

3. WHAT NEEDS TO BE IN PLACE BEFORE INITIATING THE INTERVENTION

There are a few pre-requisites (see Module 1 for details) before implementing Peer-led Community Outreach Intervention. The implementing agency needs to make sure that these pre-requisites are met before the intervention is initiated. In order to understand the current drug use scenario and the needs of drug users, the implementing agency must ensure the involvement of the end users of such services from the onset of the planning process.

The preparedness of the organisation for implementing an outreach intervention may include the following:

Organising and implementing an outreach intervention:

- ✦ **Outreach Management** - Selection of a Manager / Team-leader/ Coordinator, who is going to lead the team of Peer Outreach Coordinators and Peer Outreach Workers. The management also needs to develop a flexible working policy, because 'Outreach' may not have any fixed timing. A written 'minimum code of conduct' for the outreach worker needs to be prepared and shared with the team while delegating tasks. A mechanism to ensure the safety and security of the 'peer outreach worker' while working in the field needs to be developed (e.g., identity card with photograph, staff designation, name of the project, address, phone numbers all duly signed by the head of the agency and/or local police chief. Staff should be advised as to where and when to use it). Other relevant management issues including 'burn-out management' (dealing with stress in outreach staff) should be dealt with while developing the management plan of the outreach project.
- ✦ **Staffing** - Identifying, recruiting and developing a team to implement the outreach project.
 - ✦ Recruitment - the selection criteria for Peer Outreach Coordinator needs to be developed. However, with regard to Peer Outreach Workers and Peer Volunteers who are current users, staffing policies may need to be reviewed or modified, so that ex-drug users and People Living with HIV/AIDS (PLWHAs) can be recruited as part of the outreach team (daily work schedule, absenteeism, health benefits, etc.).

Box 8:

Peer-led Community Outreach Intervention should be guided by the principle of a rights-based empowering approach, so that it endorses the strength and collective responses of end-users towards sustainable behaviour change process. The end-users must be involved in the planning of the outreach intervention so that their active involvement ensures a bottom-up approach of problem solving with due respect to their needs and ability to change.

Box 9: Working procedure and policies

To help managers/ team-leaders/ coordinators in leading and guiding the outreach team so as to adhere to a strategic focus and to achieve the project goal.

- ◆ For all project personnel, roles and responsibilities should be in writing, explained and handed over with a scope of review from time-to-time but frequent change in job responsibilities must be restricted.
- ◆ Outreach team should know the structure and philosophy of the agency/ organisation and how this relates to other agencies.
- ◆ Clear lines of management for Peer Outreach Workers and Peer Volunteers (current users) should be established.
- ◆ Managers should provide Peer Volunteers with a 'code of practice', which should be discussed and agreed upon as a condition of appointment. This must have a gender dimension and gender perspective with regard to staff and clients as well. The code should be reviewed from time to time.
- ◆ Managers should provide Peer Outreach Workers with written procedures on:
 - Safe disposal of injecting equipment (*See Annex 2.1*)
 - Infection control (*See Annex 2.2*)
 - Needle prick injuries (*See Annex 2.3*)
 - Confidentiality (*See Annex 2.4*)
 - Alcohol/other drug use in the workplace (*See Annex 2.5*)
 - Provision of equipment to under-age contacts (Existing laws in most countries view addiction among minors as a serious condition requiring the minor to be in a supportive environment rather than continue to be in the addictive stage. It would be therefore inappropriate and unethical to provide equipment supporting continued drug use to minors. Service providers need to be clearly instructed on this sensitive issue.)

- ◆ Job responsibilities - a written job responsibility needs to be developed and handed over to different team members before project implementation starts.
- ◆ Training - the entire outreach team needs to be trained before execution of the community-based intervention, as STI/HIV outreach is a skilled intervention.
- ◆ Indicators and Monitoring tools - need to be in place before the field implementation starts and training must be imparted to the outreach team on concepts and use of the monitoring tools.
- ◆ **Materials procurement** - all materials need to be listed and a procurement / production / replenishment plan should be in place before implementation. A suggested list of materials:
 - ◆ Materials for Behaviour Change Communication (BCC): to be used for one-on-one and group interactions. They could be, for example, leaflets, small booklets, or flipcharts containing simple messages and visuals using images familiar to local drug users. The topics to be covered could be as under:
 - ◆ basics of HIV/AIDS and its transmission modes
 - ◆ necessary steps for cleaning needle / syringes and their

- appropriate disposal
 - ♦ different STIs and their association with HIV transmission as well as information on STI treatment centres where users may go for services
 - ♦ appropriate use of condoms and their disposal and where drug users can access free services
 - ♦ steps for avoiding injection-related injuries and localised infections
 - ♦ messages on living positively with HIV and addresses of Voluntary Counselling and Testing Centres (VCTCs), PLWHA networks, etc.
 - ♦ separate information booklet containing phone numbers and addresses of addiction treatment centres, HIV/AIDS care and support agencies, vocational training centres for youths and ex-drug users, self-help groups such as AA, NA, etc.
 - ♦ additional materials are often required to reach out to sexual partners of drug users and female drug users.
- ♦ Materials for developing/transferring risk reduction skills: - dildo (wooden/ rubber), a few male condoms for demonstration, a few disposable needle/ syringes, separate glass vials containing water and bleach solution, swabs, etc., should be carried in a 'carry bag' along with BCC materials while conducting outreach.
- ♦ Materials for Information, Education and Counselling (IEC): Materials should be developed advocating for creation of an enabling environment for the drug users and their sexual partners in the form of literature, A/V aids, visuals, etc. Based on feedback from the outreach workers, identifying local and specific stigma and discrimination related issues around drug use and HIV, further advocacy materials can be developed, or existing materials can be suitably adapted.

Box 9: Contd.....

The above has been provided in the Annex. Copies of the same may be made for distribution.

- ♦ Peer Outreach Workers should contact their manager for help, if needed. Proper contact details should be given, e.g., a phone number where the manager is readily available, as well as adequate money provided (tell POWs to ensure that s/he has it before going out to field, inform account section accordingly).
- ♦ Managers should provide a budget for Peer Outreach Workers' and Peer Volunteers' expenses but it must be made clear to them what these expenses cover and that any expenditure must be accounted for.
- ♦ Managers should see that workers complete a weekly timetable/ workplan of their activities.
- ♦ Peer Outreach Workers and Peer Volunteers should not be 'out' all the time. A work division 70 per cent (exclusively outreach) and 30 per cent (staff meetings, daily feedback, reporting and training) is advisable.
- ♦ Each Peer Outreach Worker should prepare and submit a weekly work plan to the manager and must try to adhere to it.
- ♦ Managers should facilitate and encourage collaborative working with other agencies to avoid duplication.