

# **TRAINING GUIDE FOR HIV PREVENTION OUTREACH TO INJECTING DRUG USERS**

**WORKSHOP MANUAL**



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**Authorship**

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## **ANNEXES: (PLEASE CONSULT ENCLOSED CD-ROM )**

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### ANNEXES (TRAINING MATERIALS)

- Orientation Workshop
  - Slides
  - Agenda template
  - Case studies
  - Evaluation form and certificate
- Programme Development Workshop
  - Slides
  - Agenda template
  - Case studies
  - Evaluation form and certificate
- Programme Management Workshop
  - Slides
  - Agenda template
  - Case studies
  - Exercises
  - Handouts
  - Evaluation form and certificate
- Field Worker Training
  - Slides
  - Agenda template
  - Case studies
  - Evaluation form and certificate

### VIDEO

### ADDITIONAL RESOURCES

### REFERENCES

# INTRODUCTION

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**W**elcome to the **Training guide on HIV prevention outreach to injecting drug users (IDUs)**! This package is designed to help organize workshops that orient and train public health policy-makers, programme developers, programme managers, implementers and field workers in outreach to injecting drug users. The workshops draw on experience from training materials and tools used in different parts of the developing and developed world. The approach advocated in these module aims to contribute significantly to the prevention of HIV transmission among injecting drug users. As such, the workshops you are going to facilitate are an integral part of a renewed global and national commitment to HIV prevention.

The training package embraces four workshop modules that are arranged in a sequence to assist the training of a wide range of participants, depending on their training needs:

► **Orientation workshop:** *Orientation to outreach among injecting drug users* is a half-day workshop for decision-makers, AIDS/drugs/health ministerial/departmental staff, politicians, researchers, programme developers and outreach trainers. This module provides evidence for the effectiveness of outreach programmes and assists decision-makers in planning the introduction and development of outreach programmes.

► **Programme development workshop:** *Developing outreach programmes for HIV prevention among injecting drug users* is a one-day workshop for programme developers and outreach trainers. This module provides assistance to those individuals who are interested or involved in developing outreach programmes and may be the initial managers of such programmes.

► **Programme management workshop:** *Managing outreach programmes among injecting drug users* is a four-day workshop for programme managers, outreach trainers and outreach managers. This module is designed to be used with people who have never managed an outreach programme. It can also be useful as additional training for current managers and outreach field supervisors.

► **Field worker training:** *Core skills in outreach among injecting drug users* is a five-day workshop for outreach workers, designed to be delivered either in a large-scale training exercise (where several outreach teams come together) or to individual outreach teams. This module is designed for initial training of outreach workers but may also be used as a resource for ongoing training and revision among experienced outreach workers.



# STRUCTURE OF THIS WORKSHOP PACKAGE

## WORKSHOP MANUAL

The four workshop modules in this manual are designed to be used in countries or regions where no such outreach programme has been established. However, in settings where some sort of outreach programmes are already in place, these workshop modules can be used either in sequence or separately or joined together in various ways according to the needs of the training participants. Some presentations are similar in several modules. The same slides have been used repeatedly, where possible, to allow trainers to become acquainted with the information by using it in several different contexts. Remember to look constantly for local examples, illustrations and statistics to update slides and ensure that such changes are made across all relevant modules with appropriate references.

## CD-ROM

This package should contain a CD-ROM. This CD is vital to the use of the training guidelines and to the use of most sections of this manual. If the CD is missing, ask for a new one from the address printed inside the front cover.

Before you begin to read this manual, load the CD-ROM onto a computer and familiarize yourself with its contents. Each workshop module referred to in this package corresponds to a PowerPoint file on the CD-ROM. Each PowerPoint file contains both a set of slides that can be used in training workshops and courses, and a set of training notes explaining how to use the slides. To work with the slides and teaching notes, and modify them, please open them through PowerPoint and use the option "View notes page".

The CD-ROM also contains the reference list for all information contained in this package and the PowerPoint presentations as well as other resources that may be useful in training, including *Case studies*, *Evaluation forms*, templates for *Agenda outlines* and *Handouts*. This manual is also stored in electronic form on the CD-ROM.

This manual provides an overview of the various workshop modules and should assist you in selecting those sessions and slides of greatest use to you in training.

# PREPARING FOR A WORKSHOP

## VENUE

Venues for training can make a big difference in a training programme's outcome. For example, an *Orientation* workshop for decision-makers should be held at a venue most likely to attract them, such as a hotel or convention centre, rather than at a drop-in centre. Multi-day workshops (*Programme development* and *Programme management*) could be held either in central locations to which participants can travel each day for training or in more isolated venues. The advantage of central venues is that training could be more convenient for participants (who can return to their homes and families each evening), accommodation would therefore not be needed for participants (except those from outside the area), and the training course would be considerably cheaper to conduct. The advantage of a more isolated venue is that participants would be obliged to spend more time together, enhancing the likelihood of building up friendships and team spirit, and the training times could be extended considerably with evening sessions that could include films, videos, slide shows, debates, round-tables and special-interest lectures. Depending on the type of workshop, venues can also be selected based on their proximity to field activities so that the participants can visit programmes and meet staff.

## PARTICIPANTS

Define the size and composition of the group, e.g. how many will be trained, what experience they have of outreach, what their professions/occupations are, what potential role (in decision-making, programme development or programme management and implementing outreach), if any, they will play after this workshop. It is important to negotiate the funding for each workshop carefully with governmental or nongovernmental organization (NGO) sources to ensure that the workshop participants enrol in a course suitable to their training needs. You should also consider the culture, sex, race, ability and age of participants. Sex is particularly important, since there may be cultural restrictions on matters that can be talked about by one sex in front of the other. Be sensitive to these issues and form same-sex small-groups if needed to ensure that participants are not made uncomfortable by discussions and exercises.

## FACILITATORS

Most workshops require more than one facilitator, so make sure that your co-facilitators have read all of the workshop materials in this package and that they feel comfortable running a workshop on outreach. Have a facilitators' meeting before the workshop to agree on the agenda and responsibilities.

## WORKSHOP RULES

Define workshop rules, attendance and remuneration, if applicable. Depending on the cultural background and specific characteristics of the workshop participants, you may want to consider rules such as:

- We, participants and facilitators, agree to arrive on time for the beginning of each session and after each break

- ▶ We will all undertake to state our opinions honestly so that we can benefit from frank discussions
- ▶ Participants may ask questions freely at any time
- ▶ One person speaks at a time, particularly with translation, this is vital; it is also important to ensure that quieter voices are heard in both small-groups and plenary sessions
- ▶ Comments should be made to the whole group: we undertake not to have side conversations
- ▶ We aim to listen to a person's full opinions or ideas and not react immediately: in this way we can consider what we really think of a new or opposing idea, instead of just reacting to it
- ▶ We will work towards resolving conflicts rather than taking up inflexible positions
- ▶ We will discuss ideas or opinions, not the person expressing them
- ▶ No smoking in the training room
- ▶ No alcohol or drug consumption during the workshop sessions
- ▶ We agree to switch off mobile phones while in the training room
- ▶ No violence (verbal/physical): people must feel free to express opinions that may not be popular so that we can learn from these opinions.

## VISUAL AID

Based on the slides for all four workshops and other materials in this package, make sure you have the most-up-to-date and relevant information by visiting World Health Organization (WHO), Joint United Nations Programme on HIV/AIDS (UNAIDS), the United Nations Office on Drug and Crime (UNODC) and other relevant web sites and by seeking local information that may be useful (such as from the ministry of health, ministry of police/narcotics control, public security/interior, ministry of justice, drug treatment centres, local and international NGOs (already defined)). Where possible, include local examples and data in the slides.

## HANDOUTS

Ensure that you have selected case studies from the information in this package and/or you have case studies from your country or province; insert times, venue and other relevant details in the agenda template of the relevant workshop module (see CD-ROM ) and make as many copies of this as there are workshop participants.

## GUEST SPEAKERS/SITE VISITS

Ensure that people who are coming to speak to participants (e.g. outreach workers, ex- or current drug users, injecting drug users (IDUs), people living with HIV/AIDS and other experts) feel comfortable about their role, understand that they have the right to disclose or not disclose drug use, HIV status, etc. and the right to refuse to answer questions that they consider too personal; clearly inform speakers and reach some kind of an informal agreement with them on what you want them to speak about (including hosts of site visits), and explain (for site visits) what you want to be shown to the participants.

## WORKSHOP LOGISTICS

This depends on your role as a facilitator; it is always wise to at least check that the equipment you need is available and working and that you have the materials listed at the beginning of each workshop. If you are also organizing the workshop, you may need to arrange many different activities from transport of participants to the venue, transport to and from meals and site visits, accommodation, rest-room facilities, catering, social activities, safety and security of personal belongings, official equipment and materials, emergency medical assistance, etc.

## FOLLOW-UP PLAN

Every training workshop should include a plan for the way in which the training will be used; thus each workshop ends with action planning or evaluations or both, which can be used as the basis of a follow-up plan to check whether the workshop has led to results and to see what further training is required.

## WORKSHOP COMPLETION CERTIFICATE

It might be also a good idea to distribute certificates, especially among the outreach workers, peer educators, programme managers and programme developers, on successful completion of the workshops. It has often been reported that this small gesture of endorsement or recognition by the organizers helps considerably in boosting the level of participation and motivation both during the workshop and afterwards.

## CONFIDENTIALITY

The participants should be cautioned at the outset that they should not share any sensitive information about the IDUs outside this group, e.g. the personal identity of the IDUs, drug-injecting or hang-out spots, drug-acquiring spots, as this is more likely to cause the IDUs' arrest or a police raid of the IDUs' hang-out places. In addition, this will result in distrust among the IDUs and will drive them further underground. In the end, it will jeopardize the outreach programme activities among the IDUs.

## INFORMATION & INVITATION

Training outreach workers, peer educators or volunteers or both (fourth workshop) may need specific planning, particularly if active IDUs are participating in the workshop. A first step for outreach managers and programme developers will be to discuss the idea of training with active IDUs and ex-drug users. Invite potential participants well in advance. People need to get used to the idea of being invited to attend a training workshop. The training workshop background should be discussed and explained. An official letter can emphasize that they are invited and their presence will be appreciated. As the course is being developed, keep reminding potential participants about the workshop and dates, ask whether they will be able to attend, and if possible try to extend all possible help, e.g. arranging transportation to and from the venue.

## SESSION PLAN

If active IDUs are to be trained, you may decide to break the training course (fourth workshop) into smaller sections and present it in 2–3-hour sessions over more days. If this is done, it is usually better to organize a workshop starting in late morning or in the afternoon and to provide snacks and lunch, etc., than to expect IDUs to attend early morning sessions. If possible, give a small gift or incentive to the participants as a token of appreciation for their presence. Consider paying people for their presence; they could have been out on the street making money instead of attending your training workshop.

## LITERACY

A problem that may arise in some localities is illiteracy among participants. Ideally, outreach workers should usually be literate so that they can assist IDUs who may be unable to read the information and education materials. However, in real-life situations, especially in resource-poor settings, it is often fairly difficult to get outreach workers or peer educators who are literate and at the same time possess other skills and qualities (e.g. acceptability among general IDUs, availability for outreach activities and communication skills, etc.), which are vital for being an effective peer educator or outreach worker. If there is a mixed group of literate and illiterate outreach workers or peer educators, you may consider grouping them separately to be trained in separate sessions. You should also consider using more pictures, diagrams and illustrations during the actual workshop sessions as well as keeping the provision of site visits and on-the-job training for the illiterate outreach workers or peer educators.

There are many different methods you can choose from to help participants learn. These include case studies, role-playing and other exercises, questions and answers, small-groups discussions and brainstorming along with lectures and plenary discussions. Generally, try to use action-learning principles and problem-solving techniques. Didactic presentations can always be provided in a variety of ways, using questions and statements about problems, inviting answers and comments from participants.

# WORKSHOP METHODS

## ICE-BREAKING

Before beginning the workshop, it is sometimes useful to employ an exercise known as an “ice-Breaker” to help participants become comfortable with each other and with the facilitators. In some groups, simple introductions may be sufficient. If you wish to use Ice-Breakers, there are many different exercises to choose from. Two are included here. ice-Breaking exercises can also be used if tension has risen to a high level among participants, if facilitators sense that frustration is rising, or to begin each day of a multi-day workshop.

### **Ice-Breaker 1: introducing your neighbour (about 30 minutes)**

1. Ask all participants to select a partner for this ice-Breaker, ideally someone they have never met before.
2. Give the participants ten minutes to interview each other (five minutes for each interview) so that they can introduce their partner to the rest of the group
3. Give each participant about one minute to introduce his or her partner.

### **Ice-Breaker 2: the name game (about 15 minutes)**

1. Ask all players to form a large circle (if the group is too large, form two or more circles with at least ten people in each).
2. Identify a volunteer to start the game and ask this first volunteer to say his or her name.
3. Proceeding in a clockwise direction, each participant should repeat the previous names that have been given and add his or her own to the end of the list.
4. By the end of the circle, the last person has to try to remember the names of all others in the circle.

## GROUP DISCUSSION

When discussions are going on among the whole group (starting with the introductions at the beginning of each workshop or course), seat yourself and co-facilitators, as part of the circle. When you are lecturing, you may want to stand since this gives you an automatic level of authority (which can be useful if you see yourself as having lower status—whether through rank, age, sex or race—than some participants). When discussing a topic, especially when you want the discussion to build among participants (with little direction from yourself), sit as part of the circle: this gives a non-verbal message that you are giving up your position of authority for a while to allow a very frank discussion.

## LECTURE

Lectures tend to be the least engaging form of training delivery but they are also the most efficient (if participants are interested and listening). In addition, lectures can be performed in many ways. Rather than simply reading off each slide and the notes in the workshop guidelines, try rephrasing key points as “facilitating questions”. Use questions at any time to break up the lecturing process (especially if you feel participants are becoming bored) and to

check assumptions. Sometimes you might assume too much experience or knowledge among the participants and sometimes you might assume too little. Ask questions to check that everyone is “on the same page”, at a similar level of basic knowledge, before moving on to new knowledge or skills. Ask what participants know about a particular topic. Ask how they feel about a topic. Ask whether they have had any experience of the subjects being discussed.

## BRAINSTORMING

Brainstorming is a method used to collect opinions and information rapidly, and to generate ideas creatively and quickly. It usually takes five to ten minutes. The rules of brainstorming are:

- ▶ everyone participates;
- ▶ there is criticism or discussion of ideas;
- ▶ record ideas; and
- ▶ move quickly.

A typical brainstorming session will usually use flip-chart paper or a whiteboard/blackboard, where one person (sometimes the trainer) writes down key words or phrases called out by participants about a particular topic. Some typical questions for a brainstorming session are:

- ▶ What words come to your mind when I say “injecting drug user”?
- ▶ What different ways could be used to get an educational message to a group of young people?
- ▶ In what places might you find groups of drug users?

## SMALL-GROUPS DISCUSSION

Participants are split into groups (usually with four to six people in each group). One person is nominated (usually by other group members) as the “scribe” or rapporteur: this individual writes down the main points of discussion or answers to set questions (usually with marker pens on a page of flip-chart paper) so they can be read out to the plenary group at the end of the small-group discussion. Discussion in small-groups can help:

- ▶ develop participants’ analytical capacity, appreciation of the complexities of issues, familiarity with subject matter and tolerance of different/opposing viewpoints;
- ▶ ensure that all participants are involved and that they learn from each other;
- ▶ stimulate discussion; and
- ▶ overcome problems related to translation (especially subsequent translation—where translation follows the original speech—which can mean that lectures take a long time and participants become bored more easily than when they are working only in their own language).

## ROLE-PLAYING/EXERCISES/GAMES

Role-playing, exercises and games are often the most enjoyable parts of a training workshop or course. When participants have to do something (rather than sit and listen or talk), it can be very stimulating to the learning process. Often, participants remember the sensation of

being in a particular role or playing a game more strongly than they remember other information. These techniques are particularly useful for dealing with:

- ▶ **Skills.** While other training techniques can increase knowledge, skills are normally enhanced through practice.
- ▶ **Emotions.** It can help participants to feel what it might be like to be a drug user or to be HIV-positive, for example.
- ▶ **Attitudes.** It helps participants to think about their attitudes towards drug use, IDUs, etc.
- ▶ **Lethargy.** Any movement tends to be more effective than sitting in lectures immediately after a large lunch, for example.

## CASE STUDIES/SITE VISITS/GUEST LECTURE

Case studies, site visits and guest lectures by outreach workers, IDUs, ex-users or HIV-positive people or both can be defined as training methods where participants examine a story that involves real situations and people. These methods are among the most powerful tools in training. “Real life” situations, especially when these can be personalized by participants talking to IDUs or outreach workers, tend to have a very strong impact on learning.

### **These methods:**

- ▶ assist in familiarizing participants with principles, jargon, symptoms, incidents and supporting information;
- ▶ build a range of skills including critical thinking and analysis, communication and interaction, and judgement;
- ▶ should include both rational (objective) and emotional (subjective) elements; and
- ▶ can be very important in changing attitudes towards drug use, IDUs and people with HIV/AIDS, etc.

## WORKSHOP MATERIALS

These workshop modules contain photographs and videos that can be used during various training sessions. At times, you will be directed to use these materials, but you should also feel free to think creatively about ways in which these can be incorporated into exercises or other training methods.

When using photographs from the package, be sure to provide the photographer’s name. The photographers (who are mostly amateurs working in outreach programmes around the world) have donated all of the photographs included here: the photographs have been donated for educational purposes and no charges may be made for their use. A larger photographic library is being assembled at the web site of the Centre for Harm Reduction: see Additional Training Resources on the CD-ROM for the address.

The videos are short (so they will fit on a CD-ROM). They are in English and Spanish (with English subtitles).



In addition to the training materials in these workshop modules, there are many other training courses and workshops on outreach, many of which have been developed for the specific situation in certain countries and have training materials available in one or more of the languages of these countries. When you are preparing training materials for the workshop modules, contact the ministry of health (and perhaps the ministries of police/narcotics/justice/public security/youth affairs) in your country, WHO/United Nations organizations as well as international and local NGOs to see whether any materials on outreach to IDUs are available. These materials may include training guidelines, case studies, checklists, videos, brochures or reading materials. You should also check what materials are available on HIV/AIDS and drug use in the national language(s) of the participants.

When you examine these materials, you will need to evaluate their usefulness for inclusion in training on outreach to IDUs. Consider the following factors. Are the materials:

- ▶ based on evidence?
- ▶ current or recent?
- ▶ flexible (for use in a variety of situations)?
- ▶ useful for people with varying levels of language, literacy and numeracy skills?
- ▶ comprehensive?
- ▶ balanced with various kinds of activities?
- ▶ appropriate for the training participants and types of training?
- ▶ easy to read or access?
- ▶ relevant to outreach among hard-to-reach groups?
- ▶ relevant to HIV prevention, treatment, care and/or support?

In the section Additional Training Resources on the CD-ROM, there are lists of web sites and other sources of information and training materials on HIV among IDUs.

## EVALUATING THE WORKSHOP

Evaluation is an important part of the training process. Workshop or course evaluation forms are provided on the CD-ROM for all workshop modules to assist you in assessing participants' reaction to the workshop and to determine the effectiveness of the workshop or course. It is often useful to prepare a report based on the results of these forms to help either you or other trainers in offering similar workshops or courses in the future. Such a report should include:

- ▶ the name of the workshop/course, which module, where and when it was held;
- ▶ the organizers and funders of the workshop/ course;
- ▶ the facilitators' names and organizations, where applicable;
- ▶ participants' names and brief information about them (for example, their title, workplace and locality);
- ▶ trainers' comments on major issues that arose during the workshop/course;
- ▶ the results of the workshop/course evaluations, highlighting those that are significant;
- ▶ recommendations for changes to course materials, methods and participant selection, etc.

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For the **Programme management workshop** and **Field worker training** modules daily evaluation forms are recommended (these are on the CD-ROM) to provide daily feedback on the way the workshop/course is going, and to provide facilitators with information about possible problems and issues that can be addressed prior to or on the following day(s) of training.

Also on the CD-ROM are **Field test evaluation forms**. These are used to provide a similar report to the above, but with specific questions related to all the elements in the workshop modules.

# ORIENTATION WORKSHOP: ORIENTATION TO OUTREACH AMONG INJECTING DRUG USERS

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A

## INTRODUCTION

**T**he **Orientation workshop** is designed to provide an overview of the usefulness of outreach in addressing HIV/AIDS among injecting drug users (IDUs). It is designed for decision-makers and can be used at conferences, seminars, workshops or other venues at which decision-makers gather. It can also be used in conjunction with the **Programme development workshop** module, if desired, to move immediately from deciding whether outreach is useful in a specific locality to starting the process of implementing outreach among IDUs. The **Orientation workshop** module should be able to be offered in half a day.

Sessions in the module emphasize the need to address HIV/AIDS among IDUs (based on evidence from many countries on the nature, speed and cost of HIV epidemics among IDUs), provide evidence for the effectiveness of outreach and other methods of addressing HIV among IDUs, and assist participants in deciding whether outreach to IDUs should be implemented in their locality. The module also helps participants to plan the next steps in implementing an outreach programme among IDUs (including the planning for workshops on **Programme development**, **Programme management** and for **Field worker training**).

This chapter provides an overview of the module 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 "Orientation workshop slides".

## AIM OF THE WORKSHOP

To provide an overview of outreach to IDUs so that decision-makers can choose whether to implement such outreach programmes in their countries, provinces or local areas.

## 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 marker pens (various colours)
- ▶ Optional: whiteboard or blackboard (plus chalk for blackboard or special whiteboard marker pens)
- ▶ Optional: case study video (from CD-ROM)
- ▶ *Handouts* (one for each participant):
  - ✓ *Case studies*
  - ✓ *Evaluation forms*
  - ✓ *Certificates*
  - ✓ *WHO Outreach training guide* (this book and CD-ROM, or at least the CD-ROM)

## BEFORE THE WORKSHOP

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

Also, insert times, venue and other relevant details in the **Orientation workshop** agenda template (on CD-ROM) and make as many copies of this as there are workshop participants; do the same with the **Orientation workshop** evaluation sheets (also on CD-ROM). Choose appropriate case studies (also on CD-ROM) and have these copied so that each participant has a copy: make certain 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 session (Session A.4). If possible, also copy suitable background materials for participants' further reading after the workshop (see Additional training resources on CD-ROM). **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 workshop).

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

- A.0 Introduction
- A.1 HIV epidemics among IDUs
- A.2 How to contact IDUs
- A.3 Effective approaches to HIV among IDUs
- Break
- A.4 Outreach case study
- A.5 Action plans for outreach
- A.X Evaluation and close

## A.0. INTRODUCTION

**(15 MINUTES)**

**Training objective:** To provide participants with an understanding of the workshop's purpose and activities, and introduce participants to facilitators and each other.

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

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

**Key learning points:**

- ▶ Decision-makers need information on HIV prevention among IDUs so that they can decide which methods should be used in their localities.
- ▶ This workshop should lead to a decision about the usefulness of outreach in HIV prevention among IDUs in the participants' localities.

**Techniques:** Lecture, introductions.

**Orientation workshop slides:** Slide A1

**Session approach and content:** See the section on workshop methods for introducing participants and Ice-Breaker games.

## A.1. HIV EPIDEMICS AMONG IDUs

**(20 MINUTES)**

**Training objective:** To motivate participants to focus on 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; and
- ▶ the impact of IDU-related HIV epidemics on individuals, societies and economies.

**Key learning points:**

- ▶ HIV among IDUs has been identified in many countries.
- ▶ HIV epidemics can spread very quickly among IDUs.
- ▶ The personal, social and economic costs of HIV epidemics among IDUs can be very high.
- ▶ Every society where injecting drug use has been identified needs to carry out interventions to prevent HIV from spreading among IDUs.
- ▶ HIV spreads from IDUs to other populations (e.g. sex workers).

**Techniques:** Lecture, discussion.

**Orientation workshop slides:** Slide A2–A7

**Session approach and content:** This lecture presentation begins by discussing HIV epidemics among IDUs. The global nature of injecting drug use is explored, and participants should note that injecting illicit drugs has increased rapidly worldwide in recent years. There are personal, social and economic reasons for this increase.

HIV can spread very quickly among IDUs. Explosive HIV epidemics among IDUs have occurred in many cities in the past 20 years, including New York City (United States of America) in 1979, followed by such cities as Edinburgh (Scotland), Bangkok (Thailand), Ho Chi Minh City (Viet Nam), Santos (Brazil), Odessa (Ukraine), Svetlogorsk (Belarus), Moscow and Irkutsk (the Russian Federation), Narva (Estonia), and in the Libyan Arab Jamahiriya in 2002. Explosive spread has also occurred across entire provinces such as Manipur in India and Yunnan in China, and across countries such as Myanmar. In some areas, HIV prevalence among IDUs has escalated from less than 5% to over 40% in a period of less than 12 months. In Manipur, prevalence increased from under 10% to more than 60% in six months. In eastern Europe, where the epidemic only emerged in about 1996, 80–90% of new HIV infections were among IDUs in 2002. The fastest-growing HIV epidemic ever recorded is among IDUs in the Russian Federation.

HIV transmission among and from IDUs occurs in several ways: by sharing of injecting equipment; via drug contamination through certain drug preparation processes and rituals associated with injecting drug use; through high-risk sexual behaviours; through mother-to-child transmission, where the mother is HIV infected; and through needle stick injuries and blood transfusion, particularly where IDUs sell blood. HIV epidemics among IDUs can cause massive epidemics in countries with high numbers of IDUs, which can lead to subsequent epidemics in other sub-population groups where HIV risk behaviours are common. Similarly, it can also trigger expanded epidemics in countries where most HIV transmission is through any one of the sexual routes.

The economic, social and personal costs of HIV epidemics among IDUs are very high and need to be addressed. Because HIV spreads so quickly among IDUs, interventions must be carried out urgently to prevent or reduce massive epidemics of HIV among IDUs.

## A.2. EXERCISE: HOW TO CONTACT IDUs

**(35 MINUTES)**

**Training objective:** To introduce participants to some of the obstacles to effective HIV prevention among IDUs.

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

- ▶ knowledge of obstacles to HIV prevention among IDUs;
- ▶ awareness of their own abilities to directly intervene in IDUs' behaviours; and
- ▶ sense of comfort with their fellow participants.

**Key learning points:**

- ▶ Injecting drug use is hidden and marginalized: it often occurs in the same areas as other criminal activities.
- ▶ Not everyone is comfortable visiting the places where IDUs might be found and talking with IDUs.
- ▶ IDUs may not listen to advice and follow recommendations for changing their behaviour.

**Techniques:** Small-group discussion, plenary discussion.

**Orientation workshop slides:** Slide A8

**Session approach and content:** This small-group exercise asks participants to list the various places where IDUs may be found across all the localities represented in the group. They are also asked whether they would feel comfortable going to all of these places and talking to IDUs about HIV and drug use issues. Then they are asked whether they believe IDUs would listen to messages delivered by participants.

The exercise reveals that it is difficult to reach and communicate with IDUs, and research has shown that the effectiveness of this communication with IDUs depends greatly on who is trying to communicate and where the communication takes place.

### A.3. EFFECTIVE APPROACHES TO HIV AMONG IDUs

**(25 MINUTES)**

**Training objective:** To provide an overview of the evidence of how effective various methods are in preventing HIV among IDUs.

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

- ▶ methods used to prevent HIV among IDUs;
- ▶ relative effectiveness of these methods; and
- ▶ the 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 one another. These are outreach, other relevant and credible education, increasing the availability of needles and syringes, drug substitution treatment, e.g. methadone programmes, and condom distribution.
- ▶ 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.

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**Orientation workshop slides:** Slides A9–A18

**Session approach and content:** Effective approaches to HIV/AIDS and injecting drug use need to include a range of public health responses. The Ottawa Charter of Health Promotion is the foundation document of such public health approaches. It calls for:

- ▶ promoting health through public policy;
- ▶ creating a supportive environment;
- ▶ reorienting health services;
- ▶ strengthening community action; and
- ▶ developing personal skills.

Four main groups need to be targeted for the development of personal skills (Ball, 1998):

- ▶ IDUs;
- ▶ sexual partners, families and friends of IDUs;
- ▶ doctors and other health care workers (e.g. psychologists, nurses, social workers); and
- ▶ outreach workers and peer educators.

Participants are shown that the above framework sees outreach workers as vital in effective HIV prevention among IDUs. An effective prevention programme also requires:

- ▶ emphasis on short-term pragmatic goals (e.g. preventing HIV transmission in a specific circumstance) over long-term goals (e.g. complete cessation of drug use)
- ▶ use of multiple strategies to achieve goals;
- ▶ provision of the means to accomplish risk reduction, e.g. condoms and sterile needles and syringes; and
- ▶ involvement of people who inject drugs in the planning and implementation of programmes through recruitment of current drug users.

A typical hierarchy of drug-related HIV risks is as follows:

- ▶ Stop or never start using drugs: if you do not use injectable drugs, you cannot catch infections through needle sharing.
- ▶ If you use drugs, use them in any way but injecting; if you do not inject drugs, you cannot catch infections through needle sharing.
- ▶ If you continue to inject, do not share needles, mixing waters/containers/cookers/spoons or filters with other drug users or use new injecting equipment every time: if you use new injection equipment every time, you cannot catch viral infections such as HIV.
- ▶ If you need to reuse any equipment, use your own injecting equipment every time; if you reuse your own injection equipment every time, you cannot catch viral infections such as HIV (unless someone else has used your equipment without your knowledge).
- ▶ If you need to reuse any equipment and you believe you need to use someone else's equipment (needle or equipment sharing), clean needles by an approved method (see *Handouts* on the CD-ROM for details). There is some risk of HIV transmission after needle cleaning, but cleaning in an approved manner will reduce the likelihood of transmission.



As this risk hierarchy shows, many different groups and activities should be involved in order to reduce the risk of HIV transmission, from drug prevention campaigns to drug treatment agencies to outreach workers and to IDUs themselves.

In 2001–2002, WHO commissioned a series of reviews and policy briefs from the world's leading authorities on HIV among IDUs. Known collectively as *Evidence for Action*, these briefs are being published both as printed documents and online, as they are finished. They show clear evidence that five activities can be highly effective in preventing HIV transmission among IDUs. While each activity seems to have limited effectiveness by itself, when several or all are used at the same time, HIV epidemics among IDUs have been prevented, stabilized and reduced. The five activities are:

- ▶ **Outreach.** The reviews refer to outreach as an approach for contacting drug users in their local neighbourhoods and providing them with education, advice (risk-reduction counselling), testing and counselling and the means (skills and/or products such as needles, syringes, bleach, condoms, sexually transmitted infections treatment) to change their risk behaviours related to injecting drug use and sex.
- ▶ **Relevant, credible education and information.** This is sometimes called information, education, communication (IEC) or behaviour change communication (BCC). It forms an important part of outreach work but can also be carried out in additional ways through the use of leaflets, videos, and a wide variety of targeted and mass media.
- ▶ **Increased access to needles and syringes.** Specifically, the reviews summarize the large body of evidence for needle and syringe programmes (NSP), which sometimes include the exchange of used needles and syringes during the distribution of new needles and syringes.
- ▶ **Drug substitution treatment with methadone and buprenorphine.** For users of opioids such as heroin, drug substitution has also been shown to be highly effective in preventing HIV transmission among IDUs while other drug dependence treatments were found to be less effective.
- ▶ **Supportive policy, legislation and targeted advocacy.** These approaches have contributed to reducing marginalization, so that IDUs can access HIV prevention services.

The **Evidence for Action** reviews found that:

- ▶ Outreach is the most widely used intervention to prevent HIV among IDUs worldwide, with evidence of outreach programmes to address these issues in almost every continent. It is the least costly intervention and often the easiest to begin (compared with large targeted education, needle and syringe or drug substitution treatment programmes). Several studies have shown that outreach can be effective by itself and that it usually plays a major role in a comprehensive HIV prevention programme among IDUs.
- ▶ HIV information, education and communication (IEC) interventions for IDUs are one 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. IEC approaches also have an important role to play in outreach work, including peer-education programmes.

Information about HIV/AIDS-related risks and ways of reducing risk may be made available through illustrated leaflets and booklets, as well as through word of mouth.

► NSPs have been found to be most effective when they are integrated with other forms of health care, either within a set of government or nongovernment services from a single provider or as part of a referral network of services. In many countries NSPs are combined with education and outreach programmes to attract IDUs with needles and syringes, abscess management and other prevention supplies, and provide education on HIV and related topics in areas where IDUs live and congregate. IDUs who attend NSPs, compared with those who do not, generally have:

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

► Policy and legislation can greatly influence any public health intervention especially among marginalized populations, e.g. IDUs. To create a local environment supportive of adopting and maintaining a safer behaviour among IDUs, supportive policy and legislation at national level are crucial. Public policy and legislation that inhibit or discourage implementation of public health programmes, e.g. outreach, HIV/AIDS education and NSPs, can lead to negative public health consequences.

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. Methadone programmes are the most widely used types of drug substitution treatments but others include buprenorphine, pethidine, heroin, morphine and tincture of opium. Some studies have found that participants in a methadone programme were half as likely to be infected with HIV compared with drug users not participating in a methadone programme.

#### A.4. OUTREACH CASE STUDY/GUEST LECTURE

**(45 MINUTES)**

**Training objective:** To provide participants with an understanding of how outreach for HIV prevention among IDUs has occurred in one context and to allow discussion of the usefulness of outreach in participants' cities, provinces or countries.

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

- knowledge of specific characteristics of outreach for HIV prevention among IDUs;
- understanding of the benefits and negative aspects of outreach work; and
- understanding of the usefulness of outreach in their own localities.

**Key learning points:**

- Outreach is effectively carried out in localities similar to that of the participants.
- Outreach may have negative or problematic aspects.
- Outreach may be useful and achievable in participants' localities.

**Techniques:** Individual reading, group watching of a video and/or guest lecture, followed by small-group discussion and plenary discussion.

**Orientation workshop slides:** Slide A19

**Session approach and content:** At this point, a guest lecture by an outreach worker can be very effective, especially if the outreach worker comes from the same country as or a similar country to the participants. The guest lecture should be short (about five minutes), just describing the lecturer's daily work and allowing about ten minutes for questions from participants. This guest lecture can replace the case studies. If there is sufficient time, both case studies and guest lecture can be used to give participants a more complete picture of outreach work.

The guest lecturer or the facilitator may also decide to use this session to warn the participants that it is very important not to release any sensitive information about the IDUs, e.g. personal identity, drug injecting or hang-out spots and drug-acquiring spots. They should explain that such disclosure is more likely to result in arrest of the IDUs or a police raid of IDU hang-outs, which will cause distrust among the IDUs, drive them further underground and jeopardize the outreach programme activities among the IDUs.

Alternatively, a video can be shown to demonstrate outreach methods. Case studies and videos are included on the CD-ROM.

After the case study or guest lecture, participants are asked whether outreach would be useful for HIV prevention among IDUs in their locality. A discussion is held on this topic as participants decide whether to move on to the final step of the workshop (see below).

## A.5. ACTION PLANS FOR OUTREACH

**(60 MINUTES)**

**Training objective:** To provide participants with individual action plans to begin the process of developing outreach programmes for HIV prevention among IDUs in their localities.

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

- ▮ knowledge of WHO materials to assist in starting outreach programmes and how to access these materials;
- ▮ understanding of their own role in developing outreach programmes in their localities; and
- ▮ understanding of other participants' roles in developing outreach programmes in their localities.

**Key learning points:** By senior policy-makers and the community:

- ▮ WHO has several training and other materials that can be used to help begin the development of outreach programmes.
- ▮ The development of outreach programmes will require several steps.

- Important starting points are an understanding of the need for effective HIV prevention among IDUs, and increased knowledge for these groups about effective methods of preventing HIV among IDUs.

**Techniques:** Lecture, followed by individual planning, then presenting plans to the group and general discussion.

**Orientation workshop slides:** Slide A20 – A24

**Session approach and content:** In this session, participants are shown examples of resources available (such as these workshop guidelines) to assist decision-makers in implementing outreach programmes.

Participants are asked to write individual action plans, that are SMART:

**Specific:** The objective should state clearly what the programme is trying to achieve.

**Measurable:** It should be possible to measure the objective fairly easily without massive resources devoted to research and evaluation.

**Achievable:** The objective should be achievable within the available resources (financial, human and other).

**Relevant:** The objective must be useful to the overall process of working towards the goal.

**Time-constrained:** The objective should be attainable within a certain time limit, otherwise it is difficult to measure.

After individual plans are completed, each participant is asked to read their plan to the group.

## A.X. EVALUATION AND CLOSE

**(15 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, followed by thanks and farewells.

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

# PROGRAMME DEVELOPMENT WORKSHOP: DEVELOPING OUTREACH PROGRAMMES FOR HIV PREVENTION AMONG INJECTING DRUG USERS

## INTRODUCTION

The **Programme development workshop** is a one-day workshop designed to assist planners and local officials in planning the introduction of outreach programmes targeting IDUs. It can be used in conjunction with the **Orientation workshop**, if desired, to move immediately from deciding whether outreach is useful in a specific locality to starting the process of implementing outreach among IDUs. It can also be used together with the **Programme management workshop** (e.g. at the local district level, where the same people may have the roles of developers and managers of outreach programmes). However, this should only be done *after* there has been an assessment of the HIV/AIDS and drug use situation in the participants' localities as well as after agreement has been reached with local authorities and funders to allow an outreach programme to start and to provide it with resources. **Programme development workshop** participants need to have a clear role or intent to partake in developing outreach programmes.

Sessions in the module provide in-depth information on the types of outreach programmes that address HIV among IDUs, and the kind of information needed for planners to decide how and where an outreach programme should begin in their locality. Sessions also emphasize the need to work with other agencies in the locality both to gain support for any controversial aspects of outreach work and to provide referrals to services, which may not be available through the proposed outreach programme. This module also helps participants to plan the next steps in implementing an outreach programme among IDUs (including the planning for workshops on **Programme management** and **Field worker training**).

This chapter provides an overview of the module, together with the list of materials and 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 development workshop** slides.

## AIM OF THE WORKSHOP

To plan the implementation of an outreach programme for HIV prevention among IDUs in a specific locality.

## 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 marker pens (various colours)
- ▶ Optional: Whiteboard or blackboard (plus chalk for blackboard or special whiteboard marker pens)
- ▶ Optional: case study video (from CD-ROM)
- ▶ *Handouts* (one for each participant):
  - ✓ *Case studies*
  - ✓ *Evaluation forms*
  - ✓ *Certificates*
  - ✓ WHO *Outreach training guide* (this book and CD-ROM, or at least the CD-ROM)
  - ✓ Two photographs of drug injecting pasted onto cardboard and cut into jigsaw puzzle shapes (see next section)

# BEFORE THE WORKSHOP

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

Also, insert times, venue and other relevant details in the **Programme development workshop** agenda template (on CD-ROM) and make as many copies of this as there are workshop participants; do the same with **Programme development workshop** evaluation sheets (also on CD-ROM). Choose appropriate case studies (on CD-ROM) and have these photocopied 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 session (Session B.4). If possible, also copy suitable background materials for participants' further reading after the workshop (see Additional training resources on CD-ROM). **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 workshop). 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.

You will also need two photographs of drug injecting. If possible, these should be photographs taken in the country in which the participants live. However, the photographs should not show the drug users' faces and should be used only with their permission. It is useful for you to know the "story" behind the photographs: where were they taken what the subjects were doing, etc. (If this is not possible, choose photographs from the **Photos** folder on the CD-ROM and see Notes to photographs.) Have the photographs enlarged (to A4 size if possible). Cut the photographs up in uneven shapes (like jigsaw puzzle pieces). The number of pieces (in total) should match the number of participants. These are used in an exercise in Session B.7.

Ensure that you have a clear overview of WHO Rapid Assessment and Response (RAR) tools (Session B.8). Ensure that you are familiar with the terms and techniques of RAR by at least reading the introduction and some parts of the IDU-RAR.

## WORKSHOP OUTLINE

- B.0 Introduction
- B.1 HIV epidemics and prevention among IDUs
- B.2 How to contact IDUs
- B.3 Types of outreach–Break
- B.4 Getting started: case study
- B.5 Aims and objectives
- B.6 Target groups and areas–Lunch
- B.7 Generating knowledge about hidden populations
- B.8 Collecting data and assessing needs
- B.9 Identifying and mobilizing resources–Break
- B.10 Power mapping
- B.11 Relationships with other agencies
- B.X Evaluation and close

### B.0. INTRODUCTION

**(20 MINUTES)**

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

**Learning objectives:** 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:**

- ▶ Outreach programmes need to be planned.
- ▶ This workshop should lead to draft plans for the implementation of outreach for HIV prevention among IDUs in the participants' localities.

**Techniques:** Lecture, introductions.

**Programme development workshop slides:** Slide B1

**Session approach and content:** 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 B1) and read out the outline, stating when the breaks will be.

## B.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 and then to the other groups.
- ▶ The personal, social and economic costs of HIV epidemics among IDUs can be very high.
- ▶ 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, 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 success of HIV prevention among IDUs.

**Techniques:** Lecture, discussion.

**Programme development workshop slides:** Slides B2–B10

**Session approach and content:**<sup>1</sup> 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).

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<sup>1</sup> If the **Orientation workshop** and **Programme development workshop** are being combined, this session can be deleted and more time can be spent on planning assessments and gaining support for the proposed outreach programme. Alternatively, the combined workshops may be carried out in a single day.

If the **Programme development workshop** is being used as a separate workshop, this session should be provided in full. Often the participants in the **Orientation workshop** and **Programme development workshop** are different, and the workshops may be carried out many months apart.



## B.2. EXERCISE: HOW TO CONTACT IDUS

**(35 MINUTES)**

**Training objective:** To introduce participants to some of the obstacles to effective HIV prevention among IDUs.

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

- ▶ knowledge of obstacles to HIV prevention among IDUs;
- ▶ awareness of their own abilities to directly intervene in IDUs' behaviour; and
- ▶ a sense of comfort with their fellow participants.

**Key learning points:**

- ▶ Injecting drug use is hidden and marginalized: it often occurs in the same areas as other criminal activities.
- ▶ Not everyone is comfortable visiting the places where IDUs might be found and talking with IDUs.
- ▶ IDUs may not listen to advice or follow recommendations for changing their behaviour.

**Techniques:** Small-group discussion, plenary discussion.

**Programme development workshop slides:** Slide B11

**Session approach and content:**<sup>2</sup> This small-group exercise asks participants to list the various places where IDUs may be found across all the localities represented in the group. They are also asked whether they would feel comfortable going to all of these places and talking to IDUs about HIV and drug use issues. Then they are asked whether they believe IDUs would listen to messages delivered by participants.

The exercise reveals that it is difficult to reach and communicate with IDUs and research has shown that the effectiveness of this communication with IDUs depends greatly on who is trying to communicate and where the communication takes place.

## B.3. TYPES OF OUTREACH

**(30 MINUTES)**

**Training objective:** To provide participants with an overview and history of the types of outreach used with IDUs in various parts of the world.

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

- ▶ the ways in which in which outreach programmes developed in various countries; and

<sup>2</sup> This is the same exercise as A.2. If the Orientation workshop and Programme development workshop modules are being run together, it can be deleted. If the Programme development workshop module is being provided separately from the Orientation workshop module, this exercise should be included.

- models of outreach work.

**Key learning points:**

- Illicit drug use is characterized as hidden and stigmatized and is often regarded as immoral.
- Drug-using behaviour is dynamic.
- There are various models of outreach work.
- Which models are used depends on the specific characteristics of the locality in which programmes are established.
- Most outreach work involves finding and contacting IDUs, as well as providing IDUs with information and education about HIV/AIDS transmission and prevention, HIV testing, HIV disease (especially for HIV-positive IDUs) and treatment, 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, discussion.

**Programme development workshop slides:** Slides B12–B20

**Session approach and content:** This presentation starts by examining the characteristics of illicit drug use, particularly drug injecting. Illicit drug use is hidden, stigmatized and regarded as immoral by at least some groups in most societies. Drug-using behaviour is also fluid and changes with new technologies. The impact of police and social pressures, changes in membership of drug-selling and using networks, the involvement of different ethnic groups, and changing patterns and trends in drug use based upon availability, price, drug preference and consequences of using particular drugs or drug combinations all affect drug-using behaviour.

The session then considers the history and models of outreach developed in various contexts. Outreach to drug users originated in the 1960s in the United States of America in response to epidemic levels of heroin use. By the late 1960s, outreach programmes were also operating in several western European countries, targeting drug-using youth (EMCDDA, 1999), and in Australia and New Zealand, targeting homeless people and street children, including drug users (KRC, 2002). Community-based work in Latin America has a long tradition based on experiences of popular education in Brazil in the 1960s, and social psychology in Chile or social work in Argentina in the 1970s: all of these used outreach methods to some degree. Mexico and the Caribbean have also integrated outreach into their efforts to address different social problems (Needle et al., 2002).

There are a number of community-based outreach models—with considerable overlap and some differences in the organization of outreach work and functional roles and types of outreach workers. In the **Programme development workshop slides** and **Teaching notes**, there is substantial detail about outreach to IDUs in various parts of the world. Trainers are encouraged to read these and choose excerpts that are most appropriate to the course participants' localities.

## PROGRAMME DEVELOPMENT WORKSHOP: DEVELOPING OUTREACH PROGRAMMES FOR HIV PREVENTION AMONG INJECTING DRUG USERS

While there are many differences between outreach programmes, 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.

Outreach is also commonly linked to (or part of) other programmes such as NSP, substitution and other forms of drug treatment, and other health and social services, often in a safe and accessible setting in the community, popularly known as “drop-in-centres” for IDUs.

### B.4. GETTING STARTED: CASE STUDY

**(30 MINUTES)**

**Training objective:** To provide participants with an understanding of how outreach for HIV prevention among IDUs has started in at least one context and to enable discussion of how outreach could be started in participants’ cities, provinces or countries.

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

- ▶ knowledge of specific characteristics of outreach for HIV prevention among IDUs in other localities; and
- ▶ understanding of the steps needed to start outreach work.

**Key learning points:**

- ▶ Outreach is effectively carried out in localities similar to the participants’ own.
- ▶ Key steps of outreach include:
  - ✓ deciding on aims and objectives;
  - ✓ deciding on target groups and localities;
  - ✓ defining the outreach project’s relationship with other agencies;
  - ✓ identifying and mobilizing resources;
  - ✓ collecting data, assessing needs; and
  - ✓ staffing, equipment and training.

**Techniques:** Individual reading, group watching of a video and/or guest lecture, followed by small-group discussion and plenary discussion.

**Programme development workshop slides:** Slide B21

**Session approach and content:** At this point, a guest lecture by an outreach worker can be very effective, especially if the outreach worker comes from the same country as or a similar country to the participants. The guest lecture should be short (about five minutes), just describing the lecturer’s daily work and allowing about ten minutes for questions from participants. This guest lecture can take the place of the case studies. If there is sufficient time, both case studies and guest lecture can be used to give participants a more complete picture of outreach work.

Alternatively, a video can be shown to demonstrate outreach methods. Case studies and videos are included on the CD-ROM.

After the case study or guest lecture, participants are asked the following questions:

- ▶ What are the important steps in starting outreach in the locality in the case study?
- ▶ What questions need to be answered before an outreach programme can begin?

Steps may include a variety of activities but the essential steps and questions are:

- ▶ Deciding on aims and objectives: a clear view of what the outreach project will try to do.
- ▶ Deciding on target groups and areas: with whom and where will the outreach project work?
- ▶ Beginning data collection and assessing needs: how will the programme developers calculate the number of staff they will need and decide what type of work outreach workers will do?
- ▶ Mobilizing resources: where will the project identify people to staff the project and find funds for it?
- ▶ Defining the project's relationships with other agencies: how will the outreach project work with police/public security/ interior personnel, health, education and social services, both government and nongovernment?

## B.5. AIMS AND OBJECTIVES

**(35 MINUTES)**

**Training objective:** To provide participants with the knowledge and skills for developing aims and objectives for outreach programmes.

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

- ▶ knowledge of suitable aims and objectives of outreach programmes;
- ▶ knowledge of the key elements of objectives; and
- ▶ skills in developing aims and objectives for outreach programmes in their localities.

**Key learning points:**

- ▶ Clear aims and objectives are helpful when starting outreach programmes.
- ▶ Objectives should be SMART: specific, measurable, achievable, relevant and time-constrained.
- ▶ Clear aims and draft objectives should be developed for outreach programmes in their locality

**Techniques:** Lecture, discussion, and small-group work.

**Programme development workshop slides:** Slides B22–B24

**Session approach and content:** Clear aims and objectives are helpful in:

- ▶ setting common grounds for managers, staff and volunteers;
- ▶ explaining the project to people outside the programme;
- ▶ devising the subsequent strategies for intervention; and
- ▶ for evaluation, if you have clear, measurable objectives, evaluation will tell you whether you achieved your objectives.

The aim of most outreach programmes for HIV prevention among IDUs is usually something like: “To prevent the spread of HIV among and from IDUs in (locality)”

Once the project’s aim has been determined, objectives can be developed. The objectives must be SMART.<sup>3</sup>

At this point, participants are split into small-groups to devise the aims and objectives of their proposed outreach programmes.

## B.6. TARGET GROUPS AND AREAS

**(35 MINUTES)**

**Training objective:** To provide participants with the knowledge and skills to decide on the target groups and areas of operation for outreach programmes.

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

- ▶ knowledge of possible target groups and areas of operation for outreach programmes;
- ▶ skills in defining target groups and areas of operation for outreach programmes in their locality; and
- ▶ skills in developing SMART objectives.

**Key learning points:**

- ▶ Defining target groups and areas of operation allows outreach programmes to do one job well rather than many jobs badly.
- ▶ Being very specific in defining target groups and areas enables a programme to start small, then build up to more extensive work.
- ▶ Objectives should be SMART: specific, measurable, achievable, relevant and time-constrained.

**Techniques:** Lecture, discussion, and small-group work.

**Programme development workshop slides:** Slide B25

**Session approach and content:**

Once the outreach programme’s primary aim has been determined, the work’s main target

<sup>3</sup> For further information on SMART objectives, see the Guidelines for Session A.5.

should be identified. This may be:

- ▶ a generic group, such as young people or working women;
- ▶ a specific group with particular attributes, such as IDUs, who are not in touch with established services;
- ▶ a generic area, such as all schools or youth clubs in a locality; and
- ▶ specific areas, such as a venue where drug users meet to buy, sell and consume drugs.

Another small-group exercise is used to assist participants in devising the target groups and areas for their proposed outreach programmes and to check whether the objectives are suitable to these targets.

## B.7. GENERATING KNOWLEDGE ABOUT HIDDEN POPULATIONS

**(30 MINUTES)**

**Training objective:** This exercise helps participants to refocus on the workshop topic after lunch and provides an opportunity to discuss how knowledge is generated about hidden populations such as IDUs.

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

- ▶ understanding of ways in which knowledge of a topic is generated; and
- ▶ skills in verifying assumptions about drug use or other topics.

**Key learning points:**

- ▶ A photograph or any other piece of “evidence” cannot tell a full story.
- ▶ Assumptions need to be verified by assembling more evidence from different sources.

**Techniques:** Group exercise (in two large groups) followed by discussion from the full group.

**Programme development workshop slides:** Slide B26

**Session approach and content:** In this exercise, participants are asked to put together two jigsaw puzzles, which result in photographs of drug injecting but which do not show the faces of the drug users. Participants are then asked:

- ▶ If this picture were taken in your city, what statements would you make about HIV and injecting drug use in your city?
- ▶ How would you check that these statements were true?

The session concentrates on pointing out the assumptions that participants make and exploring ways to verify their assumptions. These methods of verification are covered briefly in the next section.

## B.8. COLLECTING DATA AND ASSESSING NEEDS

**(45 MINUTES)**

**Training objective:** To provide participants with the knowledge and skills to be able to collect data and assess needs for outreach programmes.

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

- ▮ knowledge of ways of collecting data on drug use and HIV/AIDS;
- ▮ knowledge of WHO RAR methods; and
- ▮ skills in assessing needs for outreach programmes in their locality.

**Key learning points:**

- ▮ There is a wide range of sources of useful data about drug use and HIV/AIDS.
- ▮ WHO RAR methods can be used to collect and assemble these data and to design effective HIV prevention programmes among IDUs.
- ▮ Data used for programme design should be checked through triangulation.

**Techniques:** Lecture, discussion, and small-group work.

**Programme development workshop slides:** Slides B27–B29

**Session approach and content:** Before beginning an outreach programme, participants need information about injecting drug use and HIV/AIDS in their localities. This information is normally generated through an assessment.

WHO recommends the use of a recently developed set of tools called IDU-RAR: A manual for rapid assessment and response for injecting drug use.

This session provides an explanation of RAR and the principles that underlie this methodology:

- ▮ speed;
- ▮ cost-effectiveness;
- ▮ exploitation of existing data;
- ▮ use of multiple indicators and data sources;
- ▮ investigative orientation;
- ▮ induction;
- ▮ relevance to interventions and pragmatism;
- ▮ investigation of many levels of societies;
- ▮ consultation; and
- ▮ adequacy rather than scientific perfection.

While these RAR methods are recommended, other types of assessment can also be used to start an outreach programme quickly. Such an assessment must include:

- ▮ collecting and reading existing information on drugs and HIV in the locality;

- ▮ identifying key persons (drug users, professionals, police, people living in the neighbourhood, etc.) and collecting information from them; and
- ▮ going onto the street and exploring the situation of IDUs.

At this point, participants are again split into small-groups to determine what type of assessment is needed in their locality as well as how and by whom it should be carried out.

## B.9. IDENTIFYING AND MOBILIZING RESOURCES

**(60 MINUTES)**

**Training objective:** To provide participants with the knowledge and skills to be able to identify and mobilize resources for outreach programmes.

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

- ▮ knowledge of resources needed for outreach programmes;
- ▮ knowledge of potential ways of accessing these resources; and
- ▮ skills in accessing these resources for outreach programmes in their locality.

**Key learning points:**

- ▮ Outreach programmes require fewer resources than most other HIV prevention interventions among IDUs.
- ▮ Outreach programmes require human and financial resources.
- ▮ Outreach workers may be recruited among IDUs in the community, ex-drug users in (or graduated from) rehabilitation services, students and other groups.
- ▮ Financial resources exist in many forms and mobilizing funds for outreach programmes may not be difficult.

**Techniques:** Lecture, discussion, and small-group work.

**Programme development workshop slides:** Slides B30–B31

**Session approach and content:** Community-based outreach is well suited to resource-constrained settings since it is the least costly of the range of effective interventions for HIV prevention among IDUs. However, positive behaviour change among IDUs is more likely to occur when outreach programmes invest resources in training and developing human resources (outreach managers, outreach workers, peer educators and volunteers), and in developing and distributing educational and prevention materials. This session discusses the types of resources needed and helps participants to determine where these resources can be found in their locality.

The most important resources are:

- ▮ human: especially outreach workers and managers;
- ▮ financial: including remuneration of outreach and other programme staff, transport costs, materials (see below) and training;



- ▶ materials:
  - ✓ outreach materials could include leaflets, booklets, condoms, bleach, containers for carrying needles and syringes, water, alcohol swabs, other useful items to IDUs and, where outreach is connected to NSP, needles and syringes;
  - ✓ outreach worker identification (caps, T-shirts, bags, badges); and
  - ✓ IEC materials.
- ▶ linkages with other services.

At this point, participants are split into the same small-groups as in the previous session to begin planning for the resources needed for the outreach programme they are designing. Then they are asked where funding could be found for outreach programmes in their localities. This is done as large-group brainstorming.

## B.10. POWER MAPPING

**(45 MINUTES)**

**Training objective:** To provide participants with the knowledge and skills to be able to identify 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.

**Session approach and content:** In this exercise, participants work in small-groups to map the people, groups and institutions that may have an influence on both starting and maintaining an outreach programme.

## B.11. RELATIONSHIPS WITH OTHER AGENCIES

**(60 MINUTES)**

**Training objective:** To provide participants with knowledge and skills for developing relationships with other organizations.

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

- ▶ knowledge of ways of developing relationships with other organizations; and

- skills in identifying key organizations in their locality for developing an outreach programme.

**Key learning points:**

- A wide range of organizations can provide support and assistance for an outreach programme.
- Individuals and organizations that could be obstacles to the outreach programme may become allies (or may not interfere with the programme) if they are involved with or consulted about establishment of the programme.

**Techniques:** Lecture, discussion, and small-group work.

**Programme development workshop slides:** Slides B320–B37

**Session approach and content:** In the previous exercise participants found that there are many important groups and individuals that can assist or obstruct outreach work. This session discusses ways to seek support from potential allies. It discusses formal and informal ways to link with other agencies.

The session specifically considers the relationship between an outreach programme and the police and narcotics control department/agency. The most effective way to develop police/narcotics control liaison is to identify a senior police/narcotics control official who is (or can be persuaded to be) sympathetic to the assessment or programme and sufficiently senior to ensure that the assessment and programme can operate without interference from the police/narcotics control.

At this point the participants should be cautioned that they must be very careful in not releasing any sensitive information about the IDUs, e.g. personal identity or drug injecting or hang-out spots, drug-acquiring spots, since this is more likely to cause arrest of the IDUs or a police raid of the IDU hang-out places. In addition, this would result in distrust among the IDUs, driving them further underground and, in the end, would jeopardize the outreach programme activities among the IDUs.

Even after achieving a level of cooperation from the police/narcotics control, a mechanism is also needed to deal with problematic situations. Problematic situations while implementing outreach programmes often arise when high-level agreements about police/narcotics/health policy on such matters are not properly communicated to (or are ignored by) police/narcotics officers on the street, who then harass the assessment team or outreach workers and clients. The usual mechanism is to arrange regular meetings at both senior level, followed by local level, between police/narcotics control and health (and possibly city or ward) officials or to develop a protocol for calling meetings at short notice if problems arise.

At this point, participants are again split into the same small-groups as in the previous session and asked to consider where they will find the human resources to carry out outreach work, and to consider the attendant costs. Once the results of this exercise are added to those of previous exercises throughout the day, participants will have completed the basic steps of planning an outreach programme and, with these plans, can approach funders to seek funding for their programmes.

Participants are provided with further information on ways in which WHO and other resources can assist them in their next steps in implementing an outreach programme.

## B.X. EVALUATION AND CLOSING

**(15 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 out of evaluation forms, followed by thanks and farewells.

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

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# PROGRAMME MANAGEMENT WORKSHOP: MANAGING OUTREACH PROGRAMMES AMONG INJECTING DRUG USERS

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## INTRODUCTION

**T**he **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
DAY 2
DAY 3
DAY 4

# 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:**<sup>4</sup> 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.

<sup>4</sup> 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.

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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.

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- ▶ 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.

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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.

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**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.

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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.

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- 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.

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## 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.

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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.

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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.

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**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.

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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.

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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:**<sup>5</sup> 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

<sup>5</sup> 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.

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**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.

- ▶ 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.

# FIELD WORKER TRAINING: CORE SKILLS IN OUTREACH AMONG INJECTING DRUG USERS

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## INTRODUCTION

**F**ield worker training is a five-day training workshop designed to train people who are or will become outreach workers to IDUs. The course can be carried out in any way that best suits outreach workers and programmes. It can be provided on five consecutive days (common when first starting a programme). It can be provided on one day a week or one afternoon a week until all the sessions are completed. It can be used alone or combined with on-the-job training.

Sessions in the module provide simple overviews of ways of addressing HIV epidemics among IDUs, HIV/AIDS and drug use, as well as more in-depth examination of contacting and educating IDUs; developing specific education messages for safer sex and less risky injecting; preventing relapse and burnout; working on monitoring and evaluation; working with a referral system and programme advocacy.

This chapter provides an overview of the module (split up by Days 1–5) 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 **Field worker training workshop** slides.

Some of the sessions in **Field worker training workshop** are repeats (though often with a different emphasis or simpler language) of sessions in the **Programme management workshop** so that outreach managers and outreach workers have similar knowledge on core areas of their work and so that managers can assist outreach workers in on-the-job training that may accompany these training sessions.

## AIM OF THE WORKSHOP

To feel confident managing an outreach programme for HIV prevention among IDUs.

## ACTIVITIES

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

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# 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 D1–D10* (one per participant)
  - ✓ *Case studies*
  - ✓ *Evaluation forms*
  - ✓ *Certificates*
  - ✓ *WHO Outreach training guide* (this book and CD-ROM, or at least the CD-ROM)
- ▶ Two photographs of drug injecting pasted onto cardboard and cut into jigsaw puzzle shapes (see next section)
- ▶ 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 vegetable (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 sufficient of these materials to be able to give one of each to every participant.



## BEFORE THE TRAINING COURSE

Arrange everything you will need for the workshop such as venue, materials, catering (if appropriate) for the breaks, etc. print out **Field worker training** slides with **Teaching notes** and Exercises (on CD-ROM), and familiarize yourself with the PowerPoint slides.

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

Choose appropriate case studies (also 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 D1.3 on Day 1, D2.5 on Day 2, and D3.6 on Day 3). 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 D1.8–D1.10 on Day 1; and/or Sessions D2.2 and D2.4 on Day 2), and site visit or guest lecture by outreach workers, IDUs or ex-drug users (Session D3.6 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.

You will also need two photographs of drug injecting. If possible, these should be photographs taken in the country in which the participants live. However the photographs must not show the face of the IDUs. It is useful for you to know the "story" behind the photographs: where they were taken without being very specific about the site, what the subjects were doing, etc. (If this is not possible, choose photographs from the **Photos** folder on the CD-ROM and see **Notes to photographs**.) Have the photographs enlarged (to A4 size if possible). Cut the photographs up in uneven shapes (like jigsaw puzzle pieces). The number of pieces (in total) should match the number of participants. These are used in an exercise in session D5.1 on Day 5).

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 (for distribution of these copies).

# WORKSHOP OUTLINE

## Day 1

- D1.0 Introduction
- D1.1 Self-expression
- D1.2 Organization and programme: history, aims and objectives
- Break
- D1.3 Outreach programmes: case study
- D1.4 HIV epidemics and prevention among IDUs
- D1.5 Where are IDUs in this locality?
- Lunch
- D1.6 Communicating with IDUs I
- D1.7 HIV/AIDS questionnaire
- D1.8 HIV/AIDS knowledge I
- Break
- D1.9 HIV/AIDS knowledge II
- D1.10 Anonymous questions
- D1.11 Condom demonstration
- D1.X Evaluation and close

## Day 2

- D2.0 Welcome
- D2.1 Who is a drug user?
- D2.2 Drugs and drug use I
- Break
- D2.3 Why do people take drugs?
- D2.4 Drugs and drug use II
- D2.5 Making contact: Case study
- Lunch
- D2.6 Risks related to injecting
- D2.7 Needle and syringe use demonstration
- D2.8 Making contact with IDUs I
- Break
- D2.9 Making contact with IDUs II
- D2.10 Needle and syringe cleaning
- D2.X Evaluation and close

## Day 3

- D3.0 Welcome
- D3.1 Safe-sex arguments
- D3.2 Education messages
- Break
- D3.3. Communicating with drug users II
- D3.4. Education strategies
- D3.5. Education messages exercise
- Lunch
- D3.6. Site visits/guest lectures
- D3.X. Evaluation and close

**Day 4**

- D4.0 Welcome
- D4.1 Impressions of outreach work
- D4.2 Problem-solving with injecting risks
- Break
- D4.3 HIV testing and counselling
- D4.4 Communicating with drug users III
- Lunch
- D4.5 Referral
- D4.6 What other agencies do
- Break
- D4.7 What will my friends say?
- D4.8 Relapse and burnout prevention
- D4.9 My list of relapse triggers
- D4.10 Observation, recording, confidentiality and street safety
- D4.X Evaluation and close

**Day 5**

- D5.0 Welcome
- D5.1 How do you know?
- D5.2 Evaluation and monitoring
- D5.3 Evaluation and monitoring exercise
- Break
- D5.4 What are the attributes of effective outreach workers?
- D5.5 Supervision and team meetings
- D5.6 Team meeting role-playing
- Lunch
- D5.7 Dealing with difficult clients
- D5.8 Developing outreach rules
- Break
- D5.9 HIV/AIDS and drugs knowledge test
- D5.10 Follow-up and networking
- D5.X Evaluation and close

# DAY 1

## D1.0. INTRODUCTION

**(45 MINUTES)**

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

**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 outreach work in the participants' localities

**Techniques:** Lecture, introductions.

**Field worker training workshop slides:** Slides D1.1, D1.1.1, D1.1.2

**Session approach and content:** See the chapter on workshop methods (1.5) for methods of introducing participants and ice-breaker games, and PowerPoint Slides (with Teaching notes) and exercises for **Field worker training workshop** and for specific techniques useful for multi-day training courses. Introduce yourself to participants, allow each participant to introduce himself or herself to the group; read the aim of the workshop (Slide D1.1) and read out the outline, stating when breaks and lunch will be each day. It is especially useful to use ice-breaker games in this session.

Define workshop rules, attendance, and remuneration, if applicable. Review workshop rules (show slides with key points). Ask participants whether they agree with these rules, whether they have any questions, and whether they would like to add any rules to this. These rules are in their participant manual.

## D1.1. SELF-EXPRESSION: WHO AM I?

**(25 MINUTES)**

**Training objective:** To help participants feel confident about expressing opinions and making personal statements.

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

- ▶ confidence in expressing opinions and making personal statements; and
- ▶ knowledge about personal likes and dislikes of their fellow participants.

**Key learning points:**

- ▶ This training course requires participants to think about their attitudes and express themselves, even on topics that may be sensitive or personal.

**Techniques:** Individual writing and reports, exercise D1.1.

**Session approach and content:** Participants are asked to complete the sentences on a **Handout** to begin the process of expressing themselves. This process also allows trainers to check for literacy problems among participants. Participants are encouraged to read out their answers.

D1.2. INTRODUCTION TO ORGANIZATION AND PROGRAMME

(20 MINUTES)

**Training objective:** To provide participants with an overview of the organization that is conducting the outreach programme and of the programme itself.

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

- ▶ the history and philosophy of the organization that is conducting the outreach programme;
- ▶ how and why the outreach programme was established; and
- ▶ the aims and objectives of the outreach programme.

**Key learning points:**

- ▶ It is important that outreach workers know the overall philosophy of the organization they work for, and the specific aims and objectives of their outreach programme.

**Techniques:** Lecture and discussion.

**Session approach and content:** The organization operating the outreach programme and the manager of the programme provide participants with an overview of the organization, a brief history (both of the organization and the outreach programme), aims, objectives, activities and so on. Key staff are introduced and their roles are explained.

D1.3. CASE STUDY: OUTREACH PROGRAMMES

(40 MINUTES)

**Training objective:** To provide participants with an understanding of how outreach for HIV prevention among IDUs has occurred in one context and to allow discussion of the positive and negative aspects of outreach work.

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

- ▶ knowledge of specific characteristics of outreach for HIV prevention among IDUs in a particular context; and

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- ▮ understanding of the benefits and negative aspects of outreach work.

**Key learning points:**

- ▮ Outreach is effectively carried out in localities similar to that of the participants.
- ▮ Outreach may have negative or problematic aspects.

**Techniques:** Individual reading and/or guest lecture, followed by small-group discussion and plenary discussion.

**Field worker training workshop slides:** Slide D1.2

**Session approach and content:** A guest speaker or case study is used to provide a general introduction to outreach. Participants are asked to discuss:

- ▮ Does outreach appear to be a useful method of HIV prevention among IDUs in the country described in the case study?
- ▮ What seem to be the most important aspects of outreach work in the case study?
- ▮ Are there any negative aspects of the work described in the case study?

D1.4. HIV EPIDEMICS AMONG IDUs

*(20 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
- ▮ 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 HIV among IDUs effectively.
- ▮ 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.

**Field worker training workshop slides:** Slides D1.3–D1.10

**Session approach and content:**<sup>6</sup> 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).

D1.5. EXERCISE: HOW TO CONTACT IDUS

(35 MINUTES)

**Training objective:** To introduce participants to some of the obstacles to effective HIV prevention among IDUs

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

- ▮ knowledge of obstacles to HIV prevention among IDUs;
- ▮ awareness of their own abilities to directly intervene in IDUs' behaviour; and
- ▮ sense of comfort with their fellow participants.

**Key learning points:**

- ▮ Injecting drug use is hidden and marginalized: it often occurs in the same areas as other criminal activities.
- ▮ Not everyone is comfortable visiting the places where IDUs might be found and talking with IDUs.
- ▮ IDUs may not listen to advice follow recommendations for changing their behaviour.

**Techniques:** Small-group discussion, plenary discussion.

**Field worker training workshop slides:** Slide D1.11

**Session approach and content:** This session is the same as the exercise provided in Session A.2 (see the guidelines on this session for an overview of the main points made).

D1.6. COMMUNICATING WITH DRUG USERS I

(25 MINUTES)

**Training objective:** This exercise is designed 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.

<sup>6</sup> This session is rewritten for *Field worker training workshop* in simpler language to make it easier for non-professionals to understand. Be sure to check the PowerPoint Slides and *Teaching notes* (on CD ROM) to note any changes between this presentation and those in Sessions A.1, A.3 and C1.1

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- Key learning points:**
- Any communication to an IDU must compete with all the other communications an IDU receives every day, preferably using the terms and vocabulary for drugs and other related issues used by them.
  - 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.

**Techniques:** Role-playing, discussion, exercise D1.6.

**Session approach and content:** This session is a summary of the information provided in Session C1.4 (see the guidelines on this session for an overview of the main points made).

## D1.7. HIV/AIDS KNOWLEDGE TEST

**(40 MINUTES)**

**Training objective:** To provide trainers with an understanding of the level of HIV/AIDS knowledge among participants.

- Learning objectives:** By the end of the session, participants should have increased knowledge about:
- HIV/AIDS.

**Techniques:** Individual form filling, then discussion in small-groups, exercise D1.7.

**Session approach and content:** Participants are provided with written questions on a *Handout* to answer individually in writing or asked to answer orally if they are not literate. This knowledge test helps trainers to see the level of general HIV knowledge existing among participants and is used to set the emphasis for later sessions on HIV/AIDS and drug use.

## D1.8. HIV/AIDS KNOWLEDGE I

**(25 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 leads to AIDS.



- ▶ HIV disease has several stages: an HIV diagnosis does not mean AIDS, immediate or visible illness or impending death.
- ▶ HIV is diagnosed using specific tests.
- ▶ It is not possible to know whether a person has HIV or not without testing blood.

**Techniques:** Question and answer or lecture by guest lecturer.

**Field worker training workshop slides:** Slides D1.12–D1.14

This session and Session D1.9 are a summary of the information provided in Session C1.5 (see the guidelines on this session for an overview of the main points made).

## D1.9. HIV/AIDS KNOWLEDGE II

**(20 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 transmission occurs in only a few ways: from blood or semen with HIV.
- ▶ HIV is not transmitted by mosquitoes, through the air or by casual or household contact.
- ▶ HIV transmission can be avoided by preventing blood or semen with HIV from entering the body of an HIV-negative person. For non-medical situations, this means:
  - ✓ condoms for penetrative vaginal or anal sex;
  - ✓ no transfer of blood between IDUs via needles, syringes or other shared injecting equipment;
  - ✓ when replacement feeding is acceptable, feasible, affordable, sustainable and safe, avoidance of all breastfeeding by HIV infected mothers; otherwise, exclusive breastfeeding is recommended during the first months of life and should then be discontinued as is feasible (Ref.: Prevention of HIV in infants and young children: Review of Evidence and WHO's activities, WHO/HIV/2002.08).

**Techniques:** Question and answer or lecture by guest lecturer.

**Field worker training slides:** Slides D1.15–D1.21

**Session approach and content:** This session is a continuation of Session D1.8.

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D1.10. 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:**

- ▶ These will depend on the questions asked.

**Techniques:** Individual writing, short lectures, exercise D1.10.

**Session approach and content:** This session is the same as the exercise provided in Session C1.6 (see the guidelines on this session for an overview of the main points made).

D1.11. CONDOM DEMONSTRATION

(35 MINUTES)

**Training objective:** To help participants feel 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.

**Field worker training slides:** Slides D1.22–D1.24

**Session approach and content:** This session is the same as the exercise provided in Session C1.8 (see the guidelines on this session for an overview of the main points made).

D1.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 D1.X.

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

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# DAY 2

## D2.0. WELCOME

(15 MINUTES)

**Training objective:** To assist participants in feeling 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 D2.0.

**Session approach and content:** Welcome participants to the second day of the training workshop. 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 remain or ask participants to recap the most important points made (recording these on a flip-chart sheet).

## D2.1. WHO IS A DRUG USER?

(50 MINUTES)

**Training objective:** To assist participants to think about their stereotypes of drug users.

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

- ▶ their own and other participants’ views about drug users.

**Key learning points:**

- ▶ Drug users include many different people in society, from the coffee drinker to the aspirin chewer to the heroin injector.
- ▶ Even among drug injectors, there is a wide range of variation from older men living alone to young women who inject with friends.
- ▶ Most drug users, injecting or otherwise, have friends, families, health problems, other problems and ways of coping with problems.

**Techniques:** Imagination exercise, followed by individual drawing and discussion of drawings, exercise D2.1.

**Session approach and content:** This exercise asks participants to use their imagination to produce a mental picture of a local drug user. Various prompts are used to try to make the

mental picture as detailed as possible. Participants are then asked to draw a picture of “their” imagined drug user and the following discussion centres on stereotypes of drug users.

## D2.2. DRUGS AND DRUG USE I

**(25 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: drugs do not become illegal because they are more harmful.

**Techniques:** Question and answer or lecture by guest lecturer.

**Field worker training slides:** D2.1–D2.9

**Session approach and content:** This session along with Session D2.4 is a summary of the information provided in Session C1.7 (see the slide teaching notes on this session for an overview of the main points made).

## D2.3. WHY DO PEOPLE TAKE DRUGS?

**(15 MINUTES)**

**Training objective:** To stimulate participants to think about why people take drugs.

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

- ▮ various reasons why people take drugs.

**Key learning points:**

- ▮ There is a wide variety of reasons for taking drugs.
- ▮ Stereotyping of drug users can lead to false beliefs about the reasons for taking drugs.

**Techniques:** Brainstorming and discussion, exercise D2.3.

**Session approach and content:** Participants brainstorm to explore the reasons why people might start to take drugs, leading to the view that many different types of people take

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drugs for a variety of reasons. A discussion examines the issue of stereotyping (referring back to the pictures of drug users) and how stereotyping can lead to false beliefs about the reasons for taking drugs.

D2.4. DRUGS AND DRUG USE II

**(30 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:**

- ▮ 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.

**Field worker training slides:** Slides D2.9 and D2.10

**Session approach and content:** This session is a continuation of Session D2.2.

D2.5. MAKING CONTACT CASE STUDY

**(45 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 those of the participants.
- ▮ Key steps of aspects of making contact with IDUs include:
  - ✓ deciding aims and objectives.

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

**Field worker training slides:** Slide D2.11

**Session approach and content:** This session is the same as the exercise provided in Session C2.4 (see the guidelines on this session for an overview of the main points made).

D2.6. RISKS RELATED TO INJECTING

(25 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:

- ▮ methods used to address HIV among IDUs;
- ▮ relative effectiveness of these methods;
- ▮ relationship of outreach to other effective methods; and
- ▮ risks associated with injecting drugs.

**Key learning points:**

- ▮ Risk reduction approaches are needed to address HIV among IDUs effectively.
- ▮ 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.
- ▮ 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.
- ▮ HIV risk reduction can be placed in the context of other risks when outreach workers talk with IDUs.

**Techniques:** Lecture and discussion.

**Field worker training slides:** Slides D2.12–D2.16

**Session approach and content:** This session is a summary of the information provided in Session C2.7 (see the guidelines on this session for an overview of the main points made).

D2.7. NEEDLE AND SYRINGE USE DEMONSTRATION

(40 MINUTES)

**Training objective:** This exercise is designed to help participants become 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:

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

**Key learning points:**

- HIV transmission 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 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, exercise D2.7.

**Session approach and content:** This session is the same as the exercise provided in Session C2.8 (see the guidelines on this session for an overview of the main points made). In this case, however, as there are usually drug users or ex-users among the participants, the trainers usually ask participants to provide the demonstrations.

D2.8. MAKING CONTACT WITH DRUG USERS I

*(20 MINUTES)*

**Training objective:** To provide participants suggestions about 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 initiating communication 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.

**Field worker training slides:** Slides D2.17–D2.21



**Session approach and content:** This session is an expansion of the information provided in Session C2.5 (see the guidelines on this session for an overview of the main points made). This session provides many points for discussion of the core activities of outreach workers.

## D2.9. MAKING CONTACT WITH DRUG USERS II

**(20 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:

- ▮ techniques for communicating with IDUs.

**Key learning points:**

- ▮ 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.

**Field worker training slides:** Slides D2.22–D2.25

**Session approach and content:** This session is a continuation of Session D2.8.

## D2.10. 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:** This session is the same as the exercise provided in Session C2.10 (see the Handout D4 on this session for an overview of the main points

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made). In this case, however, as there are usually drug users or ex-users among the participants, the trainers usually ask participants to provide the demonstrations.

## D2.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 D2.X.

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

# DAY 3

## D3.0. 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 D3.0.

**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 remain or ask participants to recap the most important points made (recording these on a flip chart sheet).

## D3.1. SAFER-SEX ARGUMENTS

(45 MINUTES)

**Training objective:** To provide participants with an opportunity to respond to persuasion in a positive way by challenging the persuader and asserting themselves and their own ideas.

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

- ▶ knowledge of arguments for safe sex;
- ▶ understanding of methods of persuasion and countering arguments; and
- ▶ awareness of strategies for finding solutions in conflict situations based on individual experiences and knowledge.

**Key learning points:**

- ▶ Persuasion can be responded to in a positive way.
- ▶ There are many arguments for safe sex.

**Techniques:** A game, exercise D3.1.

**Session approach and content:** In many situations, the male partner rejects any suggestion of condom use. A condom is often associated with mistrust, feeling uncomfortable, being too complicated to organize, etc. This game helps participants to think of arguments to persuade the male partner to use a condom.

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## D3.2. 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 locality.

**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 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, tourniquet
  - ✓ Do not share injecting equipment
  - ✓ Be aware of infections and overdose
  - ✓ 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
- ▮ Creating prevention education messages should include the following steps:
  - ✓ Defining the aim of the message, including input from active IDUs
  - ✓ Assembly of required information and drafting of publication or message
  - ✓ Checking of information by medical or other qualified personnel
  - ✓ Focus group of active IDUs to provide reactions
  - ✓ Re-drafting of message or publication
  - ✓ Focus group of active IDUs to provide final feedback
  - ✓ Finalize message or publication, produce and disseminate
- ▮ The same process should be used for other target groups.

**Techniques:** This session is presented here as a lecture and discussion. When trainers feel comfortable with the processes outlined here, it can be effectively delivered (and can be more closely focused on specific characteristics of the outreach programme) by being delivered in small-group work and brainstorming sessions.

**Field worker training slides:** Slides D3.1–D3.5

**Session approach and content:** This session is a summary of the information provided in Session C2.9 (see the guidelines on this session for an overview of the main points made).

D3.3. COMMUNICATING WITH DRUG USERS II

(35 MINUTES)

**Training objective:** This exercise is designed to show prospective 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.

**Key learning points:**

- ▮ Starting conversations with IDUs can be difficult.

**Techniques:** Role-playing, discussion, exercise D3.3.

**Session approach and content:** This session is the same as the exercise provided in Session C2.6 (see the guidelines on this session for an overview of the main points made).

D3.4. 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 D3.2.

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- Outreach workers can use this development process as a way of raising issues related to 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.

**Field worker training slides:** Slides D3.6–D3.11

**Session approach and content:** This session is a summary of the information provided in Session C2.11 (see the guidelines on this session for an overview of the main points made).

### D3.5. EDUCATION MESSAGES EXERCISE

**(25 MINUTES)**

**Training objective:** This exercise is designed to assist participants in practising to 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 D3.5.

**Session approach and content:** This session is the same as the exercise provided in Session C2.12 (see the guidelines on this session for an overview of the main points made).

### D3.6. SITE VISIT/GUEST LECTURE(S)

**(3 HOURS)**

At this point, a visit is paid to a working outreach programme if possible. Alternatively, outreach workers, IDUs or ex-drug users are invited to give guest lectures to the participants or a set of exercises is carried out using the **Case studies** on **Outreach methods** and the videos (both on the CD-ROM) included in this package to give participants a clear picture of the reality of outreach work

D3.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 D3.X.

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

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# DAY 4

## D4.0. 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 D4.0.

**Session approach and content:** Welcome participants to the second day of the training course. Following this, an ice-breaker exercise 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 if any questions remain or ask participants to recap the most important points made (recording these on a flip-chart sheet).

## D4.1. IMPRESSIONS OF OUTREACH WORK

(35 MINUTES)

**Training objective:** To help participants to 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 participants’ 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 their own programmes.

**Techniques:** Small-group exercise, discussion, exercise D4.1.



**Session approach and content:** This exercise helps participants to discuss the features of outreach they noted in the previous day's site visits/lectures/studies, both positive and negative. The discussion allows outreach workers to express their fears and hopes about the way in which they will carry out their work.

D4.2. 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 that IDUs face 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 behaviour.
- ▮ 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 D4.2.

**Session approach and content:** This session is the same as the exercise provided in Session C3.1 (see the guidelines on this session for an overview of the main points made).

D4.3. HIV TESTING AND COUNSELLING

(30 MINUTES)

**Training objective:** To provide participants with an understanding of important issues related to 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 related to HIV testing; and
- ▮ elements of effective pre- and post-test counselling.

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**Key learning points:**

- ▶ HIV testing should be voluntary.
- ▶ 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.

**Field worker training slides:** Slides D4.1–D4.4

**Session approach and content:** This session is a summary of the information provided in Session C3.2 (see the guidelines on this session for an overview of the main points made).

D4.4. COMMUNICATING WITH DRUG USERS III

*(60 MINUTES)*

**Training objective:** This exercise is designed to help outreach workers raise and deal with sensitive topics during outreach counselling.

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

- ▶ understanding of the difficulties of raising and dealing with sensitive topics during outreach counselling;
- ▶ skills in undertaking a personal risk assessment; and
- ▶ experience of practising these activities in a safe environment.

**Key learning points:**

- ▶ Personal risk assessments can include sensitive topics.
- ▶ Gaining information during a personal risk assessment requires patience and careful questioning.

**Techniques:** Role-playing, discussion, exercise D4.4.

**Session approach and content:** This exercise has the participants work in pairs with one person in each pair playing the role of an IDU wanting an HIV test but not wanting to say why he or she wants to be tested. The other participant in each pair plays the role of an outreach worker trying to help the “IDU” to do a personal risk assessment. During discussions, participants are asked to concentrate on what they felt and discovered playing their roles.

D4.5. REFERRAL

(30 MINUTES)

**Training objective:** To help participants understand the process of referral.

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

- knowledge of the need for a referral database; and
- understanding of the methods of 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.

**Techniques:** Individual work, brainstorming and discussion, exercise D4.5.

**Session approach and content:** In this exercise, participants repeat the process of the exercise in Session C4.7 and (if available) use the database developed by outreach managers in Session C4.8.

D4.6. WHAT OTHER AGENCIES DO

(60 MINUTES)

**Training objective:** To provide participants with an understanding of the services provided to IDUs by other agencies in their localities.

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

- services provided to IDUs by other agencies in their localities; and
- specific characteristics of the agencies that can assist with appropriate referral.

**Key learning points:**

- This will depend on the agencies.

**Techniques:** Lectures and discussions with at least three to four guest lecturers, exercise D4.6.

**Session approach and content:** Because outreach workers need substantial information about agencies to which they may refer IDUs, it is necessary to gain an in-depth understanding of the work that these agencies do as well as any rules that may prevent IDUs from gaining access to services. This session allows participants to hear directly from operational staff or managers of local agencies about what they do and how they can assist outreach workers.

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## D4.7. WHAT WILL MY FRIENDS SAY?

**(30 MINUTES)**

**Training objective:** To help participants consider ways of approaching drug-using friends as an outreach worker.

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

- ▮ knowledge of the difficulties of approaching drug-using friends as an outreach worker; and
- ▮ skills in thinking of ways to avoid using drugs when meeting drug-using friends as an outreach worker.

**Key learning points:**

- ▮ One of the hardest tasks for ex-drug-using outreach workers is to provide outreach among friends who continue to use drugs: this often results in discomfort (for both the outreach worker and friends), and sometimes a relapse into drug use.
- ▮ These problems can also affect active IDUs (who have agreed not to use drugs while working but find it difficult not to use drugs with their friends) and non-IDUs (who may start using drugs to “prove” that they are peers of their drug-using friends).

**Techniques:** Role-playing and discussion, exercise D4.7.

**Session approach and content:** This exercise introduces the issue of relapse to the participants (some or all of whom may be ex-drug users). The exercise asks participants to play out the role of an ex-IDU outreach worker visiting his/her “stoned” friends.

## D4.8. RELAPSE AND BURNOUT PREVENTION

**(30 MINUTES)**

**Training objective:** To help participants understand the processes of relapse and burnout.

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

- ▮ what relapse and burnout are;
- ▮ factors that increase the risk of relapse and burnout; and
- ▮ ways of preventing relapse and burnout.

**Key learning points:**

- ▮ Relapse means returning to drug use.
- ▮ Burnout means a combination of emotional exhaustion, depersonalization and reduced personal accomplishment.
- ▮ Relapse can be related to psychological states; proximity to drug use, drug-using places and drug users; physical pain; sudden acquisition of cash.
- ▮ Burnout may be related to psychological states; chronic emotional strain; sex; lack of experience; role conflict and ambiguity; workload and conflicts between individual desires/needs and organizational demands.

- ▶ Relapse can be prevented through organizational rules and individual preparation for outreach work, and by appropriate supervision and assistance from other outreach workers.
- ▶ Burnout can be prevented through use of clear and truthful job descriptions, realistic expectations of outreach workers and appropriate supervision and assistance from other outreach workers.

**Techniques:** Lecture and discussion.

**Field worker training slides:** Slides D4.5–D4.12

**Session approach and content:** This session concentrates on a few slides also used in Session C3.6: those relating to relapse and burnout and preventing these conditions. In addition to the information in the earlier session, it suggests that each outreach worker needs to look after himself or herself. Some ideas for avoiding burnout are:

- ▶ Do a needs assessment on yourself: what are your needs and how are you addressing those needs at present?
- ▶ Have fun: do not take work (or yourself) too seriously.
- ▶ Take your own advice: do what you advise your clients to do: eat well and regularly, avoid or control drug and alcohol use, stay healthy, relax and get some exercise.
- ▶ Throw away your secrets: make sure you have friends with whom you can talk about stressful events (and about the world outside of work).
- ▶ Balance your life as much as you can: make sure that you do things other than just work.

D4.9. MY LIST OF RELAPSE TRIGGERS

(30 MINUTES)

**Training objective:** To help participants understand the situations in which they are most likely to relapse and to find personal ways of dealing with these situations.

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

- ▶ knowledge of situations in which they are most likely to relapse; and
- ▶ confidence that they can prevent relapse.

**Key learning points:**

- ▶ Each person is different and relapse can be caused by a variety of situations.
- ▶ Personal planning is the best way to prevent relapse.

**Techniques:** Individual work and discussion, exercise D4.9.

**Session approach and content:** This exercise asks participants to think about the situations that might lead them to use drugs while working and asks them to note down situations they think are most likely going to trigger a desire to use drugs. A discussion follows, on ways of either avoiding these situations or avoiding drug use in these situations, then participants write personal plans for relapse prevention (where appropriate).

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D4.10. OBSERVATION, RECORDING, CONFIDENTIALITY, AND STREET SAFETY

(60 MINUTES)

**Training objective:** To assist participants in understanding the importance of conducting careful observation for effective outreach, recording these observations, ensuring confidentiality and personal safety while conducting outreach work.

- Learning objectives:** By the end of the session, participants should have increased:
- ▮ knowledge of how to conduct appropriate observations to enable you to do effective outreach work;
  - ▮ knowledge of how to record observations;
  - ▮ knowledge of the importance of confidentiality; and
  - ▮ understanding of safety tips for outreach work.

- Key learning points:**
- ▮ Observations are important for the success of outreach work.
  - ▮ Recording observations helps maintain records of interactions and can assist in fine-tuning outreach approaches.
  - ▮ Keeping observations and interactions confidential is essential for building trust.
  - ▮ Maintaining personal safety is a number one priority.

**Techniques:** Lecture, individual exercise, group work and discussion, exercise D4.10.

**Session approach and content:** Participants will be asked to walk around the building and record their observations. Then they must work in small-groups to draw a map based on their collective observations. The small-groups must present their maps and observations to the large group for discussion.

D4.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 D4.X.

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

# DAY 5

## D5.0. WELCOME

(15 MINUTES)

**Training objective:** To assist 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 D5.0.

**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 if any questions remain or ask participants to recap the most important points made (recording these on a flip-chart sheet).

## D5.1. GENERATING KNOWLEDGE ABOUT HIDDEN POPULATIONS

(30 MINUTES)

**Training objective:** This provides an opportunity to discuss how knowledge is generated about outreach work.

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

- ▶ knowledge of ways in which knowledge is generated about a topic; and
- ▶ skills in verifying assumptions about drug use or other topics.

**Key learning points:**

- ▶ A photograph or any piece of "evidence" cannot tell a full story.
- ▶ Assumptions need to be verified by assembling more evidence from different sources.

**Techniques:** Group exercise (in two large groups) followed by discussion from the full group.

**Field worker training slides:** Slide D5.1

**Session approach and content:** This session is the same as the exercise provided in Session B.7 (see the guidelines on this session for an overview of the main points made).

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## D5.2. EVALUATION AND MONITORING

**(25 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 implemented to ensure that outreach programmes are meeting the needs of IDUs within their target area.

**Techniques:** Lecture and discussion.

**Field worker training slides:** Slides D5.2–D5.6

**Session approach and content:** This session is a summary of the information provided in Session C4.2 (see the guidelines on this session for an overview of the main points made), emphasizing the role of outreach workers in monitoring and collecting data for evaluation.

## D5.3. EVALUATION AND MONITORING EXERCISE

**(20 MINUTES)**

**Training objective:** To assist participants with implementing 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 implementing a plan for monitoring and evaluation.



**Key learning points:**

- ▶ 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 D5.3.

**Session approach and content:**

Three SMART objectives are provided to participants (split into groups) who are asked:

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

A discussion follows about the relevance of the sources of information and the appropriateness of the ways of collecting the information mentioned by participants.

D5.4. WHAT ARE THE ATTRIBUTES OF AN EFFECTIVE OUTREACH WORKER?

(30 MINUTES)

**Training objective:** To assist participants in understanding their role 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; and
- ▶ understanding of various viewpoints on the importance of different attributes.

**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, exercise D5.4.

**Session approach and content:** This session repeats the exercise from Session C3.3, but from the perspective of the outreach worker rather than the outreach manager.

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DAY 2
DAY 3
DAY 4
DAY 5

## D5.5. SUPERVISION OF OUTREACH STAFF

**(25 MINUTES)**

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

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

- ▮ supervision and intervision methods; and
- ▮ use of team meetings.

**Key learning points:**

- ▮ Supervision is a key weapon against burnout.
- ▮ IDUs often have choices (though these are frequently limited) between more or less risky behaviour.
- ▮ 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

**Field worker training slides:** Slides D5.7–D5.9

**Session approach and content:** This session provides an overview of supervision, intervision and performance appraisal, explaining how these are carried out in the outreach programme, the worker’s responsibilities and any assistance workers can expect from management.

## D5.6. TEAM MEETING ROLE-PLAYING

**(35 MINUTES)**

**Training objective:** To increase participants’ skills in providing support to their colleagues in team meetings.

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

- ▮ knowledge of the usefulness of team meetings for providing support and preventing relapse and burnout; and
- ▮ skills in providing support through team meetings.

**Key learning points:**

- ▮ Team meetings have several purposes and are important to the effective functioning of an outreach team.
- ▮ One function is to provide support to outreach workers at risk of relapse or burnout.

**Techniques:** Demonstration role-playing and discussion, exercise D5.6.

**Session approach and content:** This role-playing helps participants to understand how team meetings can assist outreach workers facing problems in their work.

D5.7. WORKING WITH DIFFICULT CLIENTS

(30 MINUTES)

**Training objective:** To increase participants’ knowledge of ways to deal with difficult clients.

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

- ▮ ways to identify difficult clients; and
- ▮ ways of dealing with difficult clients.

**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:** Lecture and discussion.

**Field worker training slides:** Slides D5.10–D5.14

**Session approach and content:**

While many IDUs are happy to meet outreach workers and appreciate the assistance that outreach workers can provide, some IDUs can be very difficult to work with. In this session, some of the most common types of difficult client behaviour are discussed together with some ideas about how to deal with them. Some of the behaviours that outreach workers find most difficult to deal with from clients include:

- ▮ aggression;
- ▮ threats of physical violence;
- ▮ impulsiveness;
- ▮ verbal abuse;
- ▮ sexually inappropriate gestures, suggestions, actions;
- ▮ lack of responsiveness to treatment or slow change;
- ▮ inability to appreciate concern for them; and
- ▮ inability to take responsibility for their own behaviour/actions.

General ways of dealing with difficult clients include:

- ▮ Set boundaries and limits;
- ▮ Set limits early;

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- Do not break service policies and procedures to calm a client;
- Do not personalize the client’s behaviour;
- Be consistent across situations, workers, and clients; and
- Certain limits should automatically be put in place for more difficult clients.

General ways of dealing specifically with angry clients include:

- Use active listening.
- Identify the key problem, misunderstanding or failure that may have put the relationship with this client on the wrong track.
- Do not take personal offence.
- Allow the client to speak.
- Do not debate.

More ways of dealing specifically with angry clients include:

- Do not accept verbal abuse or aggressive behaviour/threats.
- Learn to pause to regain balance.
- Build islands of understanding.
- Apologize if necessary.

General ways of dealing specifically with aggressive clients and potentially violent situations include:

- prevent;
- control; and
- de-escalate.

D5.8. DEVELOPING OUTREACH RULES

**(60 MINUTES)**

**Training objective:** To increase participants’ skills in developing rules for outreach and to develop specific outreach rules for participants’ outreach programme(s).

**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.

**Field worker training slides:** Slides D5.15 and D5.16

**Session approach and content:** In this exercise, participants write draft outreach rules. Where the participants will all be working together in the same outreach project, they are encouraged to draft a real set of rules for their workplace.

D5.9. 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, both for general outreach to IDUs, and outreach for specific purposes; and
- channels for networking and other types of follow-up.

**Key learning points:**

- Many resources are available to assist in follow-up and networking.

**Techniques:** Lecture and discussion, exercise D5.9.

**Session approach and content:** The exact nature of information provided in this session will be specific to the situation of the trainers and participants. This session provides details of follow-up and networking opportunities in the local area for ongoing training and skills development. Reference is be made to the WHO CD-ROM and the various materials it contains.

D5.X. EVALUATION AND CLOSE

(20 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 D5.X.

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



# GLOSSARY

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## INTERPRETING AND TRANSLATION

**T**he glossary below is designed not only to give the meanings of acronyms but also to provide a glossary of commonly used terms and a short explanation of their meanings. This is particularly important for translators and interpreters who are assisting in the implementation of these guidelines and other documents in languages other than English.

The terms that follow are recommended for use, even where they replace common usage in another language. In Russian, for example, when outreach first started among IDUs, there was no term for IDU in common usage but narcologists (drug treatment doctors) referred to IDUs with a term that in English would be “drug addict”. Such a term was inaccurate (IDUs might or might not be addicted, and people dependent on or addicted to drugs might or might not be injectors). It also had negative connotations. This was replaced by a term that literally means, “injecting drug user”, even though this term sounds strange to Russians. Over several years, the new accurate term gradually became more commonly used.

Sometimes the problems can go even deeper. In Bahasa, Indonesia, for example, there was no word for “drugs” until recently. Specific drugs had names but drug issues in general were rarely discussed so there were no terms developed for the collective noun “drugs”. In 2001–2002, much work was done by a collaborative group of HIV/AIDS and drugs experts in Indonesia to develop consensus on Indonesian terms, which are now used for drugs and IDUs, etc.

In addition, many languages have a word for prostitute that has negative aspects. To avoid these aspects in English, the term “sex worker” was developed. It can be difficult to translate “sex worker” but translators and interpreters should strive to do so.

Translators and interpreters should discuss the terms below (if possible) with people who have sufficient knowledge of the concepts to answer any questions about meanings, alternative wording, etc.

Please note that the explanations are given to enhance the understanding and use of terminology use in this guide. They are not official WHO definitions and should not be referred to as such.

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**Abstinence (from a psychoactive substance)**

Refraining from the use of substances, whether as a matter of principle or for other reasons.

**AIDS**

AIDS stands for: Acquired—not inherited; Immuno—relating to the body's immune system, which provides protection from disease-causing germs; Deficiency—lack of immune response to germs; Syndrome—a number of signs and symptoms indicating a particular disease or condition.

**Buprenorphine**

A drug used as a substitute to assist opioid (for example, heroin) users to stabilize their drug use and to move from injecting and other hazardous methods of taking drugs to (usually) oral forms of the drug. The drug is provided under supervised conditions as part of an intervention that may also involve counselling, primary health care, HIV treatment and other services. In some south Asian countries such as Bangladesh, India, Myanmar, Nepal and Pakistan, the injectable form of this drug is also widely used by many IDUs as the primary drug of choice.

**Counselling**

A process of interpersonal communication by which a person with a need or problem is helped to understand his or her situation in order to determine and use viable solutions to meet the need or problem.

**Culture**

Is broadly defined to include the customs and practices of a group of people. Diversity in cultures reflects differences in race, ethnicity, language, and nationality, and in shared values, norms, traditions, and customs. Street children may feel a part of more than one culture, e.g. that of their parents and several youth cultures (represented by the groups with whom they share common interests, beliefs and activities).

**Dependence (on substances)**

Users who are dependent on substances often have poor control over the intake of substances and continue to use them despite significant substance-related problems. Dependent users may develop a tolerance for certain substances, and may experience withdrawal symptoms if they do not use those substances for a long period.

**Detoxification**

The care provided to a dependent person during the period of reduction or stoppage of a dependence-producing substance with the aim of withdrawing the substance safely and effectively. A substance user might experience a difficult period of transition when he or she stops using a substance or reduces the amount of substance use after prolonged or excessive use.

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**Dose**

The amount of a substance that a person takes in a defined period.

**Drug**

In medicine, the term refers to any substance with the potential to prevent or cure a disease or the potential to enhance physical or mental well-being. In pharmacology, the term “drug” refers to any chemical agent that alters the biochemical or physiological processes of body tissues or organisms. In common usage, the term often refers to illicit drugs, frequently used for non-medical (e.g. recreational) reasons.

**Drug substitution treatment**

The use of drugs such as buprenorphine and methadone to assist opioid (for example, heroin) users to stabilize their drug use and to move from injecting and other hazardous methods of taking drugs to (usually) oral forms of the drug. The substitute drug is provided under supervised conditions as part of an intervention that may also involve counselling, primary health care, HIV treatment and other services.

**Gender**

Widely shared ideas and expectations (norms) about women (girls) and men (boys). These include typical feminine and masculine characteristics, abilities, and expectations about how women and men should behave in various situations.

**Harmful use**

A pattern of substance use that causes damage to physical or mental health including injuries from accidents and violence, infections from bloodborne viruses (such as HIV, hepatitis B and C), and medical conditions such as abscesses and overdose. Injecting drugs is particularly dangerous because of the risk of hepatitis, HIV and other infections from contaminated needles and syringes. Smoking substances can result in disorders of the respiratory system and burns. Some substances such as leaded petrol, benzene and coca paste can cause health damage even if they are taken in small amounts.

**HIV**

Human Immunodeficiency Virus (HIV) attacks the immune system and gradually destroys it. The body cannot defend itself against infections and this results in the condition known as AIDS.

**IDUs (injecting drug users)**

People who take drugs by injection. In these materials, a wide definition of IDUs is used to cover people who have injected experimentally or continue to inject occasionally up to and including heavily dependent drug users who may inject several times each day. IDUs may inject legal or illegal drugs, stimulants (such as amfetamines and cocaine), depressants (such as heroin and benzodiazepines) or other drugs such as steroids. They may inject intramuscularly (into the muscle) or intravenously (into the vein).



**Intoxication**

The state of being under the influence of one or more substances. There is a change in the person's wakefulness, alertness, thinking, perceptions, decision-making, emotional control or behaviour. The specific manifestations depend on the nature of the substance taken.

**Intervention**

In these materials, an intervention is defined as an action or activity that helps in the prevention, modification, or treatment of problems related to substance use and other health problems.

**Lapse**

An isolated instance of substance use after a period of non-use. A lapse does not necessarily lead to a relapse.

**Life skills**

Abilities that enable individuals to deal with the demands and challenges of everyday life. They include decision-making, problem-solving, creative thinking, effective communication, interpersonal relationships, self-awareness, and empathy, coping with emotions and stress.

**Methadone**

A drug used as a substitute to assist opioid (for example, heroin) users to stabilize their drug use and to move from injecting and other hazardous methods of taking drugs to (usually) oral forms of the drug. The drug is provided under supervised conditions as part of an intervention that may also involve counselling, primary health care, HIV treatment and other services.

**NSP needle and syringe programme**

An intervention in which needles, syringes, other injecting equipment (such as alcohol swabs to clean injecting sites, and water with which to mix powdered drugs) are provided to IDUs through outreach, drop-incentres, clinics or shop-fronts, mobile units such as vans and buses and/or vending machines. Most NSPs include a retrieval service for used syringes. In some programmes, IDUs must provide used syringes before they can receive new syringes: these are called NSEPs: needle and syringe exchange programmes.

**Overdose**

Deliberate or accidental consumption of a much larger dose than that habitually used by the individual. It leads to acute adverse physical or mental effects, which might have short- or long-lasting consequences. Overdose can lead to death. The amount of a substance that can cause death varies with the individual and the circumstances.

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**Peer educators**

Current or ex-IDUs or drug users or people close to the drug-using community who are trained to carry out informal or organized educational activities on a range of health-related topics with IDUs (in small-groups or individually).

**Peer group**

People who are similar to “oneself”. The peer group for an IDU is usually other IDUs of similar age living in the same neighbourhood. Each peer group has its own unwritten terms and vocabularies, and rules about the ways substances are used, about behaviour that is acceptable and unacceptable. Usual accepted behaviours are known as “norms”.

**Programmes**

Specific events or series of planned activities that are initiated with the aim of benefiting IDUs in some way.

**Public security/police/narcotics control/interior**

Ministries and departments with a similar role have different names in different countries. When this term is used, it means those personnel whose task it is to enforce a society’s laws, particularly laws related to drug use and sex work.

**Relapse**

A return to drinking or other substance use after a period of abstinence beyond the period of detoxification. It is often accompanied by a return to the previous level of substance use and dependence.

**Services**

The functions of the various service sectors, which entail more continuous assistance, opportunities, and benefits to IDUs than programmes. For example, health services (medical examination, emergency care, and immunizations) and education services.

**Sex worker**

Someone who exchanges sex for money, drugs, shelter or some other commodity. “Sex worker” is normally used to denote a person who sells sex for money. Sex workers can be male, female or transgender.

**Street children**

Street children may be literally living on the streets, either abandoned by their families or with no family members left alive; separated from their families and moving from friend to friend or living in shelters, such as abandoned buildings, hostels and refuges; in contact with their families, but spending most days and some nights on the street because of poverty, overcrowding, or sexual or physical abuse at home; in institutionalized care, having come from a situation of homelessness, and at risk of returning to a homeless existence.

**Substance**

Any product that affects the way people feel, think, see, taste, smell, hear or behave (psychoactive substance). A substance can be a medicine, such as morphine, or it can be an industrial product, such as glue. Some substances are legal, such as approved medicines and cigarettes, and others are illegal, as with heroin and cocaine.

**Sustainability**

The capacity of an organization to take the initiative for assuming responsibility for its own development and carry out the processes needed to make the organization depend solely on its own “strengths and resources”.

**Tolerance**

A decreased response to a substance dose. The same amount of the substance no longer produces the same effect. Dependent users may develop a tolerance to the substance, and their bodies may adjust to the substance.

**Withdrawal**

The problems a person experiences in adjusting to the stoppage or reduction in the amount of use of a substance after a period of prolonged or excessive use. These problems can include depression, tremor, sweating, muscle aches and twitches. Different substances have specific manifestations.

