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Day 1.
1. Introduction to the training

This chapter provides exercises to lay a solid basis for effective collaboration during the training and to have a thorough understanding of the training programme.

1.1 Getting to know each other

**Exercise**
The trainers welcome the participants and introduce themselves. The participants get to know each other by doing one or more of the introduction exercises (see annex).

1.2 Agreeing on basic training rules

**Exercise**
Setting the training rules: A safe and positive learning space is crucial for a successful training. The trainer explains the importance of a joint set of agreements, emphasizing the participants’ rights and responsibilities throughout the training. Ask each participant to mention essential training rules on confidentiality, being on time, telephone use, praying and so on. Ask if all participants agree and discuss with the group what to do when agreements are broken. Rules can be added at the end of the day, also anonymously on sticky notes. Write the input from the group on a flip chart sheet and put it on the wall, visible in the room.

**Dividing roles and responsibilities**
During the training some participants get specific responsibilities that will benefit the group process. Invite participants to take the following roles:

- Time keeper;
- Person responsible for the energizer;
- Some one responsible for recap and summary;
- Participant who can speak on behalf of the group.

Assign the roles and write them down on the flip chart, visible for everyone in the room. Rotate the roles each training day.

1.3 Introducing training topics, learning expectations and methodology

**Exercise**
Mind mapping outreach: Mind mapping is a great way to define outreach. Use a flip chart sheet and let the group freely associate with the word outreach through the following steps:

- begin by drawing a box in the centre of the sheet;
- write the main theme in the box, in this case ‘outreach’;
- draw branches from the box that have sub-themes associated with outreach;
- be creative and add ideas around your sub-themes.

Discuss in the group:
- Definition of outreach
- Goals of outreach

Notes for the trainer:
- Outreach is an essential link between the community and the HIV prevention, care and treatment offered by a programme.
- It promotes services and referrals linking the community to condom supplies, voluntary HIV testing and counselling and care, diagnosis and treatment of sexually transmitted infections (STIs), antiretroviral therapy, care and other services.
- Outreach is done by a trained outreach worker. This can be a sex worker or a health professional. She or he ensures that the prevention and care needs of a defined group of individual sex workers are met.
- Outreach workers build on the relationships with other sex workers, understand their needs as individuals, and on a regular basis provide them with - or link them to - appropriate high-quality services.
- Outreach is an entry-point to strengthen community leadership and to strengthen community-led crisis response and other structural interventions. By monitoring the relative vulnerability and risk of each individual sex worker, community outreach workers also supply the first level of data collection for the programme.

From Implementing Comprehensive HIV/STI Programmes with Sex Workers - Practical Approaches from Collaborative Interventions apps.who.int/iris/bitstream/10665/90000/1/9789241506182_eng.pdf?ua=1
2. Exploring your target group

Through the exercises in this chapter, training participants will gain insight in sex workers’ networks, diversity within the sex worker community and outreach workers’ key functions.

2.1 Mapping the network

**MAPPING THE SEX WORKER COMMUNITY**

**Notes for the trainer**
Understanding where sex workers operate and how you can reach them is essential for effective outreach. Collecting essential information for outreach starts with a mapping and size estimation. Mapping should always be done discreetly, to prevent drawing undue attention to the activity. Also the mapping information should be kept strictly confidential, since it can cause harm in hands of disadvantageous law enforcement authorities.

**Exercise**
Participants map the sex worker community in their area by answering the following questions in their group: How many sex workers are operating in your municipality or area and where? How can you find out? Participants explain to their group members how they came to this information.

Each group presents its findings. The trainer takes notes on how the information was collected and summarises on a flip chart sheet.

**Notes for the trainer**
Essential steps for doing size estimation:
- Identify the general geographic area.
- Interview local key informants (police, taxi drivers, staff of non-governmental organisations, truckers) to identify where sex workers meet clients.
- Investigate the locations identified by multiple informants, look for detailed information on the number of sex workers by time of day, specific places where sex workers gather and additional areas near the location where other sex workers may be found. The purpose of asking for additional locations is to find sites not identified by key informants in the first phase.
- Present your findings to the sex worker community if possible.
- Add services, clinics, condom distribution points etc. to the map. Maps containing information about the location and/or identity of sex workers should be considered confidential and stored securely at a central location. Programme planners and implementers should guard against the possibility of maps being obtained by law enforcement authorities or other groups who might use them to locate and close sites or otherwise cause harm to sex workers.
2.2 Exploring the target population

PLAYING THE BALLOON GAME

Notes for the trainer
The sex worker community is diverse: men and women, old and young, native and migrant, those working indoors and on the street and so on. One group of sex workers might have different needs than the other. It is important to differentiate and find out which groups are at more risk or have specific needs.

Exercise
Prior preparation:
- Place and hide the balloons in the room beforehand.
- Fill balloons in different ways: partially with air or to maximum capacity, partially with water or to maximum capacity, with air and some confetti or pebbles, or with hole in it, covered with tape.
- Place the balloons in the room: spread some around the room in full view, tape some on hard-to-reach places (for instance on fans or high up on the walls), hide some (inside drawers or behind curtains) and place some outside the room.

The game
- Divide the participants into small teams and designate an area in the room for each team.
- As soon as you blow the whistle, each team must attempt to collect as many balloons possible in their designated area of the room. They must stop collecting balloons immediately upon hearing the whistle signal (after two minutes).

Discussion
- Ask each team why they have collected the balloons they have. Allow some discussion.
- Tell the participants that they can consider this room as an outreach working environment and the balloons as sex workers they reached with their activities. Balloons they have not been able to collect are the sex workers whom they did not reach.
- Draw the group’s attention to the different places where the balloons are placed. Reveal the hidden balloons that have not been found.
- Ask the group who hard to reach sex workers are. What are their characteristics and what are factors that make them hard to reach, for example stigma, no access to health care and violence.

Explanation and lessons learnt
- Some balloons were in full view and within easy reach. Explain that these represent the sex workers whom they know and regularly meet and those who come to the clinic.
- Some balloons were within sight, but hard to reach. Explain that these balloons represent the hard to reach sex workers, such as sex workers living with HIV and male sex workers.
- Some balloons were hidden and could only be found with additional effort. Explain that these represent the unreached, for instance new sex workers.

2.3 Challenges of sex workers

Notes for the trainer
In preparation of outreach activities participants need to understand the challenges and needs of sex workers in their area. In order to assess these needs you can answer the following questions:
- What is the challenge?
- Who faces the challenge?
- What are the incidence, prevalence and distribution of the challenge?
- Is there a community? What are its characteristics, including its resources and strengths?
- Which groups within the population face extra challenges? burden? (For example migrant sex workers.)
- Where can the groups at risk, especially those who face extra burden, be reached?

Exercise
Exploring (health) challenges of sex workers
Use hand-out 1. Each group compiles a list of the (health) challenges sex workers face in their area or community. Continue with hand-out 2. Each group selects one (health) challenge and answers the questions on hand-out. 2 Groups present their findings to the whole group. The trainer clusters, summarises and writes the common points on a flip chart sheet.

Exploring the needs of sex workers
The trainer brainstorms with the group about the needs of sex workers by translating the challenges into needs. For example: no condom use is a challenge; more information on how to use a condom is a need. The trainer clusters, summarises and writes the common points on a flip chart sheet.
2.4 Key functions of outreach workers

Exercise
Exploring outreach workers’ key functions
Participants discuss in groups in what way outreach workers can contribute to meet the needs of sex workers. Each group compiles a list of tasks. The groups present their findings. The trainer clusters, summarises and writes the common points on a flip chart sheet.

Notes for the trainer
Outreach workers’ key functions:
1. Meet regularly with sex workers in their own area, individually and in groups. Make first contacts with new sex workers.
2. Distribute condoms: Assess how many condoms the sex worker requires (based on her or his usual sexual activities) and distribute the necessary number to cover the period until your next contact. Distribute condoms to lodge owners or at hotspots.
3. Give information and advice on the following topics: sexual health matters (HIV and other STIs treatment and prevention, negotiating for safer sex, condom use (demonstration), alcohol and drugs use); contraceptives; sexual health challenges; referral (to supportive facilities, voluntary testing and counselling service, family planning service); human rights (law and legislation, safety matters, violations and sex workers rights); additional support systems for sex workers facing violence.
4. Organise referral to services and follow-up. Assess the HIV prevention, care, and support needs of each sex worker and develop a plan to address these needs through the programme and the community. Refer to services for HIV testing and STI treatment and other supportive services, such as family planning and legal support. Look into possibilities for follow-up. This is especially recommended for referrals for HIV-treatment.
5. Encourage, motivate, and support sex workers to get voluntary HIV counselling and testing (HTC). Ensure that they are accompanied if requested. Encourage sex workers to visit clinics for STI check-ups; explain the services, refer STI cases from the field, and accompany those referred to clinics if requested to do so. Accompany HIV-positive sex workers to treatment centres if requested and, if possible, track and encourage their adherence to antiretroviral therapy. To empower the sex workers and to improve the practice of safe sex and the use of services, outreach workers are able to motivate the sex workers and their clients.
6. Network: Outreach workers collaborate with the network members closely surrounding the sex workers: their clients, lodging owners and peers of sex workers. They collaborate with other health professionals. They work together with the police and the chief of community or local leaders. They advocate for sex workers’ access to services if they encounter difficulties. Outreach workers take part in community committees and advisory groups (make recommendations to improve clinic/staff relations, outreach, safe spaces) and community mobilisation activities, and provide feedback from the field on ways to improve the programme.
7. Analyse and monitor the context of the location to anticipate on changes and to adjust services: outreach workers need to be aware of the context she or he operates in.
8. Plan outreach activities: During a meeting with all staff members, decide on preparation, work plan and budget. Tasks and responsibilities are divided. Permission is requested from the local authorities. A map and directions to all locations should be made to make sure all areas are covered.
9. Report: it is essential to monitor and evaluate outreach activities.
10. Promote safe spaces (drop-in centres) within the community. In programmes that provide services to people who inject drugs, provide clean needles and syringes and other harm reduction commodities to sex workers who inject drugs, and provide referrals to medical services as needed.
Hand-outs
Day 1.
Annex 1
Introduction exercises

Meeting your neighbour
Each participant shakes hands with her or his neighbour and tells why she or he participates in this training. Then the participant does the same with the other neighbour. All participants walk around the room and at a signal from the trainer shake hands with their neighbour.

Joining your team
Write different categories (for example four age groups, years with the organisation, outreach activities, colours) on four separate A4-sized pages. Put up the sheets in four corners of the room. The trainer poses questions or statements and asks the participants to go and stand in the corner of the most applicable category. This exercise gives good insight in the group composition and makes participants feel more at ease in the training room.

Creating a self-portrait
Ask participants to draw a self-portrait on a piece of paper. They can choose any style they like (realistic, cartoon, abstract). Ask them to write their name on the portrait. Now ask participants to write down three stepping stones (important events) that led them to this training. When everyone is finished, ask the participants to show their self-portraits and to present themselves through the drawing, including a short explanation of their stepping stones.

Hand-out 1
Define (health) challenges

HIV
Condom use
STI
Access to health care
Arrest by police
Choose one health challenge:

Describe the challenge

Whose challenge is it?

Is it a serious challenge?

What are the target groups/stake holders?
Day 2.
3. Outreach activities

The exercises in this chapter aim to support outreach workers to give information and advice to sex workers in an adequate way, for instance by using the Elicit – Provide – Elicit counselling model.

3.1 True or false? Questions and answers

**Exercise**
Playing a quiz
The participants play a quiz to enhance their knowledge on HIV, STIs, sexuality, substance use and safety. In preparation all participants receive one red and one green piece of paper (or balloons). Questions are presented in PowerPoint. The trainer poses the questions. Participants subsequently discuss the answer within their group and choose ‘right’ or ‘wrong’ by showing a green (right) or red (wrong) sheet or balloon. The trainer leads the discussion and shows the answers in PowerPoint. The participants receive hand-out 3 with the quiz questions and answers.

**Notes for the trainer**
Outreach work involves the following themes: health matters, sexual health matters, human rights and referral to supportive services. These themes are translated into policies and activities, so sex workers can make well-informed decisions regarding their health and safety during work. Sex workers require objective and correct information. Therefore it is important that all outreach workers disseminate the same information that has been laid down by their organisation.

3.2 Why we do what we do

**EXPLORING THE STEPS TO CONDOM USE**

**Notes for the trainer**
Condom use is vital for sex workers to protect themselves against HIV and STIs. Whether sex workers will use a condom is determined by different factors like their knowledge, attitude, risk perception, social norms and skills. To successfully motivate behaviour change among sex workers it is important to address all these determinants.

**Exercise**
Explain the different determinants and steps that lead to behaviour change. To test if the participants grasp the notion of these determinants you go and sit on one side of the room, on a chair with a sign that reads ‘start’. Between this chair and the endpoint are five chairs, each carrying a paper with symbols or determinants on it. The chairs represent the steps to condom use:

1. Start: no condom use
2. Chair 1 = what information do I need about condoms? (Knowledge)
3. Chair 2 = what skills do I need to use a condom? (Skills)
4. Chair 3 = what do I think and feel about condom use? (Attitude)
5. Chair 4 = how big is my risk for HIV and other STIs when not using a condom? (Risk perception)
6. Chair 5 = how important is what other people think about condom use? (Social norms)
7. Endpoint: condom use

The trainer introduces herself or himself as a sex worker: ‘I’ve been in the business for two years now, mostly meeting my clients in a bar. I have to be honest with you; I don’t always use protection.’

Now ask participants to join the exercise. Give each volunteer a condom and ask in what way they would like to get the sex worker to the desired endpoint: accurate and consistent use of a condom. If the participant correctly addresses the specific determinant, the trainer moves one chair closer to the endpoint.
3.3 Our clients know best

DESCRIBE TYPES OF SEX WORKERS

Exercise
Ask the participants to take in mind a recent working day and to share an experience with the most difficult sex worker (in the light of behaviour change) whom she or he met that day. After five minutes, switch roles. Repeat the exercise and discuss the most easy sex worker whom she or he encountered.

The trainer collects the input from the group and clusters the info on a sheet according to the three “types” of sex workers:
1. Sex workers who have no intention to change;
2. Sex workers who are in doubt; and
3. Sex workers who are determined to change.

The trainer explains that a sex worker can move from one ‘type’ to the other. Distribute hand out 4, the ‘Cycle of change’. This Cycle can be used to explore the different stages in changing behaviour. Discuss with the group the best way to deal with the different types. The trainer can add the following interventions:

1. Engagement;
2. Exploring/longing ambivalence; and

Type of sex worker | Type of intervention
--- | ---
Sex worker who does not want to change | Engagement
Sex worker who is in doubt | Exploring/longing ambivalence
Sex workers who are determined to change | Plan of action

RECOGNIZING THE REFLEX TO HELP

Exercise
The participants watch the Japp commercial (which can be found on the USB stick). This video shows what can happen if you are not aware of the needs of a sex worker, while being convinced that you act in his or her best interest. Discuss in the group what happens in the video clip.

Notes for the trainer
Outreach workers provide information and advice, and often detect (potential) challenges that clients do not see or do not want to acknowledge. The harder you work during this contact, the greater the chance that your client sits back. The ‘helpers righting reflex’ is a likely effect when you talk with a person who is in doubt or unwilling to change behaviour. You feel the unease and want to get around by giving information, advice and tips to push the person out of his or her ambivalent state. But are you sure in which direction the person needs to move?

LISTENING TO THE REAL CHALLENGE

Exercise
The participants watch the clip ‘Stop it’ (also on the USB) and discuss it within the group: What happens here? How does the psychiatrist react to the challenges of his client? Can the patient discuss her challenges with the doctor? What kind of advice does the doctor give? What is the effect? How is the doctor treating his patient? What can be improved? What kind of tips do we have when it comes to information and advice giving?

Notes for the trainer
Tips for information and advice giving:
1. Try to find out beforehand if your client wishes your information. Clients can ask for our opinion so they can tell us what they think.
2. Ask what a sex worker already knows; this makes the conversation more an information exchange rather than just sending information.
3. Ask for permission, especially if your client is not asking for information. Information can only be useful if the other person is willing to listen.
4. Give information that is based on facts instead of opinion.
5. Offer information, do not impose. Steer clear of discussion on the correctness of your facts or the conclusion of the other person.
6. Ask the sex worker to decide for themselves what the information means to them. We might draw other conclusions than our client.
7. Give information and advice that is appropriate to the context of the client. Use your experience in proposing ideas and possible solutions. For example: ‘During my work I meet people who face the same problem and they...’ Clients react well to hear solutions by similar people in the same situations. It prevents resistance when your suggestions are applicable to her or him.
8. Use a selection menu: there is more than one way to solve a problem or to deal with a problem. Use your experience by introducing several ways to deal with the issue and by asking the client which way is most suitable.
9. Implicitly or explicitly, give your client permission to disagree with you. This increases the chance that your client is willing to listen to you. For example: ‘This might not be applicable to you, but...’ Or ‘Maybe you do not agree with me on this point...’
3.4 Information and advice giving: Elicit – Provide – Elicit

EXPLORE THE ELICIT – PROVIDE – ELICIT COUNSELLING MODEL

Notes for the trainer
In general, a person knows what she or he wants to change, for instance smoking, drinking, eating, and unsafe sex. Most persons have ideas how to reach what they are aiming for, but lack proper unbiased information and advice. Information and advice can be given in such a way that the client makes her or his own choice.

Exercise
During role-playing, the participants work in couples. One of the participants is the narrator, the other one is the listener:

Narrator’s role: Identify something that you consider to change in your life. It might be a change that would be ‘good for you’, that you ‘should be doing’, but you have been putting off for a while. Tell your partner about the change you are thinking of.

Listener’s role: Give as much of your best advice to your partner. Do not ask too many questions, but come up with ideas and tips how your partner can deal with this change. Try to persuade your partner to take your advice.

Discuss in the group: First ask the narrators how they experienced this exercise, then ask the listeners.

Continue the exercise with another role-play. Couples change roles.

Narrator’s role: Identify something that you consider to change in your life. It might be a change that would be ‘good for you’, that you ‘should be doing’ but you have been putting off for a while. Tell your partner about this change you are considering.

Listener’s role: Do not try to persuade or fix anything. Do not offer any advice. Instead, ask the following questions and listen carefully to what the other says:

• ‘How do you want to make these changes?’
• ‘How would you go about it?’
• ‘Mention three reasons for you to change?’
• ‘How important is it for you on a scale of 1-10?’
• ‘So what do you think you will do?’

Discuss in the group: First ask the narrators how they experienced this exercise, then ask the listeners. Discuss the difference between the two approaches. What is more effective when it comes to changing behaviour?

PRACTICE ELICIT – PROVIDE – ELICIT

Notes for the trainer
Elicit – Provide – Elicit
What do you know about…? This simple opening respects the sex worker’s autonomy and knowledge and avoids retelling them something they already know. The outreach worker offers a list of options from which the client can choose and then provides the desired information. After this the outreach worker asks the client in what way this information is useful. This Elicit – Provide – Elicit model consists of three steps:

1. Ask ‘What do you know about…?’
2. Ask permission to give information; then give objective information.
3. Ask ‘What do you think/feel about the information I shared with you?’

There are different ways to ask permission, for instance:

• ‘Would you be willing to hear my ideas on this issue?’
• ‘Would it be okay to give you some advice on this point?’
• ‘Would you like to hear how others think about this subject?’

Exercise
Explain the three steps of the elicit-provide-elicit model to the group.

Distribute the case study (hand out 5). Ask the groups to read their case and decide together which topic they want to address. They formulate an advice and then role-play this in front of the group. Pause the play when steps are missing: Is the problem clear? Are the three steps of the Elicit – Provide – Elicit model being used? Is the client’s autonomy respected? What if the client refuses the advice? Refer to the three types of clients, the five determinants of behaviour change, the righting reflex (in the Japp commercial) and autonomy (in Stop it! video).

The Elicit – Provide – Elicit model can be used in different situations. It can be helpful in addressing sensitive topics. The group discusses in what situations this model can be helpful. The trainer divides the group in groups of three participants and asks them to prepare role plays using the Elicit – Provide – Elicit model on the following topics:

• A situation suggested by the group;
• Distributing a condom;
• Giving information on anal sex and STIs;
• Sharing information on safe sex techniques; and
• Distributing a leaflet.

Distribute hand-out 6 and 7 for extra reading.
Hand-outs
Day 2.
**Sex techniques and STIs**

You can get HIV from mouth kissing  
Incorrect. Generally, kissing has no risks for HIV transfer or any other STI. But it is advisable to avoid kissing clients with blisters, ulcers or scabs on or around the mouth. A herpes virus, for example, can be transferred by kissing.

You can get STI from body to body massage  
Incorrect. Unless there is contact between penis and vagina and/or anus. Also there is a risk for HIV or another STI transfer when sperm gets into the mouth and/or vagina and/or anus. Be careful when using an oil-based product for massaging and having vaginal and/or anal intercourse during or after using a condom. Oil damages condoms, they will make them break easily. Before using a condom during or after a massage with oil, clean hands and private parts thoroughly. Use non-latrex condoms if available or have no intercourse.

Oral sex on vagina is risky for contracting STIs  
Correct. Even without menstruation. Risky for contracting hepatitis B, syphilis, and herpes. Men with a beard have a risk for craps and scabies. Risk reduces when using a dental dam or a condom cut open when dental dams are unavailable.

Oral sex on penis is risky for contracting STIs  
Correct. When performing oral sex, there is a chance to contract an STI. For example, gonorrhoea in the throat. The advice is to use a condom on the penis. Giving a blow-job is safe for HIV unless the man comes in the mouth.

A blow-job without the client coming in your mouth is not risky for contracting HIV  
Correct. But there is a risk for an STI. The advice is to use a condom with the penis. Giving a blow-job is safe for HIV unless the man comes in the mouth.

You can only contract an STI if you have sex with several people  
Incorrect. You can become infected also by having unsafe sex only once. It has nothing to do with the number of partners; the important factor is safe sex.

If you practice unsafe sex one time, you have no risk of contracting HIV or another STI  
Incorrect. You can contract an STI through unsafe sex even it is only one time.

**STIs**

Chlamydia is a virus  
Incorrect. Chlamydia is caused by bacteria. Also gonorrhoea and syphilis are caused by bacteria. Bacteria can be killed by antibiotics. It is important to follow the doctor's or nurse's instructions about how to take the antibiotics.

Chlamydia and gonorrhoea always give symptoms  
Incorrect. Many times these STIs do not give any symptoms at all. A person just does not notice having the STI. In the meantime the infection can be transferred to others. The advice is to visit the clinic on a regular basis for testing and to use condoms correctly and consequently.

It is recommended not having sex for at least seven days after treatment for chlamydia, gonorrhoea, or syphilis  
Correct. The body needs time to get rid of the infection and to heal. People can transfer the STIs mentioned until a few days after treatment.

The risk to catch or transfer HIV is higher when having another STI as well  
Correct. When you have an STI, the mucus in the vagina, penis, or anus is infected. The mucus in the vagina, anus, or penis is very vulnerable normally but extra when it is infected. Tiny wounds, not even to be seen with the eye, can appear during sex. Transmission of HIV becomes more easy. The advice is to use condoms always, get tested regularly, and seek treatment whenever you experience symptoms of an STI.

A STI always disappears by itself  
Incorrect. An STI does not disappear by itself and, therefore, must be treated. Always see a doctor if you discover irregular conditions in your vagina, penis, or anus, such as blisters, pimples, and warts. Also see a doctor if the complaints disappear by themselves. In some cases, for example when you have syphilis, the outer symptoms disappear while the infection remains. Without treatment, an STI can have serious consequences. If you have a regular partner and you use or do not use protection, both of you should take a treatment simultaneously in order to prevent further infection.

If you cleanse yourself well after sex, you can prevent STIs  
Incorrect. Water and soap are not protections against STIs. By washing or rinsing using a shower head you push the sperm deeper into your vagina. Soap and other rinsing agents can affect the mucous membrane of the vagina and cause damage. This puts you at greater risk of contracting STIs. You can of course wash the outside of the vagina, but this does not prevent infections.

Blood loss during sexual intercourse is due to menstruation  
Incorrect. That can be the case, but blood loss during or after intercourse can be a sign of chlamydia.

You can get gonorrhoea from dirty towels and washrooms  
Incorrect. Gonorrhoea is only transmitted through oral, vaginal, and anal sex. It cannot be transmitted in any other way.

If you have an STI, you cannot work  
Incorrect. When you use a condom there is no risk for transmission. However, it is advisable, if possible, to stop working for a week to give the body time to recover. Make sure your steady partner gets treatment as well.

**Condoms**

You can be infected with HIV or another STI if you do not use a condom  
Correct. If you have sex without using a condom, you can contract an STI including HIV. During sexual contact you can have blood-to-blood contact or blood to sperm contact by which HIV is transmitted. Contact between penis and vagina and penis and anus is enough to transmit the virus or the bacteria.

Safe sex is having sex during which there is no risk of contracting HIV or other STIs  
Correct. Safe sex is sex using a condom and a lubricant.

The use of condoms does not protect 100 percent against HIV  
Incorrect. If used correctly, a condom will protect you 100 percent against an HIV infection. When the condom breaks or slips off, there is a chance of getting HIV.

The use of condoms does not protect 100 percent against other STIs  
Correct. A condom does not protect 100 percent against all STIs. The use of a condom does not protect against genital warts and herpes.

Condoms have an expiry date  
Correct. Condoms that are out of date can break more easily. The same is true for condoms that have a damaged package or are kept in a place in the sun.

When a condom breaks it is always due to bad quality  
Incorrect. A condom can tear or a slide off when you are not using enough lubricant or when you use an oil-based lubricant. It is also possible that the condom is not put on properly: there is air in the tip or it is damaged by nails, for instance. More than 15 minutes of intercourse wears the condom out. When you use vaginal medication against candida, the condom can be damaged.

**Lubricants**

Lubricant should be applied on the penis not on the vagina  
Incorrect. When having vaginal sex, it is best to apply lubricant in the vagina. The condoms usually has lubricant on it.

Vaseline or baby oil are a good alternative for lubricants  
Incorrect. Any lubricant containing oil or grease can damage the condom and cause condom failure. Only use lubricants on water or silicon base.

Once a condom breaks there is nothing you can do anymore  
Incorrect. You can decrease the risk by following this advice: Go and have a pee, wash your vagina with lukewarm water, and do not rinse with soap or anti-bacterial disinfectants. If you have symptoms after two weeks, go for treatment, and go for HIV testing after three months. If you do not use contraceptives, go for the morning after pill. If there is a risk for HIV infection, ask advice regarding preventive treatment in the clinic within 72 hours.

It is better to remove the lubricant from the condom; it causes a bad smell  
Incorrect. Lubricant prevents the condom from breaking and it prevents little tears in the vagina. In this way it contributes to prevention of contracting HIV or other STIs.

If you use a condom with oral, vaginal, and anal sex, you cannot get HIV  
Correct. The condom does not break or slip off and if you put it on in time, there is no risk for HIV infection.

Condom size is important for HIV and STI prevention  
Correct. When a condom is too small, it can easily break. When a condom is too large, it can easily slip off.

The rubber smell of condoms affects the body  
Incorrect. The smell of the condom has no effect whatsoever on the health of a person. Strong smells, however, can have a psychological effect on a person, because it can be associated with certain situations.
Pregnancy

If you are pregnant you have to stop working
Incorrect. If you are pregnant, it is advisable not to have sex at all. However, if you do have sex, it is important to use condoms with spermicides or other barrier methods like diaphragms or cervical caps. This can help prevent the transmission of sexually transmitted infections (STIs).

When a client comes outside the vagina, there is no risk for pregnancy
Incorrect. If the client comes outside the vagina, there is a risk of pregnancy. This can happen if there is penetration with the penis, fingers, or other objects.

Vaginal hygiene

It is important to keep the vagina in good condition by using herbal steam baths and washing with disinfecting soap
Incorrect. It is important to keep the vagina clean and dry, but using herbal steam baths and disinfecting soap is not necessary. Regular washing with soap and water is sufficient.

Vaginal discharge is always a sign of an STI
Incorrect. Vaginal discharge can have various causes, including infections, hormones, and lifestyle factors. It is important to see a healthcare provider to determine the cause.

Vaginal infection increases the risk of contracting HIV and PID
Correct. Vaginal infection weakens the natural barrier the vagina has against infections.

Lubricant is bad for the vagina; it causes bad smell and discharge
Incorrect. Personal lubricants are designed to be gentle and safe for use in the vagina.

HIV

People who are infected with HIV are always aware of this
Incorrect. People who are infected with HIV usually do not notice anything at the beginning. However, some people may notice changes in their health, such as fatigue, fever, or weight loss.

Mosquitoes and other insects can transmit HIV
Incorrect. Insects cannot transmit HIV to human beings. This is a clear misunderstanding. Mosquitoes can transmit diseases like malaria and dengue fever, but not HIV.

AIDS is caused by HIV
Correct. AIDS is the result of a weakening of the immune system caused by HIV.

ART is bad for your health; it can even kill you
Incorrect. ART can have side effects, but it is not bad for your health. When taken correctly, ART can help prevent the progression of HIV to AIDS and improve your quality of life.

If you drink lots of alcohol or use lots of drugs and you are drunk or stoned, you might be crossing your normal boundaries without realising it.

Meeting a client in a room is mostly safe
Incorrect. Meeting a client in a room increases the risk of HIV and STI transmission. It is safer to meet in a public place where there are other people present.

Safety and working

Safety is increased when you make arrangements with your client in advance
Correct. Discuss your price, how long you will be together, and what you will and will not do. Let the client pay in advance. Negotiate on condom use.

If you are drunk or stoned, you might be crossing your normal boundaries without realising it.
Annex 2
Symbols of determinants

Knowledge

Skills
Social norms

Risk perception
Attitude

Self-efficacy
**Hand-out 4**

Cycle of change
Prochaska & DiClemente

**Hand-out 5**

Four cases

**Case 1**
Kate is a 25-year-old sex worker. She works on the streets during the weekend nights to supplement her income. She earns selling vegetables on the market. Last weekend, she had a bad encounter with a client. He asked her to have sex without a condom. When she refused, he beat her up badly and took all the money she earned that night. She comes to you for advice on what to do next.

**Case 2**
You are meeting a group of sex workers in a hotel. In their group, they exchange tips on how to keep their vaginas in good condition. You hear that one of them is suggesting to wash the vagina after each client with disinfecting soap. The others seem interested. Formulate your contribution to this group discussion.

**Case 3**
You meet Suzy during your outreach work. You know her well because she has been around for several years. She comes to you in tears. Yesterday, she found out that her husband is HIV positive. In what way could you advise her?

**Case 4**
When you are visiting one of the bars in town, you see Beyoncé sitting at the bar drinking a beer. It is early in the evening. You know from previous visits that by the time she picks up the first client, Beyoncé is drunk. How would you advise her on alcohol use and safe sex?
Hand-out 6
Tips for information and advice giving

Start with your client, add something, and close the conversation with the client.

- Find out if your client wishes information.
- Ask for permission, especially if your client is not asking for information.
- Ask what the client already knows.
- Give information that is based on facts instead of opinion.
- Offer information, do not impose.
- Give information and advice that is appropriate to the context of the client.
- Ask clients to decide for themselves what the information means to them.
- Use your experience in proposing ideas and possible solutions. Use a selection menu; there is more than one way to solve a problem.
- Implicitly or explicitly, give your client permission to disagree with you.

Hand-out 7
Elicit – Provide – Elicit counselling model

Outreach workers can use the Elicit – Provide – Elicit counselling model in case of motivational interviewing for brief intervention settings. The model has three steps:

**Elicit** – Ask what the client knows or would like to know or if it is okay if you offer her or him information, for instance as follows:
- ‘What do you know about…?’
- ‘Do you mind if I express my concerns?’
- ‘Can I share some information with you?’
- ‘Is it okay with you if I tell you what we know?’

**Provide** – Give information in a neutral, nonjudgmental fashion. Avoid: ‘I...’ and ‘You...’
- ‘Research suggests...’
- ‘Studies have shown...’
- ‘Others have benefited from...’
- ‘Folks have found...’
- ‘What we know is...’

**Elicit** – Ask the client’s interpretation, for instance as follows:
- ‘What does this mean to you?’
- ‘How can I help?’
- ‘Where does this leave you?’

Tips for using the Elicit – Provide – Elicit model:

- Use Neutral Language as much as possible, using phrases like: ‘Folks have found...’
- ‘What we know is...’
- ‘Others have benefited from...’
- Avoid sentences starting with ‘I’ and ‘You’.
- Use conditional words rather than concrete words, such as ‘might’, ‘perhaps’ and ‘consider’ instead of ‘should’ and ‘must’
- Utilize the ‘spirit’ of motivational interviewing.
- When ‘Instructing’ is necessary, recognize ‘where’ your client is and only provide relevant information and advice.

Examples of using the Elicit – Provide – Elicit counselling model

**Case 1 – Parent who smokes**

**Elicit:**
- ‘What do you know about the effects of second-hand smoke on children?’
- ‘Is it okay with you if I share what we know?’

**Provide:**
- ‘Research suggests that second-hand smoke is especially harmful to children because...’
- ‘Every time you smoke around your child, you put them at risk...’

**Elicit:**
- ‘What does this mean to you?’
- ‘How can I help?’
- ‘Where does this leave you?’

**Case 2 – Candidate for surgery who smokes**

**Elicit:**
- ‘What do you know about how smoking affects the healing process after surgery?’

**Provide:**
- ‘What we know is that the tobacco can impair the wound after surgery leaving folks vulnerable to infections.’

**Elicit:**
- ‘Tell me what your thoughts are about that.’
- ‘It’s obvious from this information that you need to quit.’

**Case 3 – Pregnant woman who smokes**

**Elicit:**
- ‘Is it okay with you if I share some concerns?’

**Provide:**
- ‘Research suggests that smoking can be harmful to the fetus...’
- ‘Every time you inhale, you are harming your baby.’

**Elicit:**
- ‘Where does this leave you now?’
- ‘What does this mean to you?’
- ‘How can I help?’
4. The Guideline

This chapter focuses on the design of a guideline for outreach work. The aim is that the participants create a guideline for their own organisation, making use of the data collected on the flip chart sheets during the three-day training.

4.1 Design the guideline

**COOKING UP A GUIDELINE**

**Exercise**

The trainer asks participants to mention a national dish they all know and asks them how to prepare it: What utensils do we need? What do we need to buy? How do we prepare the dish? And so on. The trainer writes down the steps: shopping list, utensils, cooking time, etc. Then the trainer makes the link to an outreach guideline.

To design a guideline the participants work with the results of the last two days by looking at all the flip chart sheets. Ask the participants if they can discover the start of the guideline and distillate a framework from the gathered information.

Four steps are needed to design a guideline:

1. Decide on the goal of outreach work and the target group.
2. Describe the topics for advice giving, as well as the outreach activities.
4. List rules for outreach work.

Another trainer or participant can write the agreed upon results on the laptop in PowerPoint. This can be presented in the course of the day to the managers and other staff as a framework for the guideline.

**DESIGN THE GUIDELINE I**

**Exercise**

Ask the group to use hand-out 8 and take ten minutes to fill in the table. The trainer asks one participant to present her or his results. This participant appoints another participant to add new results. This participant again appoints another participant to present and so on. Make sure only new additions are presented. Urge participants to be brief and precise. Ask for clarification if necessary. Continue until no new results come from the group. Close this session by asking if somebody has something to add and if all participants agree with the result.

**DESIGN THE GUIDELINE II**

**Exercise**

Divide the group into groups of four participants. Each group uses a flip chart sheet with a square drawn in the middle. From the corners of the square the participants draw lines towards the corners of the sheet. Now four spaces have been created, one for each group member (see example below). The trainer poses the questions and each participant writes the answers on his part of the sheet. Then groups discuss the answers and formulate a communal answer for each question. These are written down in the centre square. The groups present and discuss the communal answers and the trainer fills out the answers on hand-out 9.

The questions:

1. Can you name three topics for information and advice giving when going on outreach?
2. Can you name three outreach activities?
3. Can you name three methods that can be used for these activities?
4. Can you name three materials you need for outreach?

Notes for the trainer

**Examples of goal, target and partners:**

<table>
<thead>
<tr>
<th>Overall goal of outreach/aims of outreach</th>
<th>To reach out to the sex worker community and increase the access to information, prevention, treatment, care, and support services; Human rights of sex workers are respected</th>
</tr>
</thead>
<tbody>
<tr>
<td>Target group (segmentation)</td>
<td>Sex workers Clients Network partners</td>
</tr>
<tr>
<td>Network partners</td>
<td>Clients Police Lodge owners Drivers Clients (e.g. truckers and fishermen) Media Health care workers</td>
</tr>
</tbody>
</table>
Notes for the trainer: Examples of answers to the above questions:

<table>
<thead>
<tr>
<th>Topics for information and advice giving</th>
<th>Health matters</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIV and other STIs treatment</td>
<td></td>
</tr>
<tr>
<td>Negotiate for safer sex</td>
<td></td>
</tr>
<tr>
<td>Demonstrate condom</td>
<td></td>
</tr>
<tr>
<td>Alcohol and drugs</td>
<td></td>
</tr>
<tr>
<td>Referral</td>
<td></td>
</tr>
<tr>
<td>Referral to supportive facilities</td>
<td></td>
</tr>
<tr>
<td>Voluntary testing and counselling service</td>
<td></td>
</tr>
<tr>
<td>Family planning service</td>
<td></td>
</tr>
<tr>
<td>Sexual health</td>
<td></td>
</tr>
<tr>
<td>Contraceptives</td>
<td></td>
</tr>
<tr>
<td>Sexual challenges</td>
<td></td>
</tr>
<tr>
<td>Human Rights/law</td>
<td></td>
</tr>
<tr>
<td>Safety matters</td>
<td></td>
</tr>
<tr>
<td>Violations</td>
<td></td>
</tr>
<tr>
<td>Sex workers’ rights</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Outreach activities</th>
<th>Mapping</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Which methods are used?</td>
<td>Behaviour change</td>
</tr>
<tr>
<td>- What input and materials are needed?</td>
<td>Elicit – Provide – Elicit model</td>
</tr>
<tr>
<td></td>
<td>FAQ</td>
</tr>
<tr>
<td></td>
<td>Condoms</td>
</tr>
</tbody>
</table>

DESIGN THE GUIDELINE III

Exercise
Use hand-out 10 and divide the participants in groups. Each group receives an envelope with cards containing the different tasks of an outreach worker (see hand-out 10A). Each envelope also contains three empty cards. Each group selects five cards. They can use the empty cards to add tasks missing on the printed cards. The trainer clusters the cards and reads out the cards that have been selected.

Notes for the trainer: Examples of duties:

<table>
<thead>
<tr>
<th>Job description of the outreach worker</th>
<th>Meet with sex workers</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Distribute condoms</td>
</tr>
<tr>
<td></td>
<td>Give information and advice</td>
</tr>
<tr>
<td></td>
<td>Organise referral to services and follow up</td>
</tr>
<tr>
<td></td>
<td>Encourage, motivate, and support networking</td>
</tr>
<tr>
<td></td>
<td>Analyse and monitor Plan</td>
</tr>
<tr>
<td></td>
<td>Report</td>
</tr>
<tr>
<td></td>
<td>Promote safe spaces</td>
</tr>
<tr>
<td></td>
<td>For more details: see exercise 2/4</td>
</tr>
</tbody>
</table>

DESIGN THE GUIDELINE IV

Exercise
Use hand-out 11 and divide participants over four groups. Each group receives a flip chart sheet and writes down its ‘top ten of rules for outreach’. After ten minutes ask two groups to form one new group. They jointly compile ten (or less) rules. If necessary, assist the groups in the discussion by advising them to note the rules they agree upon and only then start the discussion on the rules they disagree about. Put the two lists on the wall and ask the group to gather around the sheets. Ask one of the participants to facilitate the process of agreeing upon a list of rules.

Notes for the trainer: Examples of rules:

<table>
<thead>
<tr>
<th>Rules for outreach - topics</th>
<th>1. Dress code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2. Identification</td>
</tr>
<tr>
<td></td>
<td>3. Professionalism</td>
</tr>
<tr>
<td></td>
<td>4. Language</td>
</tr>
<tr>
<td></td>
<td>5. Confidentiality</td>
</tr>
<tr>
<td></td>
<td>6. Safety/security</td>
</tr>
<tr>
<td></td>
<td>7. Quality</td>
</tr>
<tr>
<td></td>
<td>8. Teamwork</td>
</tr>
<tr>
<td></td>
<td>9. Time management</td>
</tr>
</tbody>
</table>

4.2 Implement the guideline
This session is for participants responsible for the implementation of the guideline, usually staff members and outreach workers responsible for a team of peers.

GROUP BRAINSTORMING

Exercise
The group of implementers will go through the input they received from the group. They exchange ideas on what needs to be done. Then they write down a list of tasks, prioritise and divide tasks.

They use hand-out 12 to design an action plan.
5. Personal development plan and training evaluation

This chapter deals with the design of a personal development plan for outreach workers and helps them to commit to the plan. On this last day of the course, the training programme will be evaluated.

5.1 Action plan

**MAKING AN ACTION PLAN**

**Exercise**

This training has offered you the skills and knowledge for effective outreach, but true learning takes place on the job. Each participant lists three goals that he or she can reach within the coming six months and explains in what way these objectives can be reached. The participants can also use hand-out 13.

**Objective:**

- Participants are able to develop a personal development action plan
- Participants are able to commit themselves to the action plan

**Materials:**

- Hand-out 12

5.2 Evaluation of the training

**Exercise**

The trainer evaluates the training by asking the following questions: What have you learned and what will you implement in practice? What did you like and what needs more attention during the training? The trainer states that she or he appreciates the participants’ input, as this will help to improve the training programmes. The trainer thanks the participants for working together during the training.

**Objective:**

- Participants are able to develop a personal development action plan
- Participants are able to commit themselves to the action plan

**Indicated time:**

- 30 minutes

**Materials:**

- Hand-out 12
6. Skills for outreach workers – Exercises

The third day’s training programme on guideline development can be replaced by a skills training for outreach workers. This extra chapter contains exercises that focus on organising condom distribution.

Notes for the trainer
The effective supply, distribution and promotion of male and female condoms and lubricants are essential for successful HIV prevention interventions with sex workers. Condoms remain the most effective tool for sex workers in preventing HIV transmission.

When condom programming is successful, sex workers are provided with:
• stable, ongoing, and adequate supplies of condom and lubricant products that are acceptable to them in material, design, and pricing; and
• information and communication messages to reduce barriers to condom use, as well as the skills to correctly and consistently use condoms.

Programmes should also create an enabling environment for condom programming that addresses social and legal barriers to expanded condom and lubricant access and use. These barriers can be laws and practices that cause sex workers to fear carrying condoms, poor living and working conditions and lack of support for condom use in the general population and among male clients of sex workers.

6.1 Selling a condom

Exercise
Divide in groups. Each group receives a bag with education materials, different condoms, lubricant, pen, paper, glue, pictures of condom instructions and so on. The groups have fifteen minutes to make a presentation that will teach the group how to use a condom correctly and consistently. The other groups take notes and provide feedback. The group and the trainer give feedback on the following:
• correct use of condom;
• advice when condom breaks;
• use of lubricant;
• different sizes, types and female condom;
• condom use with different sex techniques (vaginal, oral and anal sex);
• if the five determinants for behaviour change are addressed in the presentation;
• how the material was used;
• if the information was correct and objective;
• if the Elicit – Provide – Elicit model was being used;

6.2 Map condom accessibility and availability

Notes for the trainer
Condom use can prevent HIV among high-risk groups. Accessibility and availability of condoms are important determinants for condom use. Condom programmes therefore must prioritize these two determinants and map the condom depots, and soliciting and sex work sites, and their operating hours.

Exercise
Show hand-out 14: ‘Condom accessibility and availability map’. Explain that during the exercise participants will create a similar map of their area by following the steps below:
• draw a map of your area, town or sub-district on a piece of chart paper;
• mark all the sites where high-risk group community members practice high-risk behaviour and/or solicit clients. (Use a colour-marking pen.)
• mark the places on the map where actual sexual acts take place. (Use a different colour for this.)
• identify when each site (soliciting and sex work) is active and at what time of the day. (Use three different colours to depict site activity: either at daytime or at nighttime, or both.)
• mark the condom depots on the map and also symbolically indicate whether the depots are functional during the day or at night or around the clock.

Once the map is complete, ask the following questions:
• Are there condom depots in all the sites where soliciting or sex work takes place? If not, what are the reasons?
• Do any of the sites, for instance home-based sites that do not have depots prefer direct distribution?
• Do all the sites have access to condom depots that are open during active hours?
• Are condom depots accessible to the sex workers?

Ask the participants to share their maps with all the other participants. Encourage them to ask questions. Wrap up the session by highlighting the importance of access to condoms at the right time for every type of (high-risk) group.

(This exercise is adapted from ‘A Guide to Participatory Planning and Monitoring of HIV Prevention Programs with High-Risk Groups’, 2011)
6.3 Condom negotiation strategy

Notes for the trainer
The decision about whether or not to use protection and the type of service performed usually comes down to specific negotiation between the individual sex worker and client. Enhancing sex workers’ negotiation ‘toolkit’ and skills for safer sex is an integral part of outreach work.

Exercise
Work in groups and ask participants to come up with as many reasons why clients refuse to use a condom. Ask the first group to present their reasons. Trainer writes the reasons on a flip chart. The next groups add new reasons to the list.

Discuss the list with the group and choose a number of reasons that participants can likely encounter. Then collectively prioritise and make a list of most difficult and most common reasons clients present themselves with.

Divide the reasons on the list and divide them among the groups. Ask each group to define a strategy how to negotiate condom use when clients offer this reason. The group and the trainer provide feedback:

- What kind of strategy: individual, group, community?
- What kind of skills do sex workers need for the strategy?

Notes for the trainer
Reasons why clients may refuse to use condoms:
- Condoms will decrease sensitivity.
- Men are unaware of the reality of HIV and other STIs.
- Sex workers believe the customer when they say they have no HIV or other STIs.
- The customer believes the sex worker is free of STIs.
- An erection is not possible with a condom.
- Love.
- The client is already HIV-positive.
- The client does not care about health.
- Drunkenness.
- Clients think they are immortal.

Sex workers have identified several possible responses to clients who demand unprotected sex:

1. Embrace solidarity
In most places the success of any strategy is influenced by a client’s opportunity to obtain unsafe services elsewhere. It is important that whole sections of the sex industry are mobilised, so that clients cannot bargain with sex workers for unsafe services and lower prices. Empower the community, creating a community norm to refuse unprotected sex.

2. Refuse the client
Although refusing eliminates risk, it leaves the sex worker with no money, or even in debt, if expenses have been paid. So it is obviously not a preferred option. Furthermore, refuse may result in an unpleasant scene with the client or possible difficulties with managers or others who influence the situation. If all else fails, and if it is reasonably safe and feasible to do so, refuse the client if he will not wear a condom.

3. Cite the ‘house rules’
Sex workers can tell the client this is the rule, if sex workers can operate in a place where condom use is compulsory. It can be useful when intermediaries, such as taxi drivers, touts and receptionists can inform customers they will be expected to use a condom, before they meet the sex worker. It is essential that clients are educated about sexual health, not just sex workers. Sex workers have sometimes felt that safe sex messages have been directed at them and not at those demanding unprotected services. Take the client to a known sex work venue where the rules of the venue require use of a condom.

4. Discuss the matter
Persuasion can be successful, but only if the sex worker has the opportunity, speaks the same language as the client and has good communication skills, confidence and information. The client must be reasonable and sober.

5. Offer alternative services
Offering an alternative service, which does not require a condom, can work. Again, for this to be successful, the sex worker must have adequate knowledge about safe sex and good communication skills.

6. Use ‘tricks of the trade’
Some health workers suggest that sex workers develop some skills or ‘tricks of the trade’ when a client demands unprotected sex. This includes putting a condom on without the client knowing or noticing (perhaps with the mouth) and rubbing the penis between the thighs or with moistened hands to simulate vaginal intercourse or oral sex. While this avoids the need for negotiation, it can lead to problems for the sex worker if a client feels he has been deceived. Take the client’s money prior to the sexual encounter so that clients cannot refuse to pay if a condom is used.

Hand-outs
Day 3.
### Hand-out 8  
**Design the guideline I**

<table>
<thead>
<tr>
<th>Overall goal of outreach</th>
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<tbody>
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<table>
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<tr>
<th>Aims of outreach</th>
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<table>
<thead>
<tr>
<th>Target group (segmentation)</th>
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</table>

<table>
<thead>
<tr>
<th>Network partners</th>
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### Hand-out 9  
**Design the guideline II**

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<tr>
<th>Topics for information and advice</th>
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<tbody>
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</table>

<table>
<thead>
<tr>
<th>Outreach activities</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>-What methods are used?</td>
<td></td>
</tr>
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<table>
<thead>
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<th>-What input and materials are needed?</th>
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</table>
## Hand-out 10

**Design the guideline III**

<table>
<thead>
<tr>
<th>Card 11</th>
<th>Card 10A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Job description of the outreach worker</td>
<td>Cards outreach workers' tasks</td>
</tr>
<tr>
<td>Meet regularly with sex workers in their own areas</td>
<td>Distribute condoms</td>
</tr>
<tr>
<td>Give information and advice</td>
<td>Organise referral to services and follow-up</td>
</tr>
<tr>
<td>Encourage, motivate, and support</td>
<td>Network</td>
</tr>
<tr>
<td>Analyse and monitor the context of the location</td>
<td>Plan outreach activities</td>
</tr>
<tr>
<td>Report</td>
<td>Promote safe spaces</td>
</tr>
</tbody>
</table>
### Hand-out 11
**Design the guideline IV**

**Rules for outreach**

<table>
<thead>
<tr>
<th>1.</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.</td>
</tr>
<tr>
<td>3.</td>
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<tr>
<td>4.</td>
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<tr>
<td>5.</td>
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<td>6.</td>
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<td>7.</td>
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<td>8.</td>
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<tr>
<td>9.</td>
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<tr>
<td>10.</td>
</tr>
</tbody>
</table>

### Hand-out 12
**Action plan framework**

<table>
<thead>
<tr>
<th>What</th>
<th>Who</th>
<th>Result</th>
<th>When ready</th>
<th>Costs</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
<td></td>
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<td></td>
<td></td>
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<tr>
<td>2.</td>
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<tr>
<td>3.</td>
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<td>4.</td>
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<tr>
<td>5.</td>
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</tbody>
</table>
### Hand-out 13
Personal development plan

<table>
<thead>
<tr>
<th>Name:</th>
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</thead>
<tbody>
<tr>
<td>Profession:</td>
<td></td>
</tr>
<tr>
<td>Site/location:</td>
<td></td>
</tr>
<tr>
<td>Date:</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Current situation</th>
<th>Goals</th>
<th>Action</th>
<th>Challenges</th>
<th>Coaching and mentoring needs</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

### Hand-out 14
Condom accessibility and availability map

- Soliciting Site
- Sex Work Site
- Condom Depot
- Open during daytime
- Open at night

- Site: ....................................................
- Town: ..................................................
- Date: ...................................................

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