



**USAID Open  
Doors Project**

Nothing for Us  
Without Us

# Enhanced Peer Outreach Approach and Social Networking Strategy (EPOA/SNS)

## ORIENTATION CURRICULUM FOR PEER LEADERS



**Facilitator Guide**



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### Acknowledgment

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## Acronyms

AIDS	acquired immunodeficiency syndrome
ART	antiretroviral therapy
ARV	antiretroviral
cART	combination antiretroviral therapy
EPOA	Enhanced Peer Outreach Approach
FP	family planning
GBV	gender-based violence
FSW	female sex worker
HIV	human immunodeficiency virus
HTS	HIV testing services
IPV	intimate partner violence
KP	key population
LGBT	lesbian, gay, bisexual, transgender
MSM	men who have sex with men
MOH	Ministry of Health
MOU	memorandum of understanding
NASF	National AIDS Strategic Framework
NGO	non-governmental organization
ODP	Open Doors Project
OVC	orphans and vulnerable children
OW	outreach worker
PEP	post-exposure prophylaxis
PEPFAR	U.S. President's Emergency Plan for AIDS Relief
PL	peer leader
PLHIV	people living with HIV
PrEP	pre-exposure prophylaxis
PWID	people who inject drugs
SW	sex worker
SNS	Social Networking Strategy
SOUL	sensitivity, openness, understanding, listening
STI	sexually transmitted infection
Trans	transgender
UNAIDS	Joint United Nations Programme on HIV/AIDS
URL	universal resource locator
USAID	U.S. Agency for International Development
VMMC	voluntary medical male circumcision
ZDHS	Zambia Demographic and Health Survey
ZHECT	Zambia Health Education and Communications Trust
ZMW	code for the kwacha currency of Zambia.

## Overview of the Open Doors Project

The USAID Open Doors project (ODP) is working toward an AIDS-free society in Zambia by increasing access to comprehensive HIV prevention, care and treatment services for key populations. FHI 360 is implementing this five-year project in partnership with a local organization called Zambia Health Education and Communications Trust (ZHECT). The project is funded by the U.S. Agency for International Development (USAID) and the U.S. President's Emergency Plan for AIDS Relief (PEPFAR).

The project builds on USAID's previous efforts in the Corridors of Hope project, which focused on female sex workers and their clients. USAID/Zambia Open Doors extends its reach to additional key populations (KP), including men who have sex with men and transgender people, concentrating on five provinces where HIV is highly prevalent: Central, Copperbelt, Lusaka, North-Western and Southern.

The project's objectives are:

1. To identify and address the main determinants of risky behavior among KPs in the target districts
2. To increase the availability of high-impact HIV services and other health services for KPs in the target districts
3. To strengthen the capacity of local stakeholders to plan, monitor, evaluate and assure the quality of interventions for KPs

In response to these objectives, the ODP uses volunteers to conduct two peer-led approaches 1) peer promoters who engage in traditional, geographic hotspot-based outreach to key populations (KPs) and 2) peer leaders who engage in social network-based outreach using an adaptation of the Enhanced Peer Outreach Approach (EPOA). The EPOA was originally developed by the USAID-funded Linkages across the Continuum of HIV Services for Key Populations Affected by HIV (LINKAGES) project in Asia. The EPOA is based on the premise that individuals from KPs, who have not been previously engaged in a community-based HIV prevention program, can be recruited to use their social networks to help the program connect with other unserved KP individuals.<sup>1</sup> This allows the program to establish relationships with previously unidentified, harder-to-reach or high-risk individuals. The EPOA includes a combination of strategic elements such as performance-based incentives, use of the social network, peer mobilization and tracked referral to HIV testing services (HTS); it builds upon an existing peer outreach model.<sup>2</sup> Based on the

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<sup>1</sup> Solomon SS, McFall AM, Lucas GM, Srikrishnan AK, Kumar MS, Anand S, et al. (2017) Respondent-driven sampling for identification of HIV- and HCV-infected people who inject drugs and men who have sex with men in India: A cross-sectional, community-based analysis. *PLoS Med* 14(11): e1002460. <https://doi.org/10.1371/journal.pmed.1002460>

<sup>2</sup> Lillie TA, Persaud NE, DiCarlo MC, Gashobotse D, Kamali DR, Cheron M, et al. (2019) Reaching the unreached: Performance of an enhanced peer outreach approach to identify new HIV cases among female sex workers and men who have sex with men in HIV programs in West and Central Africa. *PLoS ONE* 14(4): e0213743. <https://doi.org/10.1371/journal.pone.0213743>

principles of EPOA, the ODP designed their Social Network Strategy (SNS) to complement the outreach work of the peer promoters, adding peer leaders to focus on reaching hard-to-reach key populations.

### What is the Social Network Strategy?

The ODP SNS strategy is aimed at increasing HIV case finding by reaching and testing those at risk but not currently linked to HTS. Like the EPOA, the ODP SNS uses social networks to improve case finding among key population groups, especially high-risk individuals who were previously hidden and unreached by the project. The social network strategy has been shown to be more successful than standard outreach for recruiting and testing KP individuals, during a time-bound campaign.<sup>3</sup>

The ODP SNS includes a combination of strategic elements such as performance-based incentives, use of the social network, peer mobilization and tracked referral to HTS. In the ODP, both the outreach workers, project staff members who coordinate the efforts of peer leaders, and the peer leaders, individuals selected from the key populations, are valued and important contributors to the overall ODP strategy. The outreach worker and the peer leader play unique roles in the program; the following table helps clarify these roles in the SNS implementation.

	<b>Outreach Worker (OW)</b>	<b>Peer Leader (PL)</b>
<b>Primary responsibility for SNS implementation</b>	Manage/provide support to peer leaders; track coupon distribution	Reach potential clients/peers and peer recruiters/seeds; distribute coupons for free testing/ counseling services at ODP wellness centres
<b>Management responsibilities</b>	Manage peer leaders	No specific management responsibilities; however, support peer recruiters as needed
<b>Work location</b>	ODP facility, hotspots or wellness centre	Flexible based on the needs/ situation of the peer leader
<b>Work hours</b>	Set hours	Flexible; as possible/needed
<b>Compensation</b>	Salaried worker of ODP	Receives incentives for performance

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<sup>3</sup> Ibid.

## Role of Peer Leaders in the SNS

Peer leaders play a critical role in reaching KP groups under the ODP SNS. This is especially true for KP members who may not be easily reached through the traditional peer outreach approach. Using interpersonal skills developed during training, peer leaders reach out to friends and acquaintances within their social network who may be at increased risk for acquiring/transmitting HIV and encourage HIV testing and counseling for those who don't know their status. The friends and acquaintances of the peer leaders can then be asked if they would like to serve as peer recruiters, known as seeds, and reach out to their contacts to encourage HIV testing for those who don't know their status. Peer leaders and recruiters/seeds are provided coupons to encourage others to participate in the program. Peer leaders and recruiters/seeds focus on reaching out across their network and receive incentives for their performance based on the number of clients/peers and recruiters/seeds who contact the outreach worker or come to a facility after receiving a coupon from the peer leader or recruiter.

To fulfil their role, peer leaders need:

- Orientation to the ODP and SNS from a facilitator
- Supportive supervision from an outreach worker
- Printed resources to support PL performance (e.g., job aids)
- Coupons available to share with friends and acquaintances, some who may become recruiters/seeds
- Required reporting forms

## Qualifications/Prerequisites of Peer Leaders

To be considered for the role of peer leader, KP members must:

- be known to the ODP and demonstrate an interest in becoming a peer leader,
- have a general understanding/awareness of the work of ODP and support the project's activities and values in their community,
- have knowledge of, and be prepared to share accurate messages about, HIV prevention, testing and treatment (or undertake additional training to gain these skills)
- be 25-40 years old, female sex workers (FSWs), self-identified men who have sex with men (MSM) or transgender (Trans),
- demonstrate self-confidence and excellent communication skills,
- have a large social network and be trusted by their community, and
- have flexibility in their schedules that permits them to engage in project-related activities at various hours.



## Overview of the Curriculum

This curriculum is designed to provide an orientation to the SNS and prepare participants to become peer leaders. Ideally the multi-day workshop (see proposed agenda, page 5) would be conducted for 10 to 20 participants in a face-to-face, group setting with tables and chairs that can be arranged to facilitate small group work and presentations to the entire group. This manual can also be used as a one-on-one mentoring guide and to provide refresher training as needed. A list of sessions and learning objectives can be found on pages 7-8.

### Purpose/Goal

To orient new peer leaders to the SNS and the ODP program activities, process and reporting expectations and provide skills and tools to use in their role as a peer leader.

### Purpose of Sessions






- Session 1: Welcome participants, introduce facilitators and participants to one another, establish the expectations for the workshop and create a learning environment.
- Session 2: Introduce participants to the USAID Open Doors Project (ODP) and its Social Network Strategy (SNS); identify the role of peer leaders within the ODP and the differences between peer promoters and peer leaders.
- Session 3: Summarize key facts about the HIV epidemic in Zambia; describe how HIV is transmitted and name individual and societal level risk factors in Zambia for acquiring HIV.
- Session 4: Review concepts around sex, gender, gender identity and gender expression; define sexual terminology and examine how stereotypes impact perceptions.
- Session 5: Define stigma and discrimination, describe how they can impede health-seeking behavior, and how peer leaders can support clients to overcome stigma in healthcare settings.
- Session 6: Differentiate the work of peer leaders and peer promoters, review the steps in the process each peer leader should follow in their work, define risk and practice conducting risk assessments, and develop a social network map.
- Session 7: Review the responsibilities of “recruiters/seeds” within the ODP and practice inviting, orienting, and providing coupons to recruiters/seeds.
- Session 8: Practice interpersonal communication skills and techniques to support sharing messages with potential clients and recruiter/seeds in their social network.

- Session 9: Review the incentive structure (both monetary and non-monetary) for peer leaders and recruiters/seeds under ODP.
- Session 10: Identify the types of threats a peer leader may face during their work as peer leaders, review strategies to assess threats and plan for how to respond to hypothetical threats using guidance provided by the project.
- Session 11: Practice skills and techniques acquired throughout the workshop and receive constructive feedback from facilitators and other participants.
- Session 12: Review and promise to commit to a code of conduct for peer leaders
- Session 13: Recap the learning from the workshop, ensure expectations were met and complete the post-test and final evaluation.

## Introduction to the Facilitator’s Manual

This manual contains the basic information that a facilitator needs to conduct an orientation for participants who will become peer leaders in the ODP program. The curriculum is divided into 13 sessions. Each session contains a list of resources required for the session, information about how to arrange the space, and step-by-step guidance for the facilitator about how to conduct the activities. As needed, activities/materials can be adapted to suit the needs of the participants.

The icons below give at-a-glance information to facilitators about what is needed/included in each part of the session.

-  Allotted time
-  Handout
-  Flipchart
-  Explain/discuss
-  Group work

**Activity Resources** and **Handouts** are included to support activities. Several of the handouts are designed as **job aids** to be used by participants when they assume their responsibilities as peer leaders. Two of the sessions (Session 3 and Session 10), use **slide presentations** to share technical information with participants. Ideally the facilitator will have access to projection equipment for these presentations. However, if this is not feasible, the slide images are compiled as activity resources to allow participants to follow along while the facilitator gives an oral presentation.

The handouts/job aids and other resources to support the activities are embedded in the sessions where they are introduced. The activity resources can also be found in the appendices where they are compiled in one place to facilitate printing/photocopying. The handouts/job aids for participants are compiled in a separate manual so that participants can reference and use these resources after the training. Provide each participant with a manual on the first day of the training; when possible, photocopy the manual double-sided to save paper and make the manual easier to carry to appointments with peers.

## Roles/Responsibilities of the Facilitator

In addition to having strong facilitation skills, a facilitator must:

- have an understanding of how the SNS operates under the ODP,
- have knowledge of the HIV epidemic in Zambia and how HIV is transmitted, and
- demonstrate sensitivity to KP groups/individuals and people living with HIV (PLHIV).

Facilitators are responsible for organizing the workshop venue (arranging tables for group work), preparing the resources needed for the session (flipcharts, handouts, projector), conducting the orientation workshop as described in this manual (with adaptations as needed), and ensuring participants know what is expected of them during and after the workshop. If possible, especially with larger groups, use two facilitators to conduct the workshop. Another important role that facilitators play is helping determine which participants will make good peer leaders (see Evaluation and Certification section).

## Evaluation and Requirements for Certification as a Peer Leader

There are multiple criteria that must be met to be certified as a peer leader:

- attend at least 95% of the sessions to obtain the certificate of completion
- score 80 points (80%) or higher on the knowledge post-test
- demonstrate the ability to conduct tasks required of peer leaders; assessed during informal facilitator observations of participants' interactions during the session activities—especially role plays—to identify participants who are well- or ill-suited to the role of peer leader
- demonstrate mastery of a peer leader's job tasks during the mentorship period and while serving the project as a peer leader, assessed during monthly workplan reviews and quarterly performance assessments conducted by outreach workers.

Facilitators track and report participant attendance at sessions, administer and score the knowledge assessment, and share their observations with project staff and with the mentors who will guide the participants who complete the course as they further develop their skills during the mentorship period.




## Session 1. Opening


### Session Purpose & Objectives

Welcome the participants to the workshop; review expectations, the agenda and ground rules; and set the tone for the remainder of the workshop. By the end of this session, participants will:

- Recite the names and interests of other participants
- Contribute to an interactive learning environment
- Identify and set expectations for the facilitators and one another

<p><b>Materials Needed:</b></p> <ul style="list-style-type: none"> <li>• Question box, cards/paper and pens/pencils</li> <li>• Prepared flipcharts with these titles:             <ul style="list-style-type: none"> <li>- Network</li> <li>- Parking Lot</li> <li>- Ground Rules</li> <li>- Participant Expectations</li> <li>- Volunteers</li> </ul> </li> <li>• Prepared flipchart:             <ul style="list-style-type: none"> <li>- SOUL written in capital letters on the left side and what each letter stands for next to the letter (see ground rules guidance)</li> </ul> </li> <li>• Handouts/Activity Resources:             <ul style="list-style-type: none"> <li>- Agenda</li> <li>- Purpose and Learning Objectives</li> <li>- Pretest</li> </ul> </li> </ul>	<p><b>Room Set up:</b></p> <p>Small groups at tables, facing the facilitators or U-shaped room set up.</p> <hr/> <p> <b>2.25 hours</b></p>
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### Facilitator Guidance

<p>Welcome &amp; Opening</p> 	<ul style="list-style-type: none"> <li>• Welcome participants to the workshop.</li> <li>• Introduce the spokesperson identified to deliver opening remarks.</li> </ul>
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## Introductions








- Have facilitators briefly introduce themselves.
- Ask each participant to introduce themselves and share the following:
  - Name
  - Where they are from
  - What about being a part of the Open Doors Project and/or becoming a peer leader interests them
  - One word you think of when you hear the word “network”
- One facilitator writes on the prepared flipchart the one-word responses to the query regarding “**Network.**”
- Thank the group for their contributions and inform them that their definitions of “Network” will be discussed later in the workshop.
- Post the flipchart where it can be seen by the group.

## Ground Rules



- Tell participants that the workshop is built on the core principles of Sensitivity, Openness, Understanding and Listening (**SOUL**).
- Post the flipchart with the words that show the meaning of SOUL.
- Review the definitions of each term.
  - **Sensitivity**—be mindful that some participants may be living with HIV; or have family and close friends living with HIV; or are a member of a key population (KP), which includes men who have sex with men, people who inject drugs, sex workers and transgender people
  - **Openness**—strive to be open and honest about our own beliefs, perceptions, and experiences and to be open to new ideas
  - **Understanding**—the training focuses on creating understanding about KPs and how to provide accessible, stigma-free, quality services
  - **Listening**—listen to and respect each other’s differences and opinions, because there may be lots of varied opinions shared during the workshop
- Ask participants what rules they would like to establish during the workshop to ensure that the training follows SOUL principles.
- Write suggestions on the flipchart titled, **Ground Rules.**
- If participants need suggestions, consider these:

	<ul style="list-style-type: none"> <li>- Be on time, turn off cell phones, respect others’ opinions, agree to disagree, offer ‘constructive’ criticism, one conversation at a time, ask questions, commit to participate fully, speak in a common language or provide translation.</li> </ul>
<p>Participant Expectations</p> 	<ul style="list-style-type: none"> <li>• Ask each participant to share their expectations for the workshop—what do they hope to achieve?</li> <li>• Write/summarize submissions on the flipchart titled, <b>Participant Expectations</b>.</li> <li>• Display the flipchart in the room during the workshop.</li> </ul>
<p>Objectives, Agenda &amp; Logistics</p>  	<ul style="list-style-type: none"> <li>• Distribute the handout, <b>Agenda and Learning Objectives</b> to each participant.</li> <li>• Briefly review the sessions and what each will cover. Compare the agenda and objectives to the flipchart listing of participant expectations, and confirm which concepts will be covered, and which participant expectations are not relevant to the workshop objectives and, as such, are not included.</li> <li>• Clarify that participants who attend the course by completing 95% of sessions, pass the knowledge test with a score of 80% or higher, demonstrate good interpersonal skills during role plays and activities, will be invited to continue the peer leader training process and move into the mentorship period.</li> <li>• Ask if there are any questions regarding the agenda, objectives or expectations around completing the course.</li> <li>• Share <b>logistics</b> with participants including where the restrooms are, where tea breaks and lunch will be served, when and how per diem will be managed, and daily start times.</li> <li>• Introduce the “<b>Question Box</b>” as a place to put questions participants may not wish to ask in front of the group. Show participants where the box will be throughout the training.</li> <li>• Introduce the “<b>Parking Lot</b>” flipchart. Explain that sometimes a conversation may occur that is not directly related to the session objectives and begins to take the session off track. To make sure that issues raised during these conversations are addressed, the topic or question can be listed in the Parking Lot and addressed later. Post the “Parking Lot” flipchart where it can be seen and easily accessed.</li> <li>• Ask for <b>volunteers</b> for the following: <ul style="list-style-type: none"> <li>- At least two people per day to provide a recap of the previous day each morning</li> </ul> </li> </ul>

	<ul style="list-style-type: none"> <li>- One person per day to assist with time keeping</li> <li>- One person per day to assist with energizers</li> <li>• Write the <b>assignments</b> on the prepared flipchart and keep it visible throughout the workshop. Assign people if there are no volunteers.</li> </ul>
<p>Pretest</p>  <p><i>Use of the pretest is optional. If there are concerns about test anxiety or reading ability, omit the test.</i></p>	<ul style="list-style-type: none"> <li>• Distribute a pretest to each participant.</li> <li>• Explain that the pretest will help the facilitators understand the current level of participant knowledge related to the workshop topics so that facilitators will know better how to focus the session activities.</li> <li>• Allow participants 15 minutes to complete the test.</li> <li>• Collect the pretests.</li> </ul>
<p>Note: If possible, arrange the workshop so that the pretest flows into the tea break to allow additional time/space for participants to complete their pretests.</p>	
<p>Closing</p>	<ul style="list-style-type: none"> <li>• Ask if there are any questions and close the session.</li> </ul>



## ACTIVITY RESOURCE: Agenda ODP Peer Leaders' Social Networking Training

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### Day 1

Time	Session
8:30 – 10:00	Session 1: Welcome, Opening, Introductions, Ground Rules, and Logistics
10:00 – 10:15	Tea Break
10:15 – 11:00	Session 1: Expectations, Objectives, and Pre-test
11:00 – 12:30	Session 2: Overview of ODP SNS Approach and Peer Leader Expectations
12:30 – 13:00	Session 3: HIV Basics
13:00 – 14:00	Lunch
14:00 – 14:30	Session 3: Epidemic in Zambia (slide presentation)
14:30 – 15:15	Session 4: Gender, Ideal Male/Female, Society vs. Biology
15:15 – 15:30	Tea Break
15:30 – 16:45	Session 4: Terminology, Genderbread Person, Stereotypes
16:45 – 17:00	Parking Lot, Question Box, Closing, and Dismissal

### Day 2

Time	Session
8:30 – 9:00	Opening and Recap
9:00 – 10:00	Session 5: Stigma/Discrimination, Impact, Small Group Brainstorm
10:00 – 10:15	Tea Break/Gallery Walk
10:15 – 10:30	Session 5: Gallery Walk and Discussion
10:30 – 13:00	Session 6: Social Network Strategy, PL Role, Process Steps, Practice
13:00 – 14:00	Lunch
14:00 – 15:15	Session 7: Inviting/Orienting Seeds, Using Coupons, Practice
15:15 – 15:30	Tea Break
15:30 – 16:45	Session 8: Motivating Friends, Q&A Flowchart, Messages to Share
16:45 – 17:00	Parking Lot, Question Box, Closing and Dismissal

**Day 3**

<b>Time</b>	<b>Session</b>
8:30 – 9:00	Opening and Recap
9:00 – 10:00	Session 8: Interpersonal Communication Techniques, Conversation Starters
10:00 – 10:15	Tea Break
10:15 – 11:00	Session 8: Practice Message Delivery/Interpersonal Communication Skills
11:00 – 12:00	Session 9: Incentives
12:00 – 13:00	Session 10: Safety and Security (slide presentation, slides 1-11)
13:00 – 14:00	Lunch
14:00 – 14:30	Session 10: Safety and Security (slide presentation, slide 12, small groups)
14:30 – 15:15	Session 11: Review Steps, Practice Using Role Plays 1
15:15 – 15:30	Tea Break
15:30 – 16:45	Session 11: Practice Using Role Plays 2-3-4
16:45 – 17:00	Parking Lot, Question Box, Closing, and Dismissal

**Day 4**

<b>Time</b>	<b>Session</b>
8:30 – 9:00	Opening and Recap
9:00 – 10:00	Session 12: Code of Conduct, I Want...
10:00 – 10:15	Tea Break
10:15 – 10:30	Session 12: Make a Commitment
10:30 – 12:00	Session 13: Expectations/Objectives, Parking Lot, Question Box, Post-test, Workshop Evaluation
12:00 – 13:30	Lunch and Awarding of Certificates
13:30 - 15:00	Meetings with Mentors to Develop Individual Work/Action Plans
15:00 – 15:15	Tea Break
15:15 – 15:30	Closing and Dismissal

## ACTIVITY RESOURCE: Learning Objectives ODP Peer Leaders' Social Networking Training

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### Session 1. Opening

Welcome the participants to the workshop; review expectations, the agenda and ground rules; and set the tone for the remainder of the workshop. By the end of this session, participants will:

- Recite the names and interests of other participants
- Contribute to an interactive learning environment
- Identify and set expectations for the facilitators and one another

### Session 2. Introduction to the USAID Open Doors Project

To introduce participants to the USAID Open Doors Project (ODP) and its Social Network Strategy (SNS). By the end of this session, participants will:

- State how peer leaders support the key activities of the ODP's SNS
- Identify the similarities and differences between peer promoters and peer leaders

### Session 3. Know your Epidemic

To review the current state of the HIV epidemic in Zambia and provide an overview of information necessary for peer leaders. By the end of this session, participants will:

- Describe how HIV is transmitted and summarize key facts about the HIV epidemic in Zambia
- Name individual and societal level risk factors for acquiring HIV

### Session 4. Gender

To review concepts around gender and stereotypes and review sexual terminology. By the end of this session, participants will:

- Describe the difference between sex, gender, gender identity and gender expression
- Define stereotypes and describe how stereotypes impact our perceptions

### Session 5. Stigma and Discrimination

To review the types of stigma, discuss how stigma can impact health seeking behavior and explore how peers can support clients to address stigma in healthcare settings. By the end of this session, participants will:

- Identify different types of stigma and describe how it affects individuals, families, and communities and can lead to discrimination
- Describe how stigma can impact health seeking behaviors
- Identify how peers can support clients to overcome stigma and discrimination in healthcare settings

### Session 6. Using your Social Network

To review how social networks are structured and can be used to identify potential clients and recruit strong seeds. By the end of this session, participants will:

- Describe the role/expectations for a peer leader as different from a peer promoter
- Develop a map that identifies who to target within their network
- List the 6 steps that individuals conduct in their role as peer leaders
- Identify who within their networks will make a strong "recruiter/seed"

### **Session 7. Inviting and Orienting Seeds**

To review the process for inviting and orienting recruiters/seeds to the USAID Open Doors Project. By the end of this session, participants will:

- Demonstrate how to invite and orient a recruiter/seed to their responsibilities in the ODP
- Describe the features of the coupons used by the ODP for tracking peer leaders and seeds

### **Session 8. Motivating Friends**

To develop and practice effective ways to convince a friend or partner to seek testing services. By the end of this session, participants will:

- Demonstrate basic interpersonal communication skills needed to deliver messages to friends and partners
- Develop and demonstrate how to deliver messages to friends and partners, depending on their needs

### **Session 9. Incentives**

To review the incentives structure (both monetary and non-monetary) for peer leaders and recruiters/seeds under ODP. By the end of this session, participants will:

- Describe the incentives structure/package for peer leaders and recruiters/seeds including how the tally of coupons redeemed (representing clients mobilized) is used in the calculation

### **Session 10. Safety and Security**

To review possible threats and methods to maintain the safety and security of peer leaders when conducting their work. By the end of this session, participants will:

- Identify the types of situations, individuals/groups and geographic locations that may pose threats to peer leaders during their work
- Describe strategies to assess and address threats
- Describe how to respond to hypothetical threats using guidance provided by the project

### **Session 11. Putting it All Together**

To practice skills and techniques acquired throughout the training and receive feedback from facilitators and other participants. By the end of this session, participants will:

- Demonstrate techniques/strategies for responding to simulated situations
- Provide constructive feedback to other participants regarding techniques/strategies used during the simulated situations

### **Session 12. Code of Conduct and Commitments**

To review and promise to commit to a code of conduct for peer leaders. By the end of this session, participants will:

- Identify achievements they would like to attain as a peer leader
- Affirm their commitment to abiding by the code of conduct

### **Session 13. Closing**

To close the workshop, ensure expectations were met, complete final evaluations and thank everyone for their time. By the end of this session, participants will:

- Recap what they learned from the workshop
- Review workshop objectives to ensure that they have been met
- Share impressions of the workshop
- Complete final evaluations

## ACTIVITY RESOURCE: Pre-test

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*Instructions: Respond to each question; some have more than one correct response.*

**Name:** \_\_\_\_\_

1. Which option best describes a social network?
  - a. people that live in the same house
  - b. a set of individuals linked by one or more types of relationships
  - c. a set of individuals that do not know each other
  - d. people from the same country
  
2. Why do projects use a social network strategy?
  - a. You can reach people who you may not typically find
  - b. It is cheaper than other strategies
  - c. It allows projects to reach all their intended audiences
  - d. It takes the least amount of time compared to other strategies
  - e. All of the above
  
3. What are two characteristics of a peer leader?
  - a. 1: \_\_\_\_\_
  - b. 2: \_\_\_\_\_
  
4. Which of the items listed below is/are unique to a peer leader?
  - a. Disseminates targeted information
  - b. Mobilises MSM into HIV testing services (HTS)
  - c. Are compensated
  - d. Outreach extends to clients, friends, and sexual network
  - e. All of the above
  
5. The following are modes of HIV cross transmission from key populations EXCEPT:
  - a. Mother to Child Transmission
  - b. Prisoners
  - c. Men who have sex with men
  - d. Injecting drug users
  - e. Sex workers
  
6. Tick ALL correct answers. The role of a peer leader includes:
  - a. Recruitment of “seeds”
  - b. Distribution of coupons
  - c. Providing HIV testing services
  - d. Conducting traditional peer outreach activities
  - e. Condom and lubricant distribution within their networks
  
7. COMPLETE THE SENTENCE WITH THE BEST OPTION. Interpersonal communication is a person-to-person, two-way, verbal and nonverbal interaction that includes:
  - a. sharing information and feelings
  - b. sharing information
  - c. dialogue
  - d. body language

8. List FOUR Interpersonal Communication Skills/Techniques:
- \_\_\_\_\_
  - \_\_\_\_\_
  - \_\_\_\_\_
  - \_\_\_\_\_
9. TRUE OR FALSE: We recommend talking about very sensitive topics such as sexuality in large community settings.    \_\_\_\_\_ True    \_\_\_\_\_ False
10. COMPLETE the sentence:  
 \_\_\_\_\_ determines a person's sex but societies shape perceptions of \_\_\_\_\_.
11. A woman has long hair and wears lip stick and earrings—these characteristics are determined by:
- Biology
  - Hormones
  - Society/culture
  - Chromosomes
12. Only men who have sex with men practice anal sex.    \_\_\_\_\_ True    \_\_\_\_\_ False
13. What is stigma? SELECT ONE.
- Strong negative feelings, unfair attitudes and beliefs a person or society holds against people they identify as different
  - Treating someone differently because of a person's behavior, religion, race, etc.
  - Feeling depressed and unhappy
  - Making generalized statements about a person or group based on a set of characteristics
14. What is discrimination? SELECT ONE.
- Strong negative feelings, unfair attitudes and beliefs a person or society holds against people they identify as different
  - Treating someone differently because of a person's behavior, religion, race, etc.
  - Feeling depressed and unhappy
  - Making generalized statements about a person or group based on a set of characteristics
15. What is a stereotype? SELECT ONE.
- Strong negative feelings or disapproval towards a person or group of people
  - Treating someone differently and not providing the same quality of service because of a person's behavior, religion, race, etc.
  - Feeling depressed and unhappy
  - Making generalized statements about a person or group of people based on a set of characteristics
16. TRUE or FALSE. There are clinics and health facilities in Zambia that provide tailored/friendly services to MSM and other key populations.    \_\_\_\_\_ True    \_\_\_\_\_ False
17. List two strategies peer leaders can use to increase KP's accessing health services.
- \_\_\_\_\_
  - \_\_\_\_\_

## PRE-/POST-TEST ANSWER KEY

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Instructions: Score the pre-/post-tests; award points as indicated. 80 points or higher is a passing score.

Name: \_\_\_\_\_

1. Which option best describes a social network? 5 points
  - a. people that live in the same house
  - b. a set of individuals linked by one or more types of relationships**
  - c. a set of individuals that do not know each other
  - d. people from the same country
  
2. Why do projects use a social network strategy? 5 points
  - a. You can reach people who you may not typically find**
  - b. It is cheaper than other strategies
  - c. It allows projects to reach all their intended audiences
  - d. It takes the least amount of time compared to other strategies
  - e. All of the above
  
3. What are two characteristics of a peer leader? 10 points
  - a. 1: **strong communicator, willing to contact friends**
  - b. 2: **a large circle of friends who engage in risky behaviors**
  
4. Which of the items listed below is/are unique to a peer leader? 5 points
  - a. Disseminates targeted information
  - b. Mobilises MSM into HIV testing services (HTS)
  - c. Are compensated
  - d. Outreach extends to clients, friends, and sexual network
  - e. All of the above**
  
5. The following are modes of HIV cross transmission from key populations EXCEPT: 5 points
  - a. Mother to Child Transmission**
  - b. Prisoners
  - c. Men who have sex with men
  - d. Injecting drug users
  - e. Sex workers
  
6. Tick ALL correct answers. The role of a peer leader includes: 5 points
  - a. Recruitment of “seeds”**
  - b. Distribution of coupons**
  - c. Providing HIV testing services
  - d. Conducting traditional peer outreach activities
  - e. Condom and lubricant distribution within their networks**
  
7. COMPLETE THE SENTENCE WITH THE BEST OPTION. Interpersonal communication is a person-to-person, two-way, verbal and nonverbal interaction that includes: 5 points
  - a. sharing information and feelings.**
  - b. sharing information.
  - c. dialogue.
  - d. body language.

8. List FOUR Interpersonal Communication Skills/Techniques: **10 points**

- a. Asking questions
- b. Reflective statements
- c. Active listening
- d. Ask-tell-ask

*Verbal and nonverbal communication are also correct responses to this question.*

9. TRUE OR FALSE: We recommend talking about very sensitive topics such as sexuality in large community settings.  True  False **5 points**

10. COMPLETE the sentence: **5 points**  
Biology determines a person's sex but societies shape perceptions of gender.

11. A woman has long hair and wears lip stick and earrings—these characteristics are determined by: **5 points**

- a. Biology
- b. Hormones
- c. **Society/culture**
- d. Chromosomes

12. Only men who have sex with men practice anal sex.  True  False **5 points**

13. What is stigma? SELECT ONE. **5 points**

- a. **Strong negative feelings, unfair attitudes and beliefs a person or society holds against people they identify as different**
- b. Treating someone differently because of a person's behavior, religion, race, etc.
- c. Feeling depressed and unhappy
- d. Making generalized statements about a person or group based on a set of characteristics

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- b. **Treating someone differently because of a person's behavior, religion, race, etc.**
- c. Feeling depressed and unhappy
- d. Making generalized statements about a person or group based on a set of characteristics

15. What is a stereotype? SELECT ONE. **5 points**

- a. Strong negative feelings or disapproval towards a person or group of people
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- c. Feeling depressed and unhappy
- d. **Making generalized statements about a person or group of people based on a set of characteristics**

16. TRUE or FALSE. There are clinics and health facilities in Zambia that provide tailored/friendly services to MSM and other key populations.  True  False **5 points**

17. List two strategies peer leaders can use to increase KP's accessing health services. **10 points**

- a. Promote benefits of care/treatment enrollment and timely ART initiation.
- b. Inform KP member of facilities, providers and services designed to help him/her




## Session 2. Introduction to the USAID Open Doors Project






### Session Purpose & Objectives


To introduce participants to the USAID Open Doors Project (ODP) and its Social Network Strategy (SNS). By the end of this session, participants will:


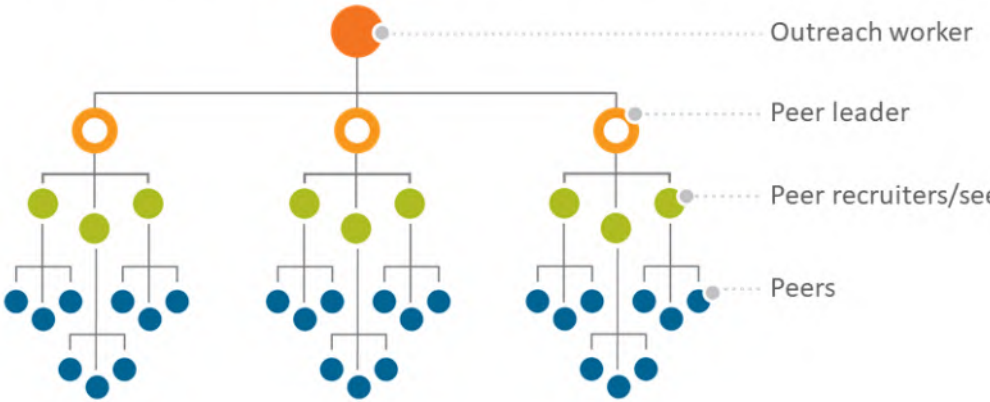

- State how peer leaders support the key activities of the ODP’s SNS
- Identify the similarities and differences between peer promoters and peer leaders

<p><b>Materials Needed:</b></p> <ul style="list-style-type: none"> <li>• Prepared flipcharts:             <ul style="list-style-type: none"> <li>- Peer Promoter vs Peer Leader (see table below)</li> <li>- Overview of the ODP SNS (see diagram below)</li> </ul> </li> <li>• Handouts:             <ul style="list-style-type: none"> <li>- Open Doors Project (ODP) Overview</li> <li>- Open Doors Project (ODP) Technical Approach</li> <li>- Walking the Path of a Peer Leader</li> </ul> </li> </ul>	<p><b>Room Set up:</b></p> <p>Small groups at tables, facing the facilitators or U-shaped room set up.</p>
	<p> <b>1.5 hours</b></p>

### Facilitator Guidance

<p>Welcome &amp; Objectives</p>  	<ul style="list-style-type: none"> <li>• Welcome participants to the session.</li> <li>• Ask the assigned participant(s) to provide a brief recap of the key learnings/messages from the previous session.</li> <li>• Review the learning objectives for this session.</li> </ul>
<p>Project Overview and Technical Approach</p>   	<ul style="list-style-type: none"> <li>• Distribute the handout, <b>Open Doors Project (ODP) Overview</b> to each participant.</li> <li>• Together with the participants, review the goal, objectives, target population, geographic areas and the package of services offered.</li> <li>• Distribute the handout, <b>Open Doors Project (ODP) Technical Approach</b> to each participant.</li> <li>• Highlight these aspects of the technical approach using the diagram; say: The project works with several national partners including the government and KP organizations to ensure meaningful participation of KPs in the program activities and government support. As peer leaders you are important actors in project implementation. As you can see in the diagram, Community Mobilization is a crucial cog in the wheel. Your role is important to helping achieve the results that will allow the project to achieve its goal of providing comprehensive care and treatment services to KP.</li> </ul>

	<ul style="list-style-type: none"> <li>• Answer any questions.</li> </ul>																		
<p>Role of Peers under ODP</p> 	<ul style="list-style-type: none"> <li>• Tell the group to take two minutes to review the Minimum Package of Services for the project found on the <b>ODP Overview</b> handout.</li> <li>• Ask: How can peers, such as yourselves, support clients reaching these services?</li> <li>• Share the following with participants: <ul style="list-style-type: none"> <li>- Peers play two roles in the ODP—peer promoters and peer leaders. Both types of peers are from the key population community and work with their peers, who are sometimes friends or acquaintances in their social networks, to influence attitude and behavior change.</li> <li>- To clarify any potential role confusion between peer promoters and peer leaders, prepare a flipchart of the chart below to explain how each supports the program (if needed, the table in Session 6 provides additional detail about roles). If participants have questions about the role of outreach workers, refer to the Overview of the ODP, What is the Social Network Strategy?</li> </ul> <table border="1" data-bbox="504 967 1359 1888"> <thead> <tr> <th>Program Support Task</th> <th>Peer promoter</th> <th>Peer leader</th> </tr> </thead> <tbody> <tr> <td>Identify potential clients</td> <td>KP from the community</td> <td>Friends/acquaintances within social network who are KP members from the community</td> </tr> <tr> <td>Meet/contact clients</td> <td>Hot spots</td> <td>Home or other agreed upon location convenient to the client</td> </tr> <tr> <td>Speak with KP to explain the ODP and conduct a risk assessment</td> <td>Yes</td> <td>Yes</td> </tr> <tr> <td>Provide to KP/clients basic information on HIV/STIs and promote HIV prevention strategies</td> <td>Yes</td> <td>Yes; also provide information on services offered by ODP and invite client to access services using a coupon.</td> </tr> <tr> <td>Motivate KP/clients to seek services at wellness centres</td> <td>Yes</td> <td>Yes</td> </tr> </tbody> </table> <ul style="list-style-type: none"> <li>- Peers are critical to conducting activities within the community and reaching ODP’s goals—later sessions will explain the peer leader role in detail and offer opportunities to practice skills.</li> </ul> </li> </ul>	Program Support Task	Peer promoter	Peer leader	Identify potential clients	KP from the community	Friends/acquaintances within social network who are KP members from the community	Meet/contact clients	Hot spots	Home or other agreed upon location convenient to the client	Speak with KP to explain the ODP and conduct a risk assessment	Yes	Yes	Provide to KP/clients basic information on HIV/STIs and promote HIV prevention strategies	Yes	Yes; also provide information on services offered by ODP and invite client to access services using a coupon.	Motivate KP/clients to seek services at wellness centres	Yes	Yes
Program Support Task	Peer promoter	Peer leader																	
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Meet/contact clients	Hot spots	Home or other agreed upon location convenient to the client																	
Speak with KP to explain the ODP and conduct a risk assessment	Yes	Yes																	
Provide to KP/clients basic information on HIV/STIs and promote HIV prevention strategies	Yes	Yes; also provide information on services offered by ODP and invite client to access services using a coupon.																	
Motivate KP/clients to seek services at wellness centres	Yes	Yes																	

	<ul style="list-style-type: none"> <li>• Ask if there are any questions.</li> </ul>
<p>Overview of the ODP Social Network Strategy</p> 	<ul style="list-style-type: none"> <li>• Explain to the group that even with the hard work of the peer promoters, there are still more people to reach with HIV prevention, care and treatment services.</li> <li>• Explain that use of a <b>social network</b> is a way to potentially reach previously unreached populations. Some research has shown that using peer networks was effective at increasing testing among key population groups. The LINKAGES program has successfully used this</li> </ul> <p><b>Enhanced Peer Outreach Approach and Social Networking Strategy (EPOA/SNS)</b></p>  <p>approach in countries in Asia, Africa and the Caribbean.</p> <ul style="list-style-type: none"> <li>• Draw the diagram below on a flipchart.</li> <li>• Explain that a social network strategy works by having someone, such as the orange rings representing a peer leader, reach out to other peers (green circles) regarding obtaining services from the USAID Open Doors Project. The green circles in turn would reach out to their network, the blue circles. With the social network strategy, new clients will be reached through the personal connections of the individuals represented by the green and blue circles. The network continues to branch out as more connections are made.</li> <li>• Explain that in the OD project, the orange rings are “peer leaders,” the green circles are “peer recruiters or seeds” and the blue circles “peers.”</li> <li>• Post the flipchart on the wall for later use.</li> </ul>
<p>Expectations of Peer Leaders</p> 	<ul style="list-style-type: none"> <li>• Distribute the handout, <b>Walking the Path of a Peer Leader</b> to each participant. The handout could also be distributed during the previous activity to use the diagram to help explain how an SNS functions.</li> <li>• Tell the group that to get a better idea of what peer leaders are expected to do, together you are going to read aloud a story about</li> </ul>

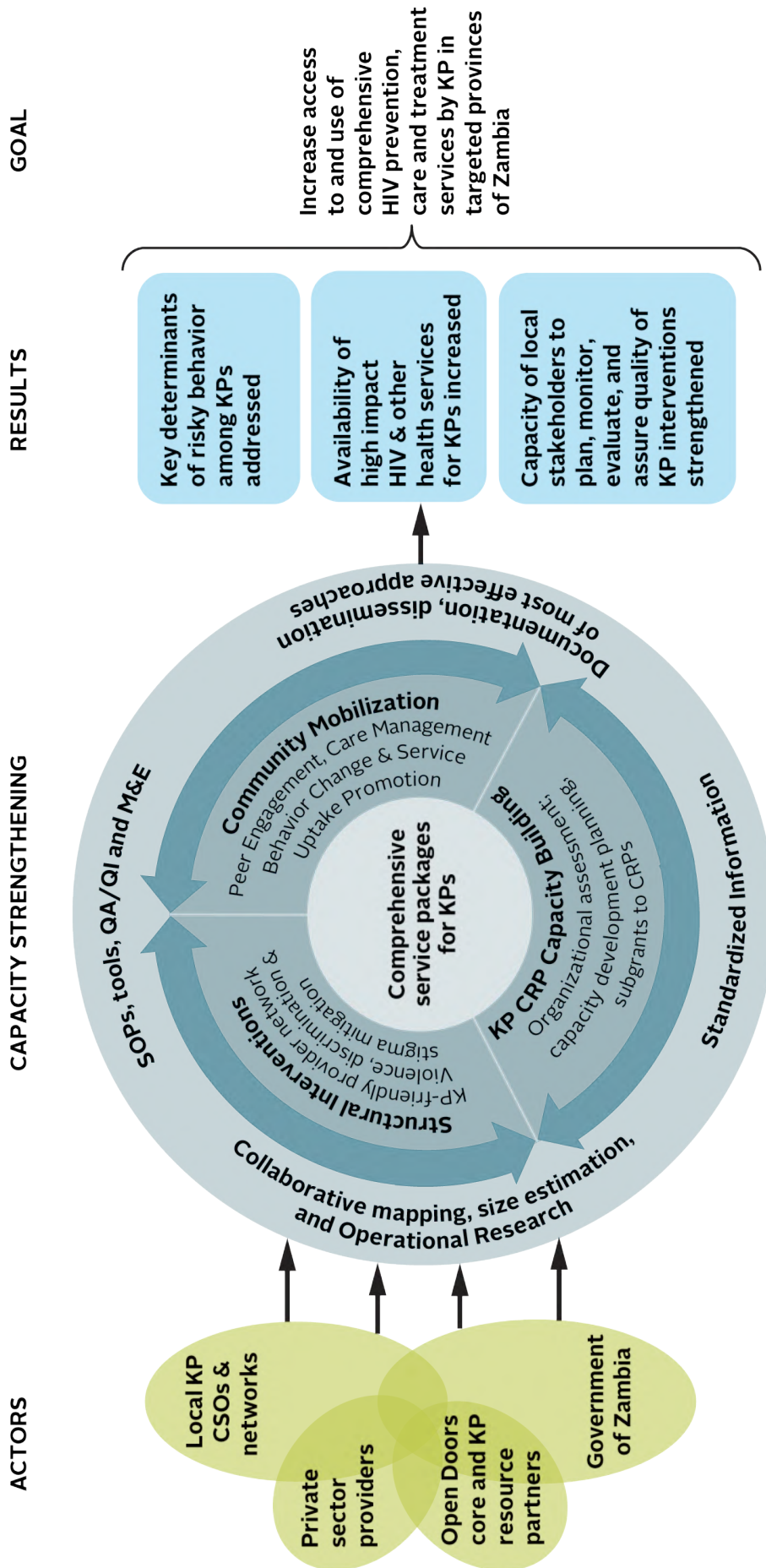
	<p>what it takes to become and be a peer leader. Not all peer leaders walk the same path but this will give you an idea of what it might be like. If participants are comfortable reading English, ask for volunteers to take turns reading the paragraphs in the story aloud. If participants are generally not comfortable reading English, consider translating the story in advance or telling the story in the local language.</p> <ul style="list-style-type: none"> <li>• Ask: Can you imagine yourself as a peer leader? What concerns do you have, if any, after learning more about what it might be like to be a PL? If you have concerns or questions that you don't feel comfortable mentioning in front of the entire group, please feel free to ask one of the facilitators during the break or write your question on a card and drop it in the Question Box.</li> </ul>
	<p>Note: Consider inviting one or two current peer leaders to this session to share highlights of their experiences as PLs and answer any questions that the participants might have about what it is like to be a PL. Encourage the guest PLs to add their experiences to the story as it is being told.</p>
Closing	<ul style="list-style-type: none"> <li>• Review the learning objectives for the session and ask the group if these have been met.</li> </ul>

## HANDOUT: Open Doors Project (ODP) Overview

### Goal: Increase access to and use of comprehensive HIV prevention, care, and treatment services by key populations (KPs)

<p><b>Objective 1:</b> Identify and address the key determinants of risky behavior among KPs in Zambia, particularly in the project's priority areas.</p>	<p><b>Objective 2:</b> Increase the availability of high-impact HIV and other health services for KPs.</p>	<p><b>Objective 3:</b> Strengthen the capacity of local stakeholders to plan, monitor, evaluate and assure the quality of interventions for KPs.</p>
<p><b>Target Populations: men who have sex with men (MSM), sex workers (SW) and transgender (Trans); also known as key populations (KPs)</b></p>		
<p><b>Geography:</b></p> <ul style="list-style-type: none"> <li>• Lusaka</li> <li>• Livingstone</li> <li>• Kabwe</li> <li>• Kitwe</li> <li>• Chirundu</li> <li>• Kapiiri Mposhi</li> <li>• Chililabombwe</li> <li>• Solwezi</li> </ul>	<p><b>Minimum package of services :</b></p> <ul style="list-style-type: none"> <li>• HIV testing and counseling</li> <li>• Peer education and sensitization</li> <li>• Condom and lubricants promotion and distribution</li> <li>• Access to other health/social services such as sexually transmitted infection (STI) screening and treatment, voluntary medical male circumcision (VMMC), cervical cancer screening and family planning (FP), gender-based violence/intimate partner violence (GBV/IPV) screening and support, alcohol harm reduction services, economic strengthening activities, support for orphans and vulnerable children (OVC), pre-exposure prophylaxis (PrEP) and post-exposure prophylaxis (PEP)</li> </ul>	

**HANDOUT: Open Doors Project (ODP) Technical Approach**



## HANDOUT: Walking the Path of a Peer Leader

**Instructions:** Read the story below to gain a better understanding of how individuals like yourself are identified as potential peer leaders (PLs), how they prepare to become PLs and the roles they play as PLs.

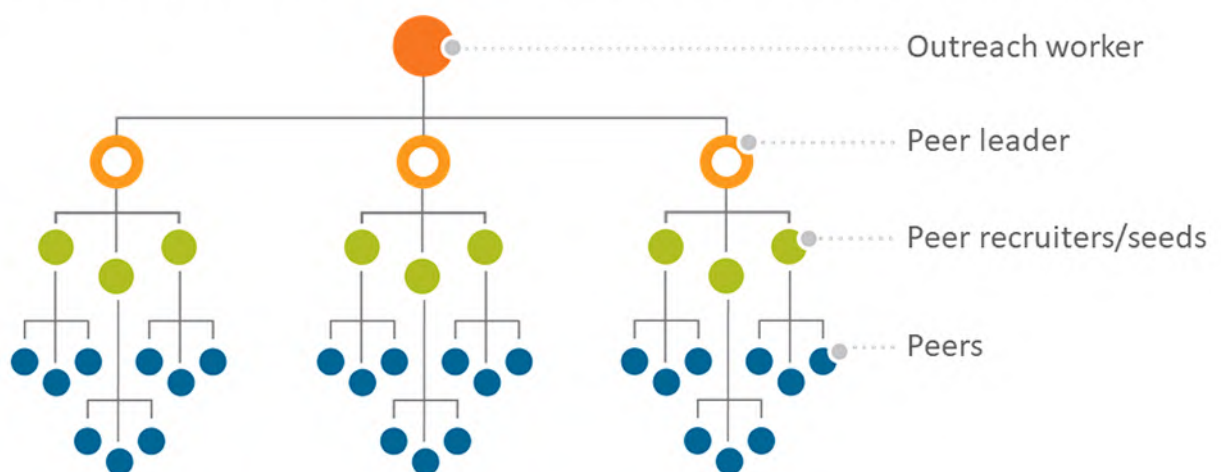
### Identified as a potential peer leader

At some point, you may have responded to an advertisement for volunteers, represented yourself well during an interview with ODP staff, and provided character references who confirmed your standing in the KP community. Because you share the goals of the ODP and demonstrated competence during your general orientation, while assisting with project activities, or in your role as a peer promoter or seed, you were identified by the local site team as someone who would likely make a good peer leader—you have effective communication skills and a large social network.

### Preparing to become a peer leader

You participated in a five-day training program for peer leaders—like the training program you are starting now—to get oriented to the goals and objectives of the project, learn how PLs tap into their social networks to identify friends and acquaintances who could benefit from ODP services. You attended all the sessions where you learned and practiced the basic tasks that PLs perform. You were assigned a mentor/outreach worker and developed a work plan to outline the goals you wanted to accomplish as a PL. You met regularly with your mentor and other PLs to share strategies about how to encourage friends to use the coupons you distribute to avail themselves of the free services offered by the staff of the ODP wellness center. You agreed to a code of ethics and conduct and signed an agreement to volunteer for one year and receive incentives for clients and seeds you bring into the program.

### Enhanced Peer Outreach Approach and Social Networking Strategy (EPOA/SNS)



## Walking the Path of a Peer Leader *(continued)*

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### **Being a peer leader**

Your work schedule is very flexible; at your convenience, you arrange several meetings per week with members of your social network in small groups or as individuals in a safe space of the client's choice. You also sometimes assist with other project activities when necessary. Your outreach worker continues to meet with you regularly, once per month so you can review your workplan progress, share information on peers and recruiters/seeds, and provide data on the number of coupons distributed. You also meet quarterly for a formal assessment where your outreach worker observes an interaction between you and a potential client or recruiter/seed and provides constructive feedback.

After conversations with you, in addition to accepting a coupon and using the ODP services themselves, some of your friends/peers became interested in being recruiters and now share "coupons" with friends in their social networks. As an experienced PL you are able to recruit several seeds per month. You gave these new recruiters/seeds some coupons and provided suggestions about the best way to approach their friends and sometimes accompanied them to provide support when they met with their friends. You have a fairly good return rate on the coupons that you distribute—of the 26 coupons you distributed to friends/peers and recruiters/seeds last month, 18 of them used their coupons to seek services from the project for which you earned an incentive of ZMW 1530. Each of your recruiters/seeds also referred about 9 clients last month and each received an airtime voucher.




## Session 3. Know your Epidemic




### Session Purpose & Objectives


To review the current state of the HIV epidemic in Zambia and provide an overview of information necessary for peer leaders. By the end of this session, participants will:


- Describe how HIV is transmitted and summarize key facts about the HIV epidemic in Zambia
- Name individual and societal level risk factors for acquiring HIV

<p><b>Materials Needed:</b></p> <ul style="list-style-type: none"> <li>• Session 3 PowerPoint presentation (updated as necessary with data from most current Demographic and Health Survey and UNAIDS)</li> <li>• Slide projector and screen (or participants follow along using handout of slide presentation)</li> <li>• Prepared flipchart with this title:             <ul style="list-style-type: none"> <li>- Drivers</li> </ul> </li> <li>• Handouts/Job Aids/Activity Resources:             <ul style="list-style-type: none"> <li>- Basic HIV Information</li> <li>- Slides/note-taking sheets from Know Your Epidemic presentation (optional)</li> </ul> </li> </ul>	<p><b>Room Set up:</b></p> <p>Small groups at tables, facing the facilitators or U-shaped room set up. Position the projector and screen so all participants can see the presentation.</p>
	<p> <b>1 hour</b></p>


### Facilitator Guidance

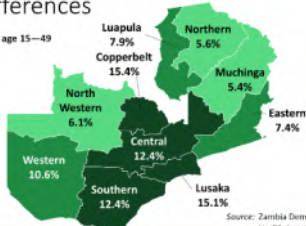

<p>Welcome &amp; Objectives</p>  	<ul style="list-style-type: none"> <li>• Welcome participants to the session.</li> <li>• Ask the assigned participant(s) to provide a brief recap of the key learnings/messages from the previous session.</li> <li>• Review the learning objectives for this session.</li> </ul>
<p>Overview of HIV</p> 	<ul style="list-style-type: none"> <li>• Lead a discussion with the group about their existing knowledge about HIV. Remind the group of the SOUL principles prior to starting. Ask specifically about:             <ul style="list-style-type: none"> <li>- Modes of HIV transmission</li> <li>- Methods and the effectiveness of each method of HIV prevention</li> <li>- Behaviors that may put one at risk for HIV</li> <li>- HIV treatment</li> </ul> </li> <li>• Allow participants to respond to one another's questions, but provide the right answers whenever needed.</li> </ul>




	<ul style="list-style-type: none"> <li>• Distribute the handout, <b>Basic HIV Information</b> to each participant.</li> <li>• Review the contents of the handout and answer any questions.</li> <li>• Tell participants that the handout can be a resource to convey information to future clients.</li> </ul>
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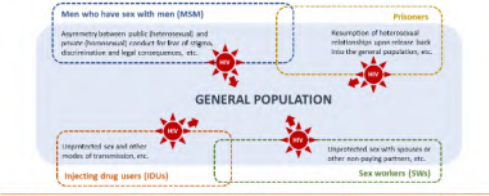
	<ul style="list-style-type: none"> <li>• Open the <b>PowerPoint slide presentation</b> and display/project it in presentation mode.</li> <li>• If there is no projector, distribute a copy of the handout of the presentation to each participant.</li> </ul>
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 <h3 style="text-align: center;">Know Your Epidemic</h3> <p style="text-align: center;">Overview of the HIV Epidemic in Zambia</p> 	<ul style="list-style-type: none"> <li>• Tell participants that you will be sharing some information about the HIV epidemic in Zambia.</li> </ul>
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<p style="text-align: right;">2</p> <h3>HIV and AIDS in Zambia</h3> <ul style="list-style-type: none"> <li>• Zambia has one of the highest populations living with HIV in sub-Saharan Africa (UNAIDS 2016)</li> <li>• In 2016, there were an estimated 1,200,000 people living with HIV in Zambia (UNAIDS 2018)       <ul style="list-style-type: none"> <li>- 78% of PLHIV are on treatment (known as ART)</li> <li>- Infections among women are about double that of men (ZDHS 2018)</li> <li>- 3.8% of young adults age 15–24 are HIV positive (ZDHS 2018)</li> </ul> </li> <li>• In 2017, 48,000 people were newly infected with HIV (UNAIDS 2018)       <ul style="list-style-type: none"> <li>- Most new infections are in women and sex workers (UNAIDS 2017)</li> </ul> </li> <li>• Between 2010 and 2016, the rate of new infections in Zambia decreased by 27%</li> </ul> 	<ul style="list-style-type: none"> <li>• Share the information on the slide with participants.</li> <li>• Ask: What does PLHIV mean?</li> <li>• Explain that:       <ul style="list-style-type: none"> <li>- ARVs are used for treatment but are not a cure.</li> <li>- Women are more affected by HIV than men in Zambia.</li> <li>- About 4 of every 100 young adults in Zambia are HIV positive.</li> <li>- While there has been a decrease in new infections since 2010, HIV is still regularly transmitted.</li> </ul> </li> </ul>
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<p style="text-align: right;">3</p> <h3>Regional Differences</h3> <p>Percent of women and men age 15–49 who are HIV positive</p>  	<ul style="list-style-type: none"> <li>• Explain in simple terms what HIV prevalence means: If prevalence is 11% that means that out of every 100 people, 11 will be infected with HIV.</li> <li>• Review where within the country HIV prevalence is highest.</li> </ul>
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	<ul style="list-style-type: none"> <li>• Discuss whether there are features within the provinces with the highest prevalence, such as: <ul style="list-style-type: none"> <li>- Large cities</li> <li>- Major highways</li> <li>- Mines</li> <li>- Larger populations of people</li> <li>- Other features</li> </ul> </li> <li>• We will discuss more about what geographical, cultural and economic factors may affect HIV transmission in Zambia.</li> </ul>
<p>4</p> <p>What facilitates the spread of HIV in Zambia?</p>  	<ul style="list-style-type: none"> <li>• Ask: <ul style="list-style-type: none"> <li>- What facilitates the spread of HIV in Zambia?</li> <li>- Can you name specific behaviors, policies, or actions?</li> </ul> </li> <li>• Record responses on the flipchart titled, <b>Drivers</b>.</li> </ul>
<p>5</p> <p>What facilitates the spread of HIV in Zambia?</p> <ul style="list-style-type: none"> <li>• Unprotected sex</li> <li>• Having multiple sexual relationships within the same time period (multiple concurrent partnerships)</li> <li>• Intergenerational sex – the sugar daddy and mammy syndrome</li> <li>• Low and inconsistent use of condoms</li> <li>• Low voluntary medical male circumcision</li> <li>• People moving between locations (migration and mobility)</li> <li>• Transmission in utero from a mother to child – perinatal transmission</li> <li>• Marginalized, vulnerable populations</li> </ul> <p>Source: NAC 2014</p> 	<ul style="list-style-type: none"> <li>• Reveal the correct responses shown on the slide and compare the participants' list on the flipchart with the slide.</li> <li>• Review unfamiliar terms with the group such as intergenerational, inconsistent, in utero, and marginalized.</li> <li>• Explain that key populations, or KPs, are marginalized groups of people in Zambia.</li> </ul>

<p>Who are Key Populations in Zambia?*</p> <ul style="list-style-type: none"> <li>• People living with HIV</li> <li>• Adolescent girls and young women</li> <li>• Young Men</li> <li>• Inmates</li> <li>• Migrants</li> <li>• People who inject drugs</li> <li>• Sex workers</li> <li>• Transgender people</li> <li>• Gay men and other men who have sex with men</li> <li>• Children and pregnant women living with HIV</li> <li>• Displaced persons</li> <li>• Persons with disabilities</li> <li>• People aged 50 years and older</li> </ul> <p><small>* As defined by the National AIDS Strategic Framework 2017-2021 Focus of Open Doors Project (ODP)</small></p> 	<p>6</p> <ul style="list-style-type: none"> <li>• Explain that key populations are groups of people who are at high risk to get or transmit HIV. The groups of people who are defined as key populations are different in each country. In Zambia, the National AIDS Strategic Framework (NASF 2017-2021), a guiding national policy document of the HIV response in Zambia, has defined KP as the populations listed on the slide.</li> <li>• Review the populations listed on the slide and explain each one.</li> <li>• Explain that the groups listed in blue color are the focus groups of the ODP.</li> </ul>
<p>Definitions</p> <ul style="list-style-type: none"> <li>• Sex workers <ul style="list-style-type: none"> <li>– Women, men and transgendered people who receive money and/or goods in exchange for <b>sexual</b> services, and who consciously <b>define</b> those activities as income generating even if they do not consider <b>sex work</b> as their occupation.</li> </ul> </li> <li>• Men who have sex with men <ul style="list-style-type: none"> <li>– Any man who has sex with another man, regardless of sexual orientation or gender identity, and whether or not he also has sex with women.</li> </ul> </li> <li>• Transgender <ul style="list-style-type: none"> <li>– Persons who identify themselves in a different gender rather than that assigned to them at birth. They may express their identity differently to that expected of the gender role assigned to them at birth.</li> </ul> </li> </ul> <p><small>Source: World Health Organization</small></p> 	<p>7</p> <ul style="list-style-type: none"> <li>• Explain to the group that it's important that everyone fully understand the definitions of the key population groups.</li> <li>• Review the definitions on the slide.</li> <li>• Ask if there are questions.</li> <li>• Explain that the group will review these definitions again in a later session.</li> </ul>
<p>Note: When defining sex workers, even those who do not consider sex work their occupation fall into the sex work category (for risky behaviors) if these activities provide part of their primary income.</p>	
<p>Examples of Modes of Cross-Transmission from a Selection of Key Populations</p> <p><small>Source: NASF 2017</small></p> 	<p>8</p> <ul style="list-style-type: none"> <li>• Remind the group that there is a high prevalence of HIV in key populations.</li> <li>• Use the diagram to describe how high prevalence in one population can move throughout many populations. Highlight: <ul style="list-style-type: none"> <li>- the groups in the spaces where the shapes come together</li> <li>- the interaction of KP with the general public</li> <li>- clients/partners of KP are a “bridge” for the transmission of HIV</li> <li>- the actions and behaviors that support transmission from one portion of the population to another</li> </ul> </li> </ul>

<p>Associated Risk Factors for HIV Transmission Among KPs <span style="float: right;">9</span></p> <table border="0"> <tr> <td style="vertical-align: top;"> <p><b>Individual Risk Factors</b></p> <ul style="list-style-type: none"> <li>• Unprotected intercourse</li> <li>• High frequency of partners</li> <li>• High number of lifetime partners</li> <li>• Lack of circumcision (males)</li> <li>• Substance abuse</li> </ul> </td> <td style="vertical-align: top;"> <p><b>Structural/Societal Risk Factors</b></p> <ul style="list-style-type: none"> <li>• Stigma</li> <li>• Discrimination</li> <li>• Violence</li> <li>• Illegality of same sex activities</li> </ul> </td> </tr> </table> 	<p><b>Individual Risk Factors</b></p> <ul style="list-style-type: none"> <li>• Unprotected intercourse</li> <li>• High frequency of partners</li> <li>• High number of lifetime partners</li> <li>• Lack of circumcision (males)</li> <li>• Substance abuse</li> </ul>	<p><b>Structural/Societal Risk Factors</b></p> <ul style="list-style-type: none"> <li>• Stigma</li> <li>• Discrimination</li> <li>• Violence</li> <li>• Illegality of same sex activities</li> </ul>	<ul style="list-style-type: none"> <li>• Explain that KPs have some unique risk factors for HIV transmission, both at an individual behavioral level and societal or structural level.</li> <li>• Review each factor with the group and explain how the factor increases risk for KPs to contract or transmit HIV.</li> </ul>
<p><b>Individual Risk Factors</b></p> <ul style="list-style-type: none"> <li>• Unprotected intercourse</li> <li>• High frequency of partners</li> <li>• High number of lifetime partners</li> <li>• Lack of circumcision (males)</li> <li>• Substance abuse</li> </ul>	<p><b>Structural/Societal Risk Factors</b></p> <ul style="list-style-type: none"> <li>• Stigma</li> <li>• Discrimination</li> <li>• Violence</li> <li>• Illegality of same sex activities</li> </ul>		
<p>Activity: Reflecting on Our Group Experiences <span style="float: right;">10</span></p> <ul style="list-style-type: none"> <li>• For the series of statements on the next slide, please raise your hand if the statement is true <ul style="list-style-type: none"> <li>– If you feel uncomfortable answering the question, please feel free to abstain.</li> </ul> </li> <li>• After we complete the statements, we will have a brief discussion about what we see and explore our experiences a little more.</li> <li>• Any questions before we begin?</li> </ul> 	<ul style="list-style-type: none"> <li>• Review the instructions on the slide.</li> <li>• Explain that the purpose of the activity is to see firsthand the frequency of risk factors for HIV.</li> <li>• Remind participants that they do not need to participate if they are uncomfortable.</li> <li>• Remind participants of the SOUL principles (sensitive, open, understanding, and listen).</li> </ul>		
<p>Exposure to Drivers of the HIV Epidemic in Zambia <span style="float: right;">11</span></p> <ul style="list-style-type: none"> <li>• I know someone who has had unprotected sex</li> <li>• I know someone who is in multiple concurrent relationships</li> <li>• I know someone who does not use condoms</li> <li>• I know someone in a relationship with someone that is more than 10 years older than them</li> <li>• I know someone who has participated in transactional sexual activities</li> <li>• I know someone who is considered a marginalized and underserved population</li> </ul> 	<ul style="list-style-type: none"> <li>• Read the first statement on the slide and pause to allow participants to raise their hands. Continue reading statements and pausing to allow participants to respond.</li> <li>• Ask: <ul style="list-style-type: none"> <li>- What reactions do you have to the activity?</li> <li>- What surprised you about the group's responses?</li> </ul> </li> <li>• Close the activity by explaining that there are factors that make groups more susceptible to HIV transmission, both personal and societal factors. We all likely know people within our own networks, or ourselves, who are susceptible or who have acquired HIV. In our next sessions, we'll discuss what we can do about this.</li> </ul>		
	<ul style="list-style-type: none"> <li>• Review the learning objectives with the group and confirm the objectives have been achieved.</li> </ul>		

## HANDOUT/JOB AID: Basic HIV Information

HIV stands for:

<b>H</b>	Human	This virus infects human beings.
<b>I</b>	Immunodeficiency	This virus attacks a person's immune system. The immune system is the body's defense against germs, such as bacteria and viruses. Once attacked by HIV, the immune system becomes weak and doesn't function properly.
<b>V</b>	Virus	A virus is a type of germ too small to be seen even with a microscope.

AIDS stands for Acquired Immunodeficiency Syndrome. AIDS is caused by a virus called the Human Immunodeficiency Virus (HIV). AIDS is the most advanced stage of HIV. It typically develops when a person isn't diagnosed or adequately treated for HIV. Many people are HIV-positive but don't get sick for many years.

### YOU CAN GET HIV BY...



Sex without a condom with an HIV-infected person



Passed from mother to baby



Sharing injecting equipment with a person infected with HIV



Contaminated blood transfusion and organ transplants

### HIV IS NOT TRANSMITTED BY...



Insect bites



Toilet seats



Kissing



Sharing cutlery



Touching

Symptoms of HIV include but are not limited to: unexplained weight loss, chronic diarrhea, night sweats, fever, persistent cough, mouth and skin problems, repeated infections and a higher likelihood of contracting TB.

## HIV Prevention

- Get tested for HIV. The recommendation for those who are sexually active is to test every three months.
- Limit the number of sexual partners and talk to your partners about HIV status before sex.
- Talk to your healthcare provider about PrEP and PEP—these are medications that can reduce your risk of becoming infected.
- Get tested and treated for sexually transmitted infections (STIs)—STIs can increase your risk of becoming infected with HIV.
- Use condoms and other protective barriers correctly and consistently.
- Voluntary Medical Male Circumcision (VMMC) helps reduce the chances of becoming infected with HIV and other STIs.

## HIV Testing

- HIV is diagnosed through a blood test.
- Knowing your HIV status earlier means that you can get treatment and stay healthy for a longer time if you have HIV. It's always better to know than not to know, so it's good practice to test for HIV every 3 months.
- Getting an HIV test is quick and easy—you can be in and out in less than 2 hours. There are many public clinics and doctors, including ODP wellness centres, that can test you confidentially.

## Treatment

- The virus is treated with a mix of HIV medications called antiretroviral therapy (ART)—ART decreases the amount of the virus in your body.
- According to the current Zambian government HIV treatment guidelines, everyone who tests HIV positive needs to commence on ARVs immediately.
- It is important to take ARVs as advised by the health care provider every day and at the same time to avoid developing resistance to the drugs.
- When ARVs are taken every day at the prescribed time, the number of viruses in the blood will reduce to undetectable levels thereby reducing the risk of transmitting to another person.


Adapted from: *HIV Prevention, Treatment and Care Guide for Community Volunteers*, Open Doors Project.

## Session 4. Gender



### Session Purpose & Objectives

To review concepts around gender and stereotypes and review sexual terminology. By the end of this session, participants will:

- Describe the difference between sex, gender, gender identity and gender expression
- Define stereotypes and describe how stereotypes impact our perceptions

<p><b>Materials Needed:</b></p> <ul style="list-style-type: none"> <li>• Prepared flipcharts:           <ul style="list-style-type: none"> <li>- Discussion questions (see Society vs. Biology section)</li> <li>- Terminology as the title with these terms written down the side: sex, intersex, sexual orientation, asexual, bi-sexual, transgender, gay, men who have sex with men, lesbian, heterosexual, homosexual, gender expression, gender norms, gender identity, LGBT and homophobia</li> </ul> </li> <li>• Hat/box containing strips of paper with term definitions (see Activity Resource: Terminology Cards)</li> <li>• Flipchart paper and markers for each small group</li> <li>• Handouts/Activity Resources:           <ul style="list-style-type: none"> <li>- Terminology</li> <li>- The Genderbread Person</li> <li>- Bwalya's Story</li> </ul> </li> </ul>	<p><b>Room Set up:</b></p> <p>Small groups at tables, facing the facilitators or U-shaped room set up.</p> <p> <b>2 hours</b></p>
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### Facilitator Guidance

<p>Welcome &amp; Objectives</p> <p> </p>	<ul style="list-style-type: none"> <li>• Welcome participants to the session.</li> <li>• Ask the assigned participant(s) to provide a brief recap of the key learnings/messages from the previous session.</li> <li>• Review the learning objectives for this session.</li> </ul>
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Society vs. Biology Activity



- Ask participants to form groups of 3-4 people (4-5 groups is ideal).
- Tell each group to take a sheet of flipchart paper and markers. Ask half of the groups to draw the **ideal male**, and the other half of the groups to draw the **ideal female**. Allow the groups ten minutes to complete their illustration.
- After ten minutes, display the **Discussion Questions** flipchart. The discussion questions are:
  - Behaviors and practices: How should they behave? How should they act?
  - Relationships: Who should they relate with?
  - Place: Where should they be found or not? With whom?
  - Roles and responsibilities: What should they do or not? What work should they perform or not?
  - Time and mobility: How do they spend a day? How does a good male or female who lives here spend his/her day? What are their main tasks? Where do they go?
  - Health related knowledge: What health related information should they know and not know?
- Allow the small groups 15 minutes to discuss the questions. Ask each group to select a note taker to record highlights of the discussion.
- Allow each group two to three minutes to report out on their drawing and their responses to the questions.

Society vs. Biology Group Discussion



- Explain that there are biological differences that make men and women different. This is known as **biological sex**. Gender is different. **Gender** is socially constructed characteristics assigned to women and men. Gender is not biological sex.
- Ask the group which of the characteristics they discussed in their small groups are due to biology and which are due to society. Ask each group to provide at least one or two examples of characteristics from their drawings that are due to biology and to society.
- Ask the group to share any characteristics that they are unsure are due to biology or society. Lead a group discussion to clarify these concepts.
- Ask if there are any questions.

Terminology








- Post the **Terminology** flipchart on the wall. The flipchart should have the following words: sex, intersex, sexual orientation, asexual, bi-sexual, transgender, gay, men who have sex with men (MSM), lesbian, heterosexual, homosexual, gender expression, gender norms, gender identity, LGBT, and homophobia.
- Pass the hat (or box) containing the strips of paper with the definitions. Instruct each participant to select one strip of paper. Keep passing the hat until all the strips of paper are gone.
- Ask participants to read to themselves the definition on their slip(s) of paper and think about which term on the flipchart it matches.
- Remind participants of the SOUL principles (sensitive, open, understanding, and listen).
- Ask one participant to read aloud their definition. Allow the participant to state or guess which term the on the flipchart it defines. If they don't know or don't want to guess, ask other participants to suggest which term the definition matches. If a participant guesses incorrectly, ask another participant to suggest which term matches the definition. If the second participant also guesses incorrectly, provide the correct answer and move on. Repeat this process until all the definitions have been matched with the correct terms.
- Answer questions as you review terms. Clarify any concerns. Mention to the group that their packet of materials contains a handout of these definitions that they can use later.
- Remind the group that a sexual act does not define sexual orientation. Anyone can have sex in different ways but that does not define their sexual orientation. For example, gay men are distinguished from men who have sex with other men as gay men are physically, emotionally and spiritually attracted to other men and MSM only experience a sexual act with other men.

Genderbread Person



- Remind everyone that gender and sex are different concepts. Explain that the next activity will further explore these concepts.
- Distribute a **Genderbread Person** handout to each participant.
- Review the handout with the group.
- Point to the items on the genderbread person handout that correspond to the discussion and explain that:

	<ul style="list-style-type: none"> <li>- <b>Gender identity</b> is informed by your brain, and how you see yourself</li> <li>- <b>Gender expression</b> is shown through how you dress, behave and present yourself to the world</li> <li>- <b>Sex</b> is formed by a person’s genitalia (What’s in between the legs). Biological sex refers to objectively measurable organs, hormones and chromosomes.</li> <li>- <b>Sexual orientation</b> is informed by who someone is sexually, intellectually, physically, spiritually and emotionally attracted to.</li> </ul> <ul style="list-style-type: none"> <li>• Explain that gender is made up of a continuum of social norms for males and females within a given society. At birth, almost everyone is assigned a gender (either male or female) and society creates strict norms for that culture and society.</li> <li>• Remind the group that sex is about your body. Gender is about who you feel yourself to be. Sexual orientation is about to whom you’re attracted sexually.</li> </ul>
<p>Stereotypes</p>   	<ul style="list-style-type: none"> <li>• Tell the group that norms and societal expectations can often lead to “stereotypes.”</li> <li>• Ask participants for a definition of stereotypes. Accept responses from several participants.</li> <li>• Explain that the dictionary defines a stereotype as “a widely held but fixed and oversimplified image or idea of a particular type of person or thing.”</li> <li>• Tell the group you will now read a story to better understand stereotypes.</li> <li>• Distribute a copy of “<b>Bwalya’s Story</b>” to each participant. If participants are comfortable reading English, ask for volunteers to read the story aloud. If participants are generally not comfortable reading English, read the story aloud to the group.</li> <li>• After reading the story, ask: <ul style="list-style-type: none"> <li>- Raise your hands if you think Bwalya is male.</li> <li>- Raise your hands if you think Bwalya is female.</li> </ul> </li> <li>• Ask participants why they believe Bwalya is male or female.</li> <li>• Ask the group what stereotype related to gender contributed to their decision.</li> <li>• Lead a discussion on the group’s reasoning for their decisions.</li> </ul>

	<ul style="list-style-type: none"> <li>● Remind the group: <ul style="list-style-type: none"> <li>- We all make assumptions about gender roles and how they are performed in society. Stereotypes can cause us to make assumptions about biological sex, sexuality, and sexual orientation.</li> <li>- Sexuality (and sexual orientation) can be fluid over time.</li> <li>- Sexuality is about love and intimacy as well as the physical act of sex.</li> </ul> </li> </ul>
<p>Stereotypes of Sexuality</p>  	<ul style="list-style-type: none"> <li>● Explain to the group that people can also hold stereotypes of sexuality and gender identity that are not always true.</li> <li>● Write the word “<b>Widow</b>” on a blank flipchart. Ask the group for common views about widows. Some responses may include “sad” or “unmarried.” Write several of the words that participants share on the flipchart.</li> <li>● Continue this exercise with the words <b>sex worker, bi-sexual man, gay man, transgender woman, and lesbian</b>.</li> <li>● Review the words shared by the group and question the group about why they chose the words that they did. For example, for the word “widow” and “sad,” ask the group if widows are sad all of the time. If participants are comfortable helping dispute the comments on the flipchart, engage participants, but do not force participation. Use the questioning to point out that these characteristics may be true of some, but not all, completely untrue, or true some of the time for some people.</li> <li>● Tell the group that while these statements might be true of some of the members of this population, it is not a representation of all members of the population. That is why it’s a stereotype. Assuming stereotypes to be true can be harmful to building a relationship with a client.</li> </ul>
<p>Closing</p> 	<ul style="list-style-type: none"> <li>● Review the learning objectives for the session and ask the group if these have been met.</li> </ul>

## ACTIVITY RESOURCE: Terminology Cards

Use scissors to cut along the dotted lines. Place the strips of paper showing the definitions into a hat/box.

Sex	physical differences between male, female, and intersex human bodies.
Intersex	a variety of chromosomal, hormonal, and anatomical (biological) conditions in which a person does not seem to fit the typical definitions of female or male.
Sexual orientation	sexual, emotional or romantic attraction primarily or exclusively to people of a particular gender.
Asexual	a lack of (interest in and desire for sex) sexual attraction.
Bi-sexual	emotional, romantic, physical, intellectual, spiritual and/or sexual attraction to males and females.
Transgender	an individual whose gender identity is different from their sex assigned at birth.
Gay	a male who is attracted to another male on various levels (emotionally, physically, intellectually, spiritually, and sexually). A gay man does not necessarily have to be a man who has sex with men.
Men who have sex with men (MSM)	men may be considered MSM if they engage in sex with other men, regardless of whether they identify as gay, heterosexual or bisexual.
Lesbian	a female sexual identity and orientation which is an attraction between two females on various levels (emotionally, romantically, physically, intellectually, spiritually, and sexually).
Heterosexual	emotional, romantic, physical, intellectual or sexual attraction to people of a different gender/sex. People who are heterosexual often identify as "straight."
Homosexual	emotional, romantic, physical, intellectual or sexual attraction to people of the same gender/sex. People who are homosexual often identify as "gay" or "lesbian."
Gender expression	the external display of a person's gender including appearance, disposition, social behavior and other factors.
Gender norms	a culturally defined set of roles, responsibilities, rights and obligations which are associated with being either a male or a female. This includes power relations among women, men, boys and girls.
Gender identity	a person's internal and individual experience which may or may not correspond with the sex assigned at birth.
LGBT	lesbian, gay, bisexual, transgender. This acronym is commonly used to refer to gender and sexual minority communities.
Homophobia	fear, rejection or aversion, typically in the form of stigmatizing attitudes or discriminatory behavior toward homosexuality or transgenderism.

## HANDOUT: Terminology

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**Sex** – physical differences between male, female, and intersex human bodies.

**Intersex** – a variety of chromosomal, hormonal, and anatomical (biological) conditions in which a person does not seem to fit the typical definitions of female or male.

**Sexual orientation** – sexual, emotional or romantic attraction primarily or exclusively to people of a particular gender.

**Asexual** – a lack of (interest in and desire for sex) sexual attraction.

**Bi-sexual** – emotional, romantic, physical, intellectual, spiritual and/or sexual attraction to males and females.

**Transgender** – an individual whose gender identity is different from their sex assigned at birth.

**Gay** – a male who is attracted to another male on various levels (emotionally, physically, intellectually, spiritually, and sexually). A gay man does not necessarily have to be a man who has sex with men.

**Men who have sex with men (MSM)** – men may be considered MSM if they engage in sex with other men, regardless of whether they identify as gay, heterosexual or bisexual.

**Lesbian** – a female sexual identity and orientation which is an attraction between two females on various levels (emotionally, romantically, physically, intellectually, spiritually, and sexually).

**Heterosexual** – emotional, romantic, physical, intellectual or sexual attraction to people of a different gender/sex. People who are heterosexual often identify as “straight.”

**Homosexual** – emotional, romantic, physical, intellectual or sexual attraction to people of the same gender/sex. People who are homosexual often identify as “gay” or “lesbian.”

**Gender expression** – the external display of a person’s gender including appearance, disposition, social behavior and other factors.

**Gender norms** – a culturally-defined set of roles, responsibilities, rights and obligations which are associated with being either a male or a female. This includes power relations among women, men, boys and girls.

**Gender identity** – a person’s internal and individual experience which may or may not correspond with the sex assigned at birth.

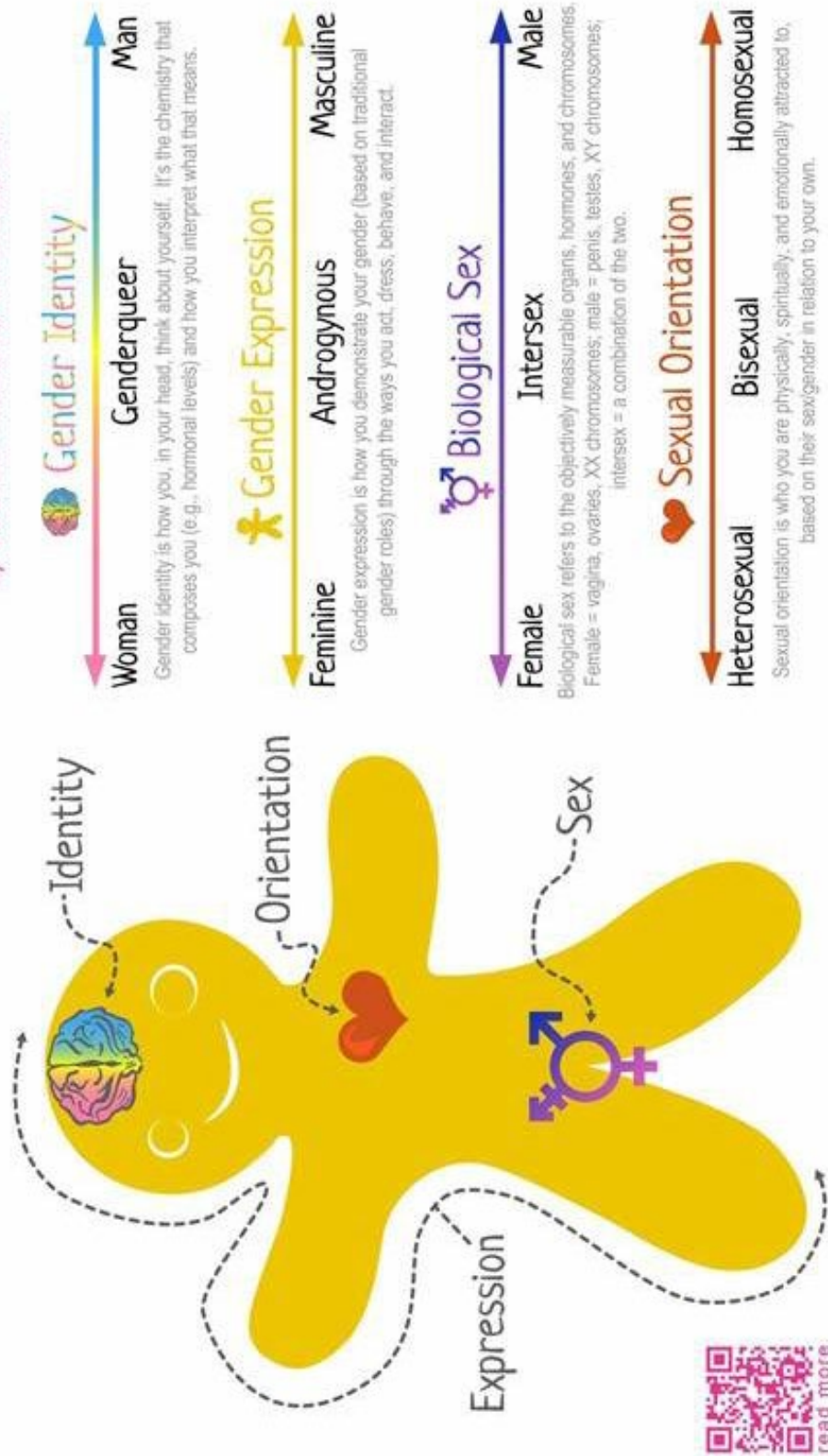
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**Homophobia** – fear, rejection or aversion, typically in the form of stigmatizing attitudes or discriminatory behavior toward homosexuality or transgenderism.

*All definitions taken from or adapted from: A facilitator’s Guide for Public Health and HIV Programs. Gender & Sexual Diversity Training. Available at: [http://www.healthpolicyproject.com/pubs/398\\_GSDGuide.pdf](http://www.healthpolicyproject.com/pubs/398_GSDGuide.pdf) or Pattanaik D and Johnson J. 2017. I Am Divine. So Are You: How Buddhism, Jainism, Sikhism and Hinduism affirm the dignity of queer identities and sexualities. India: Harper Collins Publishers.*

# The Genderbread Person

by [www.ItsPronouncedMetrosexual.com](http://www.ItsPronouncedMetrosexual.com)



Gender identity is how you, in your head, think about yourself. It's the chemistry that composes you (e.g., hormonal levels) and how you interpret what that means.



Gender expression is how you demonstrate your gender (based on traditional gender roles) through the ways you act, dress, behave, and interact.



Biological sex refers to the objectively measurable organs, hormones, and chromosomes. Female = vagina, ovaries, XX chromosomes; male = penis, testes, XY chromosomes; intersex = a combination of the two.



Sexual orientation is who you are physically, spiritually, and emotionally attracted to, based on their sex/gender in relation to your own.

<sup>4</sup> The Genderbread Person: Health Policy Project: <http://www.healthpolicyproject.com/index.cfm?id=GSDTraining>

## ACTIVITY RESOURCE: Bwalya's Story

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Bwalya is at home in the village. Bwalya is a good child, helpful at home, really interested in schoolwork, and a good student. Bwalya has hobbies such as playing football with the other children, tending the garden, and collecting firewood.

As Bwalya gets older, Bwalya moves to a bigger town to go to high school. Bwalya's favorite subjects are math and literature. Bwalya does well in school and wins a scholarship to go to university. Bwalya's social life grows, with music and dancing, and Bwalya falls in love for the first time with best friend, Thandiwe. It is quite awkward since they are both teenagers and don't know how to express their feelings, but they vow to keep in touch when Bwalya goes off to university.

Bwalya moves to Lusaka and excels at university. After graduation, Bwalya gets a really good job in the city working for an agricultural production company and is active in the local community and church life. Bwalya also falls in love with Frank, the owner of a local business.

Today, Bwalya is happily married with three children. Bwalya has two girls and a boy and has settled in the city.

*Adapted from: [Sexual and reproductive health and rights, and HIV 101 workshop guide: A guide to facilitating a workshop on linking up HIV and sexual and reproductive health and rights with young key populations](#)*




## Session 5. Stigma and Discrimination



### Session Purpose & Objectives



To review the types of stigma, discuss how stigma can impact health seeking behavior and explore how peers can support clients to address stigma in healthcare settings. By the end of this session, participants will:



- Identify different types of stigma and describe how it affects individuals, families, and communities and can lead to discrimination
- Describe how stigma can impact health seeking behaviors
- Identify how peers can support clients to overcome stigma and discrimination in healthcare settings


<p><b>Materials Needed:</b></p> <ul style="list-style-type: none"> <li>• Prepared flipchart:             <ul style="list-style-type: none"> <li>- Types of Stigma (see below for list of types to include on chart; leave space under each type to write/ summarize the examples shared during the activity)</li> </ul> </li> <li>• Prepared flipcharts with these titles:             <ul style="list-style-type: none"> <li>- Stigma and Discrimination—Barriers to seeking health services</li> <li>- What can I do to address stigma?</li> </ul> </li> <li>• Flipchart paper and markers for each small group</li> </ul>	<p><b>Room Set up:</b></p> <p>Small groups at tables, facing the facilitators or U-shaped room set up.</p>
	<p> <b>1.25 hours</b></p>

### Facilitator Guidance

<p>Welcome &amp; Objectives</p> 	<ul style="list-style-type: none"> <li>• Welcome participants to the session.</li> <li>• Ask the assigned participant(s) to provide a brief recap of the key learnings/messages from the previous session.</li> <li>• Review the learning objectives for this session.</li> </ul>
<p>What is Stigma and Discrimination?</p> 	<ul style="list-style-type: none"> <li>• Say: <b>Stigma</b> is a set of negative and often unfair attitudes and beliefs that a person or society holds against people they identify as different—such as people with HIV, MSM, and sex workers. In this session, we will unpack <b>stigma</b>, its effects, and how it manifests in our lives. The manifestation of stigma is called <b>discrimination</b>. As we will discuss, the process of stigmatization typically results in discrimination or unfair treatment.</li> </ul>

	<ul style="list-style-type: none"> <li>• Ask: Is anyone comfortable sharing an example of a situation where you felt stigmatized? How did you feel? How did this affect your life? If no one from the group shares, be prepared with your own example.</li> </ul>
<p>Types of Stigma</p> 	<ul style="list-style-type: none"> <li>• Say: Because stigma and discrimination are part of the same process, in this activity we use the word stigma to indicate <u>both</u> stigma and discrimination.</li> <li>• Post the prepared flipchart titled, <b>Types of Stigma</b> with the types of stigma listed. Explanations of each type are provided for reference. <ul style="list-style-type: none"> <li>- <b>Isolation and Rejection</b> (an individual is forced to sit alone, eat alone, live alone, colleagues not free to mingle with the person)</li> <li>- <b>Shaming and Blaming</b> (gossip, name calling, bullying, judging)</li> <li>- <b>Unfair Treatment</b> (refused services, offered substandard services, fired without cause)</li> <li>- <b>Self-Stigma</b> (internal, excluding oneself from social engagements or from accessing health services)</li> <li>- <b>Stigma by Association</b> (the reputation of one individual in a family or group can affect other family or group members)</li> </ul> </li> <li>• Say: Describe examples of stigma that you have observed in different contexts and how it affects individuals, families, and communities who are stigmatized.</li> <li>• As the group shares, decide which type of stigma each example represents and write/summarize the examples in the spaces under the appropriate type. Ensure that at least one example of each type is shared/recorded on the flipchart.</li> </ul>
<p>Impact of Stigma and Discrimination on Health Seeking Behavior</p> 	<ul style="list-style-type: none"> <li>• Say: In the previous activity we identified the types of stigma and how they affect the individuals, families, and communities who are stigmatized. In this session, we'll consider how various types of stigma and discrimination might stop a client from seeking health services.</li> <li>• Post the flipchart titled, <b>Stigma and Discrimination—Barriers to seeking health services.</b></li> <li>• Ask participants to think about the various types of stigma and how experiencing that stigma might impact health seeking behavior. Make sure the flipchart includes the following types of <b>stigmatizing behavior that a provider might engage in</b> that stops a client from seeking health care:</li> </ul>

	<ul style="list-style-type: none"> <li>- Harassment and abuse (harsh language, blaming, shaming, invasive questioning by a provider)</li> <li>- Unfair/unequal treatment (long wait times; refused access to services; provider wears unnecessary mask or gloves during non-invasive procedures or provides treatment in a back room rather than the rooms used with other clients; uses red ink to highlight HIV status on client chart)</li> <li>• Although not as visible, participants may also mention these <b>self-stigmatizing behaviors that clients/patients might engage in</b> that impacts their healthcare-seeking behavior: <ul style="list-style-type: none"> <li>- Client does not reveal personal details about their situation to a caring provider (e.g., domestic or intimate partner violence) which limits the provider’s capacity to provide help/support</li> <li>- Client fears being condemned for lifestyle choices and due to concerns over confidentiality, seeks care from distant, less appropriate facility to protect their identity</li> <li>- Poor mental/emotional health and lack of self-esteem prevents client from seeking services and/or renders the client unable to maintain an income to afford transport and other essentials</li> </ul> </li> <li>• Explain research has shown that: <ul style="list-style-type: none"> <li>- Stigma and discrimination impacted seeking healthcare and disclosing same-sex sexual practices of MSM to healthcare providers.</li> <li>- HIV-related stigma has been found to be a barrier to HIV testing among MSM and transgender women.</li> <li>- One in five MSM in Malawi, Namibia and Botswana felt afraid to seek health services.</li> </ul> </li> <li>• Summarize: Stigma has had an impact not only on seeking health services, but also disclosing HIV risk behaviors and seeking HIV testing. Stigma can be a large barrier to clients seeking services.</li> </ul>
<p>Group Work: What can we do?</p>  	<ul style="list-style-type: none"> <li>• Ask the group to form small groups of three to four participants.</li> <li>• Give flipchart paper and markers to each group. Ask each group to respond to this question: <ul style="list-style-type: none"> <li>- In the previous activity we identified several types of stigma that clients experience when seeking health care; what can you, as a peer leader, do to help clients who have experienced stigma?</li> </ul> </li> </ul>


	<p>Examples may include: PLs can motivate and encourage recruiters/seeds to overcome their fears and concerns by explaining the benefits of seeking assistance from the specialized providers at ODP; PLs can help a client make an appointment or accompany the client to the centre to make them feel welcome; ask recruiters/seeds to let them know if they experience any stigma/discrimination during visits with the outreach worker or a provider at the wellness centre</p> <ul style="list-style-type: none"> <li>● Allow each group 10 minutes to brainstorm and record the actions they might take to support a seed/peer on their flipchart.</li> <li>● After the groups are finished recording their ideas, post the flipchart from each small group on the wall and instruct participants to spend several minutes, walking around and reading the ideas from the other groups.</li> <li>● After the “gallery walk,” ask: What ideas did you see on your walk that interested you and how might you implement them?</li> <li>● Remind the group that: <ul style="list-style-type: none"> <li>- Stigma is common and has multiple impacts; stigma manifests in homophobia, anger, self-hate, depression; stigma leads to discrimination—actions such as name calling, false assumptions, physical and emotional violence.</li> <li>- Stigma can be attached to gender, sexual orientation, HIV status, economic status, tribe, profession/job, age, etc.</li> <li>- KPs who are HIV positive may experience the burden of stigma both for their perceived sexual behavior and their HIV-positive status.</li> <li>- Any stigma and/or discrimination regardless where it occurs should be reported to your immediate supervisor or next level of reporting if the incident involves the immediate supervisor. If stigma and/or discrimination occurs at health facility, PLs should report to the outreach worker.</li> </ul> </li> <li>● Close the session by explaining that stigma and discrimination can impact health seeking behaviors of clients, and it’s important to remember how we can support clients to seek HIV prevention, care and treatment services. This list of actions will be a helpful reference when working with clients.</li> </ul>
<p>Closing</p> 	<ul style="list-style-type: none"> <li>● Review the learning objectives for the session and ask the group if these have been met.</li> </ul>

## Session 6. Using your Social Network



### Session Purpose & Objectives

To review how social networks are structured and can be used to identify potential clients and recruit strong seeds. By the end of this session, participants will:

- Describe the role/expectations for a peer leader as different from a peer promoter
- Develop a map that identifies who to target within their network
- List the 6 steps that individuals conduct in their role as peer leaders
- Identify who within their networks will make a strong “recruiter/seed”

<p><b>Materials Needed:</b></p> <ul style="list-style-type: none"> <li>• Prepared flipcharts:             <ul style="list-style-type: none"> <li>- ODP Social Network Strategy diagram (from Session 2)</li> <li>- Peer Promoters vs. Peer Leaders (see Work of Peer Promoter vs. a Peer Leader guidance)</li> <li>- Process/Steps (see the Process guidance)</li> <li>- Description of “network” (flipchart from Session 1)</li> </ul> </li> <li>• Handouts/Activity Resources (one per participant):             <ul style="list-style-type: none"> <li>- Process/Steps for Peer Leaders</li> <li>- Job Aid: Risk Assessment (extra copies for activity)</li> <li>- Role Play Characters</li> </ul> </li> <li>• Colored pencils or colored thumb stickers</li> <li>• A4-size blank paper (multiple sheets per participant)</li> </ul>	<p><b>Room Set up:</b></p> <p>Small groups at tables, facing the facilitators or U-shaped room set up.</p> <hr/> <p> <b>2.5 hours</b></p>
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### Facilitator Guidance

<p>Welcome &amp; Objectives</p> <div style="display: flex; gap: 10px;">   </div>	<ul style="list-style-type: none"> <li>• Welcome participants to the session.</li> <li>• Ask the assigned participant(s) to provide a brief recap of the key learnings/messages from the previous session.</li> <li>• Review the learning objectives for this session.</li> </ul>
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ODP Social Network Strategy



- Remind the group of the ODP Social Network Strategy.
- Post and review the flipchart (from Session 2) showing the **social network strategy diagram**.
- Explain to the group that the ODP social network strategy moves the outreach from a geographic location, into the social network of a person, and thus isn't dependent on who happens to come through a specific location.
- Explain to the group that the social network strategy assumes, based on available evidence, that those at the highest risk of contracting HIV will have connections to others at high risk of contracting HIV.
- The ODP uses the social network strategy because it allows the program to have greater reach.

Work of Peer Promoter vs. a Peer Leader



- Remind the group that peers play an important role in the USAID Open Doors Project—as peer promoters and peer leaders.
- Post the prepared flipchart, **Peer Promoters vs. Peer Leaders**.
- Explain the differences between peer leaders and peer promoters—while both roles are important, they serve different purposes. Emphasize that peer leaders and promoters provide information, emotional support and practical help to their peers. As peers, your role does not include counselling; without professional training, providing counselling can cause more harm than good.




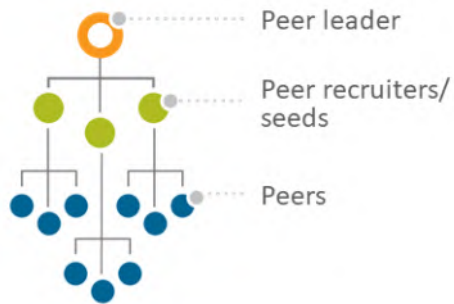
	Peer Promoter	Peer Leader
<b>Outreach method</b>	Focuses on geographic space or hotspot	Focuses on social network
<b>Work structure</b>	Specified work hours and days Completes timesheets	Flexible work structure Communicates with network members at own convenience; no need to complete timesheets
<b>Compensation</b>	Remunerated based on LOE (number of days worked as documented on the timesheet)	Receives incentives for performance (number of clients brought into the program/ visited the wellness centre)
<b>Program responsibilities</b>	Responsible for taking in new clients and linking to services	Responsible for identifying new potential clients and recruiters/ seeds through their networks and encouraging them to visit the ODP centres

<b>Training</b>	Trained to follow the ODP processes	Oriented to reach friends and acquaintances and bring them into the program  Through incentives, receives opportunities for additional learning and sharing
<b>Documentation responsibilities</b>	Responsible for completing ODP intake paperwork	Responsible for conducting brief risk assessments and distributing coupons  Responsible for tracking distributed coupons
<b>Manager</b>	Reports to Outreach Worker	Reports to Outreach Worker



The process







- Post the prepared flipchart, **Process/Steps for Peer Leaders**.
- Distribute the handout, **Process/Steps for Peer Leaders**.
- Explain to the group that there are several steps/tasks that each peer leader will be responsible for completing. Provide a quick overview of the steps and inform participants that you will then go into more detail on each step. Note that several steps can take place during a single encounter with a potential client/seed.
  - Step One. The peer leader will identify potential clients from their social network, use the risk assessment form to decide if they are eligible, and if eligible, offer a coupon to link them to the outreach worker and/or ODP wellness centre for services.
  - Step Two. The peer leader will invite the “right” client to become a peer recruiter/seed.
  - Step Three. If the client agrees to be a peer recruiter/seed, the peer leader will orient the new peer recruiter/seed.
  - Step Four. The peer recruiter/seed will then reach out to their network and identify potential clients.
  - Step Five. Members of the peer recruiter/seed’s network will be linked to services by offering a coupon for testing.
  - Step Six. The peer leader and peer recruiter/seed will receive incentives monthly based on the number of clients that use one of the coupons coded to a unique ID# to meet with an outreach worker and/or to visit the wellness centre.



<p>Step One</p> 	<ul style="list-style-type: none"> <li>• Explain that during the next several sessions, you will go through each step in detail so that they can learn and practice doing each step.</li> <li>• Remind the group that the first step is to identify the right people from their network; the rest of this session will focus on Step 1.</li> </ul>
<p>Define Social Network</p> 	<ul style="list-style-type: none"> <li>• Post the flipchart from Session 1 where participants described the term, network. Allow participants a moment to recall their responses.</li> <li>• Ask the group: What is a social network?</li> <li>• Accept responses from several participants and then read aloud the following definition: A set of individuals linked by one or more specific types of relationships. (Wasserman, 1999)</li> <li>• Explain that networks can be based on work relationships, sexual relationships or other relationships. Networks have common characteristics.</li> <li>• Give a few examples of networks; for example, the participants in the room could be a network, with the common characteristic that they attended this workshop.</li> </ul> <p>Emphasize that members of social networks know one another socially, or in simple terms, it is a network of friends.</p>
<p>The “Right” People</p> 	<ul style="list-style-type: none"> <li>• Explain to the group that the social network strategy is dependent on what’s called a “referral chain.”</li> <li>• Point to the SNS diagram of the referral chain as you describe each level of the network.</li> <li>• Explain that a referral chain is one individual asking their friends, and their friends in turn asking their friends to be involved in a program. Referral chains depend on each person asking others. The person at the top of the chain is the peer leader. The next level is called “peer recruiters or seeds.” The final level is called peers.</li> <li>• Explain that using this strategy, a single peer leader could potentially involve many new people in the program. This diagram shows how a peer leader’s contacts with three peer recruiters/</li> </ul> <div data-bbox="941 1444 1396 1803" style="text-align: center;"> <p><b>Social Networking Strategy (SNS)</b></p>  </div>



	<p>seeds becomes 12 total potential new clients when each of the three recruiters reaches out to three of their peers. As peer leaders engage additional recruiters each month, and those recruiters reach out to their peers, the branches of the network grow and more clients come into the program. The peer leader will also give coupons to other friends, who don't become peer recruiters, but who will use their coupon to visit the wellness center. Peer leaders with broad social networks and strong social skills to motivate their friends/peers ensure that the most at-risk individuals are reached and connected with ODP services.</p> <ul style="list-style-type: none"> <li>• Emphasize that to connect the right people to the program—those who engage in risky behaviors, who are also hard-to-reach, and therefore the most at risk of contracting HIV or already living with HIV and needing services—peer leaders need to identify the right clients and recruiters/seeds.</li> </ul>
<p>Hard-to-Reach People</p> 	<ul style="list-style-type: none"> <li>• Tell the group that peer promoters work through a traditional means of outreach and tend to connect with clients who come into a particular geographic space. This type of outreach makes it difficult to reach those who do not come through a specific physical location.</li> <li>• The social network strategy focuses on identifying and engaging those who are hard-to-reach or unreached.</li> <li>• Define “unreached” and “hard-to-reach” for the group. <ul style="list-style-type: none"> <li>- Unreached—those who have not yet been connected to the program</li> <li>- Hard-to-reach—those who are difficult to access or refuse to connect to the program</li> </ul> </li> </ul>
<p>Risk</p> 	<ul style="list-style-type: none"> <li>• Remind the group about the discussion of what increases a person's risk for contracting HIV (see the Associated Risk Factors for HIV Transmission among KPs, from the Know your Epidemic presentation, Session 3).</li> <li>• Be sure the group names the following risk factors: <ul style="list-style-type: none"> <li>- Unprotected intercourse</li> <li>- High frequency of partners (within a short period of time)</li> <li>- High number of lifetime partners</li> <li>- Stigma and discrimination</li> <li>- Violence</li> <li>- Substance abuse</li> <li>- Illegality of same sex activities</li> <li>- Lack of circumcision (males)</li> </ul> </li> </ul>

	<ul style="list-style-type: none"> <li>• Explain that not everyone is at equal risk for HIV. The project is designed to identify those individuals who are most likely to be HIV-positive or most at risk for becoming infected with HIV and connect these people to HIV services.</li> </ul>
<p>Risk Assessment</p>   	<ul style="list-style-type: none"> <li>• Tell the group that it is difficult to know someone’s risk for HIV until you speak with them. Beginning a conversation is not always easy.</li> <li>• Ask participants for ways in which they have started a conversation about a sensitive topic with a friend in the past. Probe for: <ul style="list-style-type: none"> <li>- Starting a conversation about something simple such as the weather, clothing, news</li> <li>- Asking how someone is doing</li> <li>- Telling a joke</li> </ul> </li> <li>• After starting the conversation, mention the ODP and inquire if the client is interested in learning more. Tell the client that the best way of assessing risk is to ask a few personal questions regarding risk.</li> <li>• Refer participants to the <b>Risk Assessment Form</b> (same handout as the six steps). Review the questions and instructions on the form.</li> <li>• Explain that a client must meet the minimum “risk” to be eligible for the program. To qualify, at least one of the client’s responses to the six questions must fall into one of the green boxes.</li> <li>• Explain that all potential clients who are identified through the risk assessment form should be provided a coupon, which provides contact information for the closest ODP wellness centre and the name and phone number of the Outreach Worker if they prefer to consult in advance or make an appointment before coming to the wellness centre. Mention that details regarding the coupon are provided in a future session.</li> <li>• Tell the group you will practice using the risk assessment job aid later in the session.</li> </ul>
<p>Strong Seeds</p> 	<ul style="list-style-type: none"> <li>• Remind the group that ODP would like to reach people who are at high risk for HIV. The more client responses that fall into the green boxes on the on the risk assessment form, the more at risk the client and the more likely they are to benefit from the program themselves and have friends who would also benefit.</li> </ul>

	<ul style="list-style-type: none"> <li>● In addition to identifying potential clients, it's also important to identify individuals who will be strong peer recruiters/seeds. Other characteristics of a strong recruiter/seed include: <ul style="list-style-type: none"> <li>- are good communicators, able to talk to range of people and clearly convey program goals and messages about HIV risk</li> <li>- are willing to contact friends, have the confidence and the social skill to reach out to a wide social network</li> <li>- have a large friend circle or social network who also engage in risky behaviors that they are comfortable approaching to engage in the program.</li> </ul> </li> <li>● Review these characteristics and discuss how participants can identify individuals with these characteristics.</li> </ul>
<p>Activity: Mapping Your Network</p> 	<ul style="list-style-type: none"> <li>● Explain to the group that they will now complete an activity to identify potential recruiters/seeds within their own network.</li> <li>● Distribute a piece of paper, markers and stickers to each participant.</li> <li>● Tell participants to put a sticker at the middle of the paper to indicate themselves.</li> <li>● Explain that they should use a shape, sticker or other mark to indicate friends. Ask the group NOT to use names or initials but instead a symbol they would understand for that person.</li> <li>● Ask the group to draw a line from themselves to their friends and connect friends to one another.</li> <li>● If a friend has several risk factors based on the risk assessment and meets the criteria for a strong recruiter/seed, make that person's symbol larger than the others to indicate a potential peer recruiter/seed. The other people in your network who may not be interested/appropriate seeds may be interested in seeking services at the wellness centre.</li> <li>● Allow 15 minutes for each person to work on the map of their network. Walk around and answer questions. If possible, ensure that each person has at least 3 to 5 potential "seeds" on their map.</li> <li>● At the end of 15 minutes, ask the group what was difficult about this activity.</li> <li>● Explain to the group that these maps can represent the first people they might approach to be potential clients and recruiters/seeds for the program. Ask the group to save their maps for future reference.</li> </ul>

	<p>Note: Facilitators should take note of participants who have difficulty identifying potential recruiters/seeds in their network or who struggle using the risk assessment form during the role play.</p>
<p>Practice Activity</p> 	<ul style="list-style-type: none"> <li>• Tell the group you will now practice completing a risk assessment in small groups.</li> <li>• Ask the group to break into small groups of three.</li> <li>• Provide each group three copies of the <b>Risk Assessment Form</b> and three copies of the handout, <b>Role Play Characters</b>.</li> <li>• Tell each group that they will take turns practicing with the risk assessment form. One person will be the peer leader, another the client and the third person will observe and provide feedback. The groups should manage their time to allow each person to play each role—peer leader, client, and observer. When playing the client role, participants should take on the role of an MSM, SW or Trans person using the character descriptions from the handout to guide them. This allows each small group to consider how the risk assessment can be used with a member of each KP group. If participants are confused by the instructions or the small groups seem to be struggling, work through one role play together. Provide step-by-step guidance to the small groups and encouragement by asking—what would you do next?</li> <li>• Allow the groups 30 minutes for practice. Inform groups of the elapsed time at 10 minutes and 20 minutes so that the groups can switch roles.</li> <li>• Facilitators should walk among the groups to provide feedback and answer questions.</li> <li>• After 30 minutes, reconvene the large group and ask the following questions: <ul style="list-style-type: none"> <li>- What was the most difficult part of this exercise?</li> <li>- Why?</li> <li>- Did you uncover any characters that did not qualify to receive a coupon? Probe for: Precious and Levy stopped engaging in their risky behavior(s), got tested as recommended, and would not qualify for a coupon.</li> <li>- What do you need more practice with to feel comfortable?</li> </ul> </li> <li>• Answer any questions.</li> </ul>
<p>Closing</p> 	<ul style="list-style-type: none"> <li>• Review the learning objectives for the session and ask the group if these have been met.</li> </ul>

## HANDOUT/JOB AID: Process/Steps for Peer Leaders

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- Step One.** The peer leader will identify potential clients from their social network, use the risk assessment form to decide if they are eligible, and if eligible, offer a coupon to link them to an outreach worker and/or ODP wellness centre for services.
- Step Two.** The peer leader will invite the “right” client to become a peer recruiter/seed.
- Step Three.** If the client agrees to be a peer recruiter/seed, the peer leader will orient the new peer recruiter/seed.
- Step Four.** The peer recruiter/seed will then reach out to their network and identify potential clients.
- Step Five.** Members of the peer recruiter/seed’s network will be linked to services by offering a coupon for testing.
- Step Six.** The peer leader and peer recruiter/seed will receive incentives monthly based on the number of clients that use one of the coupons coded to a unique ID# to meet with an outreach worker and/or to visit the wellness centre.

## JOB AID: Risk Assessment Form

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**Instructions:** Start a conversation with the individual/potential client and inquire about their interest in the program. Tell the individual/potential client that you would like to ask them several personal questions to determine their risk and eligibility for the program. Ask the screening questions below to determine if the client/individual is eligible.

1. Have you been tested for HIV in the past 3 months?	YES	NO
2. Have you had any unprotected sexual relationships in the past 3 months?	YES	NO
3. Have you had sex in exchange for money or goods in the past 3 months?	YES	NO
4. Have you ever had a sexual partner the same sex as you?	YES	NO
5. Have you had more than one sexual partner in past 3 months?	YES	NO
6. Have you used any drugs or alcohol in the last year and cannot remember what happened after you took them?	YES	NO

If the client replies NO to question 1 or YES to any of questions 2, 3, 4, 5 or 6 (responses fall into green boxes), the individual is eligible for the program and should receive a coupon/referral to the ODP wellness centre. Any client eligible for the program may refuse to participate.

**When talking with possible recruits, consider these other characteristics of a strong seed:**

- strong communicator
- willingness to contact friends
- have a large circle of friends who engage in risky behaviors

## ACTIVITY RESOURCE: Role Play Characters


<p><b>Name: Patrick</b></p> <p>Born male, you identify as male and have sex with men. Sometimes you pay men to have sex with you – in addition to sex with your boyfriend, you paid for sex with two sex workers in the past year. Sometimes you inject heroin.</p> <p>You're careful to get an HIV test every three months – the last was negative. You've never gotten an STI exam – you use condoms, and if your penis hurts you just take some antibiotics.</p>	<p><b>Name: Ruth</b></p> <p>Born female, you identify as female and prefer sex with men. Sometimes you have sex with men for money.</p> <p>You don't always use condoms if your clients offer more money. You get an STI exam every month, but you've never been tested for HIV. You never use drugs.</p>
<p><b>Name: Andre</b></p> <p>Born male, you identify as male and have sex with women. You are married with three children, and like to go out drinking with friends, and have had sex with other women while drunk in the past year. You have not paid for sex. You enjoy alcohol and often wake up after drinking not remembering the previous night.</p> <p>You have not had an HIV test because you are married, and you're afraid of what the result may do to your marriage.</p>	<p><b>Name: Bwalya</b></p> <p>Born male, you identify as female and have sex with men. Sometimes you ask people for money for sex with you but you never use drugs.</p> <p>You tested positive for HIV two years ago, so you always make sure to use condoms, but you've never been to the ART clinic because you heard treatment causes bad side effects and you need to be able to work.</p>
<p><b>Name: Princess</b></p> <p>Born female, you identify as female and have sex with men. You are married with children. You like to go drinking with friends and have had sex with other men while drunk in the past year. Also, you know your husband has had sex with other partners. You have not paid for sex. You enjoy alcohol and often wake up after drinking not remembering the previous night.</p> <p>You have not had an HIV test because you are married, and you're afraid of what the result may do to your marriage.</p>	<p><b>Name: Sinkala</b></p> <p>Born male, you identify as male and have sex with women. You never pay for sex, but your girlfriend sometimes sells sex for money. The last time you were with someone else was almost a year ago – you got high and hooked up with another woman.</p> <p>When your girlfriend got an STI, you both got a check-up together and since then you always use condoms. You've never been tested for HIV.</p>
<p><b>Name: Precious</b></p> <p>Born female, you identify as female and have sex with men. You previously made your living as a sex worker, using condoms for protection and getting tested regularly. You have been in a monogamous relationship for six months with a health care worker that you met at church.</p> <p>You and your partner tested negative for HIV and STIs three months ago.</p>	<p><b>Name: Levy</b></p> <p>Born male, you identify as male and have sex with women. Two years ago, you lost your job and became a heavy drinker, strayed from your marriage vows, and had multiple sexual relationships with younger women and men. Earlier this year, you discovered religion, got a new job and returned to your wife and children.</p> <p>You were tested for HIV/STIs six months ago and three months ago and all tests were negative.</p>

## Session 7. Inviting and Orienting Seeds





### Session Purpose & Objectives



To review the process for inviting and orienting recruiters/seeds to the USAID Open Doors Project. By the end of this session, participants will:

- Demonstrate how to invite and orient a recruiter/seed to their responsibilities in the ODP
- Describe the features of the coupons used by the ODP for tracking peer leaders and seeds




<p><b>Materials Needed:</b></p> <ul style="list-style-type: none"> <li>• Prepared flipcharts:           <ul style="list-style-type: none"> <li>- Process/Steps (from Session 6)</li> <li>- Guidance for Orienting a Seed (see Inviting Clients...)</li> <li>- Responsibilities of a Seed (see Seed Responsibility...)</li> </ul> </li> <li>• Handout:           <ul style="list-style-type: none"> <li>- Sample of a coupon (one coupon per participant)</li> </ul> </li> <li>• Flipchart paper, markers</li> </ul>	<p><b>Room Set up:</b></p> <p>Small groups at tables, facing the facilitators or U-shaped room set up.</p>
	<p> <b>1.25 hours</b></p>



### Facilitator Guidance

<p>Welcome &amp; Objectives</p>  	<ul style="list-style-type: none"> <li>• Welcome participants to the session.</li> <li>• Ask the assigned participant(s) to provide a brief recap of the key learnings/messages from the previous session.</li> <li>• Review the learning objectives for this session.</li> </ul>
<p>Review Process/Steps</p>  	<ul style="list-style-type: none"> <li>• Ask the group to recall the six steps peer leaders are expected to complete (refer to flipchart and handout/job aid from Session 6). Accept responses from several participants or take turns reading them from the handout.</li> <li>• Post the prepared flipchart, <b>Process/Steps</b> (from Session 6).</li> <li>• Recap the tasks from <b>Step One</b>: The peer leader will identify potential clients from their social network, use the risk assessment form to decide if they are eligible, and if eligible,</li> </ul>

	<p>offer a coupon to link them to an outreach worker and/or ODP wellness centre for services.</p> <ul style="list-style-type: none"> <li>● Explain that during this session we will learn how to do <b>Step 2 and Step 3</b>. <ul style="list-style-type: none"> <li>- <b>Step Two.</b> The peer leader will invite the “right” client to become a peer recruiter/seed.</li> <li>- <b>Step Three.</b> If the client agrees to be a peer recruiter/seed, the peer leader will orient the new peer recruiter/seed.</li> </ul> </li> </ul>
<p>Inviting Clients to be Peer Recruiters/Seeds (Step Two)</p>  	<ul style="list-style-type: none"> <li>● Remind participants that after clients have been connected to an outreach worker and/or ODP wellness centre (through the contact details on the coupon), the next step is to invite them to be a seed, if it seems they would be a strong recruiter/seed.</li> <li>● Explain that not all clients—who might accept a coupon and agree to be counselled/tested—will also choose to serve as a recruiter/seed. In general, about 1 in 4 people agree to be a recruiter/seed.</li> <li>● Remind the group that we would like to recruit individuals who are at high risk for HIV as recruiters/seeds. The risk assessment questions help us to identify those who are at risk.</li> <li>● Emphasize that the other characteristics of a strong seed include: good communicators who are willing to contact friends and have a large friend circle (social network) who engage in risky behaviors.</li> <li>● Post the prepared flipchart titled, <b>Guidance for Orienting a Seed</b>. Explain that when inviting someone to be a seed, a peer leader should: <ul style="list-style-type: none"> <li>- <b>Explain the responsibilities of a seed</b> (refer to Step Three below)</li> <li>- <b>Verify eligibility/suitability to be a seed</b> (knows potential clients)</li> <li>- <b>Educate</b> about risk of HIV acquisition/transmission, <b>encourage</b> condom use, <b>explain</b> the benefits of the care and treatment offered by the ODP wellness centre</li> <li>- <b>Clarify the logistics</b> (explain the use of coupons coded to each PL’s ID# for tracking clients/seeds and the potential to receive incentives each month based on the number of coupons returned to the outreach worker at the wellness centre)</li> </ul> </li> </ul>



<p>Responsibilities of a Seed (Step Three)</p> 	<ul style="list-style-type: none"> <li>● Use the prepared flipchart to explain the responsibilities of a seed. The <b>Responsibilities of a Seed</b> include (write the text in bold on the prepared flipchart): <ul style="list-style-type: none"> <li>- <b>Identify friends</b> practicing risky behaviors</li> <li>- <b>Motivate friends to test</b>; see a peer outreach worker and/or go to an ODP wellness centre; explain how long a test may take</li> <li>- <b>Provide friends with a coupon</b>; that is turned in upon meeting the outreach worker while attending the wellness centre</li> </ul> </li> <li>● Correct any misperceptions of recruiters/seeds' responsibilities to ensure the job description remains succinct.</li> </ul>
<p>Using Coupons</p>  	<ul style="list-style-type: none"> <li>● Explain to the group that the Open Doors Program uses coupons to refer clients to the wellness centre and to help track new participants coming into the program.</li> <li>● Share a sample copy of the coupon with each participant and describe the features of the coupon. <ul style="list-style-type: none"> <li>- Point to the "PL_ID" and explain that each Peer Leader will have their own unique ID.</li> <li>- Point to the "coupon ID" number and explain that this number will be used to track new clients. Each coupon has a unique ID code (i.e., 101, 102, 103) allocated by the Outreach Worker; no two coupons have the same coupon ID number.</li> <li>- The coupon shows the phone number of the wellness centre and the outreach worker.</li> <li>- Turn the coupon over and point to the address of the closest facility and the hours of operation.</li> </ul> </li> <li>● Explain that the coupons will be tracked by the PL_ID and coupon number when it is turned into a wellness centre or outreach worker.</li> <li>● Remind the group that not everyone wants to be a recruiter/seed. It is not important for each person to become a seed and people should not be pressured into doing so. All at risk clients should be offered a coupon to attend the wellness centre, but only those who agree to be a seed will need the additional orientation on the features of the coupon.</li> </ul>
	<p>Note: Because some of the workshop participants may not go on to become peer leaders, delay sharing the actual coupons until the peer leaders' first meeting with their outreach worker. Only sample coupons should be shared during the workshop.</p>

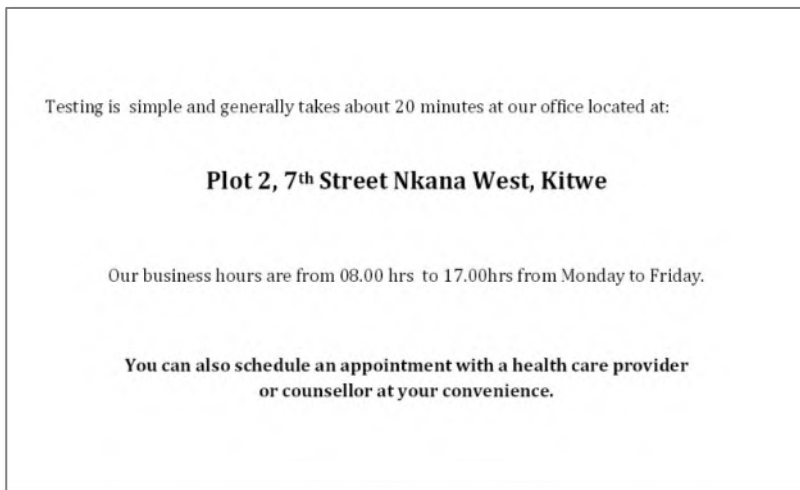
<p>Activity</p> 	<ul style="list-style-type: none"> <li>• Ask the participants to split up into groups of two.</li> <li>• Instruct the pairs to role play; one person should act like the peer leader and the other like a recruiter/seed. The peer leader should practice inviting the other person to be a seed and then orienting the seed using the information on the flipcharts, Guidance for Orienting a Seed and the Responsibilities of a Seed, and the sample coupon.</li> <li>• If the participants are confused by the instructions or the pairs seem to be struggling, work through one role play together. Provide step-by-step guidance to the small groups and encouragement by asking—what would you do next?</li> <li>• Facilitators should walk among the groups and provide feedback.</li> <li>• The pair should switch roles so that each has a chance to practice being a peer leader.</li> <li>• Ask the group if there are any questions.</li> <li>• Explain that there will be opportunities to practice the whole process during the next session.</li> </ul>
<p>Closing</p> 	<ul style="list-style-type: none"> <li>• Review the learning objectives for the session and ask the group if these have been met.</li> </ul>

**ACTIVITY RESOURCE: COUPON SAMPLE**



SNS coupons are prepared in advance with the ID# of the Peer Leader and the contact information for the Outreach Worker and the ODP wellness centre.

The PL\_ID and coupon ID numbers allow the project to track who distributed the coupon so that the PLs and recruiters/seeds can receive their incentives when the coupons are turned in at the wellness centre. Outreach workers work with PLs to document and track the coupons.




## Session 8. Motivating Friends




### Session Purpose & Objectives



To develop and practice effective ways to convince a friend or partner to seek testing services. By the end of this session, participants will:




- Demonstrate basic interpersonal communication skills needed to deliver messages to friends and partners
- Develop and demonstrate how to deliver messages to friends and partners, depending on their needs




<p><b>Materials Needed:</b></p> <ul style="list-style-type: none"> <li>• Prepared flipcharts:             <ul style="list-style-type: none"> <li>- Questions/Actions Flowchart (see job aid below)</li> <li>- Interpersonal Skills/Techniques (title and bullet list)</li> <li>- Conversation Starters (title only)</li> </ul> </li> <li>• Handouts/Job aids/Activity Resources:             <ul style="list-style-type: none"> <li>- Questions/Actions Flowchart</li> <li>- Messages/Actions Job Aid</li> <li>- Communications package of HIV prevention, care and treatment messages (optional if available)</li> <li>- Role play scenario cards</li> </ul> </li> <li>• Ball (for practicing reflective statements)</li> <li>• Flipchart paper, markers</li> </ul>	<p><b>Room Set up:</b></p> <p>Small groups at tables, facing the facilitators or U-shaped room set up.</p> <p> <b>3 hours</b></p>
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### Facilitator Guidance

<p>Welcome &amp; Objectives</p> <p> </p>	<ul style="list-style-type: none"> <li>• Welcome participants to the session.</li> <li>• Ask the assigned participant(s) to provide a brief recap of the key learnings/messages from the previous session.</li> <li>• Review the learning objectives for this session.</li> </ul>
<p>Motivating Friends and Peers</p> <p></p>	<ul style="list-style-type: none"> <li>• Emphasize that Steps 1-3 require peer leaders to reach out and connect with friends to motivate them to seek health services. There are techniques that you can learn and use that will make you more effective at accomplishing these tasks.</li> </ul>

	<ul style="list-style-type: none"> <li>• Remind participants that one of their responsibilities as peer leaders is to convince friends and peers to meet with an outreach worker and/or attend an ODP wellness centre for testing.</li> <li>• Explain that clients often need to be supported, persuaded, and motivated to perform certain behaviors, including testing for HIV. Talking about these topics can sometimes be uncomfortable at first but it is a skill that can be learned and mastered with practice.</li> </ul>
<p>Determining Messages to Share</p> 	<ul style="list-style-type: none"> <li>• Post the prepared flipchart depicting the <b>Questions/Actions Flowchart</b> on the wall and distribute the <b>Flowchart handout/job aid</b> to each participant. Explain that peer leaders can use the flow chart to decide on a strategy to motivate clients to meet with ODP staff for HIV testing or ART services.</li> <li>• Review each step of the flowchart and the action to be taken based on the response to the question. Explain that the green boxes are referrals/actions, whereas the orange boxes are the questions that need to be asked.</li> <li>• Remind participants that the first question (knowledge of HIV status) will be answered through the risk assessment. The other questions will need to be asked during your conversation.</li> <li>• Explain given the difficulty of disclosing HIV status, the peer leader will need to understand the situation and ask the questions in a sensitive, respectful and culturally appropriate manner.</li> <li>• Remind the group that no client is required to answer any questions, and those that chose not to answer should be treated as if their status is negative.</li> </ul>
<p>Brainstorm: Common Excuses for Not Wanting an HIV Test</p> 	<ul style="list-style-type: none"> <li>• Remind the group that going to test for HIV is a hard decision and may cause a client to come to terms with a difficult truth. There are numerous reasons why someone may wish to avoid testing.</li> <li>• Ask the group to brainstorm the reasons why someone may wish to avoid testing and write them on a flipchart.</li> <li>• Ensure the group lists the following reasons: <ul style="list-style-type: none"> <li>- Fear of the result</li> <li>- Time and transport costs to go to a wellness centre</li> <li>- Unsure of where to test</li> <li>- Convinced of HIV negative status</li> <li>- Will not be able to afford medications if positive</li> <li>- Fear of being seen while taking the test</li> </ul> </li> </ul>

	<ul style="list-style-type: none"> <li>• Explain to the group that they will need to be prepared to help friends address any of these situations.</li> </ul>
<p>Draft Messages</p> 	<ul style="list-style-type: none"> <li>• Distribute the handout/job aid, <b>Messages/Actions</b> to each participant.</li> <li>• Explain to the group that for their use, you have developed messages they can use based on the responses to the questions in the flowchart including when you are trying to encourage testing for HIV, promote the use of condoms, provide support for beginning HIV treatment, and provide support for adhering to treatment.</li> <li>• Review each content area and the potential messages with the group.</li> <li>• Explain that there will be time to practice delivering the messages at the end of the session.</li> </ul>
<p>Interpersonal Communication Skills for Delivering Messages</p>  	<ul style="list-style-type: none"> <li>• Ask: What is interpersonal communication? Accept responses from several participants; probe for: Interpersonal communication (IPC) is a person-to-person, two-way, verbal and nonverbal interaction that includes the sharing of information, ideas and feelings.</li> <li>• Explain to the group that interpersonal communication can strengthen the delivery of the message. There are a few key IPC skills and techniques that this workshop will focus on. Post the prepared flipchart titled, <b>Interpersonal Skills/Techniques</b> including the terms in <b>bold</b> font below, and direct participants to the explanations on the handout. Explain each term using the descriptions below. <ul style="list-style-type: none"> <li>- <b>Nonverbal communication</b>—using your body, gestures, facial expressions and actions other than words</li> <li>- <b>Verbal communication</b>—using your voice (tone, pitch, volume) and words</li> <li>- <b>Asking questions</b>—probing and asking open-ended questions to gather more information and build rapport</li> <li>- <b>Reflective statements</b>—making summary statements to acknowledge hearing and understanding what is said</li> <li>- <b>Active listening</b>—a technique for showing interest in what a person is telling you; demonstrated through verbal and nonverbal means (nodding, eye contact, leaning in, reflective statements and open-ended/probing questions)</li> <li>- <b>Ask-tell-ask</b>—a technique to find out what a client knows, provide additional information and find out the client’s reaction to the new information.</li> </ul> </li> </ul>

<p>Nonverbal Communication</p> 	<ul style="list-style-type: none"> <li>• Ask for three volunteers. Tell each volunteer, quietly so the rest of the group cannot hear, to say: “I am going to the wellness centre for HIV testing today.” The first volunteer should act happy; the second, angry; and the third confused. Instruct them to use their tone of voice and exaggerate other mannerisms (e.g., their arms, hands, face, body posture) to express themselves.</li> <li>• Ask each volunteer to stand in front of the group and make their statement. After each volunteer performs, ask the group: <ul style="list-style-type: none"> <li>- What emotion is this person conveying?</li> <li>- What body language is this person using to convey the message?</li> </ul> </li> <li>• After each volunteer has made their statement, tell the group: Inviting body language such as a smile, eye contact, relaxed shoulders can encourage a client to speak to you.</li> </ul>
<p>Active Listening Technique</p> 	<ul style="list-style-type: none"> <li>• Tell the group that active listening is one of the most difficult of the techniques to master as it takes full concentration and careful listening skills.</li> <li>• Ask participants: How do you show someone that you are listening? Accept responses from several participants, probe for: <ul style="list-style-type: none"> <li>- Show interest verbally by encouraging the speaker to say what is on their mind (ask open-ended questions).</li> <li>- Carefully observe the person speaking. Observe their words and body language to learn more about how they feel about the situation they are describing.</li> <li>- Stay focused on what is being said, resist distractions. Avoid doing anything else (answering the phone, starting another conversation) other than listening to what is being said.</li> <li>- Encourage the person you are listening to using sounds or verbal cues such as “mmmmm” or “yes, go on.” Asking for clarification of anything that you do not fully understand.</li> </ul> </li> </ul>
<p>Ask-Tell-Ask Technique</p> 	<ul style="list-style-type: none"> <li>• Explain: One way to ask questions and provide information, is to use the “Ask-Tell-Ask” technique. This technique is a way to find out what a client knows, provide additional information and find out the client’s reaction to the new information.</li> <li>• Explain: The “Ask” is to find out what the client already knows. The “Tell” is to provide additional information as appropriate (and with permission). The final “Ask” is to seek the client’s reaction to the new information and to clarify understanding.</li> </ul>

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- Demonstrate: Two facilitators show the technique using the example below.




**Facilitator Demonstration:**


- *Client:* If I am HIV positive, I wouldn't be able to work with all the terrible side effects and I have to have money to eat! I can't get tested, because I can't get positive."
  - *Peer Leader (Ask):* Tell me what you know/have heard about living with HIV.
  - *Peer Leader (Tell):* [In response to the client's answer, clarify misinformation and give additional/correct information about living with HIV and treatment options. Discuss reasons to be tested.]
  - *Peer Leader (Ask):* How do you feel about that new information? Do you still have concerns about getting tested?
- Ask for four volunteers to role play two situations. Provide each pair one of the scenarios below and ask them to role play and practice the ask-tell-ask technique using the information they have learned to date and the messages handout. Allow the pairs five minutes to review their scenarios with one facilitator assisting the pairs while the other facilitator discusses the demonstration and takes suggestions about what went well and what could have been done differently.

**Scenarios:**

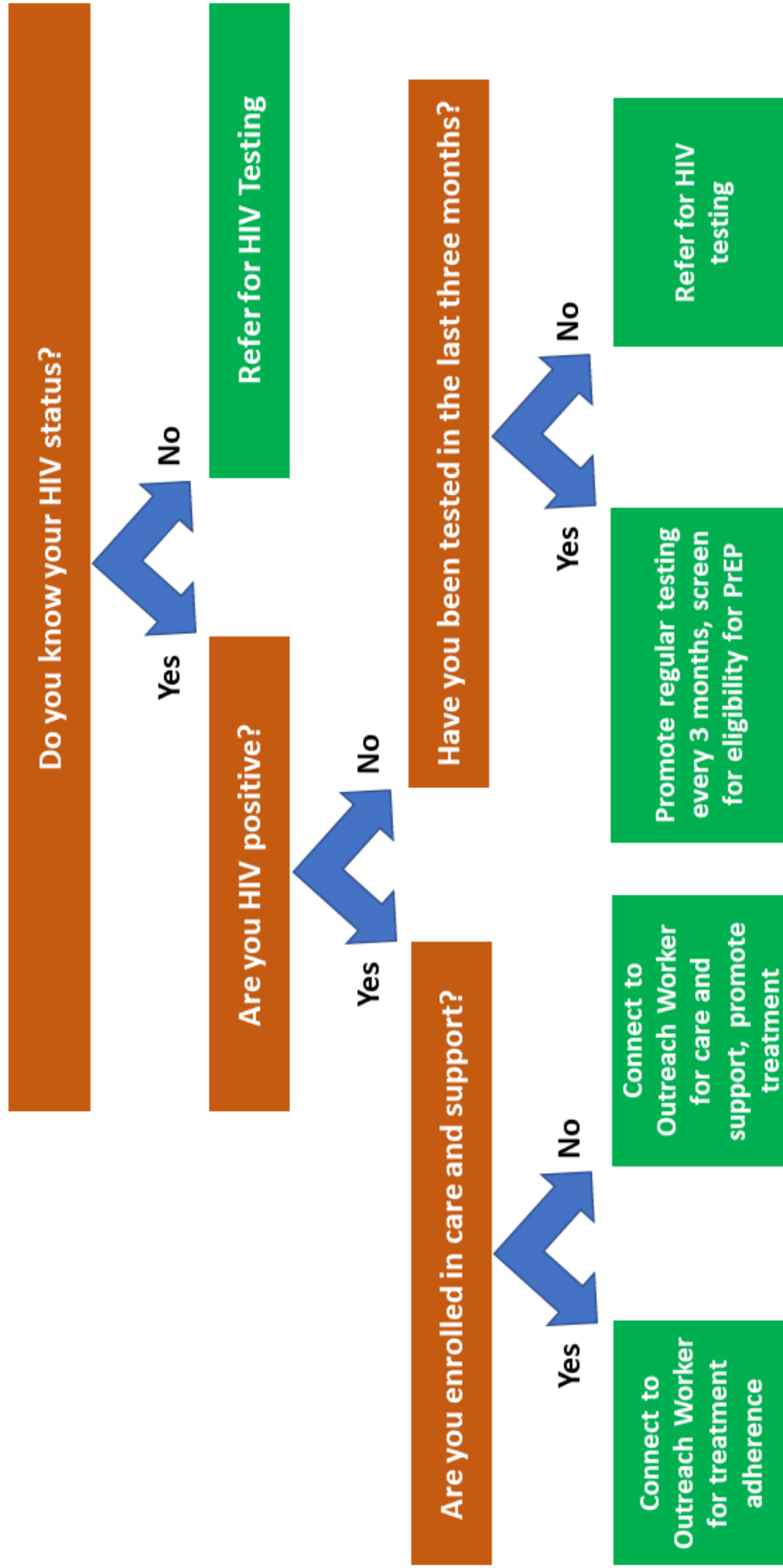
- 1) "I am told to use a condom but everyone knows it is not possible to do with every client."
  - 2) "I know I should get tested, but I'm just too afraid of going to the clinic! And if I am positive, how do I tell my husband? And what will happen with my clients? I need to work and no one will want me if I have HIV."
- After each scenario is acted out, ask the group the following questions:
    - Do you think the Ask-Tell-Ask technique can work in difficult situations?
    - What worked well in the example?
  - Tell the group that their comfort with this technique will only grow with practice.
  - Ask if there are any questions.
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<p>Conversation Starters</p> 	<ul style="list-style-type: none"> <li>• Tell the group that sometimes, the most difficult part of being a peer leader is beginning a conversation with a friend. Explain that often, a peer leader may have fears about what a friend or peer may think or have concerns over how to approach the conversation.</li> <li>• Ask the group to imagine a difficult friend, who it is hard to have personal conversations with. Ask the group to think about what they might do to approach this friend. Write the suggestions on a flipchart.</li> <li>• Make sure the following suggestions are included: <ul style="list-style-type: none"> <li>- Relate to them personally (e.g., I recently was testing for HIV, when was your last test?)</li> <li>- Show care for the person (e.g., I care about you and your health.)</li> <li>- Discuss something in common (e.g., Another friend of mine just told me she has HIV; I didn't realize how common it is, have you been tested?)</li> </ul> </li> <li>• Instruct participants to write the conversation starters that they think they might use in the space provided on their handout/job aid.</li> </ul>
<p>Success</p> 	<ul style="list-style-type: none"> <li>• Explain to participants that not all friends or peers will want to take the prescribed action; sometimes it may take a few conversations to reach the goal.</li> <li>• Remind the group that the intention is to connect their friend or peers to an outreach worker or directly to an ODP wellness centre for services.</li> </ul>
<p>Putting it All Together</p> 	<ul style="list-style-type: none"> <li>• Tell the group they will now have time to practice delivering a message with strong interpersonal communication skills.</li> <li>• Ask the group to split into groups of 3. In each group, they will take turns being the peer leader, observing or being the client. Distribute three <b>role play/scenario cards</b> to each group. When it is their turn, each person will act like the client described on their card. The peer leader will go through the process of providing messages and the observer will watch and give feedback.</li> <li>• Remind the group to practice asking questions to determine risk, assess needs, and deliver messages based on the client's risk. Remember to use the handouts/job aids provided.</li> <li>• Give each group 30 minutes, approximately 10 minutes per practice session.</li> </ul>

	<ul style="list-style-type: none"> <li>● Facilitators should circulate amongst the groups, observe and give feedback.</li> <li>● At the end of 30 minutes, bring the group back together and ask the following questions: <ul style="list-style-type: none"> <li>- What was most difficult about the exercise?</li> <li>- What skill did you struggle with the most?</li> <li>- What do you need additional practice with?</li> </ul> </li> <li>● Tell the group that these skills/techniques will take time to build and will grow with practice.</li> </ul>
<p>Closing</p> 	<ul style="list-style-type: none"> <li>● Review the learning objectives for this session with the group and confirm the objectives have been achieved.</li> </ul>

## HANDOUT/JOB AID: Questions and Actions Flowchart



Adapted from: *Enhanced Peer Mobilizer (EPM) Training Plan.*

## HANDOUT/JOB AID: Actions and Messages to Motivate Friends

Promote	What you need to do	What you can say
<b>HIV testing</b>	<ul style="list-style-type: none"> <li>Promote getting tested and the benefits of testing</li> <li>Identify location of nearest KP-friendly testing site (or alternative site based on KP member's preference)</li> <li>Provide KP member with a coupon</li> </ul>	<ul style="list-style-type: none"> <li>Getting tested for HIV can be quick, confidential, and free or low cost.</li> <li>If you're negative, you'll feel better knowing it, and you can adopt ways of staying negative.</li> <li>If you're positive, there are free medications you can take to live a long, healthy life and prevent transmission to others. The only way to get help is to get tested.</li> <li>There are many places you can get a confidential test. The closest one is at: USAID Open Doors wellness centre or through a counselor in the community, _____; here is a coupon that entitles you to free services.</li> </ul>
<b>Condom use</b>	<ul style="list-style-type: none"> <li>Promote the benefits of using condoms correctly and regularly for anal/vaginal sex</li> <li>Promote use of water-based lube</li> <li>Provide KP member with a communication package (optional, if available)</li> <li>Provide KP member with condoms and lubricants based on need</li> </ul>	<ul style="list-style-type: none"> <li>Condoms protect you and your partner from HIV and other infections by preventing the infections from coming into your body. Try to use condoms every time you have vaginal/anal sex. If used correctly and consistently, condoms are very effective. If you don't use condoms, you have a much higher risk of getting or transmitting an infection.</li> <li>You can use condoms for oral sex to increase protection.</li> <li>Condoms can also protect against unintended pregnancy.</li> <li>Make sure to use plenty of water-based lube, especially if you are having anal sex — it will feel better and keep the condom from breaking. Also, check the expiration date on the condoms and lube to be sure they haven't expired.</li> <li>If already a PLHIV, more HIV can be bad for your health and prevent your medications from working well. A condom can prevent this.</li> <li>If you do not like to use condoms, consider exploring other types/brands. They come in various sizes, shapes, colors, and even flavors.</li> </ul>
<b>HIV care and treatment: Enrollment and adherence</b>	<ul style="list-style-type: none"> <li>Promote benefits of care/treatment enrollment and timely ART initiation</li> <li>Let KP member know there are</li> </ul>	<ul style="list-style-type: none"> <li>If you're HIV-positive, there is free medicine that can help you live a long, healthy life, including partnering and having children who are free of HIV.</li> <li>It's important to enroll in HIV care and treatment services. The doctors will do some tests to learn about your health status, treat any infections you</li> </ul>

<p>people and services there to help him/her</p> <ul style="list-style-type: none"> <li>● Explain the five goals of cART:             <ol style="list-style-type: none"> <li>1. Reduce amount of HIV viruses in the body</li> <li>2. Restore and preserve the immune system</li> <li>3. Reduce HIV-related illness and deaths</li> <li>4. Improve the quality of life</li> <li>5. Reduce the risk of HIV transmission to others</li> </ol> </li> </ul>	<p>may have, and prescribe medication to reduce the level of virus in your body.</p> <ul style="list-style-type: none"> <li>● Starting treatment as soon as you can help you live a healthier life, prevent others from being infected, and avoid infections and diseases caused by AIDS.</li> <li>● There are programs working with clinicians at certain wellness centres/hospitals to make them friendly and supportive for MSM/FSWs/Trans/PWID. I can tell you which ones those are.</li> <li>● There are also free programs that provide clinical and social support, including healthy people living with HIV who can help you navigate and access the services you might need, and support you each step along the way.</li> <li>● Would you like me to link you to a member of our team who can provide you with support? I can have someone call you or provide you with a phone number.</li> </ul>
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Source: Zambia Consolidated Guidelines for Treatment and Prevention of HIV Infection (cART).

### HANDOUT/JOB AID: Interpersonal Communication Skills (IPC) Skills

When speaking with friends and peers to motivate them to act, remember to use the interpersonal communication skills and techniques learned during the workshop.

- **Nonverbal communication**—use your body, gestures, facial expressions and actions other than words
- **Verbal communication**—use your voice (tone, pitch, volume) and words
- **Asking questions**—probe and ask open-ended questions to gather more information and build rapport
- **Reflective statements**—make summary statements to acknowledge hearing and understanding what is said
- **Active listening**— a technique for showing interest in what a person is telling you; demonstrated through verbal and nonverbal means (nodding, eye contact, leaning in, reflective statements and open-ended/probing questions)
- **Ask-tell-ask**—a technique to find out what a client knows, provide additional information and find out the client’s reaction to the new information
- **Conversation Starters** (*Write ideas for conversation starters discussed during the training.*)

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## ACTIVITY RESOURCE: Role Play Scenario Cards

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*Instructions: Make enough copies to ensure that each participant will have a scenario card. Use scissors to cut along the dotted lines. Distribute one client description card to each participant, ensuring that each small group receives three different scenarios.*

**Client 1:**

Born female, you identify as female and prefer sex with men. Sometimes you have sex with men for money. You have talked to an outreach worker before – about 3 or 4 months ago. You don't always use condoms if your clients offer more money. You get an STI exam every month, but you've never been tested for HIV. You are nervous about the results of an HIV test, and what it might do to your life and how it may affect your relationships where you are paid for sex. You never use drugs.

**Client 2:**

Born male, but you identify as female and have sex with men. You've never been paid for sex – you've been monogamous with your boyfriend for the past year, so you guys never use condoms. You remember you talked to an outreach worker at least a year ago. You got an HIV test once – about 3 years ago – and it was negative. You've never had an STI exam because you've never had symptoms. Because you're monogamous in your relationship, you don't feel like you need to test for HIV, despite both of you having numerous partners prior to your relationship.

**Client 3:**

Born female, you identify as female and have sex with men. Sometimes you ask people for money when they have sex with you but you never use drugs. This is the second time this month you've met with this same outreach worker. You tested positive for HIV two years ago, so you always make sure to use condoms, but you've never been to the ART clinic because you heard treatment causes bad side effects and you need to be able to work.

**Client 4:**

Born male, you identify as male and have sex with men and women. This is the second time this month you spoke with an outreach worker. You have lots of sex partners and usually use condoms – you're sure you don't have HIV but you've never had a test. Your last STI check-up was 8 months ago. You don't feel the need to test because you're sure you don't have HIV.

**Client 5:**


Born male, you identify as male and have sex with women. You never pay for sex, but your girlfriend sometimes sells sex for money. The last time you were with someone else was almost a year ago – you got high and hooked up with another woman. No one has ever talked to you about HIV before. When your girlfriend got an STI, you both got a check-up together and since then you always use condoms. You've never been tested for HIV.

## Session 9. Incentives




### Session Purpose & Objectives




To review the incentives structure (both monetary and non-monetary) for peer leaders and recruiters/seeds under ODP. By the end of this session, participants will:

- Describe the incentives structure/package for peer leaders and recruiters/seeds including how the tally of coupons redeemed (representing clients mobilized) is used in the calculation


<p><b>Materials Needed:</b></p> <ul style="list-style-type: none"> <li>• Prepared flipchart:             <ul style="list-style-type: none"> <li>- Process/Steps (from Session 6)</li> </ul> </li> <li>• Handout:             <ul style="list-style-type: none"> <li>- Incentives Structure/Package</li> </ul> </li> </ul>	<p><b>Room Set up:</b></p> <p>U-shaped room set up.</p>
	<p> <b>1 hour</b></p>

### Facilitator Guidance

<p>Welcome &amp; Objectives</p>  	<ul style="list-style-type: none"> <li>• Welcome participants to the session.</li> <li>• Ask the assigned participant(s) to provide a brief recap of the key learnings/messages from the previous session.</li> <li>• Review the learning objectives for this session.</li> </ul>
<p>Reviewing the Process/Steps</p> 	<ul style="list-style-type: none"> <li>• Ask the group to recall the six steps peer leaders are expected to complete. Accept responses from several participants or take turns reading them from the handout.</li> <li>• Post the prepared flipchart, <b>Process/Steps</b> (from Session 6).</li> <li>• Recap the tasks from Steps 1–3.             <ul style="list-style-type: none"> <li>- Step One. The peer leader will identify potential clients from their social network, use the risk assessment form to decide if they are eligible, and if eligible, offer a coupon to link them to an outreach worker and/or ODP wellness centre for services.</li> <li>- Step Two. The peer leader will invite the “right” client to become a peer recruiter/seed.</li> <li>- Step Three. If the client agrees to be a peer recruiter/seed, the peer leader will orient the new peer recruiter/seed.</li> </ul> </li> </ul>

	<ul style="list-style-type: none"> <li>● Explain that during this session we will learn how to do <b>Steps 4-6.</b> <ul style="list-style-type: none"> <li>- <b>Step Four.</b> The peer recruiter/seed will then reach out to their network and identify potential clients.</li> <li>- <b>Step Five.</b> Members of the peer recruiter/seed’s network will be linked to services by offering a coupon for testing.</li> <li>- <b>Step Six.</b> The peer leader and peer recruiter/seed will receive incentives monthly based on the number of clients that use one of the coupons coded to a unique ID# to meet with an outreach worker and/or to visit the wellness centre.</li> </ul> </li> </ul>
<p>Steps 4 and 5</p> 	<ul style="list-style-type: none"> <li>● Tell the group that as a peer leader, the “recruiter/seed” will take the lead for steps 4 and 5. Explain to participants that their role is to be actively engaged to encourage recruiters/seeds to interact with other potential clients.</li> <li>● Explain: Recruiters/seeds may ask questions or request assistance in connecting potential clients to services.</li> <li>● Ask: How might you be able to assist recruiters/seeds with these steps? Probe for: role play the conversation a seed might have with a client</li> </ul>
<p>Step 6: Incentives</p>  	<ul style="list-style-type: none"> <li>● Remind the group that the submission of coupons by clients who seek services is how referrals are tracked in the ODP program.</li> <li>● Provide each participant a copy of the handout, <b>Incentives Structure/Package.</b></li> <li>● Explain that incentives will be provided for each client who visits an ODP site and turns in a coupon from one of the peer leaders.</li> <li>● Explain that the incentive structure of peer leaders, in line with the <b>Zambian National Volunteer Policy</b> framework, has both monetary and non-monetary incentives. Explain that non-monetary incentives will be provided either on a recurrent basis or based on need and availability and thus may be “occasional” incentives. Review the non-monetary incentives.</li> <li>● Explain that the monetary incentives will be provided based on the number of clients who turn in the peer leader- or seed-provided coupon at the wellness centre. Review the monetary incentives with participants.</li> </ul>



	<ul style="list-style-type: none"> <li>• Explain: Recruiters/seeds will be provided a monthly incentive. The seed incentive is a fixed amount of ZMW 50 voucher for airtime.</li> <li>• Share with participants that incentives will be processed monthly by the outreach worker based on number of clients brought to the project verified by the number of coupons turned in at an ODP site or to an outreach worker during an off-site appointment. Once the verification of the number of coupons submitted to the wellness centre or OW is completed, the peer leader will receive a direct deposit to their mobile money account based on their performance the previous month. The payment account is set up by the outreach worker and ODP team during the peer leader’s first month of duty.</li> <li>• Ask the group if there are any questions and respond to each.</li> </ul>
<p>Closing</p> 	<ul style="list-style-type: none"> <li>• Review the learning objectives for this session with the group and confirm the objectives have been achieved.</li> </ul>

## HANDOUT: Incentives Structure/Package for Peer Leaders and Seeds

### Peer Leader—Incentive Structure

#### Batching System

<b>Non-monetary</b> (depending on availability within a timeframe; may be occasional)		<b>Monetary</b>	
<b>Recurrent Incentives</b>	<b>Occasional Incentives</b>	<b>Clients Mobilized</b>	<b>Amount to be Paid</b>
<ul style="list-style-type: none"> <li>• Refresher training with certificate (1x/year)</li> <li>• Airtime voucher ZMW 100</li> <li>• Performance review meetings held monthly</li> </ul>	<ul style="list-style-type: none"> <li>• Identity cards</li> <li>• Promo materials – Umbrellas, branded fish jackets, gum boots or backpacks</li> <li>• Exchange visits based on need and resources</li> </ul>	1- 3	ZMW 338.00
		4-6	ZMW 675.00
		7-9	ZMW 1012.50
		10-12	ZMW 1350.00
		Above 12	100% payment (ZMW 1350) plus bonus of ZMW30/client

### Recruiters/Seeds—Incentive Structure

#### Non-monetary


ZMW fixed monthly ZMW 50 airtime voucher

## Session 10. Safety and Security






### Session Purpose & Objectives

To review possible threats and methods to maintain the safety and security of peer leaders when conducting their work. By the end of this session, participants will:


- Identify the types of situations, individuals/groups and geographic locations that may pose threats to peer leaders during their work
- Describe strategies to assess and address threats
- Describe how to respond to hypothetical threats using guidance provided by the project





<p><b>Materials Needed:</b></p> <ul style="list-style-type: none"> <li>• Session 10 PowerPoint presentation</li> <li>• Slide projector and screen (or participants follow along using handout of slide presentation)</li> <li>• Prepared flipcharts with these titles:             <ul style="list-style-type: none"> <li>- Safety and Security Concerns</li> <li>- Where do threats to safety and security occur?</li> </ul> </li> <li>• Handouts/Activity Resources:             <ul style="list-style-type: none"> <li>- Slides/note-taking sheets from the Safety and Security presentation (optional)</li> <li>- Safety and Security Processes/Steps for Peer Leaders</li> </ul> </li> </ul>	<p><b>Room Set up:</b></p> <p>Small groups at tables, facing the facilitators or U-shaped room set up. Position the projector and screen so all participants can see the presentation.</p>
	<p> <b>1.5 hour</b></p>

### Facilitator Guidance

<p>Welcome &amp; Objectives</p>  	<ul style="list-style-type: none"> <li>• Welcome participants to the session.</li> <li>• Ask the assigned participant(s) to provide a brief recap of the key learnings/messages from the previous session.</li> </ul>
<p>Overview of Safety and Security</p>   	<ul style="list-style-type: none"> <li>• Open the <b>PowerPoint slide presentation</b> and display/project it in presentation mode.</li> <li>• If there is no projector, distribute a copy of the handout of the presentation to each participant.</li> </ul>

<div style="text-align: center;">  <p><b>Safety and Security</b> Making Our Work Safe</p> </div> <hr/> <div style="display: flex; justify-content: space-around; align-items: center;">    </div>	<ul style="list-style-type: none"> <li>Review the learning objectives for this session with the participants.</li> </ul>
<p>How to Improve Safety and Security <span style="float: right;">2</span></p> <ul style="list-style-type: none"> <li>Learn, and prepare to follow, the safety and security guidance and procedures established by the project.</li> <li>Identify and analyze general and specific threats (what, where, who, why) to gain a deeper perspective of the situations that PLs may encounter.</li> <li>Have a plan for dealing with threats to improve your safety and security.</li> </ul> <hr/> <div style="display: flex; justify-content: space-around; align-items: center;">     </div>	<ul style="list-style-type: none"> <li>Explain: Everyone plays a role in safety and security. The project has laid a foundation to help provide for the safety and security of its staff and volunteers. There are general safety guidelines that you learned about in your volunteer orientation. There are also specific safety procedures that the project has adopted for volunteers who are fulfilling the role of peer leaders.</li> <li>Identifying and analyzing potential threats allows you to minimize or avoid them. A good analysis of the context—<b>what</b> might happen, <b>where</b> might it happen, <b>who</b> might do it, and <b>why</b> (their motivation)—allows you to make informed decisions about how to maintain your safety while working as peer leaders. PLs can learn from your own experiences and the experiences of other peers and outreach workers.</li> <li>Thinking about likely future scenarios, allows you to take preventative action and develop a plan for how to respond if things go wrong in spite of your preparations. Having a plan in place for various threatening situations allows you to respond appropriately and improves the likelihood of a good outcome.</li> </ul>

<p>Brainstorm</p> <p>Given the expectations for peer leaders, what concerns do you have regarding your safety and security?</p> 	<p>3</p> <ul style="list-style-type: none"> <li>• Post the prepared flipchart titled, <b>Safety and Security Concerns.</b></li> <li>• Ask: Given the expectations for peer leaders, what concerns do you have regarding your safety and security?</li> <li>• Accept responses from several participants and note them on the flipchart titled, Safety and Security Concerns.</li> <li>• Probe for the items on the next two slides.</li> </ul>
<p>Potential Safety &amp; Security Threats</p> <ul style="list-style-type: none"> <li>• Physical attack (e.g., beating, sexual assault, stabbing, shooting)</li> <li>• Mob attack</li> <li>• Verbal abuse and intimidation, including death threats</li> <li>• Intrusion of privacy (e.g., at home or in social media)</li> <li>• Blackmail and extortion</li> <li>• Defamation of character</li> <li>• Hate speech</li> <li>• Eviction from home</li> </ul>  	<p>4</p> <ul style="list-style-type: none"> <li>• Review the slide content with participants <i>[the list is continued on next slide]</i>.</li> </ul>
<p>Potential Safety &amp; Security Threats</p> <p><i>continued</i></p> <ul style="list-style-type: none"> <li>• Outing including that done by the media</li> <li>• Ejection from social groups (e.g., religious groups, family networks)</li> <li>• Police harassment, surveillance, and crackdowns, including unlawful arrest, detention, strip-search, and confiscation of commodities (e.g., condoms, lubricants)</li> <li>• Forced medical procedures</li> <li>• Threats to partners, children, and family</li> </ul>  	<p>5</p> <ul style="list-style-type: none"> <li>• Review slide content with participants.</li> <li>• Discuss the potential threats to safety and security and note which concerns are new/different from the participants' brainstormed list.</li> <li>• Explore/explain any concerns that are unclear to participants.</li> </ul>
<p>Brainstorm:</p> <p>Where might the safety and security of a peer leader be threatened?</p>  	<p>6</p> <ul style="list-style-type: none"> <li>• Post the prepared flipchart titled, <b>Where do threats to safety and security occur?</b></li> <li>• Ask participants to brainstorm where threats to their safety may occur.</li> <li>• Record responses on the flipchart.</li> <li>• Probe for the responses shown on the next slide.</li> </ul>

<p>Where Do Threats Occur? <span style="float: right;">7</span></p> <ul style="list-style-type: none"> <li>• On the way to/from offices (e.g., on public transport)</li> <li>• On the way to/from program activities</li> <li>• In communities we live in</li> <li>• At offices or places of work</li> <li>• At clinics and other service delivery points including testing events</li> <li>• At educational organizations— schools, colleges, universities</li> <li>• In social settings (e.g., parties)</li> <li>• At police stations</li> <li>• At outreach locations (e.g., streets, bars, hotspots)</li> <li>• Places of worship</li> <li>• During research activities</li> <li>• In the media (e.g., in newspapers, TV)</li> <li>• Online (e.g., on Facebook, Instagram)</li> </ul> 	<ul style="list-style-type: none"> <li>• Review this list of potential locations where threats may occur against the brainstormed list on the flipchart.</li> <li>• Explain to participants that this list is not complete but gives a sense of where these threats may occur more often, but threats can occur at any location.</li> </ul>
<p>Who might threaten your safety and security and why might they be motivated to do it? <span style="float: right;">8</span></p> <ul style="list-style-type: none"> <li>• Family members and intimate partners</li> <li>• Neighbors and community members</li> <li>• Law enforcement officers</li> <li>• Landlords</li> <li>• The Media</li> <li>• Other members of key populations</li> <li>• Brothel madams/pimps</li> <li>• Service providers</li> <li>• Religious leaders and decision makers (e.g., politicians, judiciary)</li> <li>• Members of other civil society organizations (e.g., faith-based organizations)</li> </ul>  	<ul style="list-style-type: none"> <li>• Review with participants the types of individuals and groups that can potentially threaten the safety and security of peer leaders. While reviewing each item, ask: Why might this person(s) be motivated to threaten or harm you?</li> <li>• Explain that this list is not comprehensive but provides examples. Participants may need to consider potential threats from other sources based on their unique situation.</li> </ul>
<p>What steps has the project taken to help provide for your safety and security? <span style="float: right;">9</span></p> <ul style="list-style-type: none"> <li>• Obtained MOH endorsement for project activities (MOU in place)</li> <li>• Collaborated with other organizations to expand the reach of the program (e.g., National AIDS Council provincial and district structures, local NGOs and other USAID-funded projects)</li> <li>• Built rapport with community leaders to gain support for the project from district health officials, police, civic and church leaders</li> <li>• Considered the social norms of the community in the program design</li> <li>• Engaged KPs in all levels of project planning and implementation to realize the project tag line: "Nothing for us without us."       <ul style="list-style-type: none"> <li>– Gave sub awards to several KP organizations to implement components of the project</li> <li>– Working with KP organizations in a KP Advisory Committee supported by the project to ensure representation of KPs' needs</li> </ul> </li> <li>• Initiated legal assistance through the Key Population Protection Network to provide guidance and intervene if needed       <ul style="list-style-type: none"> <li>– Trained members of the KP community as paralegals to provide awareness on rights of KPs, identify, document and report violations and abuses among KPs in the community</li> </ul> </li> <li>• Established procedures to manage common threats that may occur</li> </ul> 	<ul style="list-style-type: none"> <li>• Say: While you are analyzing your individual situations and making your plans, know that the project has also taken steps to provide for your safety and security. The project laid the foundation by completing these steps:       <ul style="list-style-type: none"> <li>- Obtained MOH endorsement for project activities (MOU in place)</li> <li>- Collaborated with other organizations to expand the reach of the program (e.g., National AIDS Council District/Provincial and district structures, local NGOs and other USAID-funded projects)</li> <li>- Built rapport with community leaders to gain support for the project from district health officials, police, civic and church leaders</li> <li>- Considered the social norms of the community in the program design</li> <li>- Engaged KPs in all levels of project planning and implementation to</li> </ul> </li> </ul>

realize the project tag line: “Nothing for us without us.” This included giving sub awards to several KP organizations to implement components of the project and working with KP organizations in a KP Advisory Committee supported by the project to ensure representation of KP’s needs.

- Enlisted legal assistance through the Key Population Protection Network to provide guidance and intervene if needed and trained members of the KP community as paralegals to provide awareness on rights of KPs, identify, document and report violations and abuses among KPs in the community
- Established procedures to manage common threats that may occur.

What actions should you take in these situations? <sup>10</sup>

Situation	Action
If a community member asks questions about the project	Share concise, consistent, noncontroversial messages from the project brochure including contact information for community liaisons who support the project goals.
If you are approached by the media for information/comment	Let the person know that you cannot speak with the media and give them contact information of project communications representative.
If you notice the project is criticized on social media	Notify your outreach worker about what you observed or experienced, provide a screen shot or URL, if possible.
If you are verbally harassed or threatened by someone (e.g., a client, health care provider)	Use your judgement to decide what feels safe. You may simply leave or decide to ask the person to stop. In any case, remain calm and do not escalate. Notify your outreach worker about the incident including the location, individuals involved, and time of day.
If you are questioned, harassed, arrested by a police officer or other authority	Give the officer/judge by the name and contact information of the police representative for the project. Call the HIV Project Hotline for emergency assistance.
If someone tells you they are in danger or that they have been physically or sexually assaulted	Explain any limits to confidentiality, such as mandatory reporting, and then ask permission to seek help on their behalf; if permission is granted, notify _____ who will help the victim document/report the incident using the Violence Disclosure and Services Referral form.
If you are physically or sexually assaulted	Seek treatment for your injuries from a health facility _____ and notify the police _____ or, if comfortable doing so, notify the project manager directly. _____ Inform your outreach worker.



- Say: This table, which is included on your handout/job aid details the procedures to manage common threats that may occur. Let’s review each of these one at a time and ensure that you fully understand what actions you are expected to take in these situations.
- Be sure to always carry this job aid with you when conducting PL activities so that you know what to do and who to contact for assistance. You might also want to consider adding the names and numbers of the contacts listed on the job aid to your phone contacts so that they are readily accessible should you need them.


## Recommendations


1. Never assume safety and security. Always make it a priority.
2. Understand the risks and their contexts.
3. Plan ahead and know your response to potential threats; consider the circumstances and adapt as needed to changing situations.
4. Know your allies (and your enemies) – including police, lawyers, medical personnel, community members who support the project.
5. Work together to gain knowledge and develop strategies collectively.



- Say: Here are a few reminders to consider before you begin your small group work.
- Review each of the recommendations:
  - **Never assume safety and security.** Situations can change quickly and it's best to **prepare in advance** for safety rather than assume you are always safe. The project has laid the foundation, provided resources, and described the steps to follow when you are confronted with common threats.
  - **Understand the risks and the context** so that you can think through the best plan to address a situation when it arises. Each person has a different tolerance for risk, so when making your plans, consider your comfort level and the recommendations of the project when deciding what potential actions you will take. Have alternative plans so you can adjust as needed to changing situations.
  - Whenever possible **get to know your allies** (and your enemies), **build a rapport** with the police, lawyers, medical personnel, and community members who support the project; learn about the networks of potential allies and enemies in your community.
  - **Share** with other peer leaders, seeds and outreach workers **challenges, successes, and questions** that provide opportunities **to learn from and reflect critically** on experiences, strategies, and resources that can then be used to strengthen safety and security responses.
- Ask: Building on these recommendations, what general and specific strategies can you use to make



	<p>yourself safe? Probe for: Items similar to the tips/strategies listed on the job aid.</p> <ul style="list-style-type: none"> <li>Review the <i>Tips for improving your personal safety and security</i> on the job aid. Answer any questions about safety procedures raised by participants.</li> </ul>
<p><b>Small Group Activity</b> <span style="float: right;">12</span></p> <p>In your small groups, discuss what actions you might take immediately, in the short term, in the long term, and what you might have done in advance to address each situation.</p> <p>Be prepared to discuss what actions you would take with the larger group.</p> <p>Situations:</p> <ol style="list-style-type: none"> <li>You are arrested or detained by the police and questioned about the work of the organization.</li> <li>You are visiting a potential client and her partner comes home unexpectedly and begins to yell at you and beat her.</li> <li>You are walking with a client near his house to find a quiet space in the park to discuss his interest in becoming a recruiter/seed and are attacked by an angry mob who call you homos, push you and threaten to out your client to his neighbours.</li> </ol> 	<ul style="list-style-type: none"> <li>Ask participants to count off and organize into small groups.</li> <li>Give each group flipchart paper and markers.</li> <li>Explain to the groups that they have 15 minutes to review the scenario assigned to their group and discuss what actions they would take immediately and what they might have done in advance to prepare for each situation.</li> <li>Encourage the groups to develop very detailed plans, including the names and contact information of who they would call, so that everyone is comfortable knowing exactly how to respond in that situation.</li> <li>After 15 minutes, ask each group to take 2 minutes to present their response.</li> <li>As each group presents their response(s), discuss the strategies they used to address the situation, highlighting how the group used the guidance from the program to develop a comprehensive response that incorporates immediate actions along with advance planning.</li> <li>Ask the group if there are any questions.</li> <li>Remind the group that while this may sound scary, it's important to understand the context and be as prepared as possible. People often feel</li> </ul>

	<p>comfortable that they know the right things to do and say until they find themselves in the heat of the moment; rehearse your plans so you can remain calm under pressure.</p> <ul style="list-style-type: none"> <li>• Emphasize the importance of letting someone know where you are going and checking in with them when you return.</li> </ul>
<p>Closing</p> 	<ul style="list-style-type: none"> <li>• Review the learning objectives for this session with the group and confirm the objectives have been achieved.</li> </ul>

## HANDOUT/JOB AID: Safety and Security Guidance and Processes for Peer Leaders

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The organization is committed to providing a safe work environment and promoting sound health practices. The organization has taken these measures:

- Obtained the Ministry of Health’s endorsement for project activities
- Collaborated with other organizations to expand the reach and support of the program (e.g., National AIDS Council provincial/district structures, local NGOs and other USAID-funded projects)
- Built rapport with community leaders to gain support for the project from district health officials, police, civic and church leaders
- Considered the social norms of the community in the program design
- Worked with key populations (KPs) to understand their concerns/needs; “Nothing for us without us.”
- Enlisted legal assistance through the Key Population Protection Network to provide guidance and intervene if needed
- Established procedures to manage common threats including safety hazards, incidents, accidents, or injuries including abusive behavior that causes physical harm or emotional distress. If you experience an incident, report it to your outreach worker (OW). The OW is required to acknowledge your incident report within 24 hours and to keep your complaint anonymous unless you authorize the OW to share your name or other specific information about the event.

*NOTE: The organization is not responsible for any accident or medical expenses incurred by volunteers. Volunteers are not covered by Workers' Compensation nor entitled to employee benefits.*

### Tips for improving your personal safety and security

- When faced with a risk, follow the instructions provided by the organization when responding. In case of an emergency, always call your outreach worker first. Then, use the emergency contact information described under *Safe Actions to Take in Threatening Situations* (next page) to reach out the appropriate person(s). Always keep the contact list with you so you have it when you need it. Updated instructions and contact lists will be provided by the project as needed; keep up to date and know which actions to take in threatening situations.
- Make safety a priority; avoid threats/risky situations whenever possible. If risks to your safety are preventing you from doing your job, talk to your outreach worker to brainstorm possible solutions.
- Know your rights and the country’s laws; identify actions to take if violations occur.
- Pick safe routes when visiting clients/seeds and identify safe havens along the way (e.g., a friend’s house or shop). Talk to the project staff about safe routes if you are visiting an area that is new to you. If the route you must take is not safe, talk to project staff about transport assistance.
- Plan your activities (locations, dates) with your outreach worker and let them know (via WhatsApp, text, or a voice call) when you leave and when you return. Outreach workers are responsible for providing the project with a log showing that they are tracking your whereabouts during activities.
- Share your emergency contact information with the project and ensure that it is up to date so friends and family can be notified in the event of an emergency.
- Participate in support meetings organized by the project with other peer leaders and outreach workers to share your experiences, concerns, and learn new ideas for staying safe and secure.

Adapted from: The International HIV/AIDS Alliance and the LINKAGES Project. [Safety and Security Toolkit: Strengthening the Implementation of HIV Programs for and with Key Populations](#). Durham, NC: FHI 360; 2018.

## Safe Actions to Take in Threatening Situations

In addition to the general tips/guidance on the previous page, there are situations that peer leaders may encounter while conducting their activities/tasks that require specific actions— follow these instructions:

Situation	Action
If a community member asks questions about the project	Share concise, consistent, noncontroversial messages from the project brochure including contact information for community liaisons who support the project goals: _____
If you are approached by the media for information or comment	Let the person know that you cannot speak with the media and give them the contact information for the project's communications representative: _____
If you notice the project is criticized on social media	Notify your outreach worker about what you observed or experienced, providing a screen shot or URL if possible.
If you are verbally harassed or threatened by someone (e.g., a client, health care provider)	Use your judgement to decide what feels safe. You may simply leave or decide to ask the person(s) to stop. In any case, remain calm and do not escalate. Notify your outreach worker about the incident including the location, individuals involved, and time of day.
If you are questioned, harassed, arrested by a police officer or other authority	Give the officer/authority the name and contact information of the police representative for the project: _____ Call the 24/7 Project Hotline for emergency assistance: _____
If someone tells you they are in danger or that they have been physically or sexually assaulted	Explain any limits to confidentiality, such as mandatory reporting, and then ask permission to seek help on their behalf; if permission is granted, notify _____ who will help the victim document/report the incident using the Violence Disclosure and Service Provision Form.
If you are physically or sexually assaulted	Seek treatment for your injuries from a health facility _____ and notify the police _____. Inform your outreach worker; or, if comfortable doing so, notify the project manager directly _____.

### Contact Information for Outreach Worker

Name: \_\_\_\_\_

Mobile: \_\_\_\_\_

WhatsApp: \_\_\_\_\_

### Contact Information for 24/7 Project Support

Name: \_\_\_\_\_

Mobile: \_\_\_\_\_

WhatsApp: \_\_\_\_\_




**Keep this information  
with you at all times.**

## Session 11. Putting it All Together

### Session Purpose & Objectives

To practice skills and techniques acquired throughout the training and receive feedback from facilitators and other participants. By the end of this session, participants will:

- Demonstrate techniques/strategies for responding to simulated situations
- Provide constructive feedback to other participants regarding techniques/strategies used during the simulated situations

<p><b>Materials Needed:</b></p> <ul style="list-style-type: none"> <li>• Prepared flipchart:             <ul style="list-style-type: none"> <li>- Process/Steps (from Session 6)</li> </ul> </li> <li>• Handout/Activity Resource:             <ul style="list-style-type: none"> <li>- Situation Cards (one copy/participant; to save paper, there are two sets of cards per handout, cut along the dotted line with scissors)</li> </ul> </li> </ul>	<p><b>Room Set up:</b></p> <p>Small groups at tables, facing the facilitators or U-shaped room set up.</p>
	 <b>2 hours</b>

### Facilitator Guidance

<p>Welcome &amp; Objectives</p>  	<ul style="list-style-type: none"> <li>• Welcome participants to the session.</li> <li>• Ask the assigned participant(s) to provide a brief recap of the key learnings/messages from the previous session.</li> <li>• Review the learning objectives for this session.</li> <li>• Explain to the participants that this session will allow them to practice the skills and techniques learned throughout the workshop.</li> </ul>
<p>Review the Process</p> 	<ul style="list-style-type: none"> <li>• Ask: What are the <b>six steps</b> peer leaders are responsible for?</li> <li>• Accept responses from several participants.</li> <li>• Post the prepared flipchart listing the steps from Session 6.</li> <li>• Ask the group to recite the six steps together.</li> </ul>
<p>Address Situations through Role Plays</p>   	<ul style="list-style-type: none"> <li>• Instruct participants to break into small groups of 4 participants each.</li> <li>• Distribute a copy of the <b>Situation Cards</b> to each participant.</li> <li>• Instruct each small group to read the cards and decide who will be assume which roles for each situation. For each situation,</li> </ul>

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one person will portray the potential client/seed and act out the situation described on the card, another person will serve as the peer leader and follow the six steps, and two people will be observers. The groups must assign these roles for each situation in advance so that participants will know which roles/situations to prepare for.


- Clarify that the participants in the small groups will take turns until each person has served as a peer leader, acted out the role of the client described on a situation card, and been an observer twice.
- The observers should provide feedback at the end of each role play. Remind participants when providing constructive feedback:
  - State something positive and something that could be improved.
  - Focus feedback on the content of what the peer leader said or did (or neglected to say/do), the strategy/approach used, and the communication techniques they used as they role played the steps appropriate for their client/situation.
  - Avoid repeating comments already made.
- Remind participants to use the handouts, job aids and reference materials they have gathered throughout the training.
- Tell the groups that prior to starting the role plays, each participant should take 5 minutes to prepare for the two roles that they will play. For the peer leader role, they should decide on a response to the situation—how and which of the steps they will use to address the situation with the potential client. When they play a potential client, they should decide how they will portray the client described in the situation.
- Give information to the groups about the timing of each segment of the activity.

*Preparation for Roles*

- 5 minutes: prepare for two roles, 1) peer leader 2) potential client

Situation 1

- 10 minutes: role play situation 1
- 5 minutes: constructive feedback from observers on role play 1
- 5 minutes: large group discussion to compare strategies used by peer leaders to solve situation 1

	<p>Situation 2</p> <ul style="list-style-type: none"> <li>- 10 minutes: role play situation 2</li> <li>- 5 minutes: constructive feedback from observers on role play 2</li> <li>- 5 minutes: large group discussion to compare strategies used by peer leaders to solve situation 2</li> </ul> <p>Situation 3</p> <ul style="list-style-type: none"> <li>- 10 minutes: role play situation 3</li> <li>- 5 minutes: constructive feedback from observers on role play 3</li> <li>- 5 minutes: large group discussion to compare strategies used by peer leaders to solve situation 3</li> </ul> <p>Situation 4</p> <ul style="list-style-type: none"> <li>- 10 minutes: role play situation 4</li> <li>- 5 minutes: constructive feedback from observers on role play 4</li> <li>- 5 minutes: large group discussion to compare strategies used by peer leaders to solve situation 4</li> </ul> <p>Also, while the role plays/feedback sessions are taking place, give participants two-minute, one-minute and 30-second warnings so that the small groups stay on schedule.</p> <ul style="list-style-type: none"> <li>● Facilitators should circulate and provide feedback to small groups throughout the role plays.</li> </ul>
Debrief	<ul style="list-style-type: none"> <li>● After the groups complete the four role plays, lead a reflection on the activity using the following prompts: <ul style="list-style-type: none"> <li>- What was easy about the activity?</li> <li>- What was most difficult?</li> <li>- After going through this activity, what skills would you like to practice more?</li> <li>- After going through this activity, what recommendations do you have for other peer leaders?</li> </ul> </li> </ul>
<p>Closing</p> 	<ul style="list-style-type: none"> <li>● Review the learning objectives for this session with the group and confirm the objectives have been achieved.</li> </ul>

**ACTIVITY RESOURCE: Situation Cards**

<p>Name of Potential Client: <b>Abina</b></p> <p>Abina is an older man who is married and has had numerous sexual relationships with men outside of his marriage. He is a friend of yours and his wife is not aware of these relationships. He is not aware of his status and has not been tested for HIV. He is fearful of getting tested and having to explain his sexual behavior.</p> <p>He is hesitant to become a recruiter/seed to connect others but has a large network of friends who engage in similar behaviors.</p>	<p>Name of Potential Client: <b>Sha</b></p> <p>Sha is a sex worker friend of yours who has 5 to 10 regular clients, as well as a boyfriend. She does not use condoms all the time, especially when the men pay more. She tests for HIV about once every two years, and her last test was negative. She does believe she needs to test again soon.</p> <p>She is nervous to become a recruiter/seed and speak to her sex worker friends as she is worried about them stealing her clients.</p>
<p>Name of Potential Client: <b>Mo</b></p> <p>Mo is a young man and a friend of yours who has recently come out as an MSM. He has had numerous partners over the past six months and recently disclosed this behavior to you. He does not believe he could be positive as he's so new to this lifestyle.</p> <p>He would <u>not</u> like to be a recruiter/seed as he's not comfortable sharing his behaviors with others.</p>	<p>Name of Potential Client: <b>George</b></p> <p>George is an older man who is married with kids. George and you are drinking buddies and he often drinks too much on weekends, and ends up having sex with women other than his wife. He knows he drinks too much but does not believe he could be vulnerable to HIV and is hesitant to connect to the program.</p> <p>He would <u>not</u> like to become a recruiter/seed.</p>

----- Cut along dotted line. -----

<p>Name of Potential Client: <b>Abina</b></p> <p>Abina is an older man who is married and has had numerous sexual relationships with men outside of his marriage. He is a friend of yours and his wife is not aware of these relationships. He is not aware of his status and has not been tested for HIV. He is fearful of getting tested and having to explain his sexual behavior.</p> <p>He is hesitant to become a recruiter/seed to connect others but has a large network of friends who engage in similar behaviors.</p>	<p>Name of Potential Client: <b>Sha</b></p> <p>Sha is a sex worker friend of yours who has 5 to 10 regular clients, as well as a boyfriend. She does not use condoms all the time, especially when the men pay more. She tests for HIV about once every two years, and her last test was negative. She does believe she needs to test again soon.</p> <p>She is nervous to become a recruiter/seed and speak to her sex worker friends as she is worried about them stealing her clients.</p>
<p>Name of Potential Client: <b>Mo</b></p> <p>Mo is a young man and a friend of yours who has recently come out as an MSM. He has had numerous partners over the past six months and recently disclosed this behavior to you. He does not believe he could be positive as he's so new to this lifestyle.</p> <p>He would <u>not</u> like to be a recruiter/seed as he's not comfortable sharing his behaviors with others.</p>	<p>Name of Potential Client: <b>George</b></p> <p>George is an older man who is married with kids. George and you are drinking buddies and he often drinks too much on weekends, and ends up having sex with women other than his wife. He knows he drinks too much but does not believe he could be vulnerable to HIV and is hesitant to connect to the program.</p> <p>He would <u>not</u> like to become a recruiter/seed.</p>




## Session 12. Code of Conduct and Commitments






### Session Purpose & Objectives




To review and promise to commit to a code of conduct for peer leaders. By the end of this session, participants will:

- Identify achievements they would like to attain as a peer leader
- Affirm their commitment to abiding by the code of conduct

<p><b>Materials Needed:</b></p> <ul style="list-style-type: none"> <li>• Flipchart paper and markers</li> <li>• Slips of paper and tape for the “I want” statements (or large Post-It Notes)</li> <li>• Prepared flipchart with this title:             <ul style="list-style-type: none"> <li>- What rules should peer leaders follow when working?</li> </ul> </li> <li>• Handout/Activity Resource:             <ul style="list-style-type: none"> <li>- Code of Conduct</li> </ul> </li> </ul>	<p><b>Room Set up:</b></p> <p>Small groups at tables, facing the facilitators or U-shaped room set up.</p>
	<p> <b>1.5 hours</b></p>

### Facilitator Guidance

<p>Welcome &amp; Objectives</p>  	<ul style="list-style-type: none"> <li>• Welcome participants to the session.</li> <li>• Ask the assigned participant(s) to provide a brief recap of the key learnings/messages from the previous session.</li> <li>• Tell the group that this session will review the code of conduct for peer leaders and allow each of them to commit to following the code of conduct. The session will also allow each participant to make individual “commitments” for their first few months of work.</li> </ul>
<p>Review the Code of Conduct</p>   	<ul style="list-style-type: none"> <li>• Ask: What rules do you think a peer leader should follow while working? Accept suggestions from several participants and write these on the prepared flipchart.</li> <li>• Share a <b>copy of the code of conduct</b> with every participant.</li> <li>• Ask participants to take turns reading aloud an item from the code of conduct and then describing what it means in their own words.</li> </ul>

	<ul style="list-style-type: none"> <li>• After the entire code of conduct has been read aloud, ask the group if there are any questions. Respond to any questions.</li> <li>• Explain that at the end of the session (or at their first meeting with their outreach worker), each participant will be asked to sign the code of conduct and confirm that they will abide by the code.</li> </ul>
<p>“I Want” Activity</p> 	<ul style="list-style-type: none"> <li>• Explain: The “<b>I Want</b>” activity allows each of them the opportunity to state what they would like to achieve as a peer leader. Provide these examples if needed: <ul style="list-style-type: none"> <li>- “I want to make a difference.”</li> <li>- “I want to receive the incentive.”</li> <li>- “I want to help my country fight HIV/AIDS.”</li> <li>- “I want to take care of my friends.”</li> </ul> </li> <li>• Instruct participants to take a slip of paper and a marker and write their own “I want...” statement. Provide tape for participants to tape their statement (anonymously) to the wall. Allow the group five minutes to write the statement and tape it to the wall.</li> <li>• Read highlights of these statements to the group.</li> </ul>
<p>Make a Commitment</p> 	<ul style="list-style-type: none"> <li>• Allow five minutes for each participant to review the code again.</li> <li>• Ask each participant to sign the <b>code of conduct</b> and hand in to the facilitators. <i>[Note: Signing the code of conduct can be postponed until the first meeting with the outreach worker.]</i></li> </ul>
<p>Closing</p> 	<ul style="list-style-type: none"> <li>• Review the learning objectives for this session with the group and confirm the objectives have been achieved.</li> </ul>



## CODE OF ETHICS AND CONDUCT FOR PEER LEADERS.

### Respect

1. Peer Leaders should demonstrate mutual respect to community members and the public.
2. Peer Leaders must believe that every individual has strengths and the ability to learn and grow.
3. Peer Leaders must respect the rights and dignity of those they serve.
4. Peer Leaders should show no judgement for the actions of clients and other peer leaders.

### Privacy and Confidentiality

5. Peer Leaders are expected to maintain confidentiality for the clients served, including minimizing the sharing of sensitive information to the minimum number of people.
6. Peer Leaders should respect the privacy and confidentiality of those they serve.
7. Peer Leaders should ensure conversations, when possible, are held in private locations and minimize opportunities for interruptions or others listening.

### Conflict of Interest

8. Peer Leaders should not enter commitments that conflict with the interests of the *USAID Open Doors Project*.
9. Peer Leaders should not accept gifts of significant value from those they serve or extort or blackmail clients for financial gain.

### Personal Conduct

10. Respect, trust and honesty are values that are integral to the project and Peer Leaders are expected to display these traits always.
11. Peer Leaders are encouraged to share their personal recovery stories with colleagues and those they serve.
12. Peer Leaders should never intimidate, threaten, or harass those they serve; never use undue influence, physical force, or verbal abuse with those they serve; and never make unwarranted promises of benefits to those they serve.
13. Peer Leaders should not practice, condone, facilitate, or collaborate in any form of discrimination based on ethnicity, race, gender, sexual orientation, gender identity and/or expression, age, religion, national origin, marital status, political belief, mental or physical disability.

14. Peer Leaders should seek to develop and portray positive culture, attitudes, values, feelings, goals, skills and roles in the communities being served.
15. Peer Leaders should maintain high standards of personal conduct. Such conduct includes but is not limited to:
  - Speaking and acting in a neutral manner
  - Avoiding involvement in any activity that the USAID Open Doors Project believes to be unsafe, illegal, unethical or detrimental to clients.
  - Ensuring that your personal appearance and attitude inspires trust and confidence in clients.
  - Maintaining objectivity. Physical, emotional and/or psychological health should not affect your judgement.
16. Peer Leaders should not engage in sexual/intimate relationships with colleagues or those they serve. If such a relationship arises, Peer Leaders should inform their supervisor.
17. Any behavior which brings the USAID Open Doors Project into disrepute will result in disciplinary actions. Such behaviors include but are not limited to:
  - Discrimination targeted at colleagues and/or KP community members.
  - Abuse of alcohol and/or drugs during working hours or participation in any event or activities organized by the USAID Open Doors Project under the influence of alcohol and/or drugs.
  - Inappropriate sexual behavior/conduct within the work environment or the community.
  - All forms of violence and/or abuse.
  - Refusal to perform assigned tasks as required by the project within the scope of work of Peer Leaders.
  - Advocating religious, moral, and/or cultural beliefs that undermine the clinical and medical facts surrounding HIV/AIDS, STIs and/or any other services offered by the USAID Open Doors Project.
  - Spreading myths, misconceptions or otherwise spreading wrong information about HIV/AIDS, STIs or other related illnesses.
  - Issuing media or press statements, regardless of the circumstances, on the activities of the project to any person outside the USAID Open Doors Project.
  - Undermining the goal, objectives and strategies of the USAID Open Doors Project.

I have read and understood the statements contained above.

**Name** ..... **Signature** ..... **Date** \_\_\_ / \_\_\_ / \_\_\_

**Witnessed by:**


**Name** ..... **Signature** ..... **Date** \_\_\_ / \_\_\_ / \_\_\_

## Session 13. Closing





### Session Purpose & Objectives





To close the workshop, ensure expectations were met, complete final evaluations and thank everyone for their time. By the end of this session, participants will:

- Recap what they learned from the workshop
- Review workshop objectives to ensure that they have been met
- Share impressions of the workshop
- Complete final evaluations

<p><b>Materials Needed:</b></p> <ul style="list-style-type: none"> <li>• Flipchart paper and markers</li> <li>• Certificate of Completion (prepared in advance)</li> <li>• Prepared flipchart:             <ul style="list-style-type: none"> <li>- Participant Expectations (from Session 1)</li> </ul> </li> <li>• Handouts/Activity Resources:             <ul style="list-style-type: none"> <li>- Learning Objectives (from Session 1)</li> <li>- Post-test</li> <li>- Workshop Evaluation</li> </ul> </li> </ul>	<p><b>Room Set up:</b></p> <p>Small groups at tables, facing the facilitators or U-shaped room set up.</p>
	<p> <b>1.5 hours</b></p>

### Facilitator Guidance

<p>Welcome &amp; Objectives</p>  	<ul style="list-style-type: none"> <li>• Welcome participants to the session.</li> <li>• Ask the assigned participant(s) to provide a brief recap of the key learnings/messages from the previous session.</li> <li>• Explain to the group that this session will bring the workshop to a close. The session will review the learning objectives, ensure expectations have been met and answer any final questions from the Question Box or Parking Lot.</li> </ul>
<p>Review of Training Expectations</p>  	<ul style="list-style-type: none"> <li>• Repost the flipchart from the first day which shows the <b>training expectations</b> shared by the group at the beginning of the training.</li> <li>• Ask participants if the workshop has met training expectations. Ask why or why not.</li> </ul>

<p>Review of Training Objectives</p> 	<ul style="list-style-type: none"> <li>• Ask participants to relook at the <b>learning objectives</b>.</li> <li>• Ask participants if the workshop has met learning objectives. Ask why or why not.</li> </ul>
<p>Post-test and Evaluation</p> 	<ul style="list-style-type: none"> <li>• Distribute one copy of the <b>workshop evaluation</b> and <b>post-test</b> to each participant.</li> <li>• Ask participants to complete each and return to the facilitators.</li> <li>• Allow 30-45 minutes.</li> </ul>
<p>Closing Remarks and Reflections</p> 	<ul style="list-style-type: none"> <li>• Ask participants to share any reflections regarding what they have learned during the workshop</li> <li>• Ask facilitators and the workshop sponsor to share any closing remarks.</li> </ul>
<p>Distribution of Certificates</p> 	<ul style="list-style-type: none"> <li>• Distribute <b>certificates</b> to participants who have completed the workshop.</li> <li>• Say: These certificates acknowledge that a participant has attended the required number of sessions to complete the course. Those who do not receive a certificate today may be able to make up the sessions that you missed. The certificate does not certify a participant to be a peer leader. Completing the course is just the first step in the process of becoming a peer leader. Participants who complete the course move into a mentorship phase to ensure that you can demonstrate the skills needed to be a peer leader. You will be assigned a mentor who will explain what is expected during the mentorship period.</li> <li>• Thank the group for their time.</li> </ul>

## ACTIVITY RESOURCE: Post-test

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*Instructions: Respond to each question; some have more than one correct response.*

**Name:** \_\_\_\_\_

1. Which option best describes a social network?
  - a. people that live in the same house
  - b. a set of individuals linked by one or more types of relationships
  - c. a set of individuals that do not know each other
  - d. people from the same country
  
2. Why do projects use a social network strategy?
  - a. You can reach people who you may not typically find
  - b. It is cheaper than other strategies
  - c. It allows projects to reach all their intended audiences
  - d. It takes the least amount of time compared to other strategies
  - e. All of the above
  
3. What are two characteristics of a peer leader?
  - a. 1: \_\_\_\_\_
  - b. 2: \_\_\_\_\_
  
4. Which of the items listed below is/are unique to a peer leader?
  - a. Disseminates targeted information
  - b. Mobilises MSM into HIV testing services (HTS)
  - c. Are compensated
  - d. Outreach extends to clients, friends, and sexual network
  - e. All of the above
  
5. The following are modes of HIV cross transmission from key populations EXCEPT:
  - a. Mother to Child Transmission
  - b. Prisoners
  - c. Men who have sex with men
  - d. Injecting drug users
  - e. Sex workers
  
6. Tick ALL correct answers. The role of a peer leader includes:
  - a. Recruitment of “seeds”
  - b. Distribution of coupons
  - c. Providing HIV testing services
  - d. Conducting traditional peer outreach activities
  - e. Condom and lubricant distribution within their networks
  
7. COMPLETE THE SENTENCE WITH THE BEST OPTION. Interpersonal communication is a person-to-person, two-way, verbal and nonverbal interaction that includes:
  - a. sharing information and feelings
  - b. sharing information
  - c. dialogue
  - d. body language

8. List FOUR Interpersonal Communication Skills/Techniques:
- \_\_\_\_\_
  - \_\_\_\_\_
  - \_\_\_\_\_
  - \_\_\_\_\_
9. TRUE OR FALSE: We recommend talking about very sensitive topics such as sexuality in large community settings. \_\_\_\_\_ True \_\_\_\_\_ False
10. COMPLETE the sentence:  
 \_\_\_\_\_ determines a person's sex but societies shape perceptions of \_\_\_\_\_.
11. A woman has long hair and wears lip stick and earrings—these characteristics are determined by:
- Biology
  - Hormones
  - Society/culture
  - Chromosomes
12. Only men who have sex with men practice anal sex. \_\_\_\_\_ True \_\_\_\_\_ False
13. What is stigma? SELECT ONE.
- Strong negative feelings, unfair attitudes and beliefs a person or society holds against people they identify as different
  - Treating someone differently because of a person's behavior, religion, race, etc.
  - Feeling depressed and unhappy
  - Making generalized statements about a person or group based on a set of characteristics
14. What is discrimination? SELECT ONE.
- Strong negative feelings, unfair attitudes and beliefs a person or society holds against people they identify as different
  - Treating someone differently because of a person's behavior, religion, race, etc.
  - Feeling depressed and unhappy
  - Making generalized statements about a person or group based on a set of characteristics
15. What is a stereotype? SELECT ONE.
- Strong negative feelings or disapproval towards a person or group of people
  - Treating someone differently and not providing the same quality of service because of a person's behavior, religion, race, etc.
  - Feeling depressed and unhappy
  - Making generalized statements about a person or group of people based on a set of characteristics
16. TRUE or FALSE. There are clinics and health facilities in Zambia that provide tailored/friendly services to MSM and other key populations. \_\_\_\_\_ True \_\_\_\_\_ False
17. List two strategies peer leaders can use to increase KP's accessing health services.
- \_\_\_\_\_
  - \_\_\_\_\_



## ACTIVITY RESOURCE: Workshop Evaluation

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### 1. Please rate this workshop in the following areas:

*Please rate on a scale of 1 to 5, where 1 is the minimum (poor) and 5 is the maximum (excellent).*

Score	1	2	3	4	5
a) Structure of the workshop					
b) Usefulness of materials					
c) Extent to which you acquired new skills					
d) Session methodologies (presentation, role plays, etc.)					
e) Balance of theory vs. practice (1 = too much theory/not enough practice; 5 = perfect balance of theory/practice)					
f) Extent to which workshop contributed to networking					
g) Competency of the facilitators					

Please add any specific comments:

### 2. What did you like best about the workshop?

### 3. What was the most interesting thing you learned in this workshop? Please explain.

### 4. Did anything surprise you in this workshop? If yes, please describe. If not, please explain why not.

### 5. How would you improve this workshop?

**6. Is there anything you would eliminate from the training? If so, what?**

**7. What other subjects or activities should have been included in this workshop?**

**8. What workshop/training methods could be changed?**

**9. How well did the workshop encourage the exchange of experiences among participants?**

- Not at all
- Somewhat
- Quite a lot

Please explain your answer:

**10. How will you apply the knowledge and skills acquired in the course? Please give specific examples**

**Do you have any other comments?**



# Certificate of Completion

This is to certify that

.....

completed a skills building training on the Enhanced Peer Outreach Approach & Social Networking Strategy (EPOA/SNS) held at

..... ON .....

.....  
Country Director  
FHI 360, Zambia Country Office



.....  
Chief of Party,  
USAID Open Doors Project





## Appendix—Resources for Conducting Activities

To make it easy for facilitators to compile the printed materials needed to conduct the sessions, the resources for conducting workshop activities are compiled in two locations 1) this appendix and 2) the separate document containing all of the handouts and job aids for peer leaders.

Prior to conducting the sessions, photocopy or print copies as needed. Facilitators may elect to omit some of these printed resources (e.g., notetaking sheets for slide presentations) or rely on flipcharts for sharing the information (e.g., agenda, learning objectives). The numbers of copies needed will depend on the number of participants attending the workshop.

## ACTIVITY RESOURCE—Session 1: Agenda ODP Peer Leaders' Social Networking Training

### Day 1

Time	Session
8:30 – 10:00	Session 1: Welcome, Opening, Introductions, Ground Rules, and Logistics
10:00 – 10:15	Tea Break
10:15 – 11:00	Session 1: Expectations, Objectives, and Pre-test
11:00 – 12:30	Session 2: Overview of ODP SNS Approach and Peer Leader Expectations
12:30 – 13:00	Session 3: HIV Basics
13:00 – 14:00	Lunch
14:00 – 14:30	Session 3: Epidemic in Zambia (slide presentation)
14:30 – 15:15	Session 4: Gender, Ideal Male/Female, Society vs. Biology
15:15 – 15:30	Tea Break
15:30 – 16:45	Session 4: Terminology, Genderbread Person, Stereotypes
16:45 – 17:00	Parking Lot, Question Box, Closing, and Dismissal

### Day 2

Time	Session
8:30 – 9:00	Opening and Recap
9:00 – 10:00	Session 5: Stigma/Discrimination, Impact, Small Group Brainstorm
10:00 – 10:15	Tea Break/Gallery Walk
10:15 – 10:30	Session 5: Gallery Walk and Discussion
10:30 – 13:00	Session 6: Social Network Strategy, PL Role, Process Steps, Practice
13:00 – 14:00	Lunch
14:00 – 15:15	Session 7: Inviting/Orienting Seeds, Using Coupons, Practice
15:15 – 15:30	Tea Break
15:30 – 16:45	Session 8: Motivating Friends, Q&A Flowchart, Messages to Share
16:45 – 17:00	Parking Lot, Question Box, Closing and Dismissal

**Day 3**

<b>Time</b>	<b>Session</b>
8:30 – 9:00	Opening and Recap
9:00 – 10:00	Session 8: Interpersonal Communication Techniques, Conversation Starters
10:00 – 10:15	Tea Break
10:15 – 11:00	Session 8: Practice Message Delivery/Interpersonal Communication Skills
11:00 – 12:00	Session 9: Incentives
12:00 – 13:00	Session 10: Safety and Security (slide presentation, slides 1-11)
13:00 – 14:00	Lunch
14:00 – 14:30	Session 10: Safety and Security (slide presentation, slide 12, small groups)
14:30 – 15:15	Session 11: Review Steps, Practice Using Role Plays 1
15:15 -- 15:30	Tea Break
15:30 – 16:45	Session 11: Practice Using Role Plays 2-3-4
16:45 – 17:00	Parking Lot, Question Box, Closing, and Dismissal

**Day 4**

<b>Time</b>	<b>Session</b>
8:30 – 9:00	Opening and Recap
9:00 – 10:00	Session 12: Code of Conduct, I Want...
10:00 – 10:15	Tea Break
10:15 – 10:30	Session 12: Make a Commitment
10:30 – 12:00	Session 13: Expectations/Objectives, Parking Lot, Question Box, Post-test, Workshop Evaluation
12:00 – 13:30	Lunch and Awarding of Certificates
13:30 - 15:00	Meetings with Mentors to Develop Individual Work/Action Plans
15:00 – 15:15	Tea Break
15:15 – 15:30	Closing and Dismissal

## **ACTIVITY RESOURCE—Session 1:**

### **Learning Objectives ODP Peer Leaders' Social Networking Training**

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#### **Session 1. Opening**

Welcome the participants to the workshop; review expectations, the agenda and ground rules; and set the tone for the remainder of the workshop. By the end of this session, participants will:

- Recite the names and interests of other participants
- Contribute to an interactive learning environment
- Identify and set expectations for the facilitators and one another

#### **Session 2. Introduction to the USAID Open Doors Project**

To introduce participants to the USAID Open Doors Project (ODP) and its Social Network Strategy (SNS). By the end of this session, participants will:

- State how peer leaders support the key activities of the ODP's SNS
- Identify the similarities and differences between peer promoters and peer leaders

#### **Session 3. Know your Epidemic**

To review the current state of the HIV epidemic in Zambia and provide an overview of information necessary for peer leaders. By the end of this session, participants will:

- Describe how HIV is transmitted and summarize key facts about the HIV epidemic in Zambia
- Name individual and societal level risk factors for acquiring HIV

#### **Session 4. Gender**

To review concepts around gender and stereotypes and review sexual terminology. By the end of this session, participants will:

- Describe the difference between sex, gender, gender identity and gender expression
- Define stereotypes and describe how stereotypes impact our perceptions

#### **Session 5. Stigma and Discrimination**

To review the types of stigma, discuss how stigma can impact health seeking behavior and explore how peers can support clients to address stigma in healthcare settings. By the end of this session, participants will:

- Identify different types of stigma and describe how it affects individuals, families, and communities and can lead to discrimination
- Describe how stigma can impact health seeking behaviors
- Identify how peers can support clients to overcome stigma and discrimination in healthcare settings

#### **Session 6. Using your Social Network**

To review how social networks are structured and can be used to identify potential clients and recruit strong seeds. By the end of this session, participants will:

- Describe the role/expectations for a peer leader as different from a peer promoter
- Develop a map that identifies who to target within their network
- List the 6 steps that individuals conduct in their role as peer leaders
- Identify who within their networks will make a strong “recruiter/seed”



### **Session 7. Inviting and Orienting Seeds**

To review the process for inviting and orienting recruiters/seeds to the USAID Open Doors Project. By the end of this session, participants will:

- Demonstrate how to invite and orient a recruiter/seed to their responsibilities in the ODP
- Describe the features of the coupons used by the ODP for tracking peer leaders and seeds

### **Session 8. Motivating Friends**

To develop and practice effective ways to convince a friend or partner to seek testing services. By the end of this session, participants will:

- Demonstrate basic interpersonal communication skills needed to deliver messages to friends and partners
- Develop and demonstrate how to deliver messages to friends and partners, depending on their needs

### **Session 9. Incentives**

To review the incentives structure (both monetary and non-monetary) for peer leaders and recruiters/seeds under ODP. By the end of this session, participants will:

- Describe the incentives structure/package for peer leaders and recruiters/seeds including how the tally of coupons redeemed (representing clients mobilized) is used in the calculation

### **Session 10. Safety and Security**

To review possible threats and methods to maintain the safety and security of peer leaders when conducting their work. By the end of this session, participants will:

- Identify the types of situations, individuals/groups and geographic locations that may pose threats to peer leaders during their work
- Describe strategies to assess and address threats
- Describe how to respond to hypothetical threats using guidance provided by the project

### **Session 11. Putting it All Together**

To practice skills and techniques acquired throughout the training and receive feedback from facilitators and other participants. By the end of this session, participants will:

- Demonstrate techniques/strategies for responding to simulated situations
- Provide constructive feedback to other participants regarding techniques/strategies used during the simulated situations

### **Session 12. Code of Conduct and Commitments**

To review and promise to commit to a code of conduct for peer leaders. By the end of this session, participants will:

- Identify achievements they would like to attain as a peer leader
- Affirm their commitment to abiding by the code of conduct

### **Session 13. Closing**

To close the workshop, ensure expectations were met, complete final evaluations and thank everyone for their time. By the end of this session, participants will:

- Recap what they learned from the workshop
- Review workshop objectives to ensure that they have been met
- Share impressions of the workshop
- Complete final evaluations

## ACTIVITY RESOURCE—Session 1: Pre-test


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*Instructions: Respond to each question; some have more than one correct response.*

**Name:** \_\_\_\_\_

1. Which option best describes a social network?
  - a. people that live in the same house
  - b. a set of individuals linked by one or more types of relationships
  - c. a set of individuals that do not know each other
  - d. people from the same country
  
2. Why do projects use a social network strategy?
  - a. You can reach people who you may not typically find
  - b. It is cheaper than other strategies
  - c. It allows projects to reach all their intended audiences
  - d. It takes the least amount of time compared to other strategies
  - e. All of the above
  
3. What are two characteristics of a peer leader?
  - a. 1: \_\_\_\_\_
  - b. 2: \_\_\_\_\_
  
4. Which of the items listed below is/are unique to a peer leader?
  - a. Disseminates targeted information
  - b. Mobilises MSM into HIV testing services (HTS)
  - c. Are compensated
  - d. Outreach extends to clients, friends, and sexual network
  - e. All of the above
  
5. The following are modes of HIV cross transmission from key populations EXCEPT:
  - a. Mother to Child Transmission
  - b. Prisoners
  - c. Men who have sex with men
  - d. Injecting drug users
  - e. Sex workers
  
6. Tick ALL correct answers. The role of a peer leader includes:
  - a. Recruitment of “seeds”
  - b. Distribution of coupons
  - c. Providing HIV testing services
  - d. Conducting traditional peer outreach activities
  - e. Condom and lubricant distribution within their networks
  
7. COMPLETE THE SENTENCE WITH THE BEST OPTION. Interpersonal communication is a person-to-person, two-way, verbal and nonverbal interaction that includes:
  - a. sharing information and feelings
  - b. sharing information
  - c. dialogue
  - d. body language


8. List FOUR Interpersonal Communication Skills/Techniques:
- \_\_\_\_\_
  - \_\_\_\_\_
  - \_\_\_\_\_
  - \_\_\_\_\_
9. TRUE OR FALSE: We recommend talking about very sensitive topics such as sexuality in large community settings. \_\_\_\_\_ True \_\_\_\_\_ False
10. COMPLETE the sentence:  
 \_\_\_\_\_ determines a person's sex but societies shape perceptions of \_\_\_\_\_.
11. A woman has long hair and wears lip stick and earrings—these characteristics are determined by:
- Biology
  - Hormones
  - Society/culture
  - Chromosomes
12. Only men who have sex with men practice anal sex. \_\_\_\_\_ True \_\_\_\_\_ False
13. What is stigma? SELECT ONE.
- Strong negative feelings, unfair attitudes and beliefs a person or society holds against people they identify as different
  - Treating someone differently because of a person's behavior, religion, race, etc.
  - Feeling depressed and unhappy
  - Making generalized statements about a person or group based on a set of characteristics
14. What is discrimination? SELECT ONE.
- Strong negative feelings, unfair attitudes and beliefs a person or society holds against people they identify as different
  - Treating someone differently because of a person's behavior, religion, race, etc.
  - Feeling depressed and unhappy
  - Making generalized statements about a person or group based on a set of characteristics
15. What is a stereotype? SELECT ONE.
- Strong negative feelings or disapproval towards a person or group of people
  - Treating someone differently and not providing the same quality of service because of a person's behavior, religion, race, etc.
  - Feeling depressed and unhappy
  - Making generalized statements about a person or group of people based on a set of characteristics
16. TRUE or FALSE. There are clinics and health facilities in Zambia that provide tailored/friendly services to MSM and other key populations. \_\_\_\_\_ True \_\_\_\_\_ False
17. List two strategies peer leaders can use to increase KP's accessing health services.
- \_\_\_\_\_
  - \_\_\_\_\_



## Know Your Epidemic

Overview of the HIV Epidemic in Zambia

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### HIV and AIDS in Zambia 2

- Zambia has one of the highest populations living with HIV in sub-Saharan Africa (UNAIDS 2016)
- In 2016, there were an estimated 1,200,000 people living with HIV in Zambia (UNAIDS 2018)
  - 78% of PLHIV are on treatment (known as ART)
  - Infections among women are about double that of men (ZDHS 2018)
  - 3.8% of young adults age 15–24 are HIV positive (ZDHS 2018)
- In 2017, 48,000 people were newly infected with HIV (UNAIDS 2018)
  - Most new infections are in women and sex workers (UNAIDS 2017)
- Between 2010 and 2016, the rate of new infections in Zambia decreased by 27%

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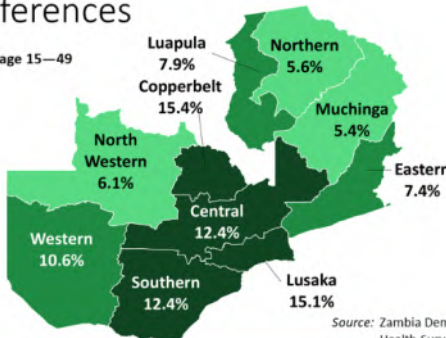
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### Regional Differences 3

Percent of women and men age 15–49 who are HIV positive



Source: Zambia Demographic and Health Survey (2018 ZDHS)

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What facilitates the spread of HIV in Zambia?



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What facilitates the spread of HIV in Zambia?

- Unprotected sex
- Having multiple sexual relationships within the same time period (multiple concurrent partnerships)
- Intergenerational sex – the sugar daddy and mammy syndrome
- Low and inconsistent use of condoms
- Low voluntary medical male circumcision
- People moving between locations (migration and mobility)
- Transmission in utero from a mother to child – perinatal transmission
- Marginalized, vulnerable populations

Source: NAC 2014



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Who are Key Populations in Zambia?\*

- People living with HIV
- Adolescent girls and young women
- Young Men
- Inmates
- Migrants
- People who inject drugs
- Sex workers
- Transgender people
- Gay men and other men who have sex with men
- Children and pregnant women living with HIV
- Displaced persons
- Persons with disabilities
- People aged 50 years and older

\* As defined by the National AIDS Strategic Framework 2017-2021  
Focus of Open Doors Project (ODP)



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## Definitions

- Sex workers
  - Women, men and transgendered people who receive money and/or goods in exchange for **sexual** services, and who consciously **define** those activities as income generating even if they do not consider **sex work** as their occupation.
- Men who have sex with men
  - Any man who has sex with another man, regardless of sexual orientation or gender identity, and whether or not he also has sex with women.
- Transgender
  - Persons who identify themselves in a different gender rather than that assigned to them at birth. They may express their identity differently to that expected of the gender role assigned to them at birth.

Source: World Health Organization




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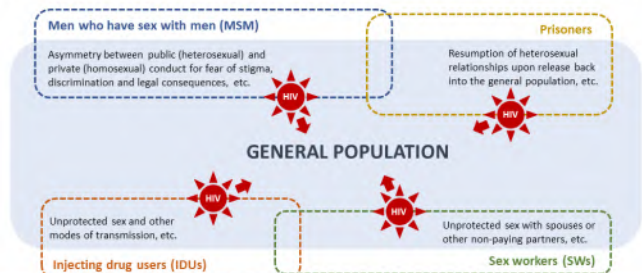
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## Examples of Modes of Cross-Transmission from a Selection of Key Populations

Source: NASF 2017




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## Associated Risk Factors for HIV Transmission Among KPs

### Individual Risk Factors

- Unprotected intercourse
- High frequency of partners
- High number of lifetime partners
- Lack of circumcision (males)
- Substance abuse

### Structural/Societal Risk Factors

- Stigma
- Discrimination
- Violence
- Illegality of same sex activities




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### Activity: Reflecting on Our Group Experiences

- For the series of statements on the next slide, please raise your hand if the statement is true
  - If you feel uncomfortable answering the question, please feel free to abstain.
- After we complete the statements, we will have a brief discussion about what we see and explore our experiences a little more.
- Any questions before we begin?




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### Exposure to Drivers of the HIV Epidemic in Zambia

- I know someone who has had unprotected sex
- I know someone who is in multiple concurrent relationships
- I know someone who does not use condoms
- I know someone in a relationship with someone that is more than 10 years older than them
- I know someone who has participated in transactional sexual activities
- I know someone who is considered a marginalized and underserved population




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## ACTIVITY RESOURCE—Session 4: Terminology Cards

Use scissors to cut along the dotted lines. Place the strips of paper showing the definitions into a hat/box.

Sex	physical differences between male, female, and intersex human bodies.
Intersex	a variety of chromosomal, hormonal, and anatomical (biological) conditions in which a person does not seem to fit the typical definitions of female or male.
Sexual orientation	sexual, emotional or romantic attraction primarily or exclusively to people of a particular gender.
Asexual	a lack of (interest in and desire for sex) sexual attraction.
Bi-sexual	emotional, romantic, physical, intellectual, spiritual and/or sexual attraction to males and females.
Transgender	an individual whose gender identity is different from their sex assigned at birth.
Gay	a male who is attracted to another male on various levels (emotionally, physically, intellectually, spiritually, and sexually). A gay man does not necessarily have to be a man who has sex with men.
Men who have sex with men (MSM)	men may be considered MSM if they engage in sex with other men, regardless of whether they identify as gay, heterosexual or bisexual.
Lesbian	a female sexual identity and orientation which is an attraction between two females on various levels (emotionally, romantically, physically, intellectually, spiritually, and sexually).
Heterosexual	emotional, romantic, physical, intellectual or sexual attraction to people of a different gender/sex. People who are heterosexual often identify as “straight.”
Homosexual	emotional, romantic, physical, intellectual or sexual attraction to people of the same gender/sex. People who are homosexual often identify as “gay” or “lesbian.”
Gender expression	the external display of a person’s gender including appearance, disposition, social behavior and other factors.
Gender norms	a culturally defined set of roles, responsibilities, rights and obligations which are associated with being either a male or a female. This includes power relations among women, men, boys and girls.
Gender identity	a person’s internal and individual experience which may or may not correspond with the sex assigned at birth.
LGBT	lesbian, gay, bisexual, transgender. This acronym is commonly used to refer to gender and sexual minority communities.
Homophobia	fear, rejection or aversion, typically in the form of stigmatizing attitudes or discriminatory behavior toward homosexuality or transgenderism.



## ACTIVITY RESOURCE—Session 4: Bwalya’s Story

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Bwalya is at home in the village. Bwalya is a good child, helpful at home, really interested in schoolwork, and a good student. Bwalya has hobbies such as playing football with the other children, tending the garden, and collecting firewood.

As Bwalya gets older, Bwalya moves to a bigger town to go to high school. Bwalya’s favorite subjects are math and literature. Bwalya does well in school and wins a scholarship to go to university. Bwalya’s social life grows, with music and dancing, and Bwalya falls in love for the first time with best friend, Thandiwe. It is quite awkward since they are both teenagers and don’t know how to express their feelings, but they vow to keep in touch when Bwalya goes off to university.

Bwalya moves to Lusaka and excels at university. After graduation, Bwalya gets a really good job in the city working for an agricultural production company and is active in the local community and church life. Bwalya also falls in love with Frank, the owner of a local business.

Today, Bwalya is happily married with three children. Bwalya has two girls and a boy and has settled in the city.

*Adapted from: [Sexual and reproductive health and rights, and HIV 101 workshop guide: A guide to facilitating a workshop on linking up HIV and sexual and reproductive health and rights with young key populations](#)*

**ACTIVITY RESOURCE—Session 6: Role Play Characters**

<p><b>Name: Patrick</b></p> <p>Born male, you identify as male and have sex with men. Sometimes you pay men to have sex with you – in addition to sex with your boyfriend, you paid for sex with two sex workers in the past year. Sometimes you inject heroin.</p> <p>You’re careful to get an HIV test every three months – the last was negative. You’ve never gotten an STI exam – you use condoms, and if your penis hurts you just take some antibiotics.</p>	<p><b>Name: Ruth</b></p> <p>Born female, you identify as female and prefer sex with men. Sometimes you have sex with men for money.</p> <p>You don’t always use condoms if your clients offer more money. You get an STI exam every month, but you’ve never been tested for HIV. You never use drugs.</p>
<p><b>Name: Andre</b></p> <p>Born male, you identify as male and have sex with women. You are married with three children, and like to go out drinking with friends, and have had sex with other women while drunk in the past year. You have not paid for sex. You enjoy alcohol and often wake up after drinking not remembering the previous night.</p> <p>You have not had an HIV test because you are married, and you’re afraid of what the result may do to your marriage.</p>	<p><b>Name: Bwalya</b></p> <p>Born male, you identify as female and have sex with men. Sometimes you ask people for money for sex with you but you never use drugs.</p> <p>You tested positive for HIV two years ago, so you always make sure to use condoms, but you’ve never been to the ART clinic because you heard treatment causes bad side effects and you need to be able to work.</p>
<p><b>Name: Princess</b></p> <p>Born female, you identify as female and have sex with men. You are married with children. You like to go drinking with friends and have had sex with other men while drunk in the past year. Also, you know your husband has had sex with other partners. You have not paid for sex. You enjoy alcohol and often wake up after drinking not remembering the previous night.</p> <p>You have not had an HIV test because you are married, and you’re afraid of what the result may do to your marriage.</p>	<p><b>Name: Sinkala</b></p> <p>Born male, you identify as male and have sex with women. You never pay for sex, but your girlfriend sometimes sells sex for money. The last time you were with someone else was almost a year ago – you got high and hooked up with another woman.</p> <p>When your girlfriend got an STI, you both got a check-up together and since then you always use condoms. You’ve never been tested for HIV.</p>
<p><b>Name: Precious</b></p> <p>Born female, you identify as female and have sex with men. You previously made your living as a sex worker, using condoms for protection and getting tested regularly. You have been in a monogamous relationship for six months with a health care worker that you met at church.</p> <p>You and your partner tested negative for HIV and STIs three months ago.</p>	<p><b>Name: Levy</b></p> <p>Born male, you identify as male and have sex with women. Two years ago, you lost your job and became a heavy drinker, strayed from your marriage vows, and had multiple sexual relationships with younger women and men. Earlier this year, you discovered religion, got a new job and returned to your wife and children.</p> <p>You were tested for HIV/STIs six months ago and three months ago and all tests were negative.</p>

**ACTIVITY RESOURCE—Session 7: COUPON SAMPLE**

**SOCIAL NETWORKING STRATEGY  
COUPON**

PL\_ID: **A** **6** - **1** \_\_\_\_\_ ID: **1** \_\_\_\_\_

To schedule your free, confidential HIV test, please call the  
Open Doors Wellness Centre at:

02-221427 +260 979 567 676 or +260 973 7767 64

Or, contact your Outreach Worker \_\_\_\_\_  
at: \_\_\_\_\_

 **USAID Open  
Doors Project**  
Nothing for Us  
Without Us

SNS coupons are prepared in advance with the ID# of the Peer Leader and the contact information for the Outreach Worker and the ODP wellness centre.

The PL\_ID and coupon ID numbers allow the project to track who distributed the coupon so that the PLs and recruiters/seeds can receive their incentives when the coupons are turned in at the wellness centre. Outreach workers work with PLs to document and track the coupons.

Testing is simple and generally takes about 20 minutes at our office located at:

**Plot 2, 7<sup>th</sup> Street Nkana West, Kitwe**

Our business hours are from 08.00 hrs to 17.00hrs from Monday to Friday.

**You can also schedule an appointment with a health care provider  
or counsellor at your convenience.**

## ACTIVITY RESOURCE—Session 8: Role Play Scenario Cards

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*Instructions: Make enough copies to ensure that each participant will have a scenario card. Use scissors to cut along the dotted lines. Distribute one client description card to each participant, ensuring that each small group receives three different scenarios.*

**Client 1:**

Born female, you identify as female and prefer sex with men. Sometimes you have sex with men for money. You have talked to an outreach worker before – about 3 or 4 months ago. You don't always use condoms if your clients offer more money. You get an STI exam every month, but you've never been tested for HIV. You are nervous about the results of an HIV test, and what it might do to your life and how it may affect your relationships where you are paid for sex. You never use drugs.

**Client 2:**

Born male, but you identify as female and have sex with men. You've never been paid for sex – you've been monogamous with your boyfriend for the past year, so you guys never use condoms. You remember you talked to an outreach worker at least a year ago. You got an HIV test once – about 3 years ago – and it was negative. You've never had an STI exam because you've never had symptoms. Because you're monogamous in your relationship, you don't feel like you need to test for HIV, despite both of you having numerous partners prior to your relationship.

**Client 3:**

Born female, you identify as female and have sex with men. Sometimes you ask people for money when they have sex with you but you never use drugs. This is the second time this month you've met with this same outreach worker. You tested positive for HIV two years ago, so you always make sure to use condoms, but you've never been to the ART clinic because you heard treatment causes bad side effects and you need to be able to work.

**Client 4:**

Born male, you identify as male and have sex with men and women. This is the second time this month you spoke with an outreach worker. You have lots of sex partners and usually use condoms – you're sure you don't have HIV but you've never had a test. Your last STI check-up was 8 months ago. You don't feel the need to test because you're sure you don't have HIV.

**Client 5:**

Born male, you identify as male and have sex with women. You never pay for sex, but your girlfriend sometimes sells sex for money. The last time you were with someone else was almost a year ago – you got high and hooked up with another woman. No one has ever talked to you about HIV before. When your girlfriend got an STI, you both got a check-up together and since then you always use condoms. You've never been tested for HIV.



USAID Open Doors Project  
Nothing for Us Without Us

## Safety and Security

Making Our Work Safe

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### How to Improve Safety and Security 2

- Learn, and prepare to follow, the safety and security guidance and procedures established by the project.
- Identify and analyze general and specific threats (what, where, who, why) to gain a deeper perspective of the situations that PLs may encounter.
- Have a plan for dealing with threats to improve your safety and security.

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### Brainstorm 3

Given the expectations for peer leaders, what concerns do you have regarding your safety and security?

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## Potential Safety & Security Threats

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- Physical attack (e.g., beating, sexual assault, stabbing, shooting)
- Mob attack
- Verbal abuse and intimidation, including death threats
- Intrusion of privacy (e.g., at home or in social media)
- Blackmail and extortion
- Defamation of character
- Hate speech
- Eviction from home



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## Potential Safety & Security Threats

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*continued*

- Outing including that done by the media
- Ejection from social groups (e.g., religious groups, family networks)
- Police harassment, surveillance, and crackdowns, including unlawful arrest, detention, strip-search, and confiscation of commodities (e.g., condoms, lubricants)
- Forced medical procedures
- Threats to partners, children, and family



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## Brainstorm:

Where might the safety and security of a peer leader be threatened?



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### Where Do Threats Occur?

- On the way to/from offices (e.g., on public transport)
- On the way to/from program activities
- In communities we live in
- At offices or places of work
- At clinics and other service delivery points including testing events
- At educational organizations—schools, colleges, universities
- In social settings (e.g., parties)
- At police stations
- At outreach locations (e.g., streets, bars, hotspots)
- Places of worship
- During research activities
- In the media (e.g., in newspapers, TV)
- Online (e.g., on Facebook, Instagram)




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### Who might threaten your safety and security and why might they be motivated to do it?

- Family members and intimate partners
- Neighbors and community members
- Law enforcement officers
- Landlords
- The Media
- Other members of key populations
- Brothel madams/pimps
- Service providers
- Religious leaders and decision makers (e.g., politicians, judiciary)
- Members of other civil society organizations (e.g., faith-based organizations)




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### What steps has the project taken to help provide for your safety and security?

- Obtained MOH endorsement for project activities (MOU in place)
- Collaborated with other organizations to expand the reach of the program (e.g., National AIDS Council provincial and district structures, local NGOs and other USAID-funded projects)
- Built rapport with community leaders to gain support for the project from district health officials, police, civic and church leaders
- Considered the social norms of the community in the program design
- Engaged KPs in all levels of project planning and implementation to realize the project tag line: "Nothing for us without us."
  - Gave sub awards to several KP organizations to implement components of the project
  - Working with KP organizations in a KP Advisory Committee supported by the project to ensure representation of KP's needs
- Enlisted legal assistance through the Key Population Protection Network to provide guidance and intervene if needed
  - Trained members of the KP community as paralegals to provide awareness on rights of KPs, identify, document and report violations and abuses among KPs in the community
- Established procedures to manage common threats that may occur




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## What actions should you take in these situations?

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Situation	Action
If a community member asks questions about the project	Share concise, consistent, noncontroversial messages from the project brochure including contact information for community liaisons who support the project goals:
If you are approached by the media for information/comment	Let the person know that you cannot speak with the media and give them contact information of project communications representative:
If you notice the project is criticized on social media	Notify your outreach worker about what you observed or experienced, provide a screen shot or URL if possible.
If you are verbally harassed or threatened by someone (e.g., a client, health care provider)	Use your judgement to decide what feels safe. You may simply leave or decide to ask the person(s) to stop. In any case, remain calm and do not escalate. Notify your outreach worker about the incident including the location, individuals involved, and time of day.
If you are questioned, harassed, arrested by a police officer or other authority	Give the officer/authority the name and contact information of the police representative for the project: Call the 24/7 Project Hotline for emergency assistance: _____
If someone tells you they are in danger or that they have been physically or sexually assaulted	Explain any limits to confidentiality, such as mandatory reporting, and then ask permission to seek help on their behalf; if permission is granted, notify _____ who will help the victim document/report the incident using the Violence Disclosure and Service Provision Form.
If you are physically or sexually assaulted	Seek treatment for your injuries from a health facility _____ and notify the police _____. Inform your outreach worker; or, if comfortable doing so, notify the project manager directly _____.



## Recommendations

11

1. Never assume safety and security. Always make it a priority.
2. Understand the risks and their contexts.
3. Plan ahead and know your response to potential threats; consider the circumstances and adapt as needed to changing situations.
4. Know your allies (and your enemies) – including police, lawyers, medical personnel, community members who support the project.
5. Work together to gain knowledge and develop strategies collectively.



## Small Group Activity

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In your small groups, discuss what actions you might take immediately, in the short term, in the long term, and what you might have done in advance to address each situation.

Be prepared to discuss what actions you would take with the larger group.

Situations:

1. You are arrested or detained by the police and questioned about the work of the organization.
2. You are visiting a potential client and her partner comes home unexpectedly and begins to yell at you and beat her.
3. You are walking with a client near his house to find a quiet space in the park to discuss his interest in becoming a recruiter/seed and are attacked by an angry mob who call you homos, push you and threaten to out your client to his neighbours.





**ACTIVITY RESOURCE—Session 11: Situation Cards**

<p>Name of Potential Client: <b>Abina</b></p> <p>Abina is an older man who is married and has had numerous sexual relationships with men outside of his marriage. He is a friend of yours and his wife is not aware of these relationships. He is not aware of his status and has not been tested for HIV. He is fearful of getting tested and having to explain his sexual behavior.</p> <p>He is hesitant to become a recruiter/seed to connect others but has a large network of friends who engage in similar behaviors.</p>	<p>Name of Potential Client: <b>Sha</b></p> <p>Sha is a sex worker friend of yours who has 5 to 10 regular clients, as well as a boyfriend. She does not use condoms all the time, especially when the men pay more. She tests for HIV about once every two years, and her last test was negative. She does believe she needs to test again soon.</p> <p>She is nervous to become a recruiter/seed and speak to her sex worker friends as she is worried about them stealing her clients.</p>
<p>Name of Potential Client: <b>Mo</b></p> <p>Mo is a young man and a friend of yours who has recently come out as an MSM. He has had numerous partners over the past six months and recently disclosed this behavior to you. He does not believe he could be positive as he's so new to this lifestyle.</p> <p>He would <u>not</u> like to be a recruiter/seed as he's not comfortable sharing his behaviors with others.</p>	<p>Name of Potential Client: <b>George</b></p> <p>George is an older man who is married with kids. George and you are drinking buddies and he often drinks too much on weekends, and ends up having sex with women other than his wife. He knows he drinks too much but does not believe he could be vulnerable to HIV and is hesitant to connect to the program.</p> <p>He would <u>not</u> like to become a recruiter/seed.</p>

----- Cut along dotted line. -----

<p>Name of Potential Client: <b>Abina</b></p> <p>Abina is an older man who is married and has had numerous sexual relationships with men outside of his marriage. He is a friend of yours and his wife is not aware of these relationships. He is not aware of his status and has not been tested for HIV. He is fearful of getting tested and having to explain his sexual behavior.</p> <p>He is hesitant to become a recruiter/seed to connect others but has a large network of friends who engage in similar behaviors.</p>	<p>Name of Potential Client: <b>Sha</b></p> <p>Sha is a sex worker friend of yours who has 5 to 10 regular clients, as well as a boyfriend. She does not use condoms all the time, especially when the men pay more. She tests for HIV about once every two years, and her last test was negative. She does believe she needs to test again soon.</p> <p>She is nervous to become a recruiter/seed and speak to her sex worker friends as she is worried about them stealing her clients.</p>
<p>Name of Potential Client: <b>Mo</b></p> <p>Mo is a young man and a friend of yours who has recently come out as an MSM. He has had numerous partners over the past six months and recently disclosed this behavior to you. He does not believe he could be positive as he's so new to this lifestyle.</p> <p>He would <u>not</u> like to be a recruiter/seed as he's not comfortable sharing his behaviors with others.</p>	<p>Name of Potential Client: <b>George</b></p> <p>George is an older man who is married with kids. George and you are drinking buddies and he often drinks too much on weekends, and ends up having sex with women other than his wife. He knows he drinks too much but does not believe he could be vulnerable to HIV and is hesitant to connect to the program.</p> <p>He would <u>not</u> like to become a recruiter/seed.</p>



## CODE OF ETHICS AND CONDUCT FOR PEER LEADERS.

### Respect

1. Peer Leaders should demonstrate mutual respect to community members and the public.
2. Peer Leaders must believe that every individual has strengths and the ability to learn and grow.
3. Peer Leaders must respect the rights and dignity of those they serve.
4. Peer Leaders should show no judgement for the actions of clients and other peer leaders.

### Privacy and Confidentiality

5. Peer Leaders are expected to maintain confidentiality for the clients served, including minimizing the sharing of sensitive information to the minimum number of people.
6. Peer Leaders should respect the privacy and confidentiality of those they serve.
7. Peer Leaders should ensure conversations, when possible, are held in private locations and minimize opportunities for interruptions or others listening.

### Conflict of Interest

8. Peer Leaders should not enter commitments that conflict with the interests of the *USAID Open Doors Project*.
9. Peer Leaders should not accept gifts of significant value from those they serve or extort or blackmail clients for financial gain.

### Personal Conduct

10. Respect, trust and honesty are values that are integral to the project and Peer Leaders are expected to display these traits always.
11. Peer Leaders are encouraged to share their personal recovery stories with colleagues and those they serve.
12. Peer Leaders should never intimidate, threaten, or harass those they serve; never use undue influence, physical force, or verbal abuse with those they serve; and never make unwarranted promises of benefits to those they serve.
13. Peer Leaders should not practice, condone, facilitate, or collaborate in any form of discrimination based on ethnicity, race, gender, sexual orientation, gender identity and/or expression, age, religion, national origin, marital status, political belief, mental or physical disability.

14. Peer Leaders should seek to develop and portray positive culture, attitudes, values, feelings, goals, skills and roles in the communities being served.
15. Peer Leaders should maintain high standards of personal conduct. Such conduct includes but is not limited to:
  - Speaking and acting in a neutral manner
  - Avoiding involvement in any activity that the USAID Open Doors Project believes to be unsafe, illegal, unethical or detrimental to clients.
  - Ensuring that your personal appearance and attitude inspires trust and confidence in clients.
  - Maintaining objectivity. Physical, emotional and/or psychological health should not affect your judgement.
16. Peer Leaders should not engage in sexual/intimate relationships with colleagues or those they serve. If such a relationship arises, Peer Leaders should inform their supervisor.
17. Any behavior which brings the USAID Open Doors Project into disrepute will result in disciplinary actions. Such behaviors include but are not limited to:
  - Discrimination targeted at colleagues and/or KP community members.
  - Abuse of alcohol and/or drugs during working hours or participation in any event or activities organized by the USAID Open Doors Project under the influence of alcohol and/or drugs.
  - Inappropriate sexual behavior/conduct within the work environment or the community.
  - All forms of violence and/or abuse.
  - Refusal to perform assigned tasks as required by the project within the scope of work of Peer Leaders.
  - Advocating religious, moral, and/or cultural beliefs that undermine the clinical and medical facts surrounding HIV/AIDS, STIs and/or any other services offered by the USAID Open Doors Project.
  - Spreading myths, misconceptions or otherwise spreading wrong information about HIV/AIDS, STIs or other related illnesses.
  - Issuing media or press statements, regardless of the circumstances, on the activities of the project to any person outside the USAID Open Doors Project.
  - Undermining the goal, objectives and strategies of the USAID Open Doors Project.

I have read and understood the statements contained above.

**Name** ..... **Signature** ..... **Date** \_\_\_ / \_\_\_ / \_\_\_

**Witnessed by:**

**Name** ..... **Signature** ..... **Date** \_\_\_ / \_\_\_ / \_\_\_

## ACTIVITY RESOURCE—Session 13: Post-test

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*Instructions: Respond to each question; some have more than one correct response.*

**Name:** \_\_\_\_\_

1. Which option best describes a social network?
  - a. people that live in the same house
  - b. a set of individuals linked by one or more types of relationships
  - c. a set of individuals that do not know each other
  - d. people from the same country
  
2. Why do projects use a social network strategy?
  - a. You can reach people who you may not typically find
  - b. It is cheaper than other strategies
  - c. It allows projects to reach all their intended audiences
  - d. It takes the least amount of time compared to other strategies
  - e. All of the above
  
3. What are two characteristics of a peer leader?
  - a. 1: \_\_\_\_\_
  - b. 2: \_\_\_\_\_
  
4. Which of the items listed below is/are unique to a peer leader?
  - a. Disseminates targeted information
  - b. Mobilises MSM into HIV testing services (HTS)
  - c. Are compensated
  - d. Outreach extends to clients, friends, and sexual network
  - e. All of the above
  
5. The following are modes of HIV cross transmission from key populations EXCEPT:
  - a. Mother to Child Transmission
  - b. Prisoners
  - c. Men who have sex with men
  - d. Injecting drug users
  - e. Sex workers
  
6. Tick ALL correct answers. The role of a peer leader includes:
  - a. Recruitment of “seeds”
  - b. Distribution of coupons
  - c. Providing HIV testing services
  - d. Conducting traditional peer outreach activities
  - e. Condom and lubricant distribution within their networks
  
7. COMPLETE THE SENTENCE WITH THE BEST OPTION. Interpersonal communication is a person-to-person, two-way, verbal and nonverbal interaction that includes:
  - a. sharing information and feelings
  - b. sharing information
  - c. dialogue
  - d. body language

8. List FOUR Interpersonal Communication Skills/Techniques:
- \_\_\_\_\_
  - \_\_\_\_\_
  - \_\_\_\_\_
  - \_\_\_\_\_
9. TRUE OR FALSE: We recommend talking about very sensitive topics such as sexuality in large community settings. \_\_\_\_\_ True \_\_\_\_\_ False
10. COMPLETE the sentence:  
 \_\_\_\_\_ determines a person's sex but societies shape perceptions of \_\_\_\_\_.
11. A woman has long hair and wears lip stick and earrings—these characteristics are determined by:
- Biology
  - Hormones
  - Society/culture
  - Chromosomes
12. Only men who have sex with men practice anal sex. \_\_\_\_\_ True \_\_\_\_\_ False
13. What is stigma? SELECT ONE.
- Strong negative feelings, unfair attitudes and beliefs a person or society holds against people they identify as different
  - Treating someone differently because of a person's behavior, religion, race, etc.
  - Feeling depressed and unhappy
  - Making generalized statements about a person or group based on a set of characteristics
14. What is discrimination? SELECT ONE.
- Strong negative feelings, unfair attitudes and beliefs a person or society holds against people they identify as different
  - Treating someone differently because of a person's behavior, religion, race, etc.
  - Feeling depressed and unhappy
  - Making generalized statements about a person or group based on a set of characteristics
15. What is a stereotype? SELECT ONE.
- Strong negative feelings or disapproval towards a person or group of people
  - Treating someone differently and not providing the same quality of service because of a person's behavior, religion, race, etc.
  - Feeling depressed and unhappy
  - Making generalized statements about a person or group of people based on a set of characteristics
16. TRUE or FALSE. There are clinics and health facilities in Zambia that provide tailored/friendly services to MSM and other key populations. \_\_\_\_\_ True \_\_\_\_\_ False
17. List two strategies peer leaders can use to increase KP's accessing health services.
- \_\_\_\_\_
  - \_\_\_\_\_

## ACTIVITY RESOURCE—Session 13: Workshop Evaluation

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### 1. Please rate this workshop in the following areas:

*Please rate on a scale of 1 to 5, where 1 is the minimum (poor) and 5 is the maximum (excellent).*

Score	1	2	3	4	5
a) Structure of the workshop					
b) Usefulness of materials					
c) Extent to which you acquired new skills					
d) Session methodologies (presentation, role plays, etc.)					
e) Balance of theory vs. practice (1 = too much theory/not enough practice; 5 = perfect balance of theory/practice)					
f) Extent to which workshop contributed to networking					
g) Competency of the facilitators					

Please add any specific comments:

### 2. What did you like best about the workshop?

### 3. What was the most interesting thing you learned in this workshop? Please explain.

### 4. Did anything surprise you in this workshop? If yes, please describe. If not, please explain why not.

### 5. How would you improve this workshop?

**6. Is there anything you would eliminate from the training? If so, what?**

**7. What other subjects or activities should have been included in this workshop?**

**8. What workshop/training methods could be changed?**

**9. How well did the workshop encourage the exchange of experiences among participants?**

- Not at all
- Somewhat
- Quite a lot

Please explain your answer:

**10. How will you apply the knowledge and skills acquired in the course? Please give specific examples**

**Do you have any other comments?**



# Certificate of Completion

This is to certify that

.....  
completed a skills building training on the Enhanced Peer Outreach  
Approach & Social Networking Strategy (EPOA/SNS) held at

..... ON .....

.....  
**Country Director**  
FHI 360, Zambia Country Office



.....  
**Chief of Party,**  
USAID Open Doors Project







