

***DAY 3***

## What is enabling environment D 3.1

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<p><b>Session objective:</b> To provide a framework on enabling environment.</p>
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**Note to the facilitator:**

Enabling environment as a concept should be clear before targets can be set. The following description gives one way of looking at enabling environment, which is suited for Targeted Interventions.

**General notes:** Any individual needs an enabling environment to reach their full potential. This could be physical (e.g. adequate housing), economic (e.g. source of income), psychological (e.g. family, friends), social (e.g. social acceptance and approval), legal (protection against illegal activities) and many similar aspects.

**Enabling environment in the context of Targeted Interventions:**

The primary purpose of Targeted Interventions is to empower the target community to prevent STD/HIV infection. For the community to be able to do so, they need an environment in which they can practice safe behaviours. This environment is a part of the enabling environment that a Targeted Intervention seeks to create. This can be termed **enabling environment for sexual health needs**. In addition to this, the target community also needs better environment socially, economically and along with other parameters. This can be termed **enabling environment for non-sexual health needs**.

To define enabling environment, one option is to find out what are the disabling factors in the environment which block better sexual health and socio-economic needs. Any work that is directed against removing the disabling factors becomes work for enabling environment. It could be for sexual health needs or non-sexual health needs. Thus logical derivation of enabling environment starts with the initial needs assessment study and the ongoing needs assessment during intervention because no environment remains static and needs might change or get modified.

**Activity**

1      **30 min**      Group discussion

Objective: Determining what are needed to ensure better sexual health:

Briefing to the group: List what is needed to ensure that your community is free from STDs and does not get HIV infection. After the list is made, the group will list the blocks in accessing/ using each of those needs. After group discussion the representative of the group should present the findings.

**30 min** Discussion: After presentation, check whether the list is prioritized and if not, prioritize it. Ask how the Peer Educators can contribute to removing the obstacles listed. This would vary from intervention to intervention.

2 **60 min** Activity: Repeat the same exercise for non sexual health needs.

## Advocacy D 3.2

**Session objective:** To participatively agree on the role of Peer Educators in Project advocacy.

**Note to the facilitator:**

It is assumed that the project has set up objectives and strategies for advocacy. This needs to be done first before starting the training of Peer Educators. In an intervention where such preparations have been completed, the following matrix will be clearly filled. Some items are shown as examples.

No	Category	Issue	What needs to be advocated?	With whom?
1	Sexual health	Police arresting sex workers for possession of condoms	Condom use is the recommended strategy for HIV prevention both globally and by Government of India	<ul style="list-style-type: none"> <li>• Higher officials in police</li> <li>• Police personnel in station</li> </ul>
2	Socio-economic	Rations cards not issued to sex workers	As a citizen of India, getting rations cards is a right of the sex worker	<ul style="list-style-type: none"> <li>• District administration</li> <li>• Civil supplies authorities</li> </ul>
<ul style="list-style-type: none"> <li>• Similarly, the project should have identified all the issues for which advocacy needs to be done, fixed targets for achievement and developed strategies and action plan for achieving the same.</li> </ul>				

**Activity**

- 1     **10 min**   Presentation of the overview of advocacy plan of the intervention: The facilitator should make a brief presentation on issues, which have been taken up for advocacy and how they are proposed to be addressed.

**20 min** Facilitate discussion: Initially call for general comments to ensure that there is clear understanding of the presentation. After clarity has been achieved, ask the peer educators how they can associate with each one of the advocacy issues. It must also be mentioned that if they prefer, they can stay out of selected issues also. Note down the inputs on chart paper and put it up on the project office wall or some other prominent place. This can be modified later. The advocacy initiatives will be taken up according to the time line planned. The specific skills needed for each of these could be provided during the follow up training, which should be held once a month, for at least half a day.

## Community Organizing D 3.3

**Session objective:** To strengthen the role of Peer Educator as a representative of the community and as a leader for community organizing.

### Activity

1      **30 min Case study:**

CSA (Community Service Agency) is an NGO, which is implementing Targeted Intervention with sex workers in Mamla town. The town has 5 key locations where sex workers are seen in higher concentration. The project had 2 Peer Educators from each of the area. A common complaint from sex workers in all the areas was that they were being repeatedly arrested without any reason. They were also often beaten up without any charge. In a meeting with the project, the sex workers said that the project must do something to stop it or at least reduce the problem.

In the next Peer Educators meeting, this issue was discussed in detail. The following plan was made – the project would invite the local police officers for a meeting in the project office. All the Peer Educators and at least 5 sex workers from each locality would attend the meeting and present their problems before the police. The project manager said that she will speak to the police officers and ensure that they come to the project office at 10 in the morning of next Monday.

On Monday, the police officers reached correctly on time at the project office. All the Peer Educators had come but only 3 sex workers came instead of the total of 25 expected.

### Questions to Peer Educators:

- Why did the other sex workers not come?
- How could have the Peer Educators ensured a better turnover?

**Conclusion:** State the conclusion that unless the Peer Educators organize the community and show leadership, the other staff in the project alone cannot address the problems faced by the community.

## Preparing for Peer Education D 3.4

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**Session objective:** To participatively review the readiness of the Peer Educators team to initiate Peer Education

### Activity

#### Materials needed:

- Chart paper and marker pen
- Prepared chart paper presentation (see below)

#### 1 60 min Introduction

**Note to the facilitator:** Pose a single question to the Peer Educators group – Do you think you are ready to start Peer Education? Why?

During the facilitation encourage as many responses as possible. Note down the key points in their responses on a chart paper.

Put up the already prepared chart paper on the profile of a fully prepared Peer Educator. This is given below.

#### **Profile of a fully prepared Peer Educator (At the start of Peer Education):**

- Should know why this project was started
- Should know what benefits the project could bring to their community
- Should know how the project is proposing to bring the benefits to the community
- Should know what role the Peer Educator and the community needs to play to achieve the planned benefits

Compare the responses from Peer Educators and what is given in the prepared chart paper. Ask them whether they are prepared along the points mentioned in the chart paper. Discuss the issue point by point by getting the Peer Educators to comment on them. Facilitate the discussion so that the following consensus decisions are reached for each of the points.

- *Should know why this project was started*

This project was started to ensure that the community develops the capacities to prevent STD/ HIV and improve their life.

- *Should know what benefits the project could bring to their community*

The project will provide or arrange to provide

- Information on how STD/HIV can be prevented
- Condom availability
- STD care availability

It should be the initiative of the community to use these services.

Through accessing the services that the project brings, the community can prevent getting infected with STD and HIV.

- *Should know how the project is proposing to bring the benefits to the community*
- Information services will be brought through the project team and Peer Educators
- Condom availability will be increased by setting up arrangements in consultation with the community (and Peer Educators)
- STD care will be made available by getting the co-operation of hospitals and practitioners.
- *Should know what role the Peer Educator and the community needs to play to achieve the planned benefits*
- Role of the community: Be clear about the aims of the project and work along with the project to achieve the aims.
- Role of the Peer Educator: Act as a representative of the community and provide leadership for the community in preventing STD/HIV and bettering their life.

### **Activity**

2      **45 min**    Group discussion on how the Peer Educators will play their role in preventing STD/HIV. The role should be categorised as follows -

- Increasing knowledge on STD/HIV
- Increasing condom utilisation
- Increasing STD care utilisation

Request the Peer Educators to comment on how they will do each of the above. (Enabling Environment has been purposefully not included in this section).

It is expected that the following decisions should come up if the training was successful.

Issue	What needs to be done by the Peer Educators
Increasing knowledge on STD/HIV	<ul style="list-style-type: none"><li>• Become thoroughly familiar with the flipchart/ flash card and other educational material used in the project</li><li>• Become expert in using them with the community</li><li>• Include information on STD/HIV in as many interactions as possible with the community (even when they do not have flip chart/ flash cards etc)</li></ul>

Increasing  
utilisation

- condom
- Become thoroughly familiar with the condom education kit of the project
  - Use the kit to convey the information to community members
  - Include information on condoms in as many interactions as possible with the community (even when they do not have flip chart/ flash cards etc)
  - Gather ideas for better condom utilisation by interacting with the community
  - Bring up these ideas in project meetings (weekly)
  - Support the condom programme according to decisions taken (e.g. condom stocking or condom distribution)

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|------------------------|----------|---|
| Increasing utilisation | STD care | <ul style="list-style-type: none"> <li>• Become thoroughly familiar with the STD education kit of the project</li> <li>• Use the kit to convey the information to community members</li> <li>• Include information on STD in as many interactions as possible with the community (even when they do not have flip chart/ flash cards etc)</li> <li>• Gather ideas for better STD care utilisation by interacting with the community</li> <li>• Bring up these ideas in project meetings (weekly)</li> <li>• Support the STD programme according to decisions taken</li> <li>• Identify cases for referral and accompany the client to the doctor if needed</li> <li>• Follow up cases to ensure complete treatment</li> </ul> |
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**Activity**

**3      15 min      Decision on continued capacity building:**

After wrapping up the above discussion, ask the group whether they can do all the items mentioned above. Discuss as much detail as needed. It is unlikely that the group will give a confident ' Yes' to this question after a 3-day training. This is not a bad sign. Reassure that in every weekly meeting, additional support can be made available to the Peer Educator according to their need.

## Evaluation of the effect of training

- 1 **Suggestion:** It is proposed that the evaluation of training be done one week after the completion of training. It is also suggested that evaluation of Peer Educators be done on a one to one basis.
- 2 **Method of evaluation:** It is suggested that the evaluation should be a participative affair. It could be done for the following points. It would be useful for the evaluator (outreach worker or project manager) to discuss around each of the point rather than ask a series of specific questions. Each of the items can be rated on a five-point scale. Against each item also add notes on additional capacity building plan. This system is useful not only for evaluation of training but can be continuously used in the project for assessment and ongoing capacity building of Peer Educators.

<b>No</b>	<b>Items</b>	<b>Scale</b>
1	Aim of the project Notes for continuous capacity building:	1 2 3 4 5
2	Benefits to the community Notes for continuous capacity building:	1 2 3 4 5
3	Role of the community Notes for continuous capacity building:	1 2 3 4 5
4	Role of the peer educators Notes for continuous capacity building:	1 2 3 4 5
5	Components of the project Notes for continuous capacity building:	1 2 3 4 5

6 Skill in using BCC material that shows basics of STD/ HIV 1 2 3 4 5

Notes for continuous capacity building:

7 Skill in using Condom education kit 1 2 3 4 5

Notes for continuous capacity building:

8 Skill in community organizing 1 2 3 4 5

Notes for continuous capacity building:

8 Skill in information sharing with the project 1 2 3 4 5

Notes for continuous capacity building:

9 Skill in facilitating creation of enabling environment 1 2 3 4 5

Notes for continuous capacity building:

3 **Continued capacity building:** Peer educators, like any other intervention personnel, have the need to continuously strengthen their capacities. It is suggested that capacity building be linked to project plan. Quarter plans can be examined to see what additional capacities are needed by the Peer Educators to achieve the planned outputs in the quarter. Training programmes to address these specific needs can be organised.

## **Checklist for Skills/Knowledge of Peer Educators**

<b>No</b>	<b>Topics</b>	<b>Scale</b>		
		<b>Good</b>	<b>Average</b>	<b>Poor</b>
1	Clarity on TI and programme			
2	Clarity on HIV/AIDS issues			
3	Clarity on health and hygiene			
4	Clarity on Peer Education strategy			
5	Clarity on Peer Education roles			
6	Sex and Sexuality			
7	Clarity on STDs and treatment			
8	Partner identification skills			
9	Communication skills			
10	Imparting knowledge on types of STDs			
11	Imparting knowledge on STD/ HIV transmission & prevention			
12	Early detection, treatment and follow up of STDs			
13	Supporting Condom usage			
14	Community mobilisation			
15	Advocacy			
16	Community participation			