DAY 1

Session 1: Pre-training exercise

Objective:

- To explore the knowledge of participants before the commencement of the training.

Material needed: The pre-training questionnaire (annexed).

Time: 30 minutes.

Methodology: Individual exercise by each participant.

Procedure:

1. Distribute the questionnaire to each participant and request each one to fill it individually.
2. Entertain questions, if any.
3. Collect the sheets after completion of exercise.

Meeting Strangers

Session 2: Meeting Strangers

Objectives:

- To make participants comfortable with one another ('breaking the ice'),
- To sensitise participants to the basic difficulties faced by a drug user in approaching services etc.,
- To explore difference in attitudes, which will exist in any group.

Material needed: Blackboard/whiteboard/flip chart with appropriate marker pens.

Time: 50 minutes.

Methodology: Group activity followed by discussion.

Procedure:

1. Welcome the participants and thank them for attending the training programme.
2. Ask participants to pair up with one person they do not know.
3. Explain to them that they will be given 5-6 minutes to introduce themselves to their partners (name, where they work, what kind of work they do, hobbies, or any other information they would like to share).
4. After they have exchanged information, call each pair to the front of the room and ask each person to introduce his/ her partner to the group. The person is not supposed to read from a piece of paper but recall from memory.
5. Once a pair has completed the introduction, ask each person how they felt being introduced.
6. Ask questions like 'was it comfortable to strike a conversation with a total stranger?' 'What were the barriers you faced while getting to know one another?' etc. List these on the board.
7. Ask them to apply this exercise to their day to day working and explain the analogy between this and how a client would feel while approaching them or vice versa.
8. Have a discussion on how difficult (or easy) it is to meet and talk with a stranger.
9. Highlight that a person who is a drug user/ HIV positive may experience more discomfort on being approached or while approaching a service provider.
10. Emphasise that talking about 'sensitive issues' like sex, sexuality and drug abuse can be a very difficult task in the first meeting for most people in the field.
11. Emphasise that when seeking information about a person, proceed from enquiry about general information to specific information.

Introduction to Behaviour Change Communication

Session 3: Stages of change

Objectives:

- To introduce the participants to the concept of change,
- To acknowledge the problems associated with change.

Material needed: Paper and pencil for each participant, white board / markers.

Time: 40 minutes.

Methodology: Group activity followed by discussion and presentation.

Procedure:

1. Start by a small exercise: Request participants to write a few lines on *one* aspect they would like to change about themselves with their left or right hand (the one they usually DO NOT use, the non-dominant hand). For instance, a right-handed person should write with his/ her left hand and vice versa.

2. After they have done that, ask them to reflect on the following (some may like to share with the group):
   - How did it feel to do this small exercise?
   - Was the exercise difficult?
   - What they would like to change in their life and why?
   - What are the alternatives?
   - Who could help them change?
   - How would the change make them feel?
   - Who besides them would be affected by the change?
   - What type of stress would the change bring about?
   - How they would cope with the stress that the change may bring about?
   - Will the change be worth the effort?
   - What could prevent the change?

3. Draw the stages of change figure and discuss the stages.
4. Introduce behaviour change communication.

Notes for the facilitator:

This exercise would help participants to reflect on various levels of the stages of change.

What is Behaviour Change Communication?

Behaviour change is central to most effective responses to the drugs and HIV problem. It can be used to:

- Reduce further transmission of HIV and consequences of drugs,
- Reduce discrimination against the people most directly affected by HIV and drug use,

- Mobilize community wide responses,
- Build consensus about legal, ethical and human rights concerns,
- Minimize harm associated with drug use,
- Organize community based care for those who are ill, their dependents and the survivors of those who die.

In working with young people we need to remember that:

- Providing only information does little to help people change their behaviour,
- We need to work with people rather than just talk with them,
- People already have their own ideas, values, knowledge and experiences. We should work with these, not against them,
- We need communication methods to engage people actively in their own exploration and learning, building on what they already know.

What is the goal of a BCC[3] program for HIV Prevention?

The overall goal of most BCC programs for HIV and drug prevention is to promote behaviours that prevent the spread of HIV and reduction of drug use in the community.

These include:

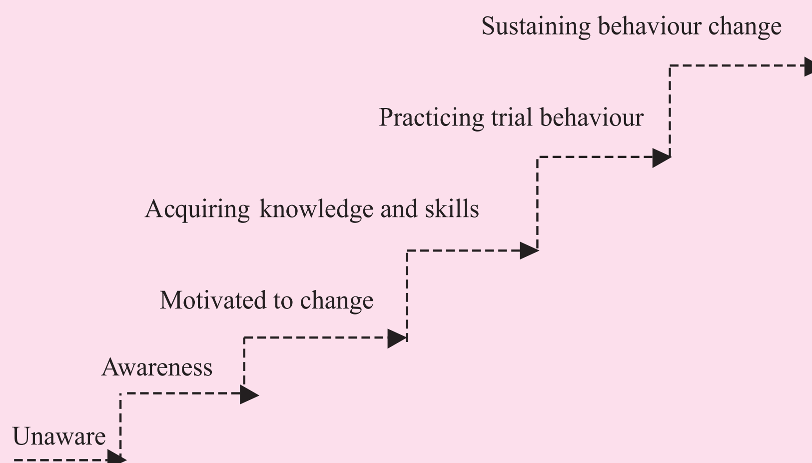
- Prompt care seeking for symptoms at appropriate medical centres,
- Communicating with partners about the need to be treated,
- Practicing safer drug use and safer sex including the use condoms,
- Delaying the onset of drug use and sexual activity among young people,
- Decreasing the number of sexual partners.

Understanding the process of behaviour change – stages of change

Certain kinds of behaviours will alert you to the stage that people are in. You can then plan your behaviour change intervention and messages to respond to that stage.

Changing behaviour and attitudes is a process that takes time. As people move through that process, their needs for information and skills change. The process of behaviour change

[3] FHI 2002. *Behavior change communication (BCC) for HIV/AIDS: A strategic framework*. Arlington: Family Health International.



can be illustrated in five major stages. First people become aware of a problem. Next, they gather knowledge and learn new skills. At the next stage they begin to get motivated to do something about the problem. Then, they actually try a new behaviour that may solve the problem. Finally, they succeed in maintaining a new behaviour.

The process of changing behaviours and attitudes is not a direct journey. Most people move back and forth between stages before achieving success.

Session 4: Objectives of the training programme - expectations

Objectives:

- To introduce the participants to the objectives and structure of the training programme,
- To familiarize oneself with the expectations of participants from the training programme,
- To introduce the participants to the expected outcome at the end of the training programme,
- To introduce and familiarise participants with the peer led intervention protocol.

Material needed: Blackboard/whiteboard/flip chart with appropriate marker pens.

Time: 30 minutes.

Methodology: Presentation followed by a brief discussion.

Procedure:

1. Give a brief account of the objectives of the training programme.

2. Present an outline of the sessions over the next five days.
3. Ask participants about their expectations from the training programme.
4. Tell participants about the expected outcome from the training programme.

Understanding and mapping a community

Session 5: Profiling a community

Objectives:

- To help participants to identify the characteristics of a target community,
- To inform participants about the information required in understanding a specific characteristic of the target community,
- To highlight the needs of the community,
- To enable participants to apply a method in reaching a consensus on characteristics considered being important by the group,
- To introduce the methodology of small group work.

Material needed: Black/white board/flip chart paper, chalk/marker pens, chart of list of problems drawn on flip-chart paper.

Time: 45 minutes.

Methodology: Mind-mapping followed by problem listing, group work.

Procedure:

1. Explain the purpose of the session.
2. Draw a circle in the middle of the board and label it "community".
3. Ask participants:
   - What is a community?
   - Who are the "key influencers" in a community?
4. Ask participants to enumerate what pieces of information should one know about that particular community as an outreach worker (facilitator suggests, e.g. number of families, leadership patterns in the community, community organizations, types of problems faced by the community, etc.) Write down each item on a white board/flip chart.

Notes for the facilitator:

While listing the characteristics of a community, make five imaginary divisions on the board as given below. Each division may be a strength/resource for the community or a liability/ vulnerability/hindrance in the community. Keep the focus on alcohol, drug abuse and consequences especially HIV/AIDS. Write down the responses under the following categories:

1. *Government machinery and policy* – Role of policy and law in supporting and hindering intervention efforts may be entered, but not stressed at this stage of the training.
   - o Political/administrative structure,
   - o Law and order situation (Degree of control of government machinery over civil society/civil unrest may come up and is listed without comment),
   - o Leadership pattern and its influence – formal/elected leaders and informal leaders in the community,
   - o Organizations and their functions or activities.

2. *Socio-economic status* – collective or individual income that may allow or prevent adequate intervention:
   - o Demographic features,
   - o Social stratification,
   - o Economic activities,
   - o Health, sanitation, and nutrition levels,
     - · Substance (Alcohol/drug) use and HIV/AIDS,
   - o Education.

3. *Culture* – positive, unique or negative characteristics that may promote or hinder prevention and care practices:
   - o Cultural facets or traditions,
     - · Substance (Alcohol/drug) use and HIV/AIDS,
     - · Attitudes towards casual sex and multiple sex partners,
   - o Centrality of family and community in decision making.

4. *Gender relations* – Gender disparities - status of women in relation to men in society and community and the influence on sexual negotiation and decision making:
   - o Educational and job opportunities for the two sexes,

- o Rights of a female to choose a sexual mate,
- o Work distribution amongst the sexes,
- o Property rights of the female.

5. *Belief and Value Systems (Spirituality)* – role of spiritual/religious values in promoting or hindering the translation of prevention messages into positive health actions:
   - · Substance (Alcohol/drug) use and HIV/AIDS,
   - · Use of condoms.

Adapted from: Communications framework for HIV/AIDS. A new direction. UNAIDS and Penn State, 1999

5. Explain the purpose of this concurrent session. Divide participants into 3 groups of about 7 or 8 persons (or according to the number of facilitators available).
6. Select a single characteristic from the above list (e.g., substance abuse and HIV). Pose the question to the group, "what information is needed to understand this characteristic of the community?" Brainstorm for ideas and write them down on the board or flip chart paper as they are presented (e.g., domestic violence, poverty, etc.).
7. Then ask them to list the problems of that community in relation to substance abuse chart drawn on the flip-chart paper. Name this list "Current Situation". Then ask them to list what would be the "Ideal Situation" for each problem. Emphasize that the differences/gap between the current and ideal situations are the *needs* of that community.

List of problems in relation to substance abuse and HIV		
Current Situation	Gaps	Ideal Situation

8. Allow enough time for discussion. Encourage additions, comments, and questions from participants. Try to reach a group consensus.
9. Ask the group the advantages of "small group activity". What is the advantage of a group activity with 4-8 people as opposed to a group of 15-20?
10. Conclude the session by highlighting the main points.

Session 6: Resource and vulnerability mapping

Objectives:

- To understand the available resources and vulnerabilities surrounding us in relation to substance use and HIV,
- To identify gaps in services to respond to a problem,
- To understand the importance of optimum use of resources,
- To identify appropriate services to bridge the gaps,
- To network service providers.

Material needed: White board/black board/flip chart, appropriate markers.

Time: 45 minutes.

Methodology: Group work followed by presentation.

Procedure:

1. Explain the concept of resource and vulnerability mapping and relate it to the field of substance use and HIV prevention.
2. Inform each group the purpose of this session.
3. Divide the participants into 3 groups.
4. Ask, 'who are the stakeholders concerned with substance abuse and HIV/AIDS?'
5. What are the services needed by a substance user at different times of his/her substance using career/history?
6. Ask the following questions:
   - Are the services linked?
   - Is there any mechanism of coordination between the services?
   - Are there any gaps amongst services to respond to the problem?
   - How would be gaps be bridged?
   - How does one refer a person needing a service to that service?
   - How would one network the service providers?
   - Introduce committee of concern and its usefulness.

Notes for the facilitator:

Talk of the concept of stakeholders (primary - the people afflicted and affected by substance abuse and/or HIV/AIDS and secondary stakeholders - community leaders - formal and informal, peer groups, youth leaders, religious leaders, etc.,).

Bring out the need for networking and linkages in the context of services for prevention of drug abuse and HIV/AIDS.

Session 7: Mapping networks of substance users

Objectives:

- To map the social networks of users,
- To understand possible ways of spread of HIV through injecting drug use and multiple sex partners.

Material needed: White board/Black board/ flip chart, appropriate markers, chart paper.

Time: 45 minutes.

Methodology: Group work followed by presentation.

Procedure:

1. Introduce methods of contacting users – cold contact, snowballing, etc.
2. Introduce mapping of network of users, their peer groups, mapping of each peer group etc. Map the members of each group.
    - Does any member of this peer group belong to another peer group?
    - What are the relationships amongst pairs/triads of members of this peer group?
    - How do members enter this peer group and in what circumstances do they leave?
    - What is the main activity of this group?
    - Is it only for the purpose of buying and using drugs or are there any other activities that members of this group engage in?
    - Is there any sexual activity or criminal activity engaged by members of this group?

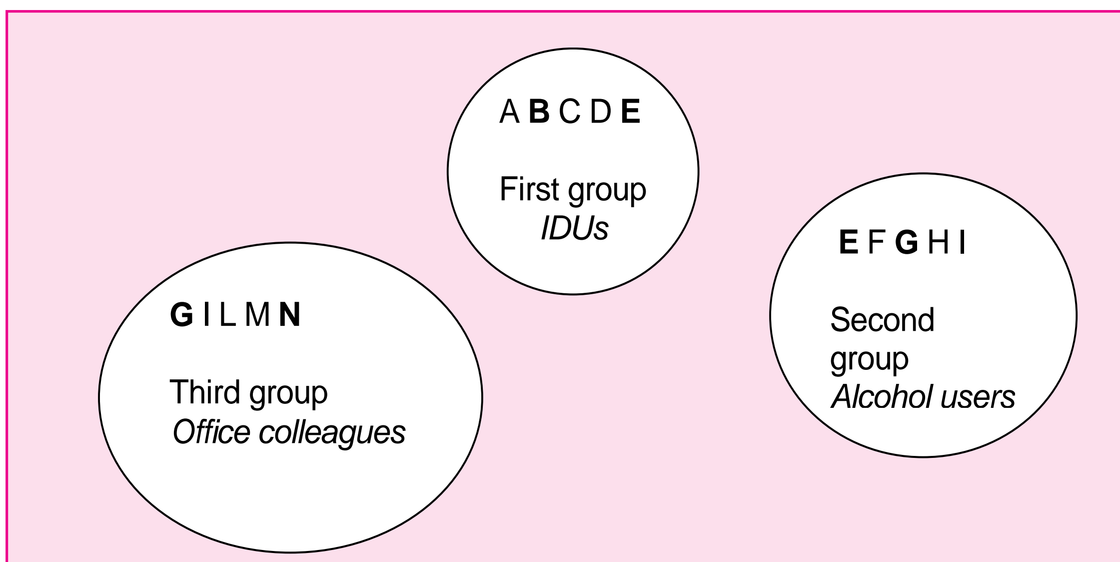
Notes for the facilitator:

During the training sessions conducted to field-test this manual, the following diagram was drawn to illustrate the importance of social mapping in understanding transmission of HIV.

Drug users may belong to more than one peer group. A hypothetical situation was illustrated where a person ‘E’, a male, in the first peer group was also a member of a second peer group to which a person ‘G’ belonged. This person ‘G’ is a member of a third peer group. ‘G’ is a woman who has multiple sex partners.

The first group indulged in injecting drug use and shared injecting equipment; the second group indulged in alcohol use and the third was a group of office colleagues. ‘N’ is an HIV positive male.

The question posed to the participants was, “What is the chance of ‘B’, a female, becoming HIV positive, and how would be the virus get transmitted from ‘N’ to ‘B’?”



3. Wind up by discussing key issues.

Observation and listening skills

Session 8: Observation and listening skills

Objectives:

- To familiar the participants with observation and skills associated with it,
- To demonstrate the importance of and factors involved in active listening,
- To emphasise the importance of observation in mapping a community,
- To enable participants to understand the various facets of observation.

Material needed: None.

Time: 45 Minutes.

Methodology: Role-Play followed by a partial debriefing.

Procedure:

1. Explain the purpose of this session.
2. Highlight that observation involves active listening and watchful seeing.
3. Divide the participants into two or three groups depending upon the number of facilitators available.

4. In each group, ask two participants to volunteer to role-play an interaction between an outreach worker and a drug user; one plays the role of an outreach worker and the other that of a drug user.
5. Before starting the role-play, the facilitator instructs five members of the group to listen to and observe the role-play very attentively and share their observations with the group at the end of the role-play.
6. The two participants conduct a 5-minute role-play followed by a debriefing of the observers on the following:
   a. What was happening in the role-play?
   b. What did you observe?
   c. Do you think the drug user was able to put across his/her feelings to the outreach worker? Yes or no.
   d. Do you think the outreach worker understood the feelings of the drug user?
7. The facilitator highlights observations involving body language, tone/volume of voice, and facial expressions of the client as elements of observation.
8. The facilitator also highlights the importance of attentive listening focusing on eye contact with the person speaking, alerting to thoughts/distractions in the immediate surroundings that interfere with attentive listening.

Notes for the facilitator:

Ensure that the following are discussed:

What is active listening?

How does one know when someone is listening attentively?

What factors influence listening?

When does one find it difficult to listen?

While summing up the session, draw the responses of the group and clarify and /or elaborate any major points.
Body language would be re-emphasised on day 5 in the session on empathy.

Session 9: Winding up and feedback

- Request a participant to volunteer to recap the day's session the next morning.
- Show the feedback sheet drawn on chart paper and request each participant to fill it and submit.

Feedback Sheet

Name: Date:

Change in Knowledge:

- New knowledge learned,
- Old knowledge corrected.

Change in Skills:

- New skills learned,
- Old skills sharpened.

Change in Attitude:

Towards drug abuse and HIV/AIDS prevention amongst young people (if any).

Notes for the facilitator:

The feedback sheets provide an opportunity for the training team, at the end of each day, to fine-tune the next day's sessions to suit the needs of the participants. Any misinterpretation from the day's sessions are also picked up by the training team from these feedback sheets to be corrected in the recap session of the next day.

It has been found that feedback sheets filled only on the final day reflect the learning of the previous two days, and the lessons from the first three days are missing.