

1 Design of the module

Design elements of the module are set out at the outset. This is to enable the users to have an understanding of the entire framework of the module before they get into the training section.

1.1 **Assumption regarding design of the intervention:** It is assumed that

- All interventions are preceded by a Needs Assessment study
- All interventions have the system of conducting annual baseline study to measure the effectiveness of interventions
- All interventions have budgets for capacity building, which they can spend for training sessions and travel to other interventions for exposure visits. It is also assumed that this budget head can be used for Peer Educators also.
- All Project Managers and Outreach workers are thoroughly trained in basics of Targeted Interventions (Basics of STD/HIV/AIDS, Methods of prevention, National AIDS Control Programme, Global Scenario, Components of Targeted Intervention, Objective development & strategy formulation for each component of Targeted Intervention, Protocol for Baseline study etc.)
- All interventions recognise Peer Education as a key strategy and deal with Peer Educators with respect and understanding that they are representatives of the community for which Targeted Interventions have been set up.

1.2 **Training module + Handbook of Peer Education is one unit:**

This training module is to be used in conjunction with its companion volume – Handbook of Peer Education.

- Handbook is to give Project Managers and Outreach workers an overall idea on Peer Education, how it can be set up and how it can be managed. Handbook can be used as a self-training module if the user is knowledgeable about basics of Targeted Interventions.
- Training module for Peer Educators is for providing induction training to Peer Educators and is for use by facilitator/s (Project Manager & Out Reach Workers in Targeted Interventions)

- 1.3 **Justification for the proposed method of training:** It is proposed that the initial induction training for Peer Educators should be in – house – i.e. by the intervention team itself. It is also proposed that the Project Manager puts together a training team with the Project Manager as the Team leader and Outreach Workers as trainers. Availability of training resources from within the intervention itself will ensure that the Peer Educators will get their training promptly after they have been recruited. State level induction training of Peer Educators is difficult to co-ordinate and is often possible only after all the interventions have selected their Peer Educators. This would usually mean some time would lapse between selection of Peer Educator and imparting training to them. Hence it is recommended that training of Peer Educators be done at the intervention level itself.
- 1.4 **Issue of Competency of Project Managers and Outreach Workers to be trainers for Peer Education:** Outreach Workers are expected to impart roughly the same kind of outreach services that Peer Educators also deliver. Hence if the Outreach Workers and Project Managers have received good quality training at the beginning of the intervention, they should not have difficulty being trainers for Peer Educators. If needed, a discussion meeting on the Handbook of Peer Education could be held before training the Peer Educators.
- 1.5 **Using adult training methods:** Review of training technology show that adult learning is quite different from desk based learning seen usually in schools and other academic institutions. This training module is based on adult learning approaches.
- 1.6 **Role based design:** The key aspect of design of this module is that it is role based capacity building. This method is modular and goes through the following stages
- Module 1: Nature of the problem – Define from the broad to the specific problem that the people who are being trained are addressing.
- Module 2: Methods of solving the problem – Go from the broad solution to the specific solution that the people who are being trained are expected to achieve.

Module 3: Role in solving the problem for the category of people being trained

Module 4: Knowledge, attitude and skills needed for playing the roles.

This permits use of available material for Module 1 and Module 2. It also permits easy revision of the module. For example, if a new role is given to the category of people concerned, then the new role could be added to module 3. And in module 4, the knowledge, attitude and skills needed to play the role could be added. Similarly, if a role is deleted, it is a simple matter to delete that role from module 3 and remove the linked components from module 4.

- 1.7 Induction training is NOT EQUAL to complete capacity building. This training module is ONLY for inducting Peer Educators into Targeted Intervention. It must be emphasised that one training does not mean that all capacities needed for Peer Education have been built. No single training can provide all the capacities needed for being a Peer Educator. The strategies for continuous capacity building are discussed in Handbook for Peer Education.

2 Note to the lead facilitator

If you are reading this module to prepare for training of Peer Educators you could be Project Manager or Outreach Worker in a Targeted Intervention.

Welcome to the training of Peer Educators

Success of Peer Education rests to a large extent on your efforts. If you plan properly, prepare properly, recruit Peer Educators properly, train them properly and manage them with respect and professionalism, your intervention will have effective Peer Education. Thus good Peer Education cannot be achieved by just training Peer Educators. Training is only one of the steps for Peer Education. Much more needs to go into it to make an effective Peer Education programme.

2.1 **Preparing for induction training:** The Project Manager should take the initiative in preparing for induction training.

The first requirement for preparation for training is to start the preparations well in advance – at least **1 month** before the training.

Steps in preparation are as follows –

a) Identify Outreach Workers who could be good trainers: The trainers should be able to relate to other people easily, should have good communication skills and should be able to respond according to situations. If you look at these requirements closely, you will find that these are same as the requirements for good Outreach Workers also. Thus if you have selected your Outreach Workers appropriately, then any Outreach Worker could become a trainer!

b) Supply the Outreach Workers with copies of Handbook of Peer Education and training module (local language versions): Share with them the objectives of each document and request them to go through them thoroughly. Inform also that after a week, a meeting will be called to discuss the documents. Ask them also to make notes of sections that they did not understand completely. As Project Manager, you also should go through both the documents in detail.

- c) Meeting to discuss the modules: Give sufficient time for the meeting – at least two hours. Discuss to see how the Outreach Workers have comprehended the modules and offer clarifications where needed. Make a participatory decision on who will handle which section. Clearly allocate sessions. Schedule appointments on a one to one basis with all the trainers after a gap of at least 5 days after the meeting.
- d) One to one sessions with the trainers: During these sessions, discuss the details of how the session can be conducted. If necessary ask the trainers to prepare detailed notes on each of the session that they are going to handle. Each trainer should also prepare a list of logistical requirements for the sessions that they handle.
- e) Meeting with the Peer Educators: The training team meets with the newly recruited Peer Educators and outlines briefly the training programme and fixes dates for training in consultation with them.
- f) Logistical arrangements: Divide the logistical arrangements among the trainers and follow up progress of arrangements.
- g) Flexibility of training module: In some intervention settings, it might not be possible to get Peer Educators for full day. In these situations not force the training schedule given in this module on them. Discuss with the Peer educators and fix the schedules with their participation. For example the same training module can also be used for half day sessions, spread out over six days.

3 Approach to training

- 3.1 **What is approach to training?** This might be more easily explained by example rather than by definition. Most of us would remember from our school days that some teachers taught better than other teachers. One could say that their teaching approach was better. Some appear to have this skill naturally and some people cultivate it. In this training it is important to have the right approach.
- 3.2 **What is right approach?** There are many approaches to training. This could differ according to the subject of training and the people being trained. In this training programme the approach used is Adult Training Methods. In any training the expectation is that the participants learn something. So a training programme should be done in a way that the participants will learn. The section below describes how adults learn. These principles should be kept in mind and used wherever possible in the training programme of Peer Educators.
- 3.3 **How adults learn:**

Characteristics of adult learning	Recommendation for workshop
More interested in problems that are relevant to them.	Handle the session on STD/HIV/AIDS in such a way that they realise that it is a problem that they face.
Problems are better understood when presented as practical realities.	Use examples from their own life – e.g. what happens in their community when somebody has STD Stories of such experiences will also be useful
Information has to be practical as far as possible.	When talking about condoms, bring in brand names. When talking about STD, show cards that have pictures of STDs.
Adults fear about exposing their ignorance.	When asking questions in a session, make sure that the first few questions are questions that they can easily answer. In any one session do not ask too many questions that they cannot answer.

Adults build on what they already know and accept.	<ul style="list-style-type: none"> • Whenever possible, find out what they already know about the topic of training. Build your session on what they already know • If you find something is unacceptable to the participant do not force it on them. Give more time. Bring it up sometime later in the session or some other session or maybe even the next day.
Adults have a strong self esteem and they value the self esteem.	Never say or do anything that could injure their self esteem
Adults do not like being lectured to.	Keep such information giving sessions as short as possible (say 10 – 15 minutes). If more information should be given, bring in some interactivity before going into the next 10 minutes.
Adults value their opinion.	Always ask the audience their opinion of what is being handled in the session – e.g. in condom use session, ask them what they think about condoms or some relevant question.
Adults like to be treated as adults!	Never talk down to any participant. Use empowering language. The trainees should take back memories of a pleasant experience after the training.
Adults do not like disrespect shown towards them	Always treat the participants with respect and friendliness. Provide breaks. Never have coffee/ tea while the session is in progress – take a break when it is break time!
Adults usually have their own opinion about almost everything	Take their opinion on all issues that come up in the training session. Complement their correct knowledge and gently handle wrong perceptions.
Complement to one or a small group of people could be taken as 'insult' to the others who have not been complemented	As far as possible complement the entire group, rather pick out a single individual.
Adults usually have a wealth of experience	Whenever possible give the group opportunities to share their experience
Adults like to talk	The trainer has to learn to LISTEN!

4 Training Objectives

4.1 **Training Objective & Learning Objective:** Training objective is the objective of the trainer. Learning objective is the objective of the participant. In adult training, it is important that the participants actually want to learn what you want to train them on! This is vitally important. Hence time must be invested to make sure that your participants actually want to learn the content in the training module. Ensure that the training objectives and the learning objectives are the same.

4.2 **Training programme objective:**
This training programme has only one objective – to equip the participants with knowledge, attitude and skills to start working as Peer Educators.

Caution: As mentioned before, just this training programme will not be sufficient to ensure high quality Peer Education.

4.3 **How to ensure that the training objectives are clear to the trainer and the participants:**

- **For the trainers:** (i.e. Outreach Workers and Project Manager)
The preparatory steps that are suggested should be sufficient to bring common understanding as to what the training objective is. Please resist the temptation of adding on to these objectives. More than one core objective in a training programme usually dilutes the impact of the training.

- **For the participants:** Getting a common understanding of the training programme for the selected Peer Educators is a more gradual process. There could be many ways of doing this. The following method is suggested –

In any project, the community for which the project is started should have a clear understanding as to why the project is started. Though this appears to be simple, if you review a large number of projects, you will be surprised to note that in many instances the community is not clear as to why the project is started! There could also be conflicting views on why the project was started.

Stages in sharing the objective with the participants:

First stage: The first entry point for the intervention team is during the Needs Assessment. During this phase, the community will be naturally curious as to why suddenly some people are taking an interest in them. There will also be suspicions and rumours as the cause! At this point in time, most interventions do not share the specific objectives of the project. Instead broad statements like - this is a health project or we are trying to get to know you better so that we can together decide what can be done etc are given. During Needs Assessment study, the intervention team has to decide as to what they will share with the community. Whatever is decided, it should not mislead the community in giving false expectations and all the workers in Needs Assessment study should be giving the same objective. Giving different objectives at the Needs Assessment study phase will result in suspicion among the community members. Since the Peer Educators that you would be recruiting later will be from the same community, they will get to hear the objective of the project sufficiently early (almost 6 months in advance – 3 months during Needs Assessment study and 3 months during the setting up stage of intervention). For explanation as the duration of time, please see the recommended time of starting intervention in Handbook of Peer Education.

Stage II: During the setting up phase of intervention (3 months from the point where Needs Assessment study ends) the intervention team becomes more focused. At this point in time, it is easier to share that the objective of the project is to help the community to prevent STD/HIV/AIDS. It must also be emphasised that this can be done in a participative manner. The NGO cannot achieve this but it can support the community to achieve this. This concept could be shared with the community during all possible opportunities during this three month period. The potential Peer Educators also will get to know this as a part of direct interactions with the outreach staff and also during interactions in the community.

Stage III: During selection of Peer Educators it is important to check whether they would like to pursue the objective of the project

i.e. to support the community in finding effective methods of preventing STD/HIV/AIDS. The core role of the Peer Educator is to support the community in finding effective ways of preventing STD/HIV/AIDS.

Thus over a period of time, the same message is driven home that the project aims to support the community in finding effective methods of preventing STD/HIV/AIDS. This becomes the objective of the Peer Educators also. After ensuring that this objective is clear to all the Peer Educators, state that the training is to provide them with Knowledge, Attitude and Skills to perform this support role.

If this methodology is used, the Peer Educators are very clear about the objective of the training much before the training starts.

Day 1

Time allocation for sessions

Time allocation for sessions does not follow the usual method of giving a start and end time. Instead, the total time needed for each session is given in minutes. Break time is also not mentioned. But per day 4 hours of training is scheduled. This also ensures that even if there is some spill over of time for a session (which unfortunately happens too often), it is easier to accommodate it.

This gives the trainers enough flexibility to fine tune their start and end time for the day and also for each session. It is recommended that the sequencing of sessions be followed as given in the module. Also schedule break times as and when it is appropriate.

Welcome & Introduction MODULE D1.1

Session objective: To strengthen the mutual agreement that the intervention team and the Peer Educators are working together to support the community in findings effective ways of preventing STD/HIV/AIDS.

Note: It might look slightly strange that the session objective of welcome and introduction is to strengthen the mutual agreement. This is because all the trainers and participants have met each other before. Hence the key factor that needs to be achieved in the opening session is to bring the training objective into focus right at the start. As has been mentioned before, it is suggested that only the Project Manager and the Outreach Workers be present as trainers for Peer Education Induction.

Activities

- 1 **5 min** **Welcome:** The team leader for training initiates the session by welcoming everyone to the training session. During the short welcome speech (not more than 5 minutes) the leader should complement the Peer Educators for being interested in taking up their roles. Sufficient stress also should be given to what the project seeks to achieve i.e. the project aims to empower the community for protecting themselves against STD/HIV/AIDS. (Wherever possible in the training sessions, bring this up again and again). Repetition of this key message will sharpen the focus of Peer Education.

- 2 **20 min** **Introductions:** As has been already discussed formal introductions are not necessary. But it will be good to bring people closer. For this purpose the following exercise is suggested. Lead trainer should introduce the activity.
 - Ask each Peer Educator to pair up with one member of the training team whom they have already met and interacted before. If the intervention had proceeded according to the suggestions given in the Handbook and

this training module, all the trainers would have met with most of the Peer Educators certainly more than once. In the pairing exercise, one trainer might be paired with more than one Peer Educator. This of course depends on the number of Peer Educators and number of Outreach Workers.

- Explain the activity suggested – Each member of the pair should describe their first and subsequent meetings and what happened during these meetings. The description should include three core elements – what they thought (it could be their anxieties also!), what they did and what response they got. First ask a trainer to start. Before the session, all the trainers should be briefed that this description should be as humorous as possible and if there is a joke, it must be at their own expense! This is intended to serve as an icebreaker also. After the trainer has finished, the paired Peer Educator also gives their experiences. Proceed in this way till all the Peer Educators have shared their experiences.

- Key points for facilitation – Ensure that during this session that there is as much interaction as possible (while an experience sharing is going on, others might make a comment – this is perfectly OK and only shows that the people are comfortable). Wherever there is an opportunity focus on the objective of the training.

3 **5 min** • **Wrap up** and bridging comments for the next session

Being healthy – Being ill – experience sharing MODULE D1.2

Session objective: To understand the factors within a person's control to avoid illness.

Activities

1 30 min Identification of health and illness

Materials needed:

- A set of pictures showing various diseases (collect as many as possible, say 50 at least)– these could be photocopied from books. Ensure that there are pictures of STDs seen also. For this purpose, before the training programme review the Needs Assessment report and also talk to STD practitioners in the area to find out the STDs prevalent in the area you are working. Try to get the pictures of all the STDs in the area. If possible use colour pictures of STDs. Include also pictures of people without disease.
- Chart paper & marker pens
- Cello tape or some other sticking substance to put up the pictures on walls

5 min • Session briefing: One trainer (an Outreach Worker) to conduct the following briefing).

- We have some pictures. Categorise them initially as pictures that show illness and pictures which show health.
- After that take the pictures, which show illness. Categorise them as illnesses that you know and illnesses that you have not seen or heard.
- Categorise the illnesses that you know into sub-categories whichever way you think is appropriate.
- After the categorisation has been completed, the group puts up pictures of health on one side of the room and the pictures of illness on the other side of the room. The pictures of illnesses are broadly divided into two categories – the illnesses that they know and illnesses that they are not aware of. And

the pictures of illnesses that they know will be subcategorised according to the participants' decision.

15 min • **Discussion on the group finding** – Probe the understanding of the Peer Educators with the following questions –

- Initially focus on the group of illnesses that the Peer Educators have identified as illnesses that they know – Ask them the names of the illnesses and list them.
- Against each illness they have identified, ask them the following questions and write down on chart paper their responses. The questions –
- What the common symptoms are, cause of the illness and how it should be treated. Write down the main points in chart paper.

What are the common symptoms of this illness?

What is the cause of this illness?

Which is the best place (or the place that you recommend) for treatment

Any details of the treatment

- Examine the subcategories of illnesses that they know and try to understand how the subcategorisation was done.
- For the present purposes ignore the illnesses that they could not identify saying that we can come to that later.
- Focus on the pictures classified as healthy – and ask the Peer Educators as to why they say these people are healthy. Note down the reasons in chart papers.

Mount all the chart papers on walls close together and leave them till end of the day.

10 min • **Experience sharing:** Ask for volunteers who would like to share with the group any illness related

experiences (their own or their friends, acquaintances etc.) Ask also how the illness affected their work. Have as many experiences sharing as time permits.

anyone in society. It is always dangerous to assume that Peer Educators will be comfortable in discussing sex and sexuality because they come from a community that practices high-risk behaviour. There are two ways of addressing this.

- Standard method: Have a detailed session on sex and sexuality: The same module that was used for training the Outreach Workers in sex and sexuality could be used for this purpose. If you can find time for doing this, this would be ideal.
- Alternate method suggested in this module: This method is suggested only to save time in Peer Education training. The suggested approach is given below.
- Assess the comfort levels by doing a group discussion as follows.

30 min Subject for group discussion: Opinion on the basics of STD

Key questions for discussion

- Was the information in this session useful?
- Is it OK to show pictures showing genital organs?
- Can we openly talk about sexual behaviour

Facilitate the discussions and ensure that opinions of everyone is shared and discussed. It is assumed that at the end of group discussion the group would conclude that

- It is important to talk openly and clearly about matters related to sex and sexuality.

Basics of HIV/AIDS MODULE D1.4

Session objective: To impart basic knowledge on HIV/AIDS.

Materials needed:

OHP transparencies

Activities

1 **10 min Presentation on basics of HIV/AIDS**

Suggested approach to presentation:

- Do a partial recapitulation of the previous session (Basics of STD) by asking common symptoms of STD.
- Next draw the participants' attention to the pictures of people, which they have categorised as healthy people.
- Now ask them whether there is any chance that these people could have some disease. Get response from participants and ask them to justify their opinion.
- Show the flash card of male and female genitalia without STD and ask them the same question.
- Now announce and tell them clearly and slowly that there is an illness that does not produce any symptoms for 5 to 10 years or even more. But the same people who look healthy can pass it onto others during sexual intercourse. This disease is HIV infection. It is completely unlike any other STD and hence we need to know more details of this disease.
- Use the following matter as overheads or as chart papers. Each box contains material for one overhead transparency/ chart paper.

Material 1

HIV – The Invisible Disease

Talking points

- Tell the participants that the most important feature of HIV/AIDS is that for many years it is invisible. By

looking at a person or by examining genitalia it is not possible to find out whether a person has this disease.

- But this person can pass the disease to another person during sexual intercourse.
- Once you get this disease, there is no effective medication available. (Draw the contrast with STD at this point).
- Hence the only way to deal with this disease is to assume that any person could be having HIV and take suitable precautions.

Material 2

The cause of this invisible disease is

HIV

Talking points

- As in the case of STDs, a very small organism causes this disease.
- It cannot be seen by naked eye.

Material 3

Where is HIV seen?

- **Semen**
- **Vaginal fluid**
- **Blood**
- **Mother milk**

Talking points

- An infected person could have HIV anywhere inside the body, but from this it does not spread to others.
- In semen, vaginal fluid and blood there is a high concentration of HIV. From these it can spread to others.
- This project is not addressing blood route of spread (with the exception of Intravenous Drug Users projects) because infection through blood usually happens only in hospitals where proper care is not taken. Transmission can also take place when HIV

from mother's blood enters into the blood of the unborn child.

- Though HIV is very dangerous when it enters the body, it cannot enter the body easily.
- HIV cannot enter our body through normal healthy skin but can pass through the special skin (mucosa) seen inside the mouth, genital organs and anus. (Emphasise this point).

2 15 min **Group exercise for routes of transmission**

Materials needed:

A4 or A5 sized pictures (preferably on thick card paper) showing various activities as listed below. Each activity should have a separate card

- Two men talking to each other
- Two women talking to each other
- Two men traveling together on a bike
- A man and a woman traveling together on a bike
- Man and woman kissing
- Man shaking another man's hand
- Man and woman holding hands
- Man and woman having intercourse
- Man having anal intercourse with a woman
- Woman giving oral sex to a man

You could also show other pictures of activities

Activity

- Participants could gather around a large table where the cards are spread out or they could sit on the ground and spread out the cards in the centre.
- Instruct the participants to sort the cards into two sets – set 1 will consist of activities through which HIV could spread and set 2 will consist of activities through which HIV cannot spread.
- After sorting is done, see whether the sorting is correct.

- If there is wrong sorting ask them the reason for each of the card that has been wrongly sorted.
- Once the sorting is completed correctly, focus on the set that shows activities through which HIV spreads.
- Discuss each card. Ask them how HIV is entering the other person for each activity. Ask them also scenarios where the man has HIV and woman does not and vice versa also. Discuss in detail, till it is clear that the participants have understood as to which fluid is the source of HIV. Emphasise that in all these cases HIV is entering through mucosa.

15 min Focus on mucosa

Materials needed

- 30 cm square piece of wooden plank
- 30cm square piece of ordinary white cloth
- 30 cm square piece of white mosquito net

Activity

- Recollection exercise through question: Ask the participant the following questions
 - Question 1: Does HIV enter through normal skin – By this time the participants should be able to answer ‘No’. If there is lack of clarity visit the issue again and explain. Once there is unanimous opinion that HIV does not enter through normal skin, take the wooden plank and tell them – normal skin is like the wooden plank – HIV cannot enter through this.
 - Question 2: Where is mucosa found in body: The participants should be able to answer – mouth, genitalia and anus. If there is lack of clarity, revisit the issue till it is made clear. Having a picture of a human from a side view would help. On this picture, the three locations of mucosa can be shown. Once clarity is achieved, take the square piece of cloth and tell them that the mucosa is like cloth – fluids which have HIV (semen and vaginal fluid) can pass through it

- Question 3: When there is a STD infection, which does it affect usually – skin or mucosa? The participants should be able to unanimously answer mucosa. If there is confusion invite attention to the set of pictures that show STDs. Ask them to look at the pictures and say which is affected – skin or mucosa. This should bring about a consensus that most STDs affect mucosa.

- Question 4: Ask them when there is a disease (STD) on the mucosa what will happen to mucosa – will it be strong or weak? This is a common sense question and the answer that should normally come out is weak. At this point take out the mosquito net square piece of cloth and make a statement – when there is a STD the mucosa becomes like this. More fluids that carry HIV (semen and vaginal fluid) can pass through the mucosa.

5 min **Concluding demo:** Bring all the three pieces together and run through the explanation once more.

Prevention of HIV infection MODULE D1.5

Session objective: To orient the Peer Educators on different prevention approaches.

Activities

- 1 **15 min** Presentation – Prevention of HIV infection

Materials needed

- Model penis – attach a small piece of white or light coloured sponge (say 1x1x1 cm) to the tip of model penis. The attachment should be such that it can easily be attached and removed (say with a screw)
- Model vaginal sheath with a removable cap at one end. Attach a similar piece of sponge inside the cap.
- The model penis should easily go into model vaginal sheath and should reach and touch the cap at the end of the vaginal canal.
- Blue ink
- Ink filler
- Plastic tray
- Cloth for wiping if ink gets on hand or if there is ink spillage
- At the outset state that though HIV infection passes through sex and blood, we are going to focus only on sex route. This is because blood route of transmission happens mainly in hospital setting and prevention work also has to happen mainly in hospital setting and not at individual level. Moreover, more than 80% of infections in India happen through sexual route.
- Recap key points in transmission -
 - More than 80% of HIV infections happen through sexual route.
 - At present 1 out of xxxx (number of people) are infected in our state. (Calculate this figure using the sentinel surveillance figures of your state).

- HIV cannot enter through normal skin but can enter through mucosa seen inside mouth, on penis, inside vagina and rectum. Use appropriate words that the participants understand and support it with pictures.
- In a person who is infected, HIV is present in semen of men and vaginal fluid of women.
- From these fluids it enters through mucosa and causes infection.
- If the mucosa is weakened by disease (STD) HIV enters much more easily.
- A person with HIV will have absolutely no symptoms for 5 to 10 years of infection BUT can pass infection to others.

2 30 min

Demo on transmission

Ask for two volunteers from participants. Announce that they are going to demonstrate how HIV is transmitted.

Demo 1

- To volunteer A, give model penis with sponge attached.
- To volunteer B, give model vaginal sheath with sponge inside the cap.
- Show the bottle of blue ink and announce that this is HIV.
- Announce that both A & B are not infected with HIV. Let us see what happens when they have sex.
- Ask Volunteer B to hold the vaginal sheath steady and ask Volunteer A to insert the model penis into vagina. The penis should be inserted till it touches the end of the vaginal sheath.
- Remove the penis and uncap the vaginal sheath. Show that both the sponges are the same as before.

Demo 2

- Ask volunteer A to draw some ink with a filler and deposit on the sponge attached to model penis.
- Announce that the ink indicates that the person is infected with HIV.
- Ask volunteer B to hold the model vaginal sheath and volunteer A to insert model penis. Ensure that the penis goes completely inside the vaginal sheath and touches the capped end.
- Withdraw penis, uncap the vaginal sheath. The sponge inside the cap will show ink stains.
- Announce that now B is also infected.
- Also announce that if B had STD the spread would have been faster.

Demo 3

- Repeat the above exercise by reversing roles – ink should be put on sponge inside the cap for vaginal sheath. Also ensure that the sponges are changed before demo 3.
- Invite questions to see whether comprehension is complete.

Discussion

Ask how the chances of transmission can be reduced. The expected answer is that if there is no STD, the chances of transmission are reduced. If it does not come up spontaneously, facilitate a discussion so that the group comes up with the answer.

After that ask if there is any other method of preventing HIV infection. If condom use comes up spontaneously, complement the person and ask where they got the information. Lead the discussion to a demo on use of condom.

Demo 4

Repeat demo 2 & 3 with model penis enclosed in condom. Demonstrate and discuss the point that when condom is used, infection is not transmitted.

Targeted Intervention MODULE D1.6

Session objective: To provide an understanding of prevention programmes

1 **30 min Facilitated discussion**

Materials needed:

- Chart paper
- Marker pens
- Chart paper with processes of Targeted Intervention structure as given below

Targeted Interventions – processes

- Understand the community through Needs Assessment
- Enter into relationship based on trust and mutual respect
- Aim of the intervention should be to enable the community to develop sufficient strengths to protect themselves against HIV/AIDS/STD
- Increase community knowledge on STD/HIV/AIDS
- Organise services so that STD can be treated early and adequately
- Organise services so that condom is available and used in all acts of sex
- Liaison work to enable the community to access other services available in the society

Activity

- Ask the group recommendations for prevention of HIV infection and list them on chart paper
- Ask the participants as to whom all need to take precaution against HIV and list them on chart paper. Make the list as comprehensive as possible (make sure that both high risk groups and low risk groups find a place in the list).
- Ask them on how all the different categories of people who are listed can be reached.

- Facilitate a discussion to conclude that different target groups need different kinds of programmes.
- Ask the group as to what kind of programme do their community need and list their recommendations.
- Before the session starts, keep a chart paper which gives the processes of Targeted Intervention.
- Put up on display the recommendations of the Peer Educators and the chart paper on Targeted Interventions side by side. Ask the group to find out what are the commonalties and what are the differences. Facilitate to highlight commonalties and explain the concept of Targeted Interventions using the chart.

Community Participation MODULE 1.7

Session objective:

To orient the participants towards the philosophy that in targeted interventions, the community and the intervention team will work close together so that the community becomes self sufficient in STD/HIV/AIDS prevention.

Activity

- 1 **30 min Case study & Group discussion**
- Give the following scenario to the participants
- Sunderdoon is a large rural district, which has 37 villages. The villagers were primarily farmers and also used to keep cattle.
- Their houses had large courtyards where grain could be dried. The house also had a large cattle shed where cows were housed.
- 10 years back there was a major earthquake in this area, which practically destroyed all the houses in the 37 villages.
- The officials in the rehabilitation team decided that housing would be given to everyone who lost their houses. They did not consult the villagers on the type of houses that should be built. The houses were constructed as flats of 3 floor each.
- However the villages did not accept the new house and continued to live in temporary tents.
- Give the following questions to the group and ask them to discuss and find answers to them. Give 15 minutes for discussion and presentation of the group findings.
- 1. What could be the reason/s for the villagers not moving into the new flats that were constructed for them?
 - 2. What should the officials have done to ensure that the houses will be acceptable to the villagers?

It is expected that the group will come up with answers similar to one given below

Question 1: The villagers needed space for their cattle and space for drying their agricultural products. In a flat with three floors this was not possible.

Question 2: The officials should have consulted the villagers before deciding the type of buildings to be constructed.

There could be variations on this theme also but facilitate the session in such a way that the group realises that unless community also participates in issues concerning them, some others might make decisions on their behalf and those decisions might not be appropriate for the community.

2

Exercise:

Ask the group what learning can be transferred from the previous activity to Peer Education. Capture each person's thoughts on a separate card and put it up. Once all the inputs have come, examine the cards to see if the following aspects have been captured.

- a. Community must be involved in project planning – from the starting point and through out the project.
- b. Community must be involved in project monitoring and evaluation.
- c. Community must have opportunity to meet and interact with other stakeholders.
- d. Peer educators should facilitate this process.

Draw up all the suggestions and ideas generated under each of these heads and edit it. Feed it back to the peer educators and ask them whether it captures all their ideas. Keep this document as a guideline to community participation and work according to these guidelines on all aspects of project needing community participation.

This document could be revised when peer educators feel the need to change it or the project staff feel so. Even such revisions are not asked for, ensure that there is at least annual reexamination of the document.

Sex and Sexuality MODULE 1.8

Session objective:

To orient the participants towards

Knowledge: Basic knowledge of human sexual anatomy

Attitude: Activity to view the range of human sexual behaviour in a nonjudgmental way.

Skills: Activity to talk and converse about sex and sexuality objectively.

Activity

1

At the end of the session the participants must be able to identify each part/organ of the reproductive systems and briefly explain their functions

Materials needed:

1. Full-length picture of a woman facing forwards in full nudity with diagrams of reproductive system super imposed. Parts should not be labeled but arrows from parts with numbers for each part could be included.
2. Similar picture of male.

Steps in training activity:

1. The trainer puts up the figure which is of the same sex as the participants (It is assumed that peer educators would be of same sex or at least could be segregated into same sex batches) in the context of TI project.
2. Participants are encouraged to come up with names of different parts of reproductive systems which are labeled with the numbers.
3. The facilitator collects the names of each part separately on a large poster paper or many poster papers mounted on the wall or a suitable chart holding system.
4. after these no more contribution come form participants, the facilitator corrects of these mistakes or asks for clarifications if the names are unfamiliar to the facilitator.
5. After the parts have all been labeled with one more correct labels, the facilitator asks the audience for the functions of each part.
6. After no more contribution comes from the participants, the facilitator explains the correct functions.
7. The same exercise is repeated for the other sex diagram also.

2

Materials needed:

Pictures showing the entire range of sexual acts. Develop as many as possible collecting from books on sexual techniques. Photocopy them and reproduce them on standard size which can be pasted on ----- card. On the reverse of the card provide a number that is unique for each sexual act.

Training activity:

1. Provide the participants into groups of 5
2. Provide a set of these cards to each group and ask them to initially rank them from common sexual act to rare to I have knew, heard or seen.
3. Get the group to write down the numbers according to their decision
4. Put up the picture according to the group ranking
5. Repeat the same exercise for each group
6. Discuss on similarities and differences among the findings of each group.
7. Ask the group whether it is necessary for peer educators and other people in the project to know all these facts.
8. List down the reasons whether the answer is yes or no. Facilitate to achieve a consensus among the participants that sexual act is what ever two individuals do to each other with mutual consent.

3

Role play:

Situation: One peer educator meets his/her friend after the training is over. The friend has heard that there was a session on sex and sexuality and asks the friend to describe what happened in the session and what was discussed.

In the role play have one peer educator as the person who plays the role of PE who has attended the training and another PE or outreach worker plays the role of the friend who has not attended the training.

At the end of the session check with the participants on the following point. The points are meant for each intervention.

1. Do you know basis of human anatomy
2. Can you explain this to others
3. What kinds of behaviours are acceptable and what are not.
4. Can you talk to others openly about sex related matter.
5. What else would you like to know about sex

Make a checklist of capacities needed for Peer Educators.