
Preliminary Phase

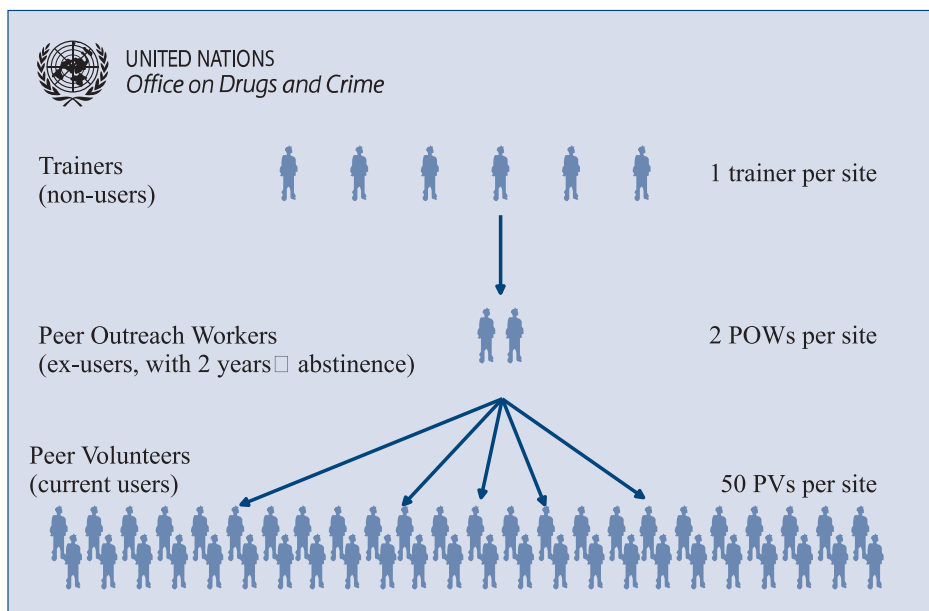
This phase deals with the setting up of basic mechanisms for implementation of the peer-led intervention. Agencies are selected, and selected agencies recruit the peer outreach workers and trainers in this phase. The staff is trained in a training of trainers' programme.

Management:

- ◆ Staff
- ◆ Training and supervision
- ◆ Management structure

Staff

Hierarchy of Human Resources



Functions of each staff member

The role of a HIV field worker/trainer/support person in this intervention is:

- ◆ Identifying key influencers in a community, mobilising the community and setting up a committee of concern.
- ◆ Networking at the level of an administrative unit called division/state/region/province to set up a network for service provision. Providing access to services for current users and motivating users to enter the treatment net.
- ◆ Linking the peer-interventions with a larger basket of services.

- ◆ Supervising, interviewing, assessing and training peer outreach workers and peer volunteers.
- ◆ Setting up the self-help groups and building sustaining mechanisms for peer-led interventions after project life.

Selection of the supervisor/trainer becomes a critical factor-especially the attitudes and training of this supervisor and his or her ability to work with peer outreach workers and marginalized populations, such as drug users and PLWHA.

Criteria for selection of trainer/state support person:

Educational Qualifications: A university degree in humanities, social sciences, medicine, psychiatry or public health.

Experience: At least three years of experience of working in any of these areas – public health, research, health care delivery for drug users or HIV/AIDS.

Skills: The candidate should possess excellent communication skills in English as well as the local language/dialect. A working knowledge of computers is also essential.

Human Qualities: concern, commitment, and trainability.

The field worker/trainer/SSP in each of the areas will also be responsible for, among other things:

- ◆ Supervision of the activities related to the intervention in the state/region/province/division.
- ◆ The Baseline Assessment of current users who volunteer to participate in this intervention (administration of KAP instrument, see annexures 1 and 2).
- ◆ Creating a Vulnerability Map (extent and nature of drug use problems with respect to risk behaviours) and Resource Map (extent and nature of services for drug use/HIV prevention) of the area.
- ◆ Administration of peer-led intervention/training to peer volunteers.
- ◆ Collection, compilation, analysis of data, preparation of advocacy report, and transport of the raw data to the project office.

Outreach staff

The success of outreach depends upon the quality of outreach staff. The selection and recruitment of outreach workers is critical to the effectiveness of outreach in contacting hidden populations of drug users and in providing health education, advice and prevention.

Outreach teams

There are several references to the size of the outreach team in literature. The actual size of outreach teams clearly depends on resources. While many projects consist of only one-full time worker, most evaluations of peer outreach projects recommend a *minimum* of two full-time workers. The most important reason for this is “safety in numbers”. It is safer for peer outreach workers when negotiating hidden populations to work in pairs. The team of peer outreach workers

may be shared with a cluster of NGOs operating in the community where possible. The optimum size of projects depends upon the nature and extent of drug use problems. The most cost-effective way of managing outreach staff is for full-time peer outreach workers to coordinate and supervise small teams of part-time or voluntary workers. This peer-intervention design has provided for two peer-outreach workers at each site.

Criteria for selection of peer outreach worker:

Sex and sobriety status

In the case of a male, an ex-user with 2 years' sobriety, or a non-drug using HIV positive person physically fit to carry out his duties. In the case of a female a widow/wife of substance user or an ex-user herself with 2 years' sobriety or a non-substance using HIV positive woman physically fit to carry out her duties.

Education

At least 10 years of formal education.

Knowledge and experience

- ◆ Key consideration: Has peer⁷ status, communicability, trust, respect and credibility with target population and has access to hidden populations.
- ◆ Has demonstrated ability to work with drug users and not relapse into drug use.
- ◆ Has a good knowledge of the community and particularly the drug using networks in the community.
- ◆ Has an understanding and experience of drug use problems.
- ◆ Is familiar with drug treatment and helping services.
- ◆ Has an understanding of drug use norms, cultures and vocabulary.
- ◆ Experience of working with the drug abusers/people affected with HIV/AIDS – in any of the areas viz. treatment, counselling, education, rehabilitation etc. Is known to the community and is a part of the community.

Skills

- ◆ Key consideration: Has the ability to educate effectively (trainability and training ability).
- ◆ Good communicating ability and the ability to form rapport with the drug users.
- ◆ Effective interpersonal skills and is able to speak the language of the peer group.
- ◆ Good writing skills in English/local language.
- ◆ Maintains confidentiality.
- ◆ Ability to listen to their peers without bias or assumptions.
- ◆ Confidence about ability to work with the community, talking to people building bridges and rapport, visiting homes and creating awareness in families and community.

⁷ Since only a current user would have true 'peer status', the project uses 'peer volunteers' who are true peers for delivery of risk-reduction/behaviour change amongst the rest of the peer group members. The 'peer outreach workers' on the other hand will be responsible for identification, recruitment, training and supervision of peer volunteers.

- ◆ Strong motivational skills and leadership skills.
- ◆ Ability to work in a team along with the NGO they are attached and not to work in isolation.

Human qualities: Has qualities like empathy, commitment, and concern for the health and welfare of the target group. Maintains confidentiality within the project team. Shares interests with target population for giving help and support. Has sensitivity in managing volunteers and their need for recognition.

The project shall use a peer outreach worker based intervention in selected areas. The outreach worker will assist in creating a resource and vulnerability map related to drug abuse and HIV in specific geographical locations. The peer outreach worker would identify groups of users, establish contact with them and then identify and recruit a volunteer from that peer group and with the help of a trainer educate the recruited current user for risk-reduction related to drug abuse and HIV. The groups/individual drug users contacted in drug-using groups would act as volunteers in this intervention.

Training and Supervision:

A training of trainers programme is designed to train peer outreach workers, trainers, and those involved in the monitoring process. The trainers so trained are provided with a training manual for training current users recruited for the intervention into risk-reduction measures related to drug use and sexual practices. The methodology of training is important given the fact that the current users would be exposed to seven sessions for change in risk-taking behaviours. The training of trainers' programme stresses experiential learning through the experiential learning cycle.

Care is to be taken for appropriate induction and training of the outreach team as well as their supervision on an ongoing basis.

The training of trainers programme shall provide:

Knowledge:

- ◆ Phases of the peer-led intervention.
- ◆ Mobilising the community - Profile of a community, mapping the vulnerabilities and resources, needs assessment.
- ◆ Interacting with health, welfare, police and law enforcement agencies, setting up an enabling environment, a committee of concern, community meetings.
- ◆ Setting up a referral network.
- ◆ Changing behaviour
 - Introduction to behaviour change communication
 - Stages of change
- ◆ Interventions in networks of drug users and youth at risk.

- ◆ Types of outreach work, minimizing danger to self.
- ◆ Knowledge, skills and attitudes of outreach workers.
- ◆ Professional boundaries for ‘acceptable’ outreach work.
- ◆ Concept of infection, disease and disease causing micro-organisms, modes of transmission.
- ◆ Basic information about HIV/AIDS and modes of transmission.
- ◆ Consequences of substance use: health, legal and welfare problems.
- ◆ Harm reduction strategies to minimize risk behaviour related to substance use and HIV/AIDS.
- ◆ Leadership.
- ◆ Hunger for recognition, volunteerism.
- ◆ Knowledge, attitudes and practices of substance users; client anonymity and confidentiality.
- ◆ Assistance in accessing services.
- ◆ Self-help/support groups.
- ◆ Indicators and monitoring mechanisms.

Skills:

Practical training through supervised inductions in undertaking outreach

- ◆ Meeting strangers.
- ◆ Observation and listening skills.
- ◆ Conversation skills.
- ◆ Assertiveness.
- ◆ Skills in asking questions.
- ◆ Key informant interviews.
- ◆ Group discussions.
- ◆ Using a facilitators’ manual.
- ◆ Skills in making outreach contacts.
- ◆ Information and advice giving.
- ◆ Demonstration and practice sessions in condom use, and using bleach to clean syringes needles for injecting drug users.
- ◆ Decision making.
- ◆ Reaching a consensus.
- ◆ Problem solving.
- ◆ Identifying and managing emotions.
- ◆ Leadership skills.
- ◆ Skills in managing volunteers, sensitivity in recognizing the contribution of volunteers, empathy.

- ◆ Designing training sessions.
- ◆ Training to use the manual for risk-reduction among young drug users.
- ◆ Using the baseline KAP assessment instrument.

Attitudes

- ◆ Sensitivity to the problems faced by current users/PLWA
- ◆ Commitment to contacting new, and re-contacting old clients
- ◆ Commitment to supervision, administration and management
- ◆ Commitment to project recording and monitoring

Supervision: Support persons and trainers provide supervision to peer outreach workers on an ongoing basis. It is therefore important/preferable that supervisors/managers of outreach staff have some experience in undertaking outreach work and some experience of working with target populations. They are also the principal trainers of peer volunteers. Therefore training of supervisors/support persons/trainers is envisaged during the training of trainers. This includes training and sensitivity in managing volunteers and their need for recognition.

Management structure:

Since outreach work often lacks a clear path for career development, there is a high turnover of staff, especially because of lack of promotional opportunities. As a result, outreach often lacks continuity and efficiency. Therefore it is necessary to build in an appraisal system and procedures for promotion and career development by the agency implementing the intervention.

Key issues in appraisal of outreach workers:

Outreach tasks:

- ◆ Does the outreach worker reach target populations?
- ◆ Is the outreach worker effective in making new contacts?
- ◆ Does the outreach worker work effectively under pressure?
- ◆ Is the outreach worker trusted and respected by colleagues and by drug users?

Management tasks:

- ◆ Does the outreach worker have leadership and management skills?
- ◆ Is the outreach worker effective in time management?
- ◆ Is the outreach worker committed to making career developments?

Monitoring mechanisms for the project are summarised in a subsequent chapter.