test counselling issues include:

- ▮ Positive result:
 - ✓ the impact on the person's life; how to deal with the emotional impact; and who could assist in dealing with these emotional issues;
 - ✓ confidentiality, stigma and discrimination; explain the IDU's rights under relevant local laws, and suggest ways to deal with discrimination;
 - ✓ monitoring the immune system and regular medical examinations: the outreach worker should again distinguish between HIV and AIDS and may offer to accompany the IDU to visit doctors, etc;
 - ✓ links between HIV care and drugs services and the difficulties this might engender (e.g. inadequate training in both types of services) should be discussed;
 - ✓ advice on healthy living: nutrition, exercise, emotional support, stress reduction;
 - ✓ decisions about ongoing drug use: some IDUs decide to quit drugs when they receive a positive test result and outreach workers should be prepared to assist in this process;
 - ✓ notification, including whether to let anyone know about the result;
 - ✓ ways to disclose: to sexual and drug user partners and family;
 - ✓ responsibility of the IDU for preventing HIV transmission to others, including sexual partners and other drug users;
 - ✓ disclosure of test results to sexual partners and family;
 - ✓ partner testing: discuss ways and avenues for partner (sexual and drug user) testing;
 - ✓ cognitive impairment, dual diagnosis: typically poor planning skills, short-term memory problems, poor impulse control, disinhibition, frustration and tolerance, particularly in regard to coping, requiring assessment and subsequent management; and
 - ✓ the outreach workers should also be aware of the within-services support and the need to protect the HIV-positive or tested IDU from stigma and discrimination from other HIV-seronegative or untested IDUs, say, within supportive rehab groups or where they may be being seen to be in receipt of preferential services such as additional medical care or support (thus deductively disclosing their status to others or invoking envy, etc.)
- ▮ Negative result:
 - ✓ It is important that a negative result is not seen as "evidence" that the IDU is not or cannot be infected by HIV. Emphasize again that a negative result may be an effect of the "window period" and that future risky behaviour may well lead to a positive result. Remind the IDU that if she or he is really not infected with HIV, it becomes then even more important to practise safer injection and safer sex behaviours so that she or he remains uninfected.

C3.3. WHAT ARE THE ATTRIBUTES OF AN EFFECTIVE OUTREACH WORKER?

(25 MINUTES)

Training objective: To develop participants, skills to recruit appropriate people as outreach workers for HIV prevention among IDUs.

Learning objectives: By the end of the session, participants should have increased:

- ▶ knowledge of the attributes of an effective outreach worker for HIV prevention among IDUs;
- ▶ understanding of various viewpoints on the importance of different attributes; and
- ▶ skills in selecting people to become outreach workers in their programmes.

Key learning points:

- ▶ The most important attribute is credibility with the specific target group(s) of the programme.
- ▶ Other important attributes may include experience with drug injecting, an ability to obey work rules, self-reliance, skills in communication and listening, knowledge of outreach techniques, HIV/AIDS, risks related to drug use and local services relevant to drug users, etc.

Techniques: Small-group work, discussion.

Session approach and content: Participants are split into small-groups to list the attributes they think are needed in an effective outreach worker for HIV prevention among IDUs. It is pointed out that there are many different possible attributes that can be useful to programmes, including experience with drug injecting, an ability to obey work rules, self-reliance, skills in communication and listening, knowledge of outreach techniques, HIV/AIDS, risks related to drug use and local services relevant to drug users, etc.

C 3.4. RECRUITING AND TRAINING OUTREACH WORKERS

(35 MINUTES)

Training objective: To develop participants, skills to recruit and train outreach workers.

Learning objectives: By the end of the session, participants should have increased knowledge of:

- ▶ decisions to be made about the composition of outreach teams;
- ▶ methods of selection and recruitment of outreach workers;
- ▶ preparation of job descriptions and terms of references; and
- ▶ training needs of outreach workers.

Key learning points:

- ▶ Outreach workers need to be credible to IDUs in the areas where they work: this may mean that outreach workers are active IDUs, ex-drug users, non-drug users or a mixture of some of these.

- ▶ There are advantages and disadvantages to recruiting from each of these groups.
- ▶ Selection criteria are needed before recruitment of outreach workers begins.
- ▶ Places where drug users congregate, drug-using spots, drug-acquiring spots, drug treatment centres and educational institutes may be useful places to seek potential outreach workers.
- ▶ Work agreements are needed before outreach workers are hired.
- ▶ Training of outreach workers is usually needed before they can effectively carry out their tasks.

Techniques: Lecture, brainstorming and discussion.

Programme management workshop slides: Slides C3.5–C3.12

Session approach and content: Types of outreach workers are examined, including:

- ▶ active IDUs;
- ▶ ex-drug users; and
- ▶ non-drug users.

In addition, advantages and disadvantages of recruiting from each group are discussed.

The steps for recruitment are outlined, including:

- ▶ preparing job descriptions and terms of reference;
- ▶ setting selection criteria;
- ▶ finding potential candidates;
- ▶ putting in place a selection process;
- ▶ having a contract or work agreement; and
- ▶ training.

Various types of training programmes for outreach workers are described, including the **Field worker training**, the fourth module in this package.

C3.5. RECRUITMENT ROLE-PLAYING

(30 MINUTES)

Training objective: To increase participants' skills in selecting appropriate outreach workers.

Learning objectives: By the end of the session, participants should have increased:

- ▶ knowledge of their programmes' requirements for outreach workers;
- ▶ understanding of the job interview process for outreach workers; and
- ▶ skills in selecting appropriate outreach workers.

Key learning points:

- ▶ Each programme should set its own selection criteria based on its aims, objectives and activities.
- ▶ It is sometimes difficult to discover attributes of outreach worker candidates from a job interview.

Techniques: Individual work, dyads (in groups of two), and discussion, exercise C3.5.

Session approach and content: Participants pair off and sit facing each other in groups of two, scattered around the room. One person in each pair plays the role of an ex-drug user applying for a job as an outreach worker, and the other person is the manager of the outreach programme, interviewing the ex-drug user for a job. The outreach manager's task is to establish whether the ex-drug user would be a credible outreach worker to peer educators.

C3.6. MANAGING OUTREACH STAFF

(25 MINUTES)

Training objective: To provide participants with an overview of effective methods for managing outreach staff.

Learning objectives: By the end of the session, participants should have increased knowledge of:

- ▶ issues in the management of outreach workers;
- ▶ agreements and contracts;
- ▶ development of policies and procedures;
- ▶ rules for outreach work; and
- ▶ developing individual work plans for outreach workers.

Key learning points:

- ▶ Management of outreach workers can be difficult.
- ▶ Documents such as guidelines, rules, procedures and agreements can assist in facilitating management.

Techniques: Large group work, discussion.

Programme management workshop slides: Slides C3.13–C3.23

Session approach and content: Management of outreach workers can be difficult and unfamiliar to many people. To facilitate management, most outreach programmes have developed some set methods of working and some documents to assist outreach workers and managers:

- ▶ defined areas of work and working hours;
- ▶ specific tasks; and

- ▶ set times for supervision, team meetings and for other processes such as intervision (see Session C3.8) and ongoing training.

These arrangements, and others as required, are usually formalized in a work agreement or contract between the programme and each outreach worker. Other useful documents are policies, procedures, and rules of working (including safety issues). Basic practice guidelines should include the main tasks of outreach work. They should also include rules relating to unacceptable behaviour: these should be developed together with reasons why the behaviour is unacceptable (for example, drug-selling by staff may lead to loss of funding and closure of the programme). Safety guidelines should encompass the full range of risks faced by outreach workers.

Relapse and burnout prevention are also key aspects of management in outreach programmes. This session examines relapse and burnout, how they are caused, and ways of preventing and managing staff in these situations.

C3.7. DEVELOPING OUTREACH RULES

(45 MINUTES)

Training objective: To increase participants' skills in developing rules for outreach.

Learning objectives: By the end of the session, participants should have increased:

- ▶ knowledge of important elements of outreach rules; and
- ▶ skills in developing outreach rules.

Key learning points:

- ▶ Outreach rules are useful for outreach work.
- ▶ Outreach rules need to be balanced so they are neither too liberal nor too restrictive.

Techniques: Small-group work, discussion, exercise C3.7.

Session approach and content: Participants form small-groups to develop a list of outreach rules. The other groups, advising whether the rules are too liberal or too restrictive, consider each group's set of rules. The need for balance – between rules that are important for safety and for the sustainability and effectiveness of the programme, and the flexibility that will allow outreach workers to carry out their tasks – is emphasized.

C3.8. SUPERVISION AND PERFORMANCE APPRAISAL

(20 MINUTES)

Training objective: To provide participants with an overview of effective methods for supervision and performance appraisal of outreach staff.

Learning objectives: By the end of the session, participants should have increased knowledge of:

- ▶ supervision, performance appraisal and intervision methods; and
- ▶ use of team meetings.

Key learning points:

- ▶ Supervision/intervision and performance appraisal should be separate tasks.
- ▶ Supervision/intervision is used mainly to assist in increasing outreach workers' effectiveness and reducing burnout and stress.
- ▶ Performance appraisal should be clearly linked with individual work plan and terms of reference.

Techniques: Large-group work, discussion.

Programme management workshop slides: Slides C3.24–C3.27

Session approach and content: Differences between supervision, intervision and performance appraisal are described. Supervision is designed to help each outreach worker to discuss the difficulties and obstacles of his or her work in an environment in which he or she can admit to mistakes, fears and problems: these discussions should be confidential and should be held regularly. Supervision should also deal with possible changes that are needed to outreach operations, the outreach worker's role and so on. It should include issues the outreach worker wants to bring up such as safety concerns and feelings of discomfort, and as a mechanism for helping to prevent burnout and relapse to drug use (for ex-users). As necessary, a facility should exist for outreach workers to be referred for specialist counselling and support.

Intervision is a learning method that helps outreach workers to learn to analyse situations with clients in relation to their professional attitude. It helps outreach workers to learn about themselves as a professional in situations that are complicated, and with much emotional impact. If there is no support system in which it is possible to discuss these situations, it is very likely that outreach workers will react personally rather than professionally, contributing to burnout. Intervision assists outreach workers in discussing professional issues with each other in a structured way that can lead to solving problems by gaining new perspectives from team members.

Performance appraisal should concentrate on both the professional work and personal development of outreach workers. Appraisal should deal with basic work issues such as:

- ▶ Are the outreach tasks being carried out in a satisfactory way?
- ▶ Are sufficient hours being spent in outreach with clients?
- ▶ Are there any complaints from clients about the outreach worker?

It should provide positive and negative feedback as needed.

C3.9. SITE VISIT/GUEST LECTURE(S)

(2 HOURS)

At this point, a visit should be paid to a working outreach programme if possible. Alternatively, outreach workers, IDUs or ex-drug users can be invited to give guest lectures to the participants. If it is impossible to provide a site visit or guest lecture, a set of exercises using the case studies on outreach methods (see CD-ROM) and the videos (see CD-ROM) included in this package can be carried out to give participants a clear picture of the reality of outreach work.

C3.X. EVALUATION AND CLOSE

(10 MINUTES)

Training objective: To provide trainers with insight into the effectiveness of their training materials and methods and to offer participants a structured way to comment on the training process.

Techniques: Individual completion of evaluation forms, exercise C3.X.

Session approach and content: Daily evaluation sheets are distributed and completed by the participants.

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DAY 4

C4.0. WELCOME

(15 MINUTES)

Training objective: To help participants feel comfortable and to focus on the day ahead.

Learning objectives: By the end of the session, participants should have increased interest in:

- ▶ continuing training.

Key learning points:

- ▶ These will depend on the method used.

Techniques: Discussion and/or ice-Breaker exercise, exercise C4.0.

Session approach and content: Welcome participants to the final day of the training course. See Session C2.0.

C4.1. IMPRESSIONS OF OUTREACH WORK

(25 MINUTES)

Training objective: To help participants consider the techniques used by other outreach programmes.

Learning objectives: By the end of the session, participants should have increased:

- ▶ knowledge of the positive and negative aspects of the outreach programmes viewed or discussed on Day 3;
- ▶ knowledge of the usefulness or otherwise of these aspects on participants' own programmes; and
- ▶ skills in deciding which aspects of these programmes would be useful in their own programmes.

Key learning points:

- ▶ Visiting/discussing other programmes can be useful.
- ▶ Participants need to reflect on what they see in other programmes to determine how any positive ideas can be incorporated into participants' own programmes.

Techniques: Small-group exercise, discussion, exercise C4.1.

Session approach and content: Participants at the end of Day 3 studied outreach work through a site visit, lectures by outreach workers and/or IDUs and/or ex-drug users, and/or reading case studies and watching videos of outreach work. They are asked to record what they were most impressed by in the outreach programmes visited or discussed during

this session, focusing on operational and management issues. They are also asked what was less impressive or what affected them negatively, and what implications they see for their own outreach programmes from what they learned in this session.

C4.2. EVALUATION AND MONITORING

(30 MINUTES)

Training objective: To provide participants with an overview of evaluation and monitoring methods for outreach programmes.

Learning objectives: By the end of the session, participants should have increased knowledge of:

- ▶ the importance of evaluation and monitoring;
- ▶ evaluation and monitoring methods used in outreach programmes; and
- ▶ ways to implement evaluation and monitoring processes in their programmes.

Key learning points:

- ▶ Evaluation and monitoring methods must be implemented in all outreach programmes.
- ▶ These methods are important to ensure that the programme achieves its objectives, and to help adapt the organization's activities to meet the needs of IDUs in changing circumstances.
- ▶ These methods can mostly be incorporated into everyday practice by outreach workers.
- ▶ The dynamic nature of drug use and related HIV infection means that specific methods need to be used to ensure that outreach programmes are meeting the needs of IDUs within their target area.

Techniques: Lecture and discussion.

Programme management workshop slides: Slides C4.1–C4.8

Session approach and content: Evaluation and monitoring are important to ensure that the programme achieves its objectives, and to help adapt the organization's activities to meet the needs of IDUs in changing circumstances. Designing an evaluation strategy is a key element of any outreach programme. Ideally this strategy should be in place before the programme begins: SMART objectives (used in the **Programme development workshop**) must be measurable so these can assist in evaluation. Ongoing evaluation of programme activities can assist and inform the development and modification of the programme.

Monitoring is the routine tracking of priority information about a programme and its intended outcomes. This is likely to include monitoring of inputs and outputs through record keeping and regular reporting systems.

Evaluation is a collection of activities designed to determine the value or worth of a specific programme, intervention or project. Evaluation can be divided into three main components: process evaluation, outcome evaluation and impact evaluation.

- ▶ Process evaluation indicators relevant to outreach programmes involve the assessment of the programme's content, scope or coverage, together with the quality and integrity of implementation.
- ▶ If the process evaluation shows progress in implementing the programme as planned, means outcome evaluation is warranted. The outcome evaluation measures HIV related knowledge, risk perception and behaviour change, etc.
- ▶ However, if outcome evaluation indicators show that behaviour is changing, it is time to do an impact evaluation. It demonstrates that any observed change in the target population can be attributed to the programme. True impact evaluation, which is able to attribute long-term changes in HIV infection to a specific programme, is very rare. Rather, monitoring impact indicators, such as HIV prevalence or adult deaths, taken in conjunction with process and outcome indicators, are considered to be sufficient to indicate the overall impact.

(Source: *National AIDS programmes: A guide to monitoring and evaluation*. UNAIDS June, 2000)

C4.3. EVALUATION AND MONITORING EXERCISE

(20 MINUTES)

Training objective: To assist participants with making a plan for monitoring and evaluating their outreach programmes.

Learning objectives: By the end of the session, participants should have increased:

- ▶ knowledge of how to monitor and evaluate their outreach programmes; and
- ▶ skills in making a plan for monitoring and evaluation.

Key learning points:

- ▶ The monitoring and evaluation processes should be directly related to a programme's objectives.
- ▶ Sources and methods of gaining information for evaluation should be appropriate to the evaluation questions.

Techniques: Working in small-groups, exercise C4.3.

Session approach and content: In small-groups, participants are asked to devise a plan for monitoring and evaluating a programme against a SMART objective, answering these questions:

- ▶ What things should be monitored?
- ▶ Who would be able to provide information to answer these questions?
- ▶ How should this information be collected (questionnaire, individual interviews, focus groups, etc.)?

C4.4. POWER MAPPING

(40 MINUTES)

Training objective: To provide participants with knowledge and skills in identifying potential allies and obstacles for outreach programmes.

Learning objectives: By the end of the session, participants should have increased:

- ▶ knowledge of potential allies and obstacles for outreach programmes in their locality; and
- ▶ skills in identifying potential allies and obstacles for outreach programmes in their locality.

Key learning points:

- ▶ Powerful individuals and institutions can be both allies and obstacles.
- ▶ Important allies and obstacles can be different from one locality to the next.

Techniques: Small-group work, discussion in plenary, exercise C4.4.

Session approach and content:⁵ See guidelines for Session B.10.

C4.5. ADVOCACY FOR OUTREACH PROGRAMMES

(25 MINUTES)

Training objective: To provide participants with an overview of advocacy methods for outreach programmes.

Learning objectives: By the end of the session, participants should have increased knowledge of:

- ▶ the need for advocacy; and
- ▶ effective methods to promote the importance and usefulness of outreach programmes to decision-makers and influential people, groups and institutions.

Key learning points:

- ▶ Advocacy needs to be an integral part of the outreach manager's work.
- ▶ Advocacy is needed before starting a programme and continuously thereafter.
- ▶ There are 12 separate strategies that can assist in advocacy work.

Techniques: Lecture and discussion.

Programme management workshop slides: Slides C4.9–C4.16

⁵ Some participants may have done this exercise in the **Programme development workshop** – Session B.10 – but it is still useful for them to do it again, having considered many other outreach programmes through case studies, site visits and/or guest lectures, and having learned more about outreach work since the first exercise.

Session approach and content: Outreach programmes and other effective approaches to HIV prevention among IDUs have been subject to problems in many countries, caused by opposition to their introduction and continuation. This session considers some techniques to address these obstacles including:

- ▶ forging strategic alliances;
- ▶ putting a human face on injecting drug use;
- ▶ defining economic costs/benefits of alternative options in addressing HIV and drug use;
- ▶ developing and implementing a range of harm-reduction programmes, pilot projects and studies;
- ▶ capacity-building;
- ▶ documenting and disseminating best practices;
- ▶ defining advocacy target groups;
- ▶ developing specific advocacy tools to influence key players;
- ▶ engaging with media;
- ▶ working to ensure drug treatment is safe, attractive, cost-effective and evidence-based;
- ▶ fundraising; and
- ▶ building local, national and regional networks.

Specific advocacy with police and the use of community advisory boards are also discussed.

C4.6. ADVOCACY ARGUMENTS

(30 MINUTES)

Training objective: To assist participants in developing advocacy arguments.

Learning objectives: By the end of the session, participants should have increased:

- ▶ knowledge of effective advocacy arguments;
- ▶ understanding of the views of opponents to outreach;
- ▶ skills in developing arguments for outreach; and
- ▶ skills in defending outreach from opposition.

Key learning points:

- ▶ There are a variety of reasons why some powerful figures oppose outreach.
- ▶ There are effective arguments against these opponents.

Techniques: Large group work and debate, exercise C4.6.

Session approach and content: This exercise is a debate in which participants are split into two teams, each developing arguments and counter-arguments, one for why an outreach programme should continue and the other for why it should shut down.

C4.7. DEVELOPING A REFERRAL DATABASE

(40 MINUTES)

Training objective: To assist participants in developing a referral database.

Learning objectives: By the end of the session, participants should have increased:

- ▶ knowledge of the need for a referral database;
- ▶ understanding of the methods of developing a referral database; and
- ▶ skills in developing a referral database.

Key learning points:

- ▶ A referral database is a list of all the services IDUs might need to access in the locality to meet their health, legal, social and welfare needs.
- ▶ It is developed by thinking from the viewpoint of a local IDU and considering what resources are available at the local level.
- ▶ When participants develop a referral database in their localities, they should base it on the needs of IDUs, which can be ascertained from team meetings with outreach workers or, more extensively, through a short questionnaire or focus group discussions among the IDUs asking them about their problems.

Techniques: Individual work, brainstorming and discussion, exercise C4.7.

Session approach and content: In this exercise, participants try to place themselves “in the shoes” of an IDU at the local level. How does the day begin? What needs to be done? How will the IDU accomplish what needs to be done? What kinds of problems does the IDU face? Then participants list all the types of assistance an IDU might need. After these lists are completed, a discussion is held about the wide range of needs of IDUs in their localities and the inability of an outreach programme by itself to meet all those needs. Participants then list agencies in their locality that can meet the needs identified. These are the first steps in creating a referral database.

C4.8. SETTING UP A REFERRAL NETWORK

(20 MINUTES)

Training objective: To provide participants with an overview of the steps in setting up a referral network for outreach programmes.

Learning objectives: By the end of the session, participants should have increased knowledge of:

- ▶ steps in setting up a referral network for outreach programmes; and
- ▶ how to deal with gaps in services.

Key learning points:

- ▶ Referral networks are needed for effective outreach for HIV prevention among IDUs.

DAY 1

DAY 2

DAY 3

DAY 4

C

- ▶ Steps in setting up a referral network are:
 - ✓ Determine IDUs' needs in the outreach area.
 - ✓ Determine what services are available from what agencies.
 - ✓ Negotiate with each agency about client characteristics, methods of access, etc.
 - ✓ Record the agencies and services in a simple database.
 - ✓ Train outreach workers in use of the referral database.
- ▶ Gaps in services should be gradually filled through collaborative work, possibly coordinated through the Community Advisory Group.

Techniques: Lecture and discussion.

Programme management workshop slides: C4.17–C4.22

Session approach and content: The need for referral networks is explained. Steps in setting up a referral network are:

- ▶ Determine IDUs' needs in the outreach area.
- ▶ Determine what services are available from which agencies.
- ▶ Negotiate with each agency about client characteristics, methods of access, etc.
- ▶ Record the agencies and services in a simple database.
- ▶ Train outreach workers in use of the referral database.

During these processes, participants identify gaps in services. These are IDU needs, which no agency seems able or willing to meet. Suggestions are provided for filling these gaps, such as use of the Community Advisory Group and collaborative projects.

C4.9. ADVOCACY FOR ACCESS TO CARE, TREATMENT AND SUPPORT FOR HIV POSITIVE IDUs

(30 MINUTES)

Training objective: To help participants consider ways of increasing access to care, treatment and support for HIV-positive IDUs.

Learning objectives: By the end of the session, participants should have increased:

- ▶ knowledge of the ways in which HIV-positive IDUs are denied health (including anti-retroviral therapy) and other services in many countries;
- ▶ understanding of advocacy methods to increase access to services for HIV-positive IDUs; and
- ▶ skills in developing advocacy methods to increase access to services for HIV-positive IDUs.

Key learning points:

- ▶ A task of this type cannot be done alone: strategic alliances are useful for this and many other types of advocacy.
- ▶ Negotiations in this type of advocacy may require considerable personal attention from outreach managers.

Techniques: Small-group work and discussion, exercise C4.9.

Session approach and content: Participants are asked to consider a hypothetical situation of an IDU needing HIV treatment, whether the outreach programme should advocate for him/her, who should do it, what would be the most effective way to ensure he/she receives the treatment quickly.

IDUs who are eligible for antiretroviral therapy should be guaranteed access to this life-saving therapy. Special considerations for this population include dealing prospectively with life-style instability that challenges ARV treatment adherence and accounting for the potential drug interactions of ARVs with agents such as methadone.

In cases where lifestyle instability persists and potentially hampers ARV treatment adherence, clinical consideration might be given to the extent to which treatment regimens can be simplified, e.g. once-daily ARV therapy regimens, directly observed treatment approaches etc.

Development of programmes, which integrate care of drug dependence and HIV should be encouraged.

(Source; Scaling up antiretroviral therapy in resource-limited settings: Guidelines for a public health approach. Executive summary. World Health Organization, April 2002.)

C4.10. CASE STUDY: OUTREACH FOR SPECIFIC PURPOSES

(20 MINUTES)

Training objective: To provide participants with an understanding of how outreach programmes have made contact with IDUs for specific purposes in other contexts.

Learning objectives: By the end of the session, participants should have increased:

- ▶ knowledge of how outreach to IDUs can be used for specific purposes; and
- ▶ understanding of several types of outreach to IDUs for specific purposes.

Key learning points:

- ▶ Outreach to IDUs can be used for specific purposes such as to contact IDUs with HIV/AIDS, women sex workers who are also IDUs, men who have sex with men who are also IDUs and IDUs in prison, and outreach for provision of drug substitution treatment, etc.

Techniques: Individual reading, followed by small-group discussion and plenary discussion, exercise C4.10.

Session approach and content: Participants form small-groups to consider **Case studies** on **Outreach for specific purposes**. This leads to a discussion on the usefulness of outreach for provision of needles and syringes, for HIV-prevention information to specific groups of IDUs such as sex workers and prisoners, and for services such as drug substitution treatment and HIV treatments.

C4.11. FOLLOW-UP AND NETWORKING

(25 MINUTES)

Training objective: To provide participants with an overview of resources available for follow-up and networking.

Learning objectives: By the end of the session, participants should have increased knowledge of:

- ▶ resources available for further training, especially of outreach workers, on both general outreach to IDUs and outreach for specific purposes; and
- ▶ channels for networking and other types of follow-up.

Key learning points:

- ▶ There are many resources available to assist in follow-up and networking.

Techniques: Lecture and discussion.

Session approach and content: The exact nature of information provided in this session will be specific to the situation of the trainers and participants. No training course should be a stand-alone activity. Wherever possible, it should be integrated with other strategic programme activities such as meetings, associations, task forces, networks, funding opportunities and so on. This session should provide details of follow-up and networking opportunities in the localities represented by participants. Reference is made to the WHO CD-ROM and the various materials it contains (especially the **Field worker training** module).

C4.X. EVALUATION AND CLOSE

(10 MINUTES)

Training objective: To provide trainers with insight into the effectiveness of their training materials and methods and to offer participants a structured way to comment on the training process.

Techniques: Individual completion of evaluation forms, exercise C4.X.

Session approach and content: Daily and course evaluation sheets are distributed and completed by the participants.