

Peer-based Outreach.

Collaboration and Intervention
on Location for sex workers

Trainers Manual



This training manual is part of a serie



Outreach



Counselling



Leadership
Skills



Material
Development



Financial
Skills

 **Aids
Fonds**

Introduction

How to use this manual



Outreach



Counselling



Leadership Skills



Material Development



Financial Skills

Involving sex workers and the sex worker communities creates a foundation for a strong outreach programme, an enabling environment and community empowerment. It also makes outreach programmes more efficient and effective. Peer-based outreach can address structural barriers and underlying conditions of vulnerability and risk that sex workers face*.

Training programme

This Training Manual supports trainers to adequately facilitate the three day training course 'Peer-based Outreach' developed by Sex work Programme and Aids Fonds. The training is designed in collaboration with international sex work organisations and is pre-tested and evaluated by outreach workers. The publication Implementing comprehensive HIV/STI programmes with sex workers: practical approaches from collaborative interventions is used in developing this trainers manual.

Potential participants for this training are outreach workers, including nurses, health assistants, medical doctors, as well as sex workers and peer educators. The term 'outreach worker' in this manual refers to (health) professionals and sex workers who conduct outreach to other sex workers. Outreach workers may also be known by other terms, such as 'peer educators', 'peer outreach workers', 'counsellors' and 'field workers'. Although this course has not been specifically designed for paralegals, they can also benefit from the skills and knowledge offered in this training.

The main aim of the training is an effective collaboration of professionals and peers towards a common understanding of, and ability to act upon, outreach work in the sex worker community. The training focuses on learning outreach skills and jointly designing guidelines for the implementation of outreach work for participating organisations.

This manual is one of five training manuals that have been developed in collaboration with the international sex work community. The other manuals deal with counselling, leadership skills, financial skills and IEC material development.

The outreach training in three parts

Training day 1: Network

The first day focuses on networks surrounding sex worker's communities. When preparing for outreach, it is important to understand the surrounding and context of the target group. As a member of the outreach team this context is the field of influence.

Training day 2: Information and advice

On day two the training addresses one of the most important task in outreach work: giving information and advice.

Training day 3: Job description and rules

During the third day, we combine all input and lessons learnt into a job description and guidelines for outreach work. Outreach work is based on collaboration and equality. Outreach work is based on some rules, for example using trustworthy information, using a guideline, being there for the interest of the other, working in pairs and small groups and so on. The participants will design a guideline and an action plan for their organisation.

When guideline development is not applicable, the third day can be used to address condom programming and skills.

Users of this training manual can follow the progress of the training in the timeline on top of the page. Each exercise is accompanied by a section called 'notes for the trainer' that provides additional information.

**Aids Fonds
wishes you
an inspiring
and joyful
training.**

* World Health Organisation, United Nations Population Fund, Joint United Nations Programme on HIV/AIDS, Global Network of Sex Work Projects, The World Bank. Implementing comprehensive HIV/STI programmes with sex workers: practical approaches from collaborative interventions. Geneva, World Health Organisation, 2013.
www.who.int/hiv/pub/sti/en/

DAY 1

DAY 1

Introduction to the training

- Output**
- ✓ Learning expectations
 - ✓ Rules
 - ✓ Participants' tasks

Exploring your target group

- ✓ Mind map
- ✓ Network partners
- ✓ Maps of communities
- ✓ Segments

What is the challenge

- ✓ Challenges and needs

Keyfunctions of outreach workers

- ✓ Job description

DAY 2

Knowledge quiz

- Output**
- ✓ FAQ

Why do we do?

- ✓ Determinants

Our clients know best

- ✓ Three types of clients

Information and advice giving

- ✓ EPE model

DAY 3

Guideline

- Output**
- ✓ Guideline framework

Training evaluation

- ✓ Action plan
- ✓ Personal development plan

DAY 3

Training evaluation

- Output**
- ✓ Presentation
 - ✓ Map
 - ✓ Personal development plan

DAY 3

DAY 1

Introduction to the training

Time
09:00 AM - 10:30 AM

Method
Group work
Plenary discussion

- Getting to know each other
- Agreeing on basic training rules
- Introducing the training topics and methodology

Break 10:30 AM - 10:45 AM

Mapping the network

10:45 AM - 12:00 PM

Plenary instruction
Group work
Discussion

- Mapping the sexwork community
- Mapping the network

Exploring the target population

12:00 PM - 01:00 PM

Game

- Balloon game

Lunch

01:00 PM - 02:00 PM

Challenges of sex workers

02:00 PM - 04:00 PM

Plenary instruction
Group work
Discussion

- Exploring (health) challenges of sexworkers
- Exploring the needs of sex workers

Tea Break

04:00 PM - 04:15 PM

Key functions of outreach workers

04:15 PM - 05:15 PM

Group work

- Continuation key functions of outreach workers

Closing of the day

05:15 PM

DAY 2

Recap

Time
09:00 AM - 09:15 AM

Method

True or false? Question and answers

09:15 AM - 10:00 AM

Quiz

Break

10:30 AM - 10:45 AM

Why do we do

- Exploring steps to condom use

10:45 AM - 01:00 PM

Group work

Lunch

01:00 PM - 02:00 PM

Our clients know best

02:00 PM - 03:30 PM

Discussion
Video

- Describe types of sexworkers
- Recognizing reflex to help
- Listening to the real challenge

Information and advice giving

- Elicit – Provide – Elicit model

03:30 PM - 04:00 PM

Plenary discussion

Tea break

04:00 PM - 04:15 PM

Practice Elicit – Provide – Elicit

04:15 PM - 05:15 PM

Role play

DAY 3

Recap

Time
09:00 AM - 09:15 AM

Method

The guidelines

09:15 AM - 11:15 AM

Group work

- Design the guidelines

Break

10:30 AM - 10:45 AM

Implement the guideline

11:15 AM - 01:00 PM

Group work

Lunch

01:00 PM - 02:00 PM

Evaluation

02:00 PM - 03:30 PM

Individual exercise

- Personal development plan
- Training evaluation
- Certificates

Alternative Day 3 Skills for outreach workers

DAY 3

Recap

Time
09:00 AM - 09:15 AM

Method

Selling a condom

09:15 AM - 10:30 AM

Group work

Break

10:30 AM - 10:45 AM

Map condom accessibility & availability

11:15 AM - 12:15 PM

Group work

Condom negotiation strategy

12:15 PM - 01:00 PM

Group work
Role play

Lunch

01:00 PM - 02:00 PM

Evaluation

02:00 PM - 03:30 PM

Individual exercise

- Personal development plan
- Training evaluation
- Certificates

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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.



Indicated time:

- 30 minutes



Objective:

- Trainers and participants get to know each other



Output:

- List of learning expectations for the training



Materials:

- A4 white paper
- Markers
- Tape



Method:

- Group work
- Introduction exercises

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Annex 1

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).



Indicated time:

- 30 minutes



Objective:

- Participants agree on roles and responsibilities during the training



Output:

- List of rules to be followed during the training
- List of participants and their specific tasks during the training



Materials:

- Flip chart sheets
- Markers



Method:

- Group discussion

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.

**Indicated time:**

- 45 minutes

**Objective:**

- Participants are familiar with the topics of this training
- Participants understand the methodology of this training

**Output:**

- Mind map on outreach, including definition and goals of 'outreach'

**Materials:**

- Flip chart sheets
- Sticky notes in two different colours

**Method:**

- Group brainstorming

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.



Indicated time:

- 60 minutes



Objective:

- Participants can describe the network surrounding the sex worker community
- Participants can describe the position of their organisation in this network
- Participants can describe the activities performed by each network partner
- Participants can reflect on their organisations' outreach activities in relation to the network partners



Output:

- List of steps for size estimation
- List of most important network partners and their services



Materials:

- Poster (four flip chart sheets taped together) containing one paper circle in the centre with 'sex worker' written on it
- Sticky notes



Method:

- Group brainstorming

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.

MAPPING THE NETWORK

Notes for the trainer

Every sex worker is surrounded by a network. On a daily basis sex workers interact with costumers, friends, family, hotel owners, health workers, taxi drivers and so on. These people can influence the health and wellbeing of sex workers. As an integral part of this network, outreach workers can connect, inform, educate and refer within the network.

Mapping the network of an individual sex worker and gaining insight in the number of sex workers are therefore essential activities for outreach workers.

Reliable data collection and meaningful consultations with sex workers, other key individuals and institutions help to ensure that a programme provides acceptable and accessible services to the greatest possible number of community members. Insight in sex worker networks can help ensure that the activities offered, are useful and receive community support.

Exercise

Participants work in groups. Ask them to plot network partners that surround a sex worker and write each partner on a sticky note. The trainer gives examples: husband, family member, church members and so on. Encourage groups to be specific in their descriptions and let them discuss within their group the strength of the relationships. Jointly, participants place the sticky notes on the large poster in the room.

Invite all participants to come in front of the large poster. Discuss what can be seen, using the following questions:

- Who are the most important network partners? How come? In what way do they influence the health and wellbeing of sex workers?
- What are the services they offer to sex workers?
- What is the position of your organisation and the outreach worker?
- In what way can the outreach worker influence this network partner?

**Indicated time:**

- 30 minutes

**Objective:**

- Participants can explain the concept of diversity of the target population
- Participants can explain how recognising the diversity will help them to effectively reach out to sex workers
- Participants can effectively differentiate sex workers according to their vulnerability, risk behaviour, symptoms and clinical status

**Output:**

- Different segments within sex worker communities

**Materials:**

- Balloons in different colours
- Whistle
- Flip chart sheets
- Markers

**Method:**

- Game

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 more at 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.

Lastly, draw the attention to the content of the balloons. At a superficial glance all balloons look the same. However, on closer look, they are not. Just like sex workers, some need to be handled with more care than others. Sex workers differ in their risk behaviour and vulnerability and therefore have different needs. Outreach workers tend to interact with sex workers who are 'easy to reach', while forgetting those in other segments. In order to reach a sex worker in an effective manner, it is important to keep all segments in mind.

**Indicated time:**

- 60 minutes

**Objective:**

- Participants can describe the challenges sex workers face
- Participants can describe the needs of sex workers
- Participants can describe the key functions of the outreach worker

**Output:**

- List of challenges faced by sex workers
- List of needs of sex workers
- Key functions of outreach worker

**Materials:**

- Hand-outs 1 and 2
- Colour markers
- Seven chairs with symbols on it (as described below)

**Method:**

- Group brainstorming
- Group work

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Hand-outs 1 and 2

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?
- What are the demographic characteristics of the population in challenge or at risk?
- 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 region 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

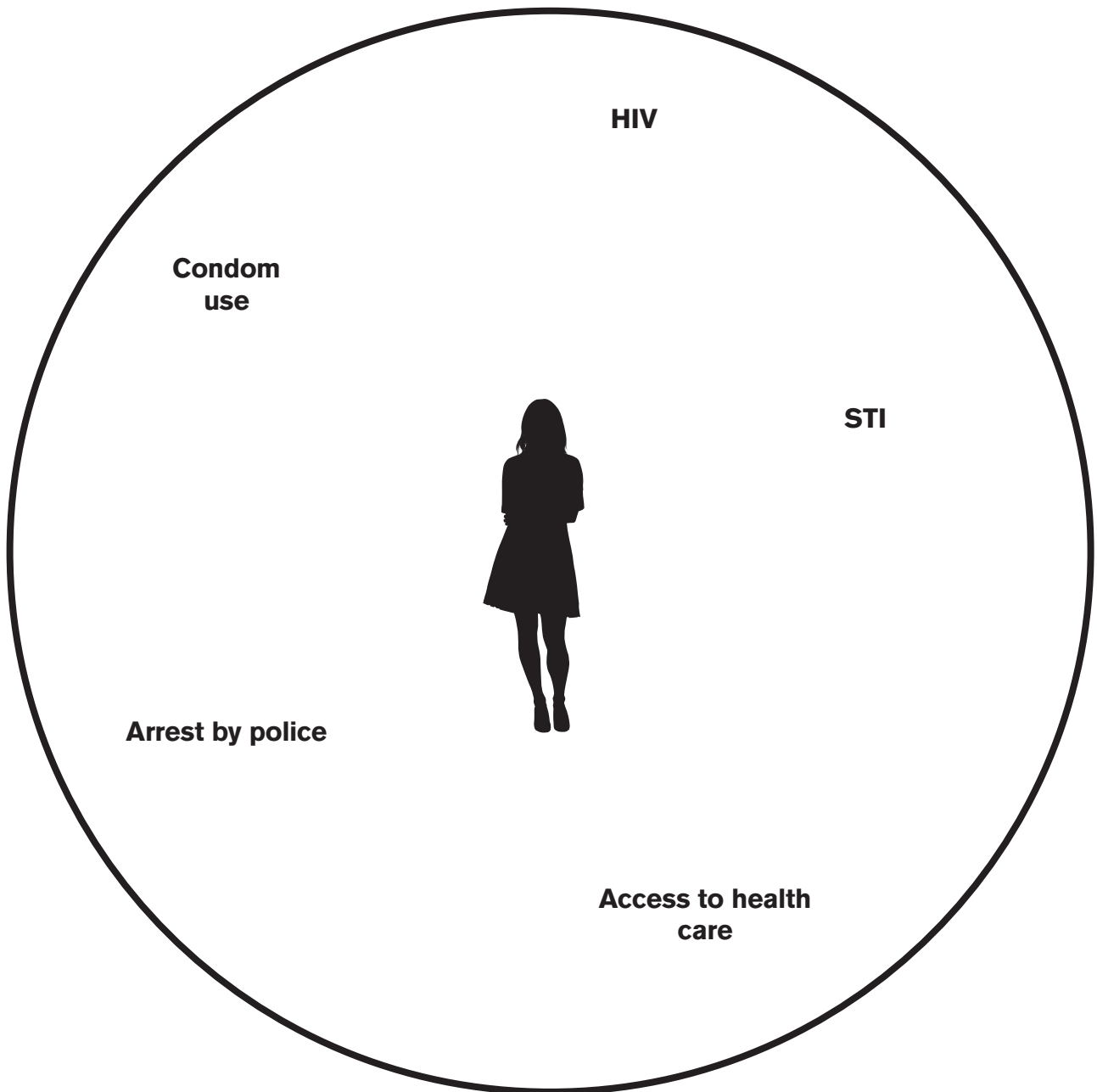
Write different categories (for example four age groups, years with the organisation, outreach activities, colours) on four separate A4-sized pages. Put up the sheets in four corners of the room. The trainer poses questions or statements and asks the participants to go and stand in the corner of the 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



Hand-out 2

Explore a (health) challenge

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.



Indicated time:

- 60 minutes



Objective:

- Participants have up-to-date knowledge on HIV and other STIs, sexuality, alcohol and drug use in relation to sex work



Output:

- List of topics on information and advice giving
- List of frequently asked questions (FAQ)



Materials:

- Green and red papers or balloons
- PowerPoint with questions and answers
- Questions and answers printed on paper for all participants



Method:

- Quiz

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Hand-out 3

3.1 True or false? Questions and answers

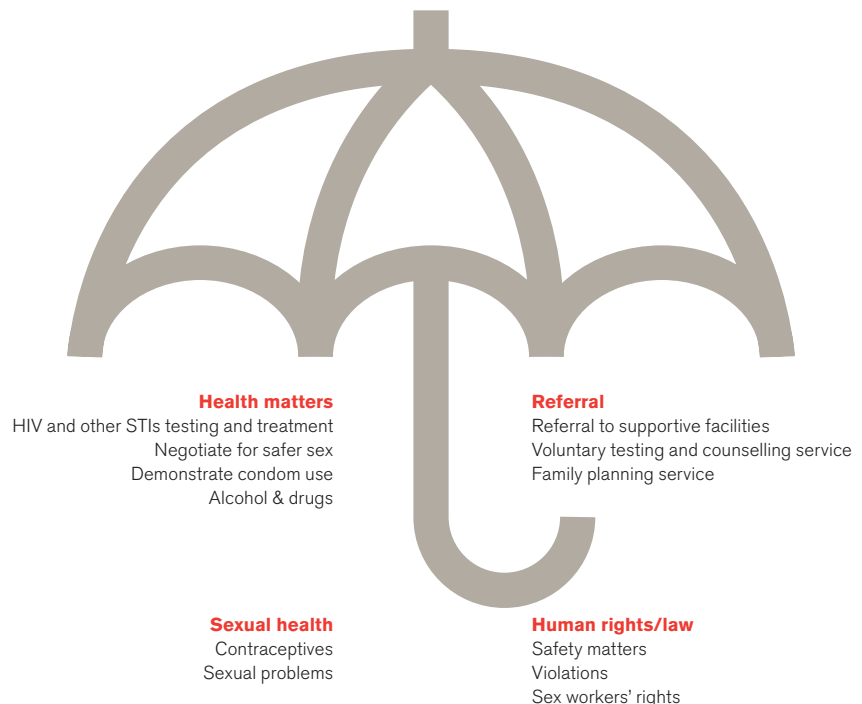
Exercise

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.



**Indicated time:**

- 60 minutes

**Objective:**

- Participants have an understanding of the basic principles of behaviour change

**Output:**

- 5 steps in behaviour change

**Materials:**

- Papers with determinants / symbols

**Method:**

- Group work

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Annex 2

Exercise**FAQs**

Discuss in groups: What kind of questions can you expect when you are on outreach? Can you answer these questions? What are the main topics? A FAQ list might be helpful for the outreach team.

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.



Indicated time:

- 60 minutes



Objective:

- Participants are able to recognise clients who fit the three categories
- Participants can explain in general how to perform counselling with clients in the three categories
- Participants can explain that clients can move from one category to another and how they can enhance this process
- Participants can explain the importance of collaborating with clients in order to know their needs



Output:

- Three types of clients
- List of tips for information and advice giving



Materials:

- Flip chart sheets
- Hand-out 4
- Japp commercial 'Stop it'



Method:

- Discussion

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/enlarging ambivalence; and
3. Plan of action.

Type of sex worker	Type of intervention
Sex worker who does not want to change	Engagement
Sex worker who is in doubt	Exploring/enlarging 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 on 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...'

**Indicated time:**

- 10 minutes

**Objective:**

- Participants are able to explain the counselling model Elicit – Provide – Elicit
- Participants are able to demonstrate Elicit – Provide – Elicit during a counselling session
- Participants are able to explain the usefulness of the counselling model to a colleague
- Participants are able to demonstrate giving information and advice according to the suggestions given

**Output:**

- Elicit – Provide – Elicit model

**Materials:**

- Hand-outs 5, 6 and 7

**Method:**

- Role-playing

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Hand-outs 5, 6 and 7

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:

- Why 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-elicite 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.

Hand-out 3

Knowledge quiz

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-latex 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 crabs 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 every client.

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 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

A condom can tear or 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. If 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. Having sex during pregnancy is not dangerous. It is advisable not to have rough sex after the seventh month. Having HIV or another STI can be dangerous during pregnancy and delivery.

When a client comes outside the vagina, there is no risk for pregnancy

Incorrect. The possibility for pregnancy is small, but there can be sperm cells in pre-ejaculate fluids.

Vaginal hygiene

It is important to keep the vagina in good condition by using herbal steam baths and washing with disinfecting soap

Incorrect. The vagina is self-regulating by nature. When using herbs and disinfecting soap, the chances of getting infected increase due to small tears in the vagina.

Vaginal discharge is always a sign of an STI

Incorrect. Vaginal discharge is common for women. However, when the discharge is changing in colour (green or brown instead of white liquid) or changing in substance (crumbling instead of smooth) or starting to smell bad, it might be a sign of an STI.

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. Bad smell and discharge are not caused by the lubricant, but probably by an infection or an STI.

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 and, therefore, quite often they are not aware that they have the virus. Someone can be infected for years without noticing anything. And, therefore, this person can infect others for years without having a clue. This is why it is important that you practice safe sex, in other words: with a condom and extra lubrication.

Mosquitoes and other insects can transmit HIV

Incorrect. Insects cannot transmit HIV to human beings. This is clearly shown in Africa where only people who are sexually active are at risk of contracting the virus. The quantity of blood is not sufficient for transmitting the virus. In addition, the mosquito stings the skin, not the blood vessel. Also children can contract it directly from their mother during birth or by breastfeeding. And an intravenous drug user can get HIV.

After several years HIV disappears from your body

Incorrect. Someone who has HIV never loses it. It is important to be tested regularly and to know your HIV status, even if you always use a condom. The reason for this is that the sooner you discover that you are HIV-positive, the sooner you can start with treatment. Medicines prolong your life and improve the quality of life.

If you perform oral sex on a woman during her menstruation, you can get infected with HIV

Correct. There is a chance of infection if blood enters the mouth. There is a risk of infection from infected blood via the mucous membranes of the mouth and throat. There are latex patches (dental dams) that can be placed on the vagina to avoid direct contact between the tongue and the vagina. You can also cut a condom open and place it over the vagina.

All sex workers should receive mandatory HIV testing every three months

Incorrect. According to the law, it is not allowed to force people to undergo any testing against their will.

Someone who is infected with HIV but is not sick yet, is called HIV-positive

Correct. Someone who is HIV-positive is infected with HIV. This person is not sick and can live as anyone else. The period between the infection and the actual presence of AIDS can vary greatly. Sometimes it takes only a few months, but on the average it takes eight to ten years.

AIDS means the same as HIV

Incorrect. HIV stands for human immune deficiency virus. You do not become immediately sick if you have this virus. However, the virus affects the body's immunity system and, therefore, you can easily contract all types of other diseases.

HIV can be cured

Incorrect. The virus can be suppressed by antiretroviral therapy (ART), but you cannot be completely cured.

I know of a person who is cured from AIDS; the virus is no longer detectable in his blood

Correct. When taking ART according to prescription, it is possible to suppress the virus to a level it is no longer detectable in the blood.

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.

When you have sex without a condom with a person you know as HIV-positive, you need to start PEP within 72 hours

Correct. If you know your own HIV status and this was a one-time risk, go for advice to the clinic.

If you have HIV, you have to stop working

Incorrect. Every person is free to choose to work.

If you had unsafe sex and immediately after that took an STI/HIV test, you will know whether you are infected

Incorrect. The actual name of the HIV test is 'HIV antibody test'. What is actually tested is not the virus itself, but rather if the body has antibodies. The body produces antibodies when it is infected. However, the body needs up to three months to produce a sufficient amount of antibodies so that this can be detected. Therefore, only three months after the risky contact is it useful to take an HIV test. Most STIs can be tested after one week. Hepatitis B and syphilis can be tested simultaneously with the HIV test.

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.

Meeting a client in a room is mostly safe

Incorrect.

- Make sure the client does not lock the door and hide the keys. If he or she does that, decide whether to stay or leave. Walk around the room and look for another exit or way out.
- Check if there are other people present. If there are, ask why and decide if you are okay with the situation.
- Make sure that the client is not filming you either by phone or camcorder.
- Keep your knickers, trousers, and shoes on. If something goes wrong, you can quickly get out and still have your clothes on.
- Put the money you earn from the client separately from the money you might have.

If you drink lots of alcohol or use lots of drugs and you are drunk or stoned while having sex, you have a greater risk of contracting HIV or another STI

Correct. 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



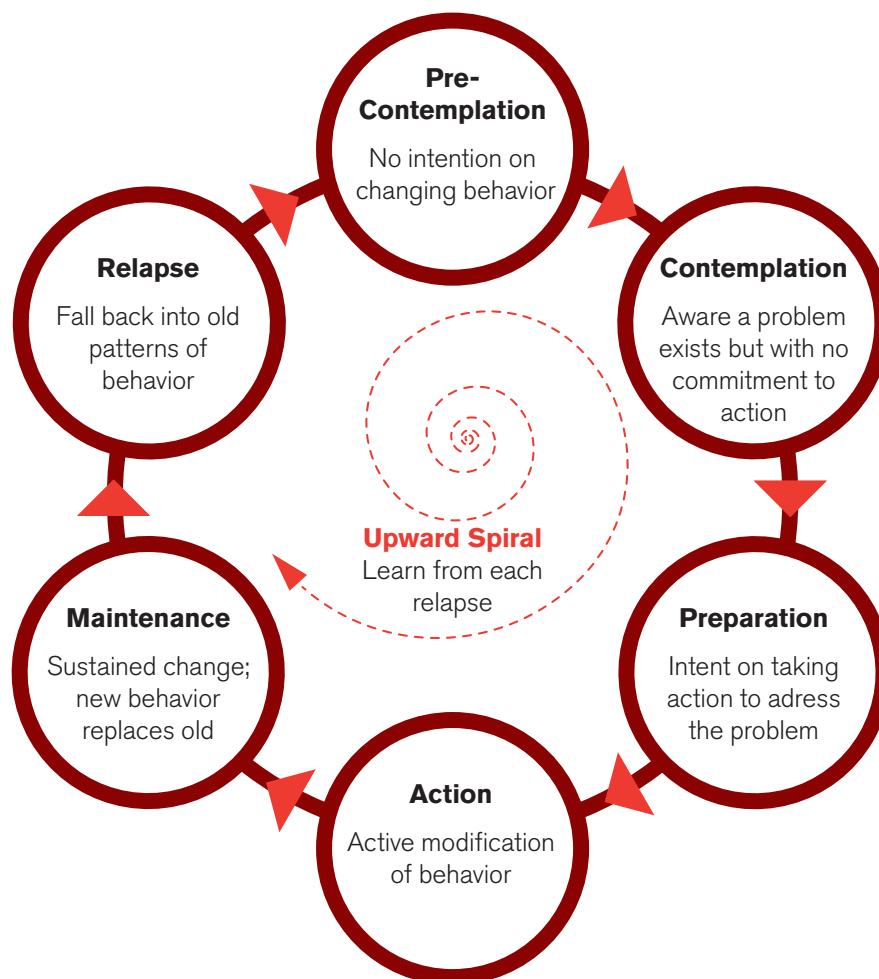
Self-efficacy



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 he 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 on 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, recognise ‘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:

Ask what the client knows or would like to know or if it’s okay if you offer her or him information:

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

‘Would you be open to learning more?’
‘Do you mind if I express my concerns?’
‘Can I share some information with you?’

Provide:

Give information in a neutral, nonjudgmental fashion:

‘Research suggests that second-hand smoke is especially harmful to children because...’

instead of

‘Every time you smoke around your child, you put them at risk...’

Elicit:

Ask the client’s interpretation:

‘What does this mean to you? and ‘How can I help?’

instead of

‘It’s obvious from this information that you need to quit.’

Case 2 – Candidate for surgery who smokes

Elicit:

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

instead of

‘If I performed surgery on you, I’d be afraid your wound would never heal because of your smoking.’

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.’

instead of

‘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...What we know is the carbon monoxide...’

instead of

‘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?’

Day 3.

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.



Indicated time:

- 120 minutes



Objective:

- Participant is able to collaborate in the design of a guideline on outreach work for her or his organisation



Output:

- Framework for guideline



Materials:

- Hand-outs 8, 9, 10, 10A and 11



Method:

- Lecturing
- Group work

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Hand-out 8, 9, 10, 10A and 11

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.
3. Make a job description of the outreach worker.
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.

Notes for the trainer

Examples of goal, target and partners:

Overall goal of outreach/aims of outreach	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
Target group (segmentation)	Sex workers Clients Network partners
Network partners	Clients Police Lodge owners Drivers Clients (e.g. truckers and fishermen) Media Health care workers

DESIGN THE GUIDELINE II**Exercise**

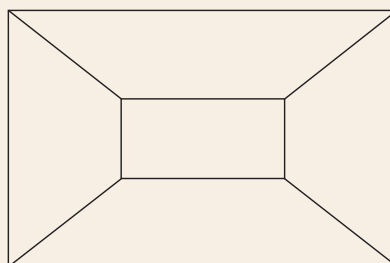
Divide the group into groups of four participants. Each group uses a flip chart sheet with a square drawn in the middle. From the corners of the square the participants draw lines towards the corners of the sheet. Now four spaces have been created, one for each group member (see example below). The trainer 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

Example of paper with square and spaces:



Notes for the trainer

Examples of answers to the above questions:

Topics for information and advice giving	<p>Health matters HIV and other STIs treatment Negotiate for safer sex Demonstrate condom Alcohol and drugs</p> <p>Referral Referral to supportive facilities Voluntary testing and counselling service Family planning service</p> <p>Sexual health Contraceptives Sexual challenges</p> <p>Human Rights/law Safety matters Violations Sex workers right</p>
Outreach activities - Which methods are used? - What input and materials are needed?	Mapping Behaviour change Elicit – Provide – Elicit model FAQ Condoms

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:

Job description of the outreach worker	Meet with sex workers Distribute condoms Give information and advice Organise referral to services and follow up Encourage, motivate, and support networking Analyse and monitor Plan Report Promote safe spaces For more details: see exercise 2.4
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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:

Rules for outreach - topics

1. Dress code
2. Identification
3. Professionalism
4. Language
5. Confidentiality
6. Safety/security
7. Quality
8. Team work
9. Time management



Indicated time:

- 60 minutes



Objective:

- Participants are able to implement a guideline for outreach work



Output:

- Action plan



Materials:

- Hand-out 12



Method:

- Lecturing
- Group work

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.



Indicated time:

- 30 minutes



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

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Hand-out 13



Indicated time:

- 30 minutes

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.

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.

Why do we do?

Our clients
know best

Information and
advice giving

DAY 3

Guideline

Training
evaluation

DAY 3

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.

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Hand-out 14

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 night-time, 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 'toolkits' 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 participants share their strategy with the group or role-play the situation. 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.

Adapted from www.nswp.org/sites/nswp.org/files/Making%20Sex%20Work%20Safe_final%20v3.pdf

Hand-outs Day 3.

Hand-out 8

Design the guideline I

Overall goal of outreach	
Aims of outreach	
Target group (segmentation)	
Network partners	

Hand-out 10

Design the guideline III

<p>Job description of the outreach worker</p>	
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Hand-out 10A

Cards outreach workers' tasks

Meet regularly with sex workers in their own areas	Distribute condoms
Give information and advice	Organise referral to services and follow-up
Encourage, motivate, and support	Network
Analyse and monitor the context of the location	Plan outreach activities
Report	Promote safe spaces

Hand-out 11

Design the guideline IV

Rules for outreach	1.
	2.
	3.
	4.
	5.
	6.
	7.
	8.
	9.
	10.

Hand-out 12

Action plan framework

What	Who	Result	When ready	Costs	Other
1.					
2.					
3.					
4.					
5.					

Hand-out 13

Personal development plan

Name:				
Profession:				
Site/location:				
Date:				
Curent situation	Goals	Action	Challenges	Coaching and mentoring needs

Hand-out 14

Condom accessibility and availability map

Site:

Town:

Date:

Legend:

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

Colophon

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Authors

Mariette Hamers
Ralph Spijker

Productions

Alice Verleun

Translation

Anna Maria Doppenberg and Mark Adams, www.tekstindedop.nl

Design

de Handlangers, www.dehandlangers.nl

Photos

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