

TRAINING GUIDE FOR HIV PREVENTION OUTREACH TO INJECTING DRUG USERS

PROGRAMME MANAGEMENT WORKSHOP



WORLD HEALTH ORGANIZATION
Department of HIV/AIDS

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EXERCISES

DAY 1

C1.3. PLANNING OUTREACH PROGRAMMES II

(90 MINUTES)

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Teaching notes

Inform participants that they will need to work in small groups to develop and present plans for their outreach programmes.

The plans should be written on two sheets of flip chart paper. On the first sheet, participants should write:

- ▶ the name of their outreach programme;
- ▶ its aim and objectives;
- ▶ five key facts from the assessment (such as risk behaviours of IDUs; where they congregate; age, sex and ethnicity of IDUs; treatment of IDUs by police or anything else participants think is important for managing the outreach programme).

On the second page, participants should write:

- ▶ from where outreach staff will be recruited and how many outreach workers will be hired initially;
- ▶ whether funding has been secured for the start-up of the outreach programme (say, for six or twelve months). (NOTE: in some cultures, it is considered very rude to ask how much funding has been secured. In such a situation, this information is not necessary for this exercise);
- ▶ what type of outreach programme and organizational structure are planned; and
- ▶ a list of organizations visited to discuss the outreach programme and any other organizations planned to visit.

At this point, ask participants to work in small groups. Inform them they have 30 minutes to complete the two sheets of paper. Tell them that if any of the tasks are not yet carried out for their programme that they should leave those sections of the flip chart paper blank.

Ask participants to rejoin the plenary group. Each participant or group should present its work (in about seven to ten minutes each). This will occupy the remainder of the morning before lunch.

This session is very important for facilitators. It will give a clear indication of the state of the outreach programmes that the participants represent. If most participants can complete most questions, then the remainder of the training course can be continued as it is set down in these training guidelines.

However, it sometimes happens that at least some participants have not gone through the planning steps. If this is a minority of the participants, they can learn from the plans presented by the others. Inform those participants who cannot complete their plans that these steps are vital to the success of their outreach programmes. Encourage them to either read the *Programme development workshop guide* and develop their plans (at night away from the training course) or to complete a *Programme development workshop* after this training course. This will 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, then 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

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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 the *Programme development workshop* after lunch. Concentrate on sessions 3.6.B.5, 3.6.B.6, 3.6.B.8 and 3.6.B.9. This will cause difficulties with all 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 re-design 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)

Teaching notes

Look around the group of participants and decide to whom various roles should be assigned (see below). Choose either people whom you think will naturally act well in that role or people who may benefit from playing a role very unlike their usual occupation. Try to balance the sex distribution (with half the roles to men and half to women), though this will depend on whether participants of both sexes are present and it may depend on cultural factors. Participants playing religious and parental roles will need to match the sex of the roles. Distribute a set of cards on which the following roles have been written in large letters:

Police/Public Security/Internal Affairs officer (select whichever is appropriate);

- ▶ Doctor;
- ▶ Mother;
- ▶ Father;
- ▶ Brother;
- ▶ Sister;
- ▶ IDU friend;
- ▶ Drug dealer; and
- ▶ Priest/Imam/Monk/Nun (depending on dominant religion(s): more than one role can be assigned in multi-religious countries).

Finally, select a participant to play the role of an IDU. This should be someone who is articulate and who appears (from the morning sessions) to be particularly sensitive to the needs of IDUs, may have experience of drug use, or is particularly concerned about the way IDUs are treated by society.

Ask the participant playing an IDU to sit on a chair in the middle of the room. Remove all other chairs to a distance of at least two metres from this chair (all other participants may stand and push their chairs against the walls if this helps to create space).

Ask the participants holding other role cards to write one sentence that they think a person in that role would want to say to the IDU. Give them two to three minutes for this task. Then ask each role-playing participant in turn to come up to the "IDU" and, playing the role they have been given, address the "IDU", stating their role and their one sentence.

After all of the sentences have been spoken, ask all role players to gather closely around the "IDU" and to say their sentence over and over for two minutes (timed by the trainer): this results in a loud cacophony. After this, ask the "IDU" how the exercise felt.

Usually, the "IDU" will:

- ▶ remember most clearly those remarks that were most friendly towards the IDU and/or those remarks that were most emotional; and

- ▶ remember those remarks accompanied by touching.

If useful, also ask the other role players how they felt about playing their role or how they felt towards the IDU within their role. This latter question will often elicit answers like “angry”. Lead a discussion among 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.
- ▶ 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.

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

C1.X: EVALUATION AND CLOSE

(10 MINUTES)

Teaching notes

Explain that the evaluation form is very important, that this training programme is being used in many parts of the world and that comments by training participants will be used to regularly revise training content and methods. For these reasons, participants are asked to be truthful rather than polite. The forms are anonymous so that, participants can give their opinions without the trainers or anyone else knowing the source of the opinions.

Hand out DAILY evaluation forms. Allow sufficient time for all forms to be filled in and collect the forms.

Stress the importance of arriving on time for tomorrow’s training.

If a meeting of facilitators is held at the end of each day, evaluation forms should be read through quickly and discussed. Daily evaluation allows facilitators to pick up on problems that can be addressed in following days.

DAY 2

C2.0. WELCOME

(15 MINUTES)

Teaching notes

Welcome participants to the second day of the training course. Chat generally for a few minutes, asking how they spent the previous evening; perhaps relating a humorous story. Try to elicit smiles from participants.

Following this, an Ice-Breaker exercise or a discussion or both can be held. Use the Ice Breaker if it is common culturally to start each day with such an exercise or if facilitators are concerned that participants are still not comfortable with one another. The discussion can be general, starting with a question such as:

- ▶ “Did anyone think about yesterday’s training sessions last night? If so, what did you think about?”
- ▶ “Does anyone have any questions before we start the day?”
- ▶ “How does everyone feel this morning?”
- ▶ “If your mood was the weather, how would you describe it, including a forecast? Sunny, stormy, blue skies but clouding over?”

Another technique is to provide a recapitulation of the previous day’s training sessions. Facilitators can either read out a list of the areas covered, asking if any questions remain or ask participants to recap the most important points made (recording these on a flip chart sheet).

C2.1. MOTIVATION

(25 MINUTES)

Teaching notes

Inform participants that this exercise is about the motivation to work on HIV prevention among IDUs. Ask them to take a blank sheet of paper (distribute sheets if needed) and individually write down their reasons for working on HIV prevention among IDUs. Ask them to think about as many reasons as possible. Ask them to be specific (not just “personal” or “job”), but also note that they will need to talk about these reasons with others so they should not write information they do not want others to know. Inform participants they have five minutes to do this.

After five minutes, ask participants to look at their list and rank them from the most important (marking it “1”) to the least important. After this is done, split participants into small groups at random. Give each group a sheet of flip chart paper and two marker pens (of different colours). Ask each group’s scribe to write “motivation” as a heading then go around the group adding reasons. Once a reason is added, it should not be repeated. The list is, therefore, the combined list of all the group members’ reasons for working on HIV prevention among IDUs. Inform participants that they have seven to eight minutes to do this.

Once the reasons are assembled, ask participants to add the numbers (the ranking) in a different-coloured pen beside each reason. This should result in a flip chart sheet with notes such as:

- ▶ Because I’m in charge of HIV prevention in my district: 1, 3, 3, 5
- ▶ Because I’m concerned about young people: 2, 4, 2, 1, 1,
- ▶ Because of my training in pharmacology: 2

Ask a representative from each group to hold up the group's flip chart sheet and read out the reasons, allowing the other participants to read the numbers. Ask participants what can be learned from this exercise.

The important point to elicit 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. But other motives are personal and are not immediately obvious. Most people working on HIV prevention among IDUs have several reasons for doing so.

Inform participants that, when they are seeking people to work as outreach workers, to look beyond the obvious and consider what might motivate people to take such a job. Thinking about motivation can help in recruiting outreach workers because it helps to persuade appropriate people to join the outreach team. It also assists in making decisions about employing potential outreach workers: someone who is only interested in money, for example, is unlikely to become an effective outreach worker. It can also help in managing outreach workers to learn their motivation and to use this when dealing with discipline and other issues such as burnout, which will be discussed tomorrow afternoon.

C2.3. ARGUMENTS FOR OUTREACH PROGRAMMES I

(15 MINUTES)

Teaching notes

Ask participants to close their eyes for a moment. Ask them to imagine the following scenario:

You have completed all the steps for starting an outreach programme for HIV prevention among IDUs. You have hired outreach workers, you have permission from the local government to proceed, you have funding, you know where drug users congregate, and your staffs are trained and ready to work. At the last minute before starting the programme, you are called to a meeting with the Chief of Police/Narcotics Control/Public Security or Internal Affairs (choose the most appropriate for participants' localities) in your locality. The Chief is unhappy about the outreach programme and says that his or her department will not allow these outreach workers to wander the streets looking for drug users. The Chief says it does not matter that the project is funded and approved: the programme must be stopped.

Ask participants to open their eyes, then say:

"Now pretend that I am the Chief of Police/Narcotics Control/Public Security or Internal Affairs. Persuade me that your programme should go ahead."

As participants provide arguments, the trainer should provide counter-arguments if the argument is weak or provide another objection if the participant's argument is strong. The trainer's counter-arguments might include:

- ▶ "Outreach is not needed because there are no (or very few) drug users here."
- ▶ "Drug use is illegal, so talking to drug users is wrong/immoral/illegal."
- ▶ "Outreach staff will get in the way of my officers."
- ▶ "Outreach will encourage people to use drugs. It will send the wrong message to young people, that using drugs is okay."
- ▶ "Well I don't mind these losers using drugs. If they die, it's their own fault. There are enough young people not using drugs: we should concentrate on them."
- ▶ "Outreach is just pampering these criminals. If they want support they can come to us. Why should we go out on the streets?"

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If participants do not develop the following arguments, the trainer should ask if these might be useful:

- ▶ “We have done an assessment and found that there are IDUs in our locality, they are sharing needles and syringes and having unsafe sex, so they are at very high risk of acquiring HIV and transmitting that to their wives and children.”
- ▶ “HIV prevention is vital to save the young people of our locality from AIDS: they are our future.”
- ▶ “Outreach and Police/Narcotics Control/Public Security or Internal Affairs can work in the same areas without interfering with each other. Each has a separate role: both roles are important.”
- ▶ “Which is more important? Arresting a drug user who you know will be back on the streets using drugs in a few weeks or months or saving a young person’s life?”
- ▶ “HIV affects all classes of society. So does drug use. It would be terrible if the Mayor/Governor’s child experimented with drug use and became HIV positive as a result.”
- ▶ “Drug users are part of society and our health department/NGO believes that all people in our society deserve the chance to stay alive during this terrible epidemic.”
- ▶ “HIV epidemics among drug users lead to economic crises with thousands of millions of dollars needed for HIV treatment costs.”
- ▶ “HIV epidemics among IDUs and other people in society can lead to a security crisis with increased family and social breakdown and diminishing numbers of young healthy people able to join Police/Narcotics Control/Public Security or Internal Affairs Departments.”
- ▶ HIV epidemics can spread faster if HIV is spreading in a hidden population, causing a serious threat to public health.

After the exercise, inform participants that one of the biggest contributing factors to reducing the effectiveness of outreach programmes globally is interference by Police/Narcotics Control/Public Security or Internal Affairs personnel, either through forbidding a programme to open, or through harassment of outreach workers and IDUs. Developing these arguments is very useful not only for persuading Police/Narcotics Control/Public Security or Internal Affairs, but also for dealing with other individuals and groups who may oppose the outreach programme.

C2.6. COMMUNICATING WITH DRUG USERS II

(25 MINUTES)

Teaching notes

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 helps participants to get to know each other. 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 that outreach work could be done more effectively.

First, three volunteers are asked to come out to the front of the group to demonstrate the exercise, with a current outreach worker participant (if one is present) playing the role of the outreach worker. Alternatively, the trainer can play the role of the outreach worker.

Then split participants into groups of three and tell them the role-playing continues for three minutes (which the trainer needs to time), after which the roles are switched. All participants have the chance to play each of the three roles so the exercise is run three times. After the role-playing, discussion is encouraged in the small groups (for about five minutes), then in the plenary group (for about ten minutes). The role-playing is not designed to criticize participants' outreach technique but to attempt to understand the roles of both outreach worker and drug user. During discussions, participants are asked to concentrate on what they felt and discovered playing each of the three roles.

C2.8. NEEDLE AND SYRINGE USE DEMONSTRATION

(40 MINUTES)

Teaching notes

Give one needle and syringe (with the needle joined to the syringe in an unopened package), plastic spoon, piece of cotton wool (or cigarette filter), second piece of cotton wool (or alcohol swab) and plastic cup to each participant. The trainer demonstrates at the front of the plenary group the basic method of injecting powdered drugs. If drug users or ex-drug users are present, it may be useful to have them present this part of the session.

The steps are:

- ▶ Take a small amount of sugar and place it in the spoon.
- ▶ Open the syringe package and remove the needle and syringe: inform participants that some IDUs use separate needles and syringes and at this point might use one needle for drawing up water and a different one for injecting.
- ▶ Use the syringe to draw up water.
- ▶ Place water in the spoon so that it is about three-quarters full.
- ▶ Use the top of the syringe to mix the water and sugar together while pretending to heat underneath the spoon with a cigarette lighter: experienced trainers may use a real cigarette lighter or match to do this but inexperienced trainers and participants may melt the spoons, resulting in a large mess: for this reason, participants are asked to simulate the heating process.
- ▶ Once the sugar is dissolved, place a piece of cotton wool or a filter in the teaspoon.
- ▶ Place the tip of the needle against the filter and use the syringe to draw the liquid up.
- ▶ Replace the cap on the needle: inform participants that this is done for the exercise simply to prevent needle stick.
- ▶ Simulate the injecting process into one arm:
 - ✓ Hold thumb and forefinger around the upper arm and say, normally a tourniquet is used at about this point to help define a vein for injection.
 - ✓ Clean the site to be injected with a piece of cotton wool or alcohol swab: inform participants that this is designed to clean the injection area to prevent abscesses.
 - ✓ Then, holding the needle at a 45-degree angle, and pointing upwards, place the needle cap on the skin and simulate pressing the syringe plunger.
 - ✓ Simulate pulling the plunger back, then pushing it in again. State that drug users often do this and in the process, blood from the vein mixes with the drug and this solution is re-injected. State that at this point the tourniquet is also released.
 - ✓ Take the syringe away from the skin, and place your thumb over the injecting site.

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- ▶ Take the needle cap off and, squirting into a plastic cup half full of water, demonstrate the process of injecting, pulling the plunger back to bring some of the mixed water and solution into the syringe and injecting again. Do this a few times.

Next, ask the participants to break into groups of four and ask them to practise these steps. Distribute small amounts of sugar (about five spoons full) and a plastic cup of water to each group. Each participant should use their own needle and syringe, spoon, cotton wool/filter, cotton wool/alcohol swab. The trainers should walk from group to group correcting mistakes. Allow ten minutes for all participants to do this.

After each participant has practised the basic technique, ask the participants to place the used filters and swabs in a bin, but to keep the other materials. Ask them to go back to their seats (remaining in groups of four) and close their eyes. Read the following scenario:

Imagine that you are an injecting drug user with three of your friends, all IDUs. You are in an abandoned building. While there is no one around at present, there are no locks and no doors on the building so someone could come in at any time. Many people know about this place, including the police. Some acquaintances of yours were arrested here last week and will go to prison or be subject to compulsory detoxification. You have the same materials that you were just given: each person has his or her own needle and syringe, drug, water, cup, filter, swab. But this time you must do the procedure as fast as you can.

The above process is repeated with participants re-using their needles and syringes and other materials with the trainer timing them. Many more mistakes are likely to be made.

Next, ask participants to dispose of filters and swabs. The trainer then goes from group to group, taking one or two or three syringes, cups, swabs, and filters from each group (different variations for each group). Then say:

In real life, it is very rare for all IDUs in a group to have all new equipment every time. Now, with what you have left, repeat the previous process. Police may be coming at any moment and you need to all inject quickly.

The process is repeated with participants negotiating with one another about the use of materials and the trainer timing them. This will usually take much longer than the previous process.

Dispose of all materials and ask participants to go back to the plenary group. Lead a discussion about risk and about possible ways to reduce risks while injecting in a group.

Ensure that the following points emerge:

- ▶ HIV transmission is possible at several points in drug preparation and injecting:
 - ✓ Used needles returning to a common spoon can transmit HIV (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 is used, HIV can be transmitted via sharing either the needle or the syringe.
 - ✓ Sharing a filter or spoon can transmit HIV.
 - ✓ Needle stick injury can occur.
- ▶ 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 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.

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C2.12. SLOGAN EXERCISE

(15 MINUTES)

Teaching notes

Ask all participants to read the first page of Handout C3. Ask them to take a blank sheet of paper and write a new catchy saying or slogan based on any of the core prevention messages. Give them seven to eight minutes for this.

Have each person read out their slogan. Ask what the next step would be in the development of the slogan for participants' outreach programmes.

The correct answer is that the slogan should be tested with IDUs to see if it is acceptable and interesting to them.

C2.X: EVALUATION AND CLOSE

(10 MINUTES)

Teaching notes

Hand out DAILY evaluation forms. Allow sufficient time for all forms to be filled in and collect the forms.

Stress the importance of arriving on time for tomorrow's training.

If a meeting of facilitators is held at the end of each day, evaluation forms should be read through quickly and discussed.

DAY 3

C3.0. WELCOME

(15 MINUTES)

Teaching notes

Welcome participants to the third day of the training course. Chat generally for a few minutes, asking how they spent the previous evening; perhaps relating a humorous story. Try to elicit smiles from participants.

Following this, an Ice-Breaker exercise or a discussion or both can be held. Use the Ice-Breaker if it is common culturally to start each day with such an exercise or if trainers are concerned that participants are still not comfortable with one another. The discussion can be general, starting with a question such as:

- ▶ “Did anyone think about yesterday’s training sessions last night? If so, what did you think about?”
- ▶ “Does anyone have any questions before we start the day?”
- ▶ “How does everyone feel this morning?”
- ▶ “If your mood was the weather, how would you describe it, including a forecast? Sunny, stormy, blue skies but clouding over?”

Another technique is to provide a recapitulation of the previous day’s training sessions. Facilitators can either read out a list of the areas covered, asking if any questions remain or ask participants to recap the most important points made (recording these on a flip chart sheet).

C3.1. PROBLEM-SOLVING WITH INJECTION RISKS

(45 MINUTES)

Teaching notes

Inform participants that, as was discussed on Day 2, IDUs are interested in injecting drugs quickly and efficiently. To be successful in this, certain conditions must be fulfilled such as:

- ▶ All equipment should be available and at hand.
- ▶ Veins should be easy to inject into.
- ▶ A comfortable area should be available where the drug user will not be disturbed.
- ▶ The drug user should have the knowledge and skill to inject safely.

For drug users, it is very handy to have a repertoire of alternatives available, which can help to limit the risks related to difficult circumstances.

Split the group in half (simply splitting down the centre of the room is sufficient) and call one of the new groups Group A and the other Group B. Give each group a copy of the relevant handout (C5.1 to Group A and C5.2 to Group B). Ask the participants to devise alternatives in each situation, if possible. Give them 20 minutes to do this.

Ask each group to present some of their problems and alternatives, starting with A1, then B1, then A2 and so on. It is not necessary for all problems and alternatives to be reported so, if time is a problem, some can be left out.

As the alternatives are provided, check these against the alternatives below. Conclude by stating that IDUs often have choices (though these are often limited) between more or less risky behaviour and that one of the tasks of outreach is to help IDUs to know the least risky behaviour and to encourage this behaviour. Outreach workers who will be assisting IDUs who may be injecting in difficult circumstances should use these problem-solving techniques.

HANDOUT C5.1

Group A problems

- A1.** No clean needles and syringes are available.
- A2.** No fresh tap water is available.
- A3.** The needle clogs when pulling up a shot of heroin.
- A4.** The needle has a barb (burr).
- A5.** No spoon is available.
- A6.** You hit an artery.

HANDOUT C5.2

Group B problems

- B1.** No bleach is available.
- B2.** You have an abscess.
- B3.** You have no drugs but you have ten clean needles and syringes.
- B4.** No fresh cotton wool or other filter is available.
- B5.** You have difficult veins: hard, rolling and lying deep.
- B6.** No alcohol swab is available.

Additional ideas for trainers to contribute:

If no clean syringes or disinfectant is available, the most effective way to prevent HIV infection is to avoid using drugs intravenously. What is recommended here is only for situations in which IDUs feel they must inject.

A1: No clean needles and syringes are available

- ▶ Boil needle and syringe for 15–20 minutes.
- ▶ Clean with bleach (2 x 2 x 2).
- ▶ Clean with water ten times immediately after and before use.
- ▶ Use the drugs by smoking.
- ▶ Snort the drugs.

B1: No bleach is available

- ▶ Boil needle and syringe for 15–20 minutes.
- ▶ Clean with water ten times immediately after and before use.
- ▶ Use the drugs by smoking.
- ▶ Snort the drugs.

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A2. No fresh tap water is available

- ▶ Use mineral water.
- ▶ Boil water for 15–20 minutes.

B2. You have an abscess

- ▶ Make a compress of wet bandages.
- ▶ See a doctor as soon as possible

A3. The needle clogs when pulling up a shot of heroin

- ▶ Stop injecting, put the liquid back in the spoon, remove the clot, add some cold water, put on a new needle or use a new needle and syringe.
- ▶ To unblock the needle, warm the needle with a lighter to expand it.
- ▶ Pull up some fresh cold water and shake the syringe.

B3. You have no drugs but you have ten clean needles and syringes

- ▶ Stupid question.
- ▶ Give the clean needles and syringes to other IDUs.

A4. The needle has a barb (burr)

- ▶ Sharpen it on a glass or matchbox and clean it with a (lighter) flame.

B4. No fresh cotton wool or other filter is available

- ▶ Use the filter of a cigarette.
- ▶ Use whatever is available, such as an alcohol swab, the lining of a coat, etc.
- ▶ Use no filter. Carefully tip the spoon and keep the residue at the other end from where you draw up.

A5. No spoon is available

- ▶ Use the bottom of a can, cleaning it by heating with a cigarette lighter.

B5. You have difficult veins: hard, rolling and lying deep

- ▶ Learn to smoke or consume the drugs some other way.
- ▶ Ask someone else to help you inject.

A6. You hit an artery

- ▶ Immediately pull the needle out and apply pressure for five–ten minutes.
- ▶ Raise the limb.
- ▶ If bleeding does not stop, seek urgent medical treatment.

B6. No alcohol swab is available

- ▶ Clean the injection spot with water and soap.
- ▶ Clean it with water only.

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

(25 MINUTES)

Teaching notes

Split participants into small groups (with a maximum of six in each group) at random. Provide each group with a sheet of flip chart paper and a marker pen.

Ask the groups to spend ten minutes listing the attributes they think are needed in an effective outreach worker for HIV prevention among IDUs. After ten minutes, ask them to remain in their groups and to vote on which attribute is the most important and to mark this attribute in some way (underline, put a box around it, asterisk, etc.). This should take two to three minutes. Then ask the groups to present their views.

Point out that there are many different attributes that can be useful to programmes. If they are not mentioned, mention the following: 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, local services relevant to drug users, etc. These attributes will have greater or lesser importance depending on the specific aims and objectives of participants' programmes. Encourage participants to write down any attributes that they think are important and use these as criteria by which to select outreach workers. These lists of attributes will be needed for the exercise in C3.5.

The most important attribute is credibility with the specific target group(s) of the programme. The outreach worker must be believed and trusted by IDUs in participants' localities. If any groups had this as the most important attribute, congratulate them.

C3.5. RECRUITMENT ROLE-PLAYING

(30 MINUTES)

Teaching notes

Ask participants to look at the notes they made earlier about which attributes were most important for outreach workers in their programmes. Ask them to select five essential and three desirable attributes for workers in their programmes and to write these on a new sheet of paper. Give seven to eight minutes for this task then ask two or three to read their lists. The lists will be slightly different. Point out that each programme needs to make these decisions based on its own aims, objectives and activities.

Then ask participants to pair off and sit facing each other in groups of two, scattered around the room. State that one person in each group is an ex-drug user applying for a job as an outreach worker. Ask that one person in each group put up his or her hand to volunteer to play this role. The other person in each dyad (couple) 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. After five minutes, ask participants to reverse the roles.

Spend the remaining ten minutes until lunch discussing the role-playing. What questions were asked? Did those playing the outreach manager's role believe that by asking a few questions they could ascertain the credibility of the potential outreach worker among IDUs? If yes, what were the most useful questions? If no, what other methods could be used to try to assess credibility?

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C3.7. DEVELOPING OUTREACH RULES

(45 MINUTES)

Teaching notes

Ask participants to form small groups of five to six. Ask each group to develop a list of outreach rules. Ask them to keep the rules to those that are essential. Give them 30 minutes to do this.

Then ask the participants to form the plenary group and for each group to read out its list of rules with comments from other participants about whether the rules are too liberal or too restrictive. Stress the need for balance between the need for rules that are important for safety and for the programme's sustainability and effectiveness, and the need for flexibility that will allow outreach workers to carry out their tasks.

Also stress that any rules developed in this way are only a draft and they need to be discussed with outreach workers and amended with their input to ensure they are "owned" and obeyed by the outreach team.

C3.X: EVALUATION AND CLOSE

(10 MINUTES)

Teaching notes

Hand out DAILY evaluation forms. Allow sufficient time for all forms to be filled in and collect the forms.

Stress the importance of arriving on time for tomorrow's training.

If a meeting of facilitators is held at the end of each day, evaluation forms should be read through quickly and discussed.

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C4.0. WELCOME

(15 MINUTES)

Teaching notes

Welcome participants to the fourth day of the training course. Chat generally for a few minutes, asking how they spent the previous evening; perhaps relating a humorous story. Try to elicit smiles from participants.

Following this, an Ice-Breaker exercise or a discussion or both can be held. Use the Ice-Breaker if it is common culturally to start each day with such an exercise or if trainers are concerned that participants are still not comfortable with one another. The discussion can be general, starting with a question such as:

- ▶ “Did anyone think about yesterday’s training sessions last night? If so, what did you think about?”
- ▶ “Does anyone have any questions before we start the day?”
- ▶ “How does everyone feel this morning?”
- ▶ “If your mood was the weather, how would you describe it, including a forecast? Sunny, stormy, blue skies but clouding over?”

C4.1. IMPRESSIONS OF OUTREACH WORK

(25 MINUTES)

Techniques: Small group exercise, discussion

Teaching notes

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.

Ask participants to form groups of four to five. Ask them to record (on note paper) what they were most impressed by in the outreach programmes visited or discussed during this session, focusing on operational and management issues. Second, ask what was less impressive or what affected them negatively. Third, ask what implications they see for their own outreach programmes from what they learned in this session. Give about ten minutes for this.

Use a whiteboard or flip chart to record the groups’ impressions. Start with the first question about positive impressions: ask one group to read out its impressions and ask the other groups to add any new points from their notes. Do the same for the second and third question. Take more time for discussion of the third question, as this is the critical issue: how will the participants use what they have seen or heard in their own programmes?

C4.3. EVALUATION AND MONITORING EXERCISE

(20 MINUTES)

Teaching notes

Refer back to the objectives of the outreach programme(s) represented by participants. These should be SMART objectives. Split participants into small groups of three to four and ask them to devise a plan for monitoring and evaluating a programme against a SMART objective.

Ask:

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

For the reports back and the discussion, the trainer should focus on the following issues:

- ▶ Do the monitoring methods reflect the objectives (could the objectives be reformulated to make them more SMART?)
- ▶ Do the questions reflect all relevant issues to monitor/evaluate a programme?
- ▶ Are all relevant sources of information covered?
- ▶ Are the ways to collect the information appropriate (effective and efficient, etc.)?

C4.4. POWER MAPPING

(40 MINUTES)

Teaching notes

(Some participants may have done this exercise in the *Programme development workshop*, Session B.1. However, 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.)

Split the participants into small groups with a sheet of flip chart paper and at least two marker pens of different colours. Each small group is asked to write in the centre of their flip chart paper "outreach programme": this represents a group of people trying to start an outreach programme for HIV prevention among IDUs in the locality. Around this, each group should list the people, groups and institutions that may have an influence on starting as well as maintaining an outreach programme.

Ask participants to map these relationships. Some powerful groups will need to be consulted by the outreach programme to seek permission or assistance with their work. Others will be sources of information, referral or political support. Others may be hostile to the idea of outreach (due to embarrassment about these issues or denial that such a programme exists). Ask participants to use different coloured marker pens or other techniques (arrows going in different directions; thick, thin or dotted lines, etc.) to show these different relationships.

This process should take about 20 minutes.

After these "maps" are completed, ask a member from each small group to present the group's "map". If time is short, after the first group has presented, ask the other groups only to present any information that is different from the first group. But if sufficient time is available, allow questions on each group's presentation.

C4.6. ADVOCACY ARGUMENTS

(30 MINUTES)

Teaching notes

Split the participants into two groups. Group A will work on opposition to a proposed programme to provide outreach for HIV prevention to IDUs. Group B will work on defending the proposed programme.

Tell participants they have 15 minutes to prepare their arguments for a debate. They should select three speakers, each of whom can speak for two to three minutes: after three speeches from each side, there will be closing arguments for one minute from each group. Each group needs to elect a chair who will open the debate (with the first two to three minute speech for his or her group) and who will provide closing arguments. Two other speakers will be needed for each group. Remaining members of each group should help to develop arguments. The debate will begin with the Group A opposing the outreach programme.

After the debate, mention some strengths and weaknesses of the arguments used and commend both sides for their work. Mention that debates similar to these have occurred in many countries and that it is useful to record some of the best arguments used to defend outreach programmes, as participants may need them in the future.

C4.7. DEVELOPING A REFERRAL DATABASE

(40 MINUTES)

Teaching notes

Ask participants to take two blank pieces of notepaper. Ask them to close their eyes and think about being an IDU in their locality. From everything they have read and heard in the past four days (and from their own experiences or knowledge), 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?

Ask participants to think for a while about this with their eyes closed (about one minute) then to open their eyes and write down on one sheet all the various types of problems an IDU might face in his or her locality. Include not just health problems but any problems they think of. Give them three to four minutes to complete this list.

Then ask participants to take a second sheet of paper and provide a list of all the agencies in their locality to which an IDU might turn for assistance. Give three to four minutes to complete this list.

Then take a blank sheet of flip chart paper and divide it into sections such as health (leaving a lot of space for this section), legal, social and welfare. Begin a brainstorming session, asking participants to state needs they have written down. Record the needs under the various headings: if unsure about a heading, ask the participants for advice. This process should be done quickly but will probably take around ten minutes.

After the list is completed and no more needs remain, begin a short discussion 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. Also, stress that, when participants develop these lists in their localities, they should base it on the expressed needs of IDUs, which can be ascertained from team meetings with outreach workers or, more extensively, through a short questionnaire asking IDUs about their problems. This discussion should last about five minutes.

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After the discussion, ask participants to take a new sheet of notepaper and draw a line down the centre of it to make two columns. Ask them to record the needs from the flip chart in one column. In the other column, ask them to place the names of organizations that can meet these needs. Give about seven to eight minutes for this.

Then ask one or two participants to go to the flip chart and read out the agencies in their locality that can meet the needs identified. Inform them that they have taken the first steps in creating a referral database. If there are gaps—needs but no agencies that can meet those needs—state that this issue and the next steps in creating a referral database will be addressed in the following session.

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

(30 MINUTES)

Teaching notes

Ask participants to close their eyes. Ask them to imagine they have an outreach client: Her name is (insert popular local name). She is 18 years old and an IDU. She has helped your programme by introducing outreach workers to networks of sex-working women IDUs. She is HIV positive. She is asymptomatic. She does not require any HIV-related treatment at this stage. But she does require surgery on a broken bone in her wrist. The broken bone is painful and has led to her increasing her daily dosage of heroin. She is becoming sick through not eating as she tries to find enough money for larger doses of heroin. She cannot assist the programme because she is spending her time finding money or drugs. She cannot receive an operation on the broken bone since the hospital refuses to operate on an HIV-positive IDU.

Ask participants to open their eyes and form groups of five to six, with flip chart paper and a marker pen. Ask them to consider what should be done about (insert name). Should the outreach programme advocate for her to receive surgery? If so, who should do it? What would be the most effective way to ensure that she receives the surgery quickly and is treated well while in hospital? Ask participants to record their ideas on the flip chart paper. Give them 15 minutes to do this.

Bring the plenary group back together and ask each small group to present their ideas. Particularly note and report to the group on the responsibilities and time needed by the outreach manager in the steps described by the small groups. Point out that the outreach manager will not be able to take these steps for every HIV-positive IDU (especially in areas where 50% or more of IDUs have HIV), so ask at the end what other means there are of dealing with this problem.

If no one else mentions it, state that such issues should generally be dealt with in negotiations with agencies, as mentioned in the previous session. After all, no IDU deserves to be denied basic medical care so the outreach manager's time generally may be better spent trying to achieve access for all HIV-positive IDUs to health care rather than spending a lot of time on individual cases.

C4.10. CASE STUDY: OUTREACH FOR SPECIFIC PURPOSES

(20 MINUTES)

Teaching notes

Ask participants to form small groups of five to six. Distribute case studies on one topic from the *Case studies: Outreach for specific purposes* to the members of each small group. It should be done in such a way that one group's members all receive copies of the case study on outreach to IDU sex workers; another receives case studies on outreach for provision of substitution drug treatment and so on. Ask the group's members to read the case study and make notes of the most important points. Give them ten minutes for this.

Ask the groups to report the important points from their case studies. Mention that there are many different ways of using outreach. Distribute the remaining case studies so that all participants receive copies of all case studies.

C4.11. FOLLOW-UP AND NETWORKING

(25 MINUTES)

Teaching notes

The exact nature of information provided in this session will be specific to the situation of the facilitators and participants. No training course should exist as a stand-alone activity. Wherever possible, it should be integrated with other strategic programme activities, such as ongoing 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 should be made to the WHO CD-ROM and the various materials it contains (especially the *Workshop for outreach workers and peer educators*) and, if it has not already been done, these CD-ROMs should be distributed to all participants.

C4.X: EVALUATION AND CLOSE

(45 MINUTES)

Teaching notes

Hand out both DAILY and COURSE EVALUATION forms. Allow sufficient time for all forms to be filled in and collect the forms.

The close of the training workshop should be handled carefully. While its basic purpose is simply to end the training and allow participants to move on to other activities, it can also provide an opportunity to talk about future training and other activities.

Because participants have worked together for four days, it is important to give them a chance to respond to the workshop, facilitators and each other. Facilitators can make this easier by asking questions. A common approach is to ask each participant to give a final speech. In some settings, participants are allowed to say anything they would like to say. In others, more structured questions are used, such as:

- ▶ Tell us one thing that you think you will use from this workshop as soon as you return to your workplace.
- ▶ Tell us one thing that should be changed the next time the workshop is run (this question should certainly be included in field tests).
- ▶ Tell us the first three things you will do to start (or improve or expand) your outreach programme.

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It is also useful to mention further networking opportunities (for example, if future training courses or workshops are being planned, or through Harm Reduction Networks in the participants' countries and/or regions). Encourage participants to talk to each other in the future, to share successes and problems as well as to seek each other's advice and assistance. Distribute certificates (with the names filled in and signed). This is often done in a little ceremony with each person's name being read out, the participant receiving their certificate from the lead facilitator or some local notable, and the other participants encouraged to applaud.

You may also want to provide your address or e-mail address to allow participants to contact you for further information and ongoing networking.