
DAY 3

Session 1: Recap and preliminaries

Objectives:

- To begin the day with a prayer reinforcing one's limitations and courage to change,
- To revise the previous day's session and correct any misperceptions,
- To sharpen one's presentation skills,
- To develop leadership skills.

Material needed: None.

Time: 30 minutes.

Methodology: Group activity followed by a presentation and discussion.

Procedure:

1. Request a volunteer to lead the group in the serenity prayer.
2. Request the participants to hold hands and repeat each line of the serenity prayer after the leader.
3. The group members greet each other.
4. The group member who volunteered the previous week to recapitulate the previous day's session is requested to make his/her presentation.
5. Members clap in appreciation of the presentation.
6. Group members are encouraged to add what is missed/correct any inaccurate narration.
7. The facilitator corrects any incorrect narration, and requests anyone to ask for clarification.

Session 2: Basics of infection

Objective:

- To introduce the participants to the concept of pathogens, infection, disease, modes of transmission of pathogens, body's resistance to pathogens, HIV, AIDS, Hepatitis B, Hepatitis C.

Material needed: White-board/blackboard/flip chart, markers

Time: 60 minutes

Methodology: Brainstorming, followed by discussion.

Procedure:

1. Ask the participants to name a few common illnesses/diseases (e.g., common cold, tuberculosis/food poisoning, “white” vaginal discharge).
2. Ask how illness is caused. Name a few illness causing germs/pathogens (common cold: virus, tuberculosis/food poisoning: bacteria, “white” vaginal discharge: fungus).
3. Ask how these germs/pathogens are transmitted to another human being? Explain concept of transmission of disease through droplet infection, contact, contaminated water/food, etc.
4. Ask whether everyone in whom pathogens enter would get an illness.
5. Introduce immune system explaining that the body protects itself from disease.
6. Ask the following: ‘would you share a toothbrush? Why? What is the chance of getting disease by sharing a tooth-brush? Does one not share a tooth-brush because of a social norm?’

Notes for the facilitator:

Introduce the concept of social norms, e.g., sharing a toothbrush is not a social norm, and may not be practised merely because of chances of transmission of disease. Another example may be using unsterilised used shaving blades/razors.

7. Explain the presence of pathogens in body fluids.
8. Introduce the concept of transmission of pathogens by blood transfusion, contaminated transfusion equipment.
9. Ask if there is a chance of getting a disease by sharing contaminated syringe/needle/ injecting equipment.
10. When taking about transmission by contact, explain concept of healthy skin acting as a protection from pathogens; then explain vulnerability as a result of a wound and loss of protection when there is a broken skin as a result of an injury/ulcer.
11. Introduce sexual transmission of disease.
12. Explain the chance of getting a disease through healthy vagina/ulcerations in vagina/ tears in the vagina because of forced sex. Ask why anal sex is more injurious.
13. Introduce HIV as a pathogen, AIDS as a disease.
14. Introduce modes of transmission of HIV.
15. Introduce Hepatitis B and Hepatitis C and modes of transmission.

16. Discuss how HIV does not get transmitted.
17. Ask whether or not one can recognize if one's potential sexual partner has HIV/AIDS.
18. Query situations for risk of HIV/AIDS, asking can this transmit HIV?

<p>Situations to query:</p> <ul style="list-style-type: none"> · Multiple sexual partners. · Casual unprotected sex (without using condoms). · Sex with a faithful partner. · Sex with male or female sex workers. · Breastfeeding by a HIV positive mother. · Celibacy (abstinence from sexual activities). · Using condom during every sexual act. · Having sex under the influence of drugs. · Homosexual encounters. 	<p>Situations to query:</p> <ul style="list-style-type: none"> · Intravenous drug use · Using disposable needles · Injecting drug users having sex with faithful spouse · Persons who receive blood transfusion with untested blood · People needing multiple blood transfusions due to haemophilia, thalassaemia, etc. · Ear piercing done for many people using an unsterilised lancet · Sharing shaving blades/razors · HIV tested blood for transfusion · Tattooing
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19. Discuss brainstorming as a teaching method, its advantages and disadvantages.

Notes for the facilitator:

Brainstorming is one of the simplest yet most effective techniques for working with groups. Using a whiteboard/blank piece of flipchart paper and a single topic or heading, group leader or facilitator notes down as many ideas as possible that are generated by the participants in the group. The technique is designed to help with the flow of ideas. To allow this, there are important rules, such as, no editing, no qualifying, or no restricting. The technique works because one person's thoughts often stimulate others and, by not interrupting or restricting, the ideas flow very quickly. Discussion and analysis can take place later.

Advantages of brain-storming as a teaching method:

- Enables participants to speak their minds freely,
- Provides immediate feedback/results,
- Can allow participation of a large group of trainees in a short time,

- Provides an opportunity to hear the views of other participants,
- Relatively easy to conduct the session.

Disadvantages of brain-storming as a teaching method:

- Shy members may be inhibited, and are not drawn out,
- Inability to check how representative the ideas are, extreme views may be presented,
- No anonymity,
- Presented ideas may not be fully developed because of spontaneity,
- Needs expertise and training in facilitation.

Session 3 – Basics of HIV/AIDS

Objectives:

- To explore existing knowledge about HIV/AIDS,
- To enhance the existing knowledge and correct misconceptions.

Material needed: LCD Projector, power-point presentation, or suggested slides drawn on OHP transparencies/chart-paper.

Time: 30 minutes.

Methodology: Interactive lecture with visual aids.

Procedure:

1. Show the power point presentation on HIV/AIDS.
2. Clarify doubts, if any.
3. Encourage participants to ask questions and correct misconceptions.

Notes for the facilitator:

Ensure that this activity follows the previous session on infection so as to logically answer queries on HIV/AIDS.

<p>Basics of HIV/AIDS, Transmission and Prevention</p> <p>What is AIDS?</p>	<p>AIDS stands for Acquired Immune Deficiency Syndrome.</p> <p>Is a medical diagnosis for a combination of symptoms, which results from a breakdown of the immune system following infection.</p> <p>Caused by infection with a virus named HIV (Human Immunodeficiency Virus)</p>
<p>AIDS...</p> <p>Acquired: something that is obtained or received by a person, which does not ordinarily exist within one's body.</p> <p>Immune: Refers to the immune system (the system that fights out infections).</p>	<p>AIDS...</p> <p>Deficiency: The immune system is weakened or damaged.</p> <p>Syndrome: AIDS is not one particular isolated disease but has a variety of symptoms (syndromes) leading to various disorders and set of diseases.</p>

<p>What causes AIDS?</p> <p>A virus known as Human Immunodeficiency Virus (HIV) causes AIDS</p> <p>HIV attacks the body's immune system and weakens it over time. It causes AIDS by destroying the body's ability to fight various diseases.</p>	<p>What causes AIDS?</p> <p>A person who has HIV gradually loses the protection of his or her immune system and begins to experience health problems.</p> <p>People can live with HIV infection for many years without developing AIDS</p>
<p>How does one get infected with HIV?</p> <p>One CAN get HIV if one engages in certain activities that allow enough HIV to get into one's blood stream from the body fluids of an infected person</p>	<p>Body fluids that transmit HIV:</p> <ul style="list-style-type: none"> · Blood, · Semen, · Vaginal fluids and · Breast milk <p>One cannot get HIV from sweat, urine and spit!</p>

<p>Four ways of transmission:</p> <p><i>Unprotected sexual intercourse:</i> Intercourse with an infected person. This includes penetrative sex (penis-vagina, anal, oral intercourse). The most common route of HIV transfer is through penetrative sexual contact, accounts for 80% of the world's AIDS cases.</p>	<p>Transmission...</p> <p><i>Sharing infected syringes and needles:</i> Transfer of HIV infected blood from one person to another would directly transmit HIV. The chances of passing on the HIV in such a situation is about 90%. <i>Chance of getting HIV from an infected syringe is about 200 times higher than from unprotected sex.</i></p>
<p>Transmission...</p> <p><i>Mother to child transmission:</i> Through an infected mother to her child - during pregnancy, labour or delivery and breast-feeding. <i>There are 30% chances of such a transfer and 15% chances if not breastfeeding. There is less than 5% chances if on anti retroviral treatment.</i></p>	<p>Transmission...</p> <p><i>Through blood and blood products:</i> Transfusion of unscreened infected blood or accidental exposure to infected blood, blood products or body fluids in health care settings. <i>A needle prick may have a 0.05 % chance of transfer</i></p>
<p>How can you protect yourself from HIV?</p> <p>Abstain from sexual intercourse</p> <p>Use condoms during sex</p> <p>If you use needles make sure they are clean, and do NOT share needles</p>	<p>How can you protect yourself from HIV?</p> <p>Consult doctor before planning a baby in case of an HIV+ woman</p> <p>Make sure that blood/ blood product is tested before transmission</p>
<p>Opportunistic infections</p> <p>The human immunodeficiency virus (HIV) causes gradual damage to the immune system.</p> <p>When the immune system is damaged, one can get sick from germs that wouldn't normally cause diseases.</p>	<p>Opportunistic infections</p> <p>These germs take advantage of the opportunity created by the weakened immune system to cause an infection. That is why they are called opportunistic infections.</p> <p>Opportunistic infections depend on age, gender, region.</p>

Four Stages of HIV infection	Four Stages of HIV infection
<p>1. Window Period: Transmission has occurred but there is no antibody production. This stage may last about three (3) months and in some rare cases, as long as a year.</p> <p>3. HIV Infection (Asymptomatic): Antibody production has occurred but there are no symptoms of infection. This stage may last for years.</p>	<p>2. HIV Infection (Symptomatic): At this stage, people show signs and symptoms of infection. This stage may last for years as well.</p> <p>4. AIDS Immune system cells are severely depleted. Opportunistic infections and certain forms of cancer such as kaposi’s sarcoma are occurring. Again, this stage may last for years.</p>

Session 4 – HIV and associated risks: Who are at high risk for HIV?

Objectives:

- To provide knowledge on the degree of risk of transmission,
- To clarify myths associated with HIV transmission.

Material needed: Small slips of paper and 3 large sheets with “high risk”, “low risk” and “no risk” printed.

Time: 35 minutes.

Methodology: Game

Procedure:

1. Prepare small slips of paper. Depending on the size of the group, prepare as many chits each with a statement concerning a behaviour of high, low or no risk of HIV infection.

Notes for the facilitator:	
<i>Examples of statements for small slips of paper:</i>	
Having multiple sexual partners	Sex with a faithful partner
Casual unprotected sex (without using condoms)	Oral sex with a condom
Group sex	Anal sex without a condom

Sex with male or female sex workers	Hugging
Having sex under the influence of drugs	Kissing
Homosexual encounters	Using condom during every sexual act
Ear piercing done for many people using an unsterilised lancet	Celibacy (abstinence from sexual activities)
Tattooing	Watching blue films
Sharing needles	Using disposable needles
Sharing shaving blades	Rubbing one's thighs
Persons who receive blood transfusion with untested blood	A woman donating blood
People needing multiple blood transfusions due to haemophilia, thalassaemia, etc.	HIV tested blood for transfusion
Breastfeeding by a HIV positive mother	Dreaming about sex with many partners
Sharing utensils	Swimming

2. Post three large sheets labelled “high risk”, “low risk” and “no risk” respectively in different parts of the room.
3. Ask each person to come forward and pick a chit or take the person aside to spell it out.
4. After picking a chit or whispering the behaviour, ask the participant to go and stand in front of the large sheets marked “high”, “low” and “no” risk according to whether the activity/behaviour is of high, low or no risk.
5. Encourage the participant to individually make the decision.
6. The ‘floor’ is now open for other participants to agree or disagree with the person’s choice.

Notes for the facilitator:

The person should feel free to transfer the chit to another sheet if he/she has changed her mind on the basis of the whole group discussion.

Invite the participants to set aside “chits” that might require further investigation in cases where there is no consensus or the participants have recognized their need for more information.

The facilitator does not take sides or act as a final judge in the case but encourages the participants to critically examine their points of disagreement by raising appropriate questions for further reflection.

Session 5: The use of condoms and condom demonstration

Objectives:

- To have participants improve their knowledge about how to use the condom correctly.
- To identify the correct steps for using a condom for sexual intercourse.

Material needed: Suggested slides on OHP/Chart paper/power-point presentation with LCD projector; Condom demonstration penis model and spare condoms, Hand-outs of condom demonstration slides.



Time: 40 minutes.

Methodology: Lecturette, demonstration and group work

Procedure:

1. Show the suggested slides to the participants.
2. Demonstrate the correct use of the condom to the entire group.
3. Divide the participants into groups of 5-6 people each, depending on the number of participants.
4. Ask each group to conduct a similar demonstration in their respective groups.
5. Observe each group to see the correctness of the demonstration.
6. This exercise also allows for some laughter in the group and also allows one to correct incorrect ideas about using condoms.
7. Encourage shy participants to come forward.
8. Applaud participants for correct demonstration.
9. Encourage questions about sex, and sexually transmitted infections.

CONDOM DEMONSTRATION

Suggested slides for condom demonstration	
<p style="text-align: center;">Inspecting the condom</p> <ul style="list-style-type: none"> · Inspect the condom. There should be no tears on the seal. · Inspect the expiry date. Is it valid? · Do not use a condom after the expiry date 	<p style="text-align: center;">Opening the Condom</p> <ul style="list-style-type: none"> · Lay the condom on the palm of your hand and squeeze the condom in the package to one edge. · Tear the condom free edge of package and take out the condom. Ensure that your nails do not cause a tear in the condom. · Inspect the condom to determine how it will unroll when placed on the penis
<p style="text-align: center;">Using the condom</p> <ul style="list-style-type: none"> · To prevent the condom from bursting, squeeze the tip of the condom to take out the air, and · Place the condom on the “Glans” (head/ tip) of the erect penis · While holding onto the tip unroll the condom down the shaft of the penis all the way to the base of penis <div style="text-align: center;">  </div>	<p style="text-align: center;">Using the condom</p> <ul style="list-style-type: none"> · Ensure that the shaft of the penis is free from lubricant to prevent the condom from falling off. · For a non-circumcised penis, when the condom stops rolling down, hold the lower edge of the condom and then unroll the rest of the condom down to the base of the penis <div style="text-align: center;">  </div>

Penetrative Sex

- Always use a condom for penetrative sex.
- Patience. Ensure the vagina is naturally lubricated before penetration. There is likelihood of injury to the vagina if not well lubricated.
- Grease/oil/petroleum-jelly based lubricants may cause the condom to tear. If needed, use a water-based lubricant.



Withdrawing the condom after sex

- After the male ejaculates (“comes”), hold on to the condom at the base of the penis
- Withdraw the condom from the vagina while the penis is still erect/hard



Removing the condom from the penis

- Hold the condom at the base of the penis as well as the tip
- Slide off the condom from the penis ensuring that the semen collected at the tip does not spill or leak out.



Safe Disposal of condom after use

- Tie a knot on the condom to prevent the spilling or leaking out of semen
- Dispose off the condom in a safe place where it can not be handled by another person
- Wash hands to ensure that there is no potentially infected semen or vaginal secretions on the hands.



Notes for the facilitator:

- While demonstrating the use of condoms emphasise key points like:
 - Checking for expiry date on the condom before usage,
 - Disposing off the condom properly,
 - No re-usage of a condom,
 - Washing hands after disposal of condoms,
 - Maintaining personal and sexual hygiene,
 - Those with STIs are more vulnerable to HIV infection.
- For women, the most common vaginal infections are bacterial vaginosis, trichomoniasis, and vaginal yeast infection or candidiasis. Some vaginal infections are transmitted through sexual contact, but others such as yeast infections probably are not, depending on the cause. Whatever the nature of the infection, the chances of getting HIV increase with the onset of these infections.

This session provides a more in depth examination of how HIV is transmitted through sexual activity. Sexual subject matter can often be more difficult for people to talk about than injection drug use.

Session 6: Practice of using a condom and demonstrating its use

Objectives:

- To enable each participant to practice using a condom,
- To enable each participant to practice demonstrating the use of a condom.

Material needed: Two condoms and one penis demonstration model for each group of two participants.

Time: 30 minutes.

Methodology: Practice and demonstration.

Procedure:

1. Ask participants to form groups of two.
2. The first partner of the pair practices using a condom on a penis demonstration model while speaking out each step.
3. Observer partner gives feedback on the correctness of the use of the condom.
4. Observe each group to see the correctness of the demonstration.

5. The observer partner then practices using a condom speaking out each step while the first partner gives feedback.

Session 7: Associated risks - Injecting drug use, alcohol and sex

Objectives:

- To enable participants to understand the health consequences of substance abuse.
- To enable participants to understand the substance use related risk behaviour and risk-reduction hierarchy.
- To introduce methods of reducing risks associated with injecting drug use.

Material needed: Suggested slides made on OHP/Chart paper/power-point presentation with LCD projector.

Time: 40 minutes.

Methodology: Lecture with visual aids followed by discussion.

Procedure:

1. Show the power point presentation/suggested slides on OHP/chart paper.
2. Encourage participants to ask questions at any point.
3. Follow up with a discussion on the health consequences of injecting drug use.
4. Review myths and facts regarding risk-behaviour. Ensure complete understanding of “Hierarchy of risk reduction”.

(Refer to the power point presentation titled, ‘Risk reduction for IDUs’ and ‘Alcohol and sex: risks’ at the end of this activity)

Notes for the facilitator:

Concern has been raised about whether drugs and alcohol harm the immune system and if drugs speed up the damage caused by HIV infection. Highlight that long-term heavy alcohol use is known to weaken the immune system.

1. Encourage participants to form linkages between drug abuse and effects on health.
2. Speak of health consequences associated with use of opiates, cannabis, stimulants and injecting drug use.
3. Emphasize the health effects of Injecting drug use. For instance, Injecting drug users Living with HIV/AIDS (ILWHA) are at greater risk for infections related to injecting drug use, including:

Abscesses: Symptoms include swelling, redness, a hard lump or a pus-filled sore located near and where one injects. Clean the abscess with soap and warm water, then dry the area and put on a sterile bandage. The outreach team is not trained to deal with health management.

Embolism: (blood clot) Symptoms include red, swollen and hard veins, pain and warmth. Blood clots can form in different parts of the body. It could also affect the brain, causing a stroke. If numbness is felt in any part of the body, dizziness, blurred vision or spots before the eyes, see the doctor immediately.

Septicaemia: Symptoms include high fever, chills, night sweats, vomiting, diarrhoea, headache and sometimes confusion. These symptoms may occur within a couple of hours after injecting. It is important to stay warm. Consult a doctor immediately.

Endocarditis: Symptoms include high fever, chest pain and bruising under the finger nails. See a doctor as soon as any of these conditions occur.

Bacterial Pneumonia: This is an infection of lungs; symptoms include a sudden fever and cough with phlegm. It is treated with antibiotics prescribed by a doctor.

Cellulitis and Phlebitis: Cellulitis is a swelling of the skin and phlebitis is a swelling of a vein under the skin. Symptoms include swelling, redness, pain or heat at an injection site or all over. If symptoms occur, see a doctor immediately.

Hepatitis: (An infection, which damages the liver). There are several different types of hepatitis. If needles are being shared, there are chances of getting Hepatitis B or Hepatitis C.

Notes for the facilitator:

Risk behaviours: Myths and facts regarding risk behaviour must be addressed. Reviewing behaviour that place people at risk for HIV/AIDS and discussing personal risks can help determine which risk-reduction strategies may be most appropriate for a particular individual.

- Drug related risk behaviours
 - o The use of illicit drugs results in impaired judgment leading to high-risk sexual activity.
 - o Drug addicts may often exchange sex for drugs.
 - o IV users share needles, syringes, drugs and drug paraphernalia.
 - o The illicit drugs used by injecting drug users often carry bacterial and fungal contaminants.
 - o Drug users often have poor nutrition and health practices that increase risk of disease and infection.

Remember to talk of HIV/AIDS as a possible consequence of drug abuse

- o Highlight this in detail
- Speak about injection drug use and its relation to HIV/AIDS
 - o ILWHA seem to have a greater tendency to develop HIV encephalitis.
 - o ILWHA are at high risk for tuberculosis
- Talk of ‘mood altering’ drugs/ alcohol use and its affect on behaviour (risk behaviour) which may increase the risk of acquiring HIV.
- Emphasize that at times it may be difficult to tell the difference between problems related to drug use and symptoms of some HIV related infections. The danger is that it may prevent the early diagnosis of some infections. Fever, weight loss, fatigue and diarrhoea are all symptoms of HIV and other diseases such as hepatitis and TB, as well as drug use. It is therefore advisable to consult a doctor if these symptoms occur.
 - Some anti-HIV medications interact with street drugs- the effects of one of both drugs could be changed or the medication’s effectiveness could be reduced.
 - The trainer may like to make a presentation stating facts as suggested

Risk reduction methods: The hierarchy of safe behaviour must be provided for understanding the various risk reduction strategies.

Suggested slides for Risk-reduction for injecting drug use

<p style="text-align: center;">Risk Reduction for Injecting Drug Use</p>	<p>Hierarchy of risk reduction - 1</p> <ul style="list-style-type: none"> · Stop using drugs · Stop injecting drugs · If injecting practice continues · Never re-use or share syringes, water or drug preparation equipment · Use only syringes obtained from reliable sources · Use a new, sterile syringe to prepare and inject drugs
<p>Hierarchy of risk reduction - 2</p> <ul style="list-style-type: none"> · Use sterile water to prepare drug for injection; otherwise use clean water from reliable source. · Use a new or disinfected cooker and cotton to prepare drugs. · Clean the injection site with a new alcohol swab before injecting. · Safely dispose off syringes after one use. 	<p>Needle Syringe Exchange Programmes - 1</p> <ul style="list-style-type: none"> · The primary purpose of needle-syringe exchange programmes is to distribute sterile injecting equipment to IDUs; and · Remove used and potentially contaminated injecting equipment from circulation, thereby removing the possibility of further use. <p>The programme also provides bleach.</p>
<p>Needle Syringe Exchange Programmes - 2</p> <ul style="list-style-type: none"> · To provide a place for getting in touch with IDUs for dissemination of IEC materials about safe injecting and about prevention of sexual transmission · Needle-syringe exchange programs can also become a contact and referral place for counselling, primary health care and drug treatment service 	<p>Cleaning needle and syringe</p> <ul style="list-style-type: none"> · Step 1: Fill the syringe completely with clean water. Shake the syringe for 30 seconds. Squirt out the water. Repeat this step twice, and use new water each time · Step 2: Fill the syringe completely with full strength bleach. Shake the syringe for at least 30 seconds. Squirt out the bleach. Repeat this step at least twice, using new bleach each time.
<p>Cleaning needle & syringe</p> <ul style="list-style-type: none"> · Step 3: In order to rinse the bleach, fill the syringe again with new water and shake the syringe for 30 seconds. Squirt out water. Repeat this step at least twice, and use new water each time. 	<p>Cleaning needle & syringe</p> <p>Also remember to clean your cooker (spoon) with bleach and water and use a new filter (for drawing the prepared drug into the syringe) every time</p>

Suggested slides for Alcohol and Sex - Risks Involved

<p style="text-align: center;">Alcohol and Sex</p> <p style="text-align: center;">Risks Involved</p>	<p style="text-align: center;">Alcohol and HIV</p> <ul style="list-style-type: none"> · Heavy alcohol / cannabis use can reduce the number of white blood cells which are responsible for fighting infection leading to reduced immunity level. · Those clinically diagnosed, as alcoholics appear to be more prone to bacterial infections.
<p style="text-align: center;">Alcohol and HIV</p> <ul style="list-style-type: none"> · The individual's vulnerability to being infected with HIV increases if exposed to the virus · In those already infected with HIV, alcohol can speed up the course of the disease. 	<p style="text-align: center;">Alcohol consumption increases risk-how?</p> <ul style="list-style-type: none"> · Alcohol reduces the inhibition and leads a person into high-risk sexual activity. One who hesitates to make sexual overtures to a new partner or visit a sex worker may do so with least hesitation under the influence of alcohol
<p style="text-align: center;">Alcohol consumption increases risk-how?</p> <ul style="list-style-type: none"> · Alcohol acts as a depressant, affects perception and motor coordination, which interferes with the sexual act. In his desperation to experience satisfaction he may attempt other forms of sexual activity like anal sex. The poor coordination could further discourage condom use as he may find it difficult to use. 	<p style="text-align: center;">Alcohol consumption increases risk-how?</p> <ul style="list-style-type: none"> · Alcohol impairs the ability to process negative consequences of an action. There is a tendency to overlook risks. Even one who uses condoms routinely may not do so under the influence of alcohol. He may pressurize or force the other to have sex when the other is unwilling.
<p style="text-align: center;">Alcohol consumption increases risk-how?</p> <ul style="list-style-type: none"> · Heavy use of alcohol over a period of time impairs sexual performance. After giving up alcohol, a person wants to engage in sexual relationship but is doubtful whether he will be able to perform. In order to avoid failure in front of spouse, he may visit sex workers to check his virility. 	

Session 8: Knowledge, attitude and skills required by peer outreach worker

Objective:

- To ascertain the knowledge, attitude and skills required by a peer outreach worker,
- To discuss professional boundaries of 'acceptable' outreach work.

Material needed: Handout on professional boundaries of 'acceptable' outreach work.

Time: 45 minutes.

Methodology: Group work followed by presentations.

Procedure:

1. Divide participants into 3-4 groups (depending on the total number of participants).
2. Ask each group to write down the knowledge, attitude and skills that a peer outreach worker should possess. What are professional boundaries of 'acceptable' outreach work?
3. Ask them to discuss do's and don'ts of outreach work (refer to handout given on Day 2).
4. Each group makes a presentation.
5. Encourage participants to fill in the gaps.

Notes for the facilitator:

Ensure that basic knowledge about drugs and HIV and associated risks are covered under the heading 'knowledge'.

Ensure that observation, listening, decision making, coping, managing stress, using condoms, cleaning syringes and needles and communication skills are covered under the heading 'skills'.

Ensure that sensitivity to the problems faced by the substance user/PLWHA is discussed.

Session 9: Practice outreach and mapping through a transect walk

Objectives:

- To practice the necessary observation and communication skills for conducting outreach,
- To assume responsibility and develop team spirit in working together to carry out outreach,
- To experience immersing in a community and interacting with the community to do effective outreach,
- To enable participants to make a geographical map of the area visited.

Material needed: Field diaries and pens, chart paper and appropriate markers to draw the geographical map of the community site visited.

Time: 90 minutes.

Methodology: Transect walk.

Procedure:

1. Instruct the participants to prepare themselves for conducting outreach in the community.
2. Carry out a preparatory discussion on the proposed walk.
3. Divide participants into 5 teams with at least 4 persons in each team.
4. Ask each team to walk through the community and conduct outreach with people on the streets and/ or in community settings.
5. Give each group 10 minutes to discuss their strategy for conducting outreach.
6. Ask the groups to reassemble in the training hall after 70 minutes.
7. Request each group to make a geographical map of a hypothetical community depicting the resources (health centres, police station, school, play grounds, etc), and the vulnerabilities (drug using places, places where drugs are sold, places where commercial sex is available, etc).
8. Discussion and sharing of experience will take place in the recap session.

Notes for the facilitator:

Before instructing the teams to conduct the walk, the facilitator must study the area (s) and survey the area for potential dangers, if any. While going for the transect walk it is important that participants observe and make a note of what they observe and situations they encounter. Tell participants that they may face hostile and unfriendly responses from people on the streets or in community settings. This should not deter their endeavours.

There is usually insufficient time for participants to complete the map in this session. In most of the training programmes used to test this module, groups worked in the evening to finish their maps, and presented them in the recap session of the next day.

Session 10: 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.