Enhanced Peer Outreach (EPO) Training Curriculum for Peer Outreach Workers

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LINKAGES
Across the Continuum of HIV Services for Key Populations

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ACKNOWLEDGMENTS

This curriculum is based upon training materials developed by FHI 360 for the enhanced peer outreach (EPO) program in Thailand, as well as the experience of EPO programs implemented or piloted in other countries by LINKAGES. We acknowledge the work of these programs and appreciate the opportunity to share some of this material more widely.

This curriculum was drafted and edited by James Baer, and its development was supervised by Tiffany Lillie of FHI 360/LINKAGES. The input and comments of LINKAGES staff and consultants are gratefully acknowledged, with particular thanks to Matthew Avery and Daniel Levitt.

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CONTENTS

INTRODUCTION

What and why: Enhanced peer outreach (EPO) is an approach developed by the U.S. Agency of International Development (USAID) and FHI 360 to address the challenge of expanding outreach to key population (KP) members who are harder to reach and who may be at high risk of HIV, or more likely to be HIV positive. The goal is to increase HIV testing yield, link HIV-positive KP members with treatment and care, and connect HIV-negative KP members with services that will help them remain HIV negative. EPO is conducted by peer outreach workers, and it complements (rather than replaces) the peer-led outreach activities that a program may already have established.

EPO is described in detail in the *LINKAGES Enhanced Peer Outreach Approach: Implementation Guide.* This training curriculum complements the guide by offering a detailed curriculum for training peer outreach workers to implement EPO. The guide consists of this document and a set of training tools, handouts, and PowerPoint presentations.

EPO is currently being piloted by LINKAGES partners in several settings, and experience so far shows that there is no "one-size-fits all" approach. It is a model that must be adapted to the local context, and because it is new, a trial period may be needed as programs learn what works best for them. Therefore, **this curriculum is not definitive nor must it be rigidly followed**. It should be adapted to reflect:

- The program, because it was designed in the country where the training is taking place
- The learning strengths and needs of the training participants
- The style and strengths of the trainers
- Whether peer-led outreach is already an established intervention, and the participants' level of experience as peer outreach workers

If possible, the trainer and the program leaders — including representative peer outreach workers — should communicate well before the training is delivered to discuss training needs, review this curriculum, and decide together on how the training can best be adapted for the local context.

WHO: Participants in this training will be peer outreach workers who will be primarily responsible for reaching KP members, enrolling them in the program, and making referrals to HIV testing services (HTS) or antiretroviral therapy (ART). The peer outreach workers should be willing to commit to implementing EPO for at least a three-month period, and ideally should have basic knowledge of HIV and prior experience conducting community-based HIV prevention activities.

We recommend that participation in this training be capped at 25. In addition to peer outreach workers, this number may include project management or key partner staff such as monitoring and evaluation (M&E) officers or finance staff who will use referral slip tracking logs or conduct project monitoring and oversight and who therefore need to understand how EPO functions.

WHAT: This training curriculum (which is adapted from previous curricula successfully piloted in Laos, Papua New Guinea, Thailand, and Vietnam) is based upon recognized concepts of empowerment education. It focuses on orienting peer outreach workers to the mechanics of the EPO model, their role within this model, the procedures they will follow, and the basic skills needed to carry out their assigned tasks. Classroom time is divided between didactic instruction, group discussion, and guided practice (role-plays).

By the end of this workshop, participants will be able to:

- ☑ Describe the key components of the HIV cascade and identify their roles as peer outreach workers in strengthening that cascade
- ☑ Identify and register KP members and conduct risk and needs assessments
- ☑ Deliver targeted behavior change communication for risk reduction to KP members
- ☑ Refer KP members for HTS and ART, ensuring that referrals can be tracked effectively across the system
- ☑ Identify, engage, and support a team of peer mobilizers (PMs) to expand program coverage

The training should be viewed as a first step in an ongoing capacity-building process that would include (1) field-based monitoring and mentoring and (2) regular review and examination of the EPO process and outcomes based on field experiences and M&E data. EPO, as noted above, is a work in progress.

WHEN: The suggested curriculum requires three days to complete, lasting about 8 hours on the first two days and 5.5 hours on the final day, including one hour for lunch and two 30-minute tea breaks.

The classroom training is intended to be paired with regular field observation and mentoring, which will be particularly intensive in the first month of implementation but taper off as participants demonstrate increased competency.

In settings where peer outreach workers will refer clients to facility-based HTS and ART services, and where participants are not already familiar with these services, it may be advisable to budget an additional one-half to full day for site visits, to orient staff to locally relevant clinical service providers and procedures.

Where: An appropriate venue for this training will have sufficient space for individual and group work with a class of 25, natural lighting, and equipment for displaying PowerPoint slides. Participants should be arranged into groups around small tables (five to six per table) rather than in traditional classroom style. Tables and chairs should be easily movable to allow maximum flexibility regarding room set-up.

Training should be arranged in a location easily accessible to most participants — either close to where they live, or accessible via public transportation. If the selected training site is at a significant distance (requiring more than 1 hour travel time), then the project should support participant's hotel and per diem costs. Food should be available at (or very near) the training site to minimize mealtime disruption of the training schedule.

Bathrooms should be available on site. Where trans women are among the participants, arrange with the venue management to allow for a trans-friendly restroom policy. If the training venue is a commercial facility (hotel, meeting hall, etc.), advise facility staff in advance on appropriate treatment of trans participants.

The training venue will ideally not be a project-supported office or service center that is actively serving clients during training hours. Pressure to complete other work-related tasks may prevent participants from fully focusing on the training, and may also disrupt normal service center operations or negatively affect clients.

CHECKLIST FOR ORGANIZING TRAINING

NO.	ITEM	NOTES	WHO RESPONSIBLE?	DATE DUE	DONE?
1	Identify and liaise with relevant program leaders				
2	Set training dates and times				
3	Translate materials, if necessary				
4	Confirm that training room/facility is available				
5	Invite participants	If possible, do this collaboratively with program leaders and peer outreach workers			
6	Review curriculum and all presentations, handouts, and tools	Adapt presentations, handouts, and tools, as needed: • Additional slides • Local terminology for program and KPs • Local enrollment form • Local referral slip • Appropriate photos in slide presentations • Training agenda handout Create an activity on the programs' incentives scheme			
7	Adapt curriculum as needed				
8	Lunches				
9	Arrange for coffee/tea break refreshments				
10	Confirm availability of all needed equipment/supplies				
11	Confirm training room is suitable	Enough chairs and tables Space to move around Power outlets Screen or blank wall for projecting OK to tape paper to walls			
12	Print handouts/tools				

SUGGESTED TRAINING AGENDA

TIME	ACTIVITY	GOAL: BY THE END OF THIS ACTIVITY, PARTICIPANTS WILL (BE ABLE TO)...	MATERIALS	METHOD
DAY ONE				
30 min	1.1 Introduction	Everyone participates and is heard Learn more about one another Contribute to an interactive learning environment	Small random "found" objects Prizes for at least two or three participants	Large group facilitation
45 min	1.2 Training objectives	Discuss their expectations of the training course Review the training agenda and determine how it does and does not meet their expectations	Tool 1.2—Training objectives Sheets of blank paper cut in half Full sheets of blank paper Markers Handout 1.2—Training agenda (created by facilitator) Parking lot flip chart	Small group activity, large group discussion
15 min	1.3 Ground rules	Create a list of ground rules on which all participants can agree Selected the "village chief" to enforce the ground rules Contribute to creating a safe and comfortable learning environment	Markers Flip chart paper labeled "Ground rules" Tool 1.3—Sample ground rules	Large group discussion
30 min	Break			
90 min	2.1 Introduction to the HIV cascade and LINKAGES	Review key concepts related to the HIV cascade of services Name key components of the HIV cascade Identify causes of leaks in the cascade and suggest strategies to prevent or repair them Review latest LINKAGES project cascade data	Presentation 2.1— LINKAGES overview Laptop computer Projector and screen Markers Tool 2.1—HIV cascade puzzle Prizes	Presentation, large group activity
60 min	Lunch			
90 min	2.2 Overview of the EPO model	Explain why an EPO model is needed Understand how a referral chain network works Define the roles of peer outreach workers and PMs within the EPO model	Tool 2.2—Peer support jumble Prizes Flip chart paper/whiteboard Markers Presentation 2.2—Introduction to EPO	Presentation, group game/ competition
30 min	Break			
60 min	3.1 Outreach: KP member screening and risk assessment	Explain the importance of focusing outreach efforts on KPs Understand the eligibility criteria for a referral for HIV testing Understand the benefits and challenges of conducting a risk assessment for KP members	Handout 3.1—EPO enrollment form Tool 3.1—Mystery identity cards Pens	Group discussion, role play
30 min	Day 1 Wrap-up	Review key concepts from Day 1 Address any outstanding issues in the parking lot		

SUGGESTED TRAINING AGENDA

TIME	ACTIVITY	GOAL: BY THE END OF THIS ACTIVITY, PARTICIPANTS WILL (BE ABLE TO)...	MATERIALS	METHOD
DAY TWO				
30 min	Warm-up	Review key concepts from Day 1 Get energized for the day's activities Screen KP members for other health service and behavior change needs Determine topics for intervention Suggest information and/or behavior change messages		Group energizer
90 min	3.2 Outreach: Behavior change communication and risk reduction	Discuss their expectations of the training course Review the training agenda and determine how it does and does not meet their expectations	Handout 3.1—EPO enrollment form Tool 3.1—Mystery identity cards Handout 3.2—Message matrix Pens Flip chart paper Marker Pen	Group discussion
30 min	Break			
60 min	3.3 Outreach: Tracking KP members and making referrals	Process a referral for HIV services appropriately Explain the importance of unique identifier codes (UICs) for tracking performance of the HIV cascade Generate a UIC according to the national guidelines	Handout 3.1—EPO enrollment form Handout 3.3—Referral slip Presentation 3.3—Key population definitions Tool 3.1—Mystery identity cards Flip chart paper/ whiteboard Marker pens Scrap paper Pens Computer Projector and screen	Group discussion
60 min	Lunch			
45 min	3.4 Outreach: Peer mobilizers	Identify and engage PMs Help a PM complete a network map to identify peers to engage for testing	Flip chart Marker pen Scrap paper Pens	Group discussion
45 min	3.5 Outreach: Incentive scheme	Describe the systems of incentives for peer outreach workers and PMs who achieve program benchmarks	Handout 3.5 – Incentives table	Presentation, group discussion
30 min	Break			
60 min	3.6 LINKAGES Jeopardy (a game of questions and answers)	Review key concepts from LINKAGES training to this point Demonstrate an accurate understanding of the different fields in the EPO enrollment form	Tool 3.6—Jeopardy questions Prizes	Group game/ competition
30 min	Day 2 Wrap-Up	Review key concepts from Day 2 Address any outstanding issues in the parking lot		Group discussion

SUGGESTED TRAINING AGENDA

TIME	ACTIVITY	GOAL: BY THE END OF THIS ACTIVITY, PARTICIPANTS WILL (BE ABLE TO)...	MATERIALS	METHOD
DAY THREE				
30 min	Warm-up	Review key concepts from Day 2 Get energized for the day's activities		Group energizer
60 min	3.7 Outreach: Putting it all together (Round 1)	Demonstrate the entire EPO process, from reaching a new KP member to enrolling and screening, to making referrals and managing a PM	Handout 3.1—EPO enrollment form (clean) Handout 3.3—Referral slip Pens Interchangeable (pin-on) name tags	Group discussion
30 min	Coffee break			
60 min	3.7 Outreach: Putting it all together (Round 2)	Demonstrate the entire EPO process, from reaching a new KP member to enrolling and screening, to making referrals and managing a PM	Handout 3.1—EPO enrollment form (clean) Pens Interchangeable (pin-on) name tags	Role-play
60 min	Lunch			
60 min	3.7 Outreach: Putting it all together (Round 3)	Demonstrate the entire EPO process, from reaching a new KP member to enrolling and screening, to making referrals and managing a PM	Handout 3.1—EPO enrollment form (clean) Pens Interchangeable (pin-on) name tags	Role-play
30 min	4.1 Wrap-up	Sign a personal commitment pledge Make a personal "I want" commitment Complete a training feedback form Receive a certificate of completion	Pens Tool 4.1—"I want" kites Handout 4.1a—Commitment Pledge Handout 4.1b—Training feedback form Handout 4.1c—Certificates of completion	Group discussion

MATERIALS CHECKLIST

PRESENTATIONS, HANDOUTS, AND TOOLS

Number	Name	Format	Special instructions	Used in activity	Quantity needed	Quantity required for this training
Tool 1.2	Training objectives	PPT		1.2	1	
Handout 1.2	Training agenda	Word doc (printed out)	To be created by trainer/program; only needs to include the first three columns of the agenda above (time, activity, goal)	1.2	1 per participant	
Tool 1.3	Sample ground rules	Word doc (*printed out*)	1 per participant	1.3	1 per participant	
Presentation 2.1	LINKAGES overview	PPT	Customize with slides on local/national HIV data	2.1	1	
Tool 2.1	HIV cascade puzzle	PPT (*printed out*)	No need to print first slide in deck	2.1	1 per small group	
Tool 2.2	Peer support jumble	PPT (*printed out*)	May need to be customized for local terminology	2.2	1 per small group	
Presentation 2.2	Introduction to EPO	PPT		2.2	1	
Tool 2.2	Peer support jumble	PPT (*printed out*)	May need to be customized for local terminology	2.2	1 per small group	
Handout 3.1	EPO enrollment form	Word doc (*printed out*)	Use local form if different; additional (clean) copies are needed for Activity 3.2, and for each of three rounds of Activity 3.7	3.1, 3.2, 3.3, 3.7 (3 rounds)	5 per participant	
Tool 3.1	Mystery identity cards	Word doc (*printed out*)	Adjust for local context/terminology and customize with local names	3.1, 3.2, 3.3	1 set for every 6 participants	
Handout 3.2	Message matrix	Word doc (*printed out*)	Adjust for local context/terminology and program parameters	3.2	1 per participant	
Handout 3.3	Referral slip	Word doc (*printed out*)	Use local referral slip if different; additional (clean) copies are needed for each of three rounds of Activity 3.7	3.3, 3.7 (3 rounds)	4 per participant	
Presentation 3.3	Key population definitions	PPT	Adjust for local context/terminology	3.3	1	
Handout 3.5 and/or PPT 3.5	Incentives table	Word doc (*printed out*) and/or PPT	To be created by trainer/program	3.5	1 per participant	
Tool 3.6	Jeopardy questions	PPT (*printed out*)	Revise with locally appropriate questions, as needed	3.6	1	
Tool 4.1	"I want" kites	Word doc (*printed out*)		4.1	1 per participant	
Handout 4.1a	Commitment pledge	Word doc (*printed out*)		4.1	1 per participant	
Handout 4.1b	Training feedback form	Word doc (*printed out*)		4.1	1 per participant	
Handout 4.1c	Certificate of completion	Word doc (*printed out*)	Each personalized with participant's name	4.1	1 per participant	

SUPPLIES

PRESENTATIONS, HANDOUTS, AND TOOLS

Item	Special Instructions	Used in Activity	Quantity needed	Quantity required for this training
Found objects		1.1	About two times the number of participants	
Prizes		1.1 , 2.1, 2.2, 3.6	Sufficient to award several for each of four competitions	
Laptop computer		1.2, 2.1, 2.2, 3.3, 3.5	1	
Projector		1.2, 2.1, 2.2, 3.3, 3.5	1	
Screen (or blank wall)		1.2, 2.1, 2.2, 3.3, 3.5	1	
Blank A4 paper		1.2	3 per participant	
Marker pens		1.2, 1.3, 2.1, 2.2, 3.2, 3.3, 3.4	1 per participant	
Scissors		1.2	1 pair	
Flip chart paper		1.2, 1.3, 2.2, 3.2, 3.3, 3.4	2	
Heavy tape	A type that can be used on a wall without damaging it	1.2, 1.3, 2.2, 3.1, 3.2, 3.3	1 roll	
Whiteboard, eraser, and erasable pens	*Optional*	2.2, 3.3	1	
Pens		3.1, 3.2, 3.3, 3.4, 3.7, 4.1	1.5 per participant	
Scrap paper		3.3, 3.4	Several sheets per participant	
Pin-on name tags		3.7	1 per participant	
LINKAGES money	Pretend banknotes to simulate the earning of engagement incentives— denominations according to the amounts of the local incentive payments	3.6	1 full set of payments per participant	

ACTIVITY 1.1
INTRODUCTIONS

TIME: 30 minutes

MATERIALS

- Found objects such as pens, coins, stones, business cards, and candy *(aim to have at least twice as many as there are participants in the training)*
- Prizes *(aim to reward at least the top two to three participants)*

OBJECTIVES: List these on a flip chart or overhead projector

By the end of the activity, participants will have:

☑ Introduced themselves to the other participants

☑ Learned more about one another

☑ Contributed to an interactive learning environment

TAKE-HOME MESSAGES:

- We all bring unique experiences to this training and to our work as peer outreach workers, and we will all gain more from the training if we can work together and actively participate.

NOTE FOR TRAINERS:

- Particularly with large groups, this activity can run on if you let it. Keep participants moving quickly, and avoid going in any predetermined order. If participants know they will not be called until the very end, they are less likely to be monitoring the activity and paying attention.
- In some settings, people may misunderstand that items used for this activity are being given away for participants to keep. If this is not the case, be sure to clarify to participants in advance that all "found items" must be returned to the trainer at the end of the activity. At any rate, do not use any items that you cannot afford to lose!

FOUND OBJECTS

Pile them on a blanket on the floor or tabletop before participants arrive.

1. Before you begin, tell participants that at the start of any training — and especially one where you will be spending several days together — it is a good take a few moments to get to know one another. Note that even if some participants already know one another quite well, there is always something new to learn.
2. Draw participants' attention to the pile of found objects at the front of the room. Explain that you are going to ask each participant to choose one item from the pile that represents something about themselves, their experiences, their likes and dislikes, their dreams, etc. Encourage participants to think creatively. Explain that you don't wish to hear platitudes about the importance of HIV work — the goal is to learn something new and personal about one another. Participants do not, however, need to feel pressure to share anything they are not comfortable telling others.
3. Explain that all those present will participate, including members of the training team and any observers.
4. Participants will tell the entire group their name, where they are from, which organization they work for (if relevant), and will then explain why they picked their object.
5. As the trainer, go first, to demonstrate. Make sure to keep your introduction short.
6. Allow participants to come to the front of the room to select an object. Go around the room, and make sure everyone gives a brief introduction.

PRIZES

7. Distribute rewards (small candies or similar) to a few participants who make extra effort or show special creativity.
8. When all participants have introduced themselves, collect the objects.

ACTIVITY 1.2
TRAINING OBJECTIVES

TIME: 45 minutes

MATERIALS

- Wall
- Tool 1.2 — Training objective labels
- Sheets of blank paper cut in half
- Full sheets of blank paper
- Pens
- Marker pens
- Handout— Training agenda *(created by facilitator, 1 per participant)*
- Parking lot flip chart

OBJECTIVES:

By the end of this activity, participants will have:

☑ Discussed their expectations of the training course

☑ Reviewed the training agenda and determined how it does and does not meet their expectations

TAKE-HOME MESSAGES:

- This training course is intended to be responsive to the needs and interests of the participants, but with limited time it is possible that not all needs will be fully met. We will do our best to link you to resources that fulfill remaining unmet needs. Remember also that your facilitators are not the only sources of information and experience at this training — you should also take the opportunity to discuss your questions with other participants.

NOTE FOR TRAINERS:

- Depending on time constraints, this activity may also be done as an individual activity, with participants recording and presenting to the group their individual hopes for the training

DISCUSSION QUESTIONS:

- It looks as though some of the hopes that you have identified in this training aren't covered in our goals. What can we do to help ensure that those hopes are met?
    - + Possible answers: These will vary depending on the specific hopes people raise, but may include changing the training agenda to fit in a new hope; participants providing outside resources for one another; facilitators linking participants to outside resources; or facilitators making a note of hopes to work into follow-on training plans.
- Do people feel comfortable with the training agenda as it currently exists? Are there any changes you would like to make?

BLANK PAPER

PENS

1. Tell participants that it is important to understand exactly what the participants hope/expect to get from the experiences. *(Depending on local circumstances, either "hope" or "expect" may be the more appropriate term here and in the steps that follow.)*
2. Explain that "hopes" refers to the goals that participants have for the training. Give each participant a blank sheet of paper and ask them to spend a few minutes listing their individual hopes for the training. Ask that each hope begin with a verb — learn, discuss, practice etc.

BLANK HALF-SHEETS OF PAPER AND MARKERS

3. Once participants have a few hopes, divide them into small groups and give each group markers and a stack of half-sheets of paper. *Note: Create groups of participants with similar experience levels or seniority, to avoid stifling voices of less-experienced or junior participants.*
4. Instruct the groups to spend a few minutes coming to a consensus on the top three hopes for their group. The answers should be written on individual half-sheets of paper — tell participants to limit the number of words used and write large enough for everyone to see.
5. Group by group, have participants post their hopes on the wall. As responses are posted, ask participants to explain their meanings.
6. When all responses have been posted and explained, ask if anyone has hopes not selected by their group about which they feel very strongly. Allow those responses to be posted.

TOOL 1.2 TRAINING OBJECTIVE LABELS

7. Post the training objectives across the top of the wall. Ask participants to consider which of their hopes might fit under specific objectives. Give participants the opportunity to come up to the wall and rearrange the hopes to fit under the appropriate objectives. Discuss which of the hopes might fit under which objectives — as agreement is reached, move those hopes into the appropriate category.
8. At the end of this exercise, facilitate a discussion about any unmet hopes.

PARKING LOT FLIP CHART

9. Introduce the term "parking lot." Explain that occasionally during discussions, participants may raise an issue that, while important and worth discussing, needs to be set aside for the moment so that participants can finish the discussion or activity at hand. So that these important issues are not forgotten, you will record them on the parking lot flip chart so that you can return to them during the break or at another, more appropriate, time. Participants should remind the facilitators if there are unresolved issues in the parking lot.[1]

HANDOUT 1.2 TRAINING AGENDA

10. Present the training agenda, and review the basic structure of each day. Remember to cover:
    - Start and stop times
    - Meal times
    - Breaks
    - Major training components
    - Other relevant logistical issues

1. It's called a "parking lot" because sometimes when a meeting is over, people stand in the parking lot outside before they go home and talk about all the issues that they wish had been discussed in the meeting but weren't!

ACTIVITY 1.3
GROUND RULES

TIME: 15 minutes

MATERIALS

- Marker pens
- Flip chart paper labeled "Ground Rules"
- Handout 1.3 — Sample ground rules *(1 copy per participant)*

OBJECTIVES:

By the end of this activity, participants will have:

☑ Created a list of ground rules on which all participants can agree

☑ Selected the "village chief" to enforce the ground rules

☑ Contributed to creating a safe and comfortable learning environment

TAKE-HOME MESSAGES:

- While ground rules may vary depending on the specifics of the training, mutual respect between trainees and active participation are the bedrock of any successful training.

FLIP CHART

MARKER PENS

1. Explain to participants that because you will all be working together over the next few days, it is important to agree upon ground rules that everyone can follow.
2. Explain that the ground rules are a way to ensure that a learning environment is safe and comfortable and to help the training run efficiently by keeping everyone on task.
3. Ask for participants' suggestions regarding the ground rules. List all suggestions on a flip chart.

HANDOUT 1.3
SAMPLE
GROUND RULES

4. Tool 1.3 is a sample list of ground rules: hand out copies to each participant and ask if there are any items on it that haven't already been listed on the flip chart and which they would like to add.
5. Once all suggested ground rules have been listed, read them to the group and ask for any changes or revisions.
6. Once the group has agreed upon a final list, ask all participants to make a verbal statement committing to uphold the ground rules. Make sure to have the list typed/nicely handwritten and displayed in the training room for the remainder of the workshop.
7. Ask for nominations for a "village chief" (or appropriate title) from among participants who will monitor for any violations of the ground rules. Participants can nominate themselves or another participant.
8. Any nominee who wishes to be considered can give a brief speech explaining why participants should vote for him or her. At the end of the speeches, all participants will vote and the nominee with the most votes will be responsible for monitoring and enforcing the ground rules.
9. Select a timekeeper (not the chief) to make sure that the schedule is kept.
10. Participants may also wish to agree upon "sanctions" for anyone who breaks the ground rules contract: for instance, bringing in treats for all participants on the following day, etc.

ACTIVITY 2.1
INTRODUCTION TO THE HIV CASCADE AND LINKAGES

TIME: 90 minutes

MATERIALS

- Presentation 2.1 — LINKAGES overview
- Laptop computer
- Projector and screen
- Flip chart paper
- Tool 2.1 – HIV cascade puzzle *(1 set per group)*
- Marker pens
- Small prizes *(for members of winning group)*

OBJECTIVES:

By the end of this activity, participants will have:

☑ Review key concepts related to the HIV cascade of services

☑ Name key components of the HIV cascade

☑ Identify causes of leaks in the cascade and suggest strategies to prevent or repair them

☑ Review latest LINKAGES project cascade data

TAKE-HOME MESSAGES:

- LINKAGES aims to reduce incidence of HIV among KPs, by ensuring early and regular access to HIV testing for those at highest risk of becoming infected, and by successfully transitioning people who are HIV positive into care and treatment and retaining them in services.

NOTE FOR TRAINERS:

- The cascade provided with this training activity may need to be modified to match the local context.
- You may wish to begin this activity with a brief review of local epidemiological context and local program design/ programmatic goals.
- The PowerPoint Presentation 2.1 supplies the outline for the trainer, but it is the responsibility of the trainer to fill in and complete the content. The slide numbers in the instructions below refer to the generic slides supplied with this training curriculum. You should modify the presentation to suit the needs of the training, in which case the slide numbers given below may no longer apply.

COMPUTER

PROJECTOR AND SCREEN,

PRESENTATION 2.1
LINKAGES OVERVIEW

1. Introduce this activity by explaining that it is now time to begin looking at our actual program. If you have prepared, you may wish to present a very brief (1- to 2-slide) review of the current epidemiological data on HIV among KPs in your local setting.

2. Ask participants if they have ever heard the term "cascade" used in this context *(Presentation 2.1, slide 6)*. If no, explain that the HIV cascade means the range of services for HIV prevention, diagnosis, treatment, and care. Ideally there should be a seamless flow or connection from one service to the next.

FLIP CHART

MARKER PENS

3. Brainstorm with participants what services or "steps" occur in the HIV cascade. Provide prompts as needed. List responses on flip chart paper or a dry erase board. Ensure that the following are all mentioned:

    - HIV prevention outreach and referral: provide behavior change communication, distribute commodities like condoms and lube, refer people to services as needed
    - Testing: Screening for high-risk individuals
    - Diagnosing HIV: Identification and confirmation of HIV-positive individuals
    - Enrollment in care: ART pre-screening; care, prevention, and support for opportunistic infections
    - Initiating ART: Starting a patient on treatment
    - Sustaining ART: Ensuring that a patient adheres to treatment and comes for their follow-up appointments
    - Viral suppression: Achieving a low viral load, meaning better health and less risk of transmission

TOOL 2.1
HIV CASCADE PUZZLE PIECES

PRIZES

4. Divide participants into groups, and give each group a set of labeled HIV cascade "pipes." Explain that the cascade is a bit like a series of pipes that take people from prevention to care and treatment. The problem is, the pipes are leaky, so people drop out along the way. We are a bit like plumbers, trying to fix the leaks so that our clients don't get lost.

    Ask them to work in their groups and try to fit the HIV cascade "plumbing" pieces together in the correct order. Explain that this is a competition and there will be a small prize for the group that can correctly assemble the cascade the fastest.

HIV CASCADE LEAKS
(Final slide of Presentation 2.1)

MARKER PENS

FLIP CHART PAPER, MARKER

5. Once participants have put together the plumbing of the HIV cascade correctly, give a prize to the winning group. Ask the group to post their cascade puzzle on the wall so everyone can see.

6. Distribute the "leaks" from the 2.1 EPO Training Tool (slides 4, 9, 11, 13, 15). Ask the participants to think about all the different things that could cause people to drop out of the HIV system. Explain that this is a bit like water leaking out of a pipe. Have participants label the leaks with different reasons people might not make it through the system. Examples might include:

    - Never met a peer outreach worker
    - Afraid of an HIV test
    - Clinic too far away
    - Test results take too long

Once participants have finished labeling their "leaks," ask them to place them along the cascade posted on the wall wherever they think this barrier would cause people to "leak" out.

7. After all the leaks have been identified, facilitate a brief discussion about what could be done to "plug" the leaks. Remember that strategies need not be only those that can be implemented by a peer outreach worker, but could include other strategies as well. If you wish, you can list these strategies on a piece of flip chart paper as participants think of them.

8. Use Presentation 2.1 *(slide 8)* to show people a completed picture of the HIV cascade "plumbing." Then show them the LINKAGES cascade *(slide 9)*, and explain how it displays the same information in a different format. Explain the LINKAGES program goals *(slides 10–12)* — even if the participants are familiar with LINKAGES, this is a good refresher — and show how those goals relate to the cascade *(reduce HIV transmission among KPs and extend life for those who are HIV positive).*

9. Show a version of the LINKAGES cascade constructed with the most up-to-date program data available *(slide 13)*. These may be national program data or site-specific information. Ask participants to identify the leaks in this cascade. Explain that we will use this model to track how well our program is functioning. When explaining the cascade, make the point that the program will be judged not just on its ability to reach people, but also on its ability to **find and test** HIV-positive individuals and to successfully link those people into **care and treatment**. Introduce the UNAIDS 90-90-90 concept *(slides 14–15).*

POSSIBLE DISCUSSION QUESTIONS:

- How does a focus on the HIV cascade differ from a traditional focus on outreach education?
    - Possible answers: Outreach education and behavior change are still a part of a cascade approach. But in a traditional outreach program, we would have been primarily concerned with giving information and condoms and lubricant, making referrals, and helping KP members address their HIV risk and vulnerability. Using a cascade approach, we hope to be able to track our KP members over time to ensure that they receive testing, that (if positive) they start treatment, and that they stay on treatment. Under a cascade approach, our responsibility does not stop at outreach.
- The cascade appears to focus mainly on people who are HIV positive. What about everyone else?
    - Possible answers: Finding people who are HIV positive and helping them start (and stick to!) treatment is important for their individual health, and because people living with HIV (PLHIV) who are on treatment are less likely to infect others. Getting them on ART protects everyone. But we aren't only concerned with HIV-positive KP members. Many KP members who test HIV negative never come back for another test — it's our program's job to keep in touch with these people, encourage them to continue protecting themselves, and get re-tested regularly (especially if they are high risk and may become infected in the future). There are some new prevention tools (HIV pre-exposure prophylaxis or PrEP) that may be especially useful for HIV-negative KP members; unfortunately, PrEP is not yet available in all settings.

ACTIVITY 2.2
OVERVIEW OF THE EPO MODEL

TIME: 90 minutes

MATERIALS

- Tool 2.2 — Peer support jumble *(1 set per group — may need customizing for local terminology)*
- Presentation 2.2 — Introduction to EPO
- Laptop computer
- Projector and screen
- Prizes *(for winning team)*
- Flip chart paper/whiteboard

OBJECTIVES:

By the end of this activity, participants will have:

☑ Explain why an EPO model is needed

☑ Understand how a referral chain network works

☑ Define the roles of peer outreach workers and PMs within the EPO model

TAKE-HOME MESSAGES:

- The EPO model is intended to improve on traditional outreach by helping projects reach more people, who are at higher risk of HIV, and to retain those people across the HIV services cascade so that they are not lost to follow-up. To do this, peer outreach workers manage small teams of community-based volunteers (called peer mobilizers or PMs) to engage members of the target population.

NOTE FOR TRAINERS:

- The slide numbers in the instructions below refer to the generic slides supplied with this training curriculum. You may of course modify the presentation to suit the needs of the training, in which case the slide numbers given below may no longer apply.

TOOL 2.2
PEER SUPPORT JUMBLE

1. Tell participants that now that we have finished reviewing how the LINKAGES project is designed, we want to spend a bit more time discussing the EPO model specifically, and why it is necessary.

2. Explain that traditional outreach interventions have been an important part of the HIV response, and one-on-one communication is still one of the key ways information is shared and behaviors are changed. However, as we discussed previously, HIV continues to spread, and HIV prevention programming is increasingly required to show clearer outcomes — for instance, people tested and positive cases identified — in less time. To meet these demands, we have to rethink our approaches.

3. Write the four category headings *Activity, Approach/Program, Who does it?* and *Training required?* across the wall in that order. Distribute the peer support jumble cards, one set per team. (Be sure to jumble the contents first!) Challenge the teams to first arrange their cards under the four categories — which should be easy because they are color-coded! — and then stick them up on the wall. Explain that it is a race. (Note that there are four responses to the *Training required?* question, because there are different answers for the peer outreach worker and the PM, but see if the teams can figure this out without being told.)

PRIZES

4. Once the statements have been correctly arranged and posted, provide a small prize for the team that finished first and correctly.

COMPUTER, SCREEN AND PROJECTOR

5. Use Presentation 2.2 *(slides 2 and 3)* to confirm that participants have completed the jumble correctly and to facilitate a discussion about the differences between the three approaches. You might note that some programs may already be implementing some parts of EPO. Ask participants if there are components of the EPO they think they are already doing in their program.

PRESENTATION 2.2
INTRODUCTION TO EPO

6. Use Presentation 2.2 *(slide 4 or slide 5, as appropriate)* to explain the role of PMs and the referral chain network. This is one of the key ways in which EPO differs from traditional peer-led outreach, so take time to make sure that participants understand the differences between a peer outreach worker and a PM and how they each work. Cover the bullet points that are listed in Step 7 below. *Notes: (a) adjust the content to suit the specifics of your program. (b) If there are questions about what is meant by incentives, answer them as briefly as possible, and explain that we will talk about this in detail tomorrow.*

7. Explain that if a peer outreach worker already has a "portfolio" of KP members with whom they are in regular contact, they should continue to do the same kind of outreach as before, but they might also try to encourage some of those KP members to become PMs. In addition, the peer outreach workers and new PMs will also be incentivized to reach out to new KP members with information, commodities, and the offer of a referral to HIV testing — and to engage them as PMs if the KP member is willing.

8. Explain that it is not expected that most KP members will become PMs (as many as 75% will likely decline), and that many PMs will never engage a new peer. But a few motivated PMs can bring many new people into a program. You may also wish to discuss strategies for improving the number of KP members who become successful PMs

FLIP CHART

MARKER PEN

7. On a piece of flip chart paper or whiteboard, write the headings "Peer Outreach Worker" and "Peer Mobilizer" and ask the participants to name the roles and characteristics of each (this is to check their understanding of what you have previously explained). Write the different roles/characteristics under the headings, and then discuss further to ensure that participants understand them correctly:

    - Peer outreach worker
        * Has ongoing involvement with the program
        * Is trained
        * Uses a standardized approach to outreach (the same steps with all KP members):
            - Basic screening and risk assessment
            - Education and behavior change
            - Condoms and lubricants
            - Referrals for HIV testing/ART
            - Follow-up and support for adherence
        * Engages and manages PMs
        * Receives a stipend for peer outreach work
        * Receives incentives based on successful referrals for HIV testing using the EPO approach
    - Peer mobilizer
        * Is temporary (short-term)
        * Receives a brief orientation, but no special training
        * Gives referral slips for HIV testing to KP friends in their own network (i.e., extends the referral chain into their own networks of hard-to-reach KPs)
        * Receives incentives based on successful referrals

8. Use Presentation 2.2 *(slide 6)* to confirm/revise participants' brainstorm about the role of peer outreach workers and PMs under EPO, and to show how peer outreach workers use PMs to engage new KP members.

9. Finally, facilitate an open discussion on potential pluses and minuses of implementing EPO, for example:

    - Time and resources needed?
    - Security?
    - Levels of service uptake?
    - Difficulty?

This discussion is an opportunity to check participants' grasp of the EPO approach, and to note any issues that you may need to address as part of the following day's agenda, as well as any parking lot issues

POSSIBLE DISCUSSION QUESTIONS:

- It is the job of a peer outreach worker to engage a team of PMs to help reach new people. This approach is sometimes called a peer-driven intervention or a referral chain network approach. What are some of the advantages of this over traditional peer-led outreach?

    + Possible answers: Traditional outreach focuses only on those individuals that you can reach through one-on-one interaction at a pre-identified hot spot like a bar, bath house, or public park. It is very difficult to reach people who do not go to those places. By using a referral chain network, you can reach into those groups of people whom you may not encounter through face-to-face outreach. Evidence also suggests that, when done correctly, a referral chain network can help you reach more high-risk people and find more HIV cases — this is because people at high risk of HIV tend to know other people at high risk.

ACTIVITY 3.1
OUTREACH: KP MEMBER SCREENING AND RISK ASSESSMENT

TIME: 60 minutes

MATERIALS

- Handout 3.1 — EPO enrollment form *(or local form if different — 1 per participant)*
- Tool 3.1 — Mystery identity cards *(1 card per participant)*
- Pens

OBJECTIVES:

By the end of this activity, participants will have:

☑ Explain the importance of focusing outreach efforts on KPs

☑ Understand the eligibility criteria for a referral for HIV testing

☑ Understand the benefits and challenges of conducting a risk assessment for KP members

TAKE-HOME MESSAGES:

- Not everyone is at equal risk for HIV. Because we have limited time (and limited staff and resources!) the EPO model emphasizes reaching those who are most likely to be HIV positive (or most at risk of becoming infected). This way we can have the greatest impact for the least resources expended.
- The EPO enrollment form is a "job aid" — it is not a checklist. The steps we follow help us to make the most efficient use of our time and assist us in collecting data that must be reported to USAID and other partners.
- Encouraging HIV testing (and access to treatment) are the key goals of LINKAGES. Any KP members who do not know their current HIV status should be encouraged to access testing as a first behavior change priority.
- It can be difficult to initiate conversation about HIV serostatus, but under EPO, one role of the peer outreach worker is to identify positive individuals who have become lost to follow-up and assist them to re-enroll in care. This is especially critical in settings where test-and-treat services are available. Some individuals who previously were rejected for ART may be unaware that they are now eligible and that there are substantial health benefits to accessing treatment as early as possible.
- Enrolling a new KP member takes patience and tact. It is not a matter of simply reading questions from the enrollment form, but of having a conversation and finding a way to make KP members feel comfortable disclosing personal information about themselves.

NOTE FOR TRAINERS:

- The steps described in sessions 3.1-3.7 are based upon the EPO model as it is described in the *LINKAGES Enhanced Peer Outreach Approach: Implementation Guide*, and the template enrollment form provided in the guide (Handout 3.1 in the training materials). The contents of Activities 3.1–3.3 should be adapted to fit the local implementation context and any local adaptation of the enrollment form, as well as the M&E needs of each individual program.

HANDOUT 3.1
EPO ENROLLMENT FORM

1. Tell participants that for the next activity, we are going to look at how a peer outreach worker goes about their job enrolling members of a key population. Acknowledge that some participants are already experienced peer outreach workers and may be familiar with the tools and procedures, but EPO requires some slightly different steps, and we will be talking about those too.

2. Ask how peer outreach workers identify and meet members of KPs. Get them talking about the difference between previously mapped KPs and ones who are new to the program. How do they make contact? How do they establish rapport? How long does it take to gain trust so that you can ask sensitive questions about HIV risk? Do peer outreach workers ever ask peers about their HIV status?

Note: in this and the following activities, text in **BOLD CAPITALIZED FONT** *refers to the steps listed on the EPO enrollment form* ***(Handout 3.1).***

FLIP CHART, MARKER PENS

3. **STEP 1: SCREENING.** Distribute copies of the EPO enrollment form. Look at the questions in Step 1. Have participants brainstorm the benefits and challenges of asking the sensitive questions, as outlined in Handout 3.1. List benefits and challenges on flip chart paper and post it on the wall so that all participants can see the list. Discuss how this information is useful to the program. How can peer outreach workers respond if a KP member does not want to answer a question?

4. **STEP 2: HIV RISK ASSESSMSENT.** Discuss the benefits and challenges of asking KP members whether they've been tested for HIV and of asking them about their HIV status, as outlined in Handout 3.1.

    - How would peer outreach workers do this?
    - When would they do it?
    - How does KP members' sexual behavior affect their knowledge of their HIV status? (For example, if a KP member says he was tested for HIV six months ago "so I know I'm HIV negative" but has had unprotected sex since then, what might this mean?)

    Explain that in the EPO approach, KP members should be referred for HIV testing if they have not been tested in the past three months (or the interval set by the national program) and they have had unprotected sex during that period. If a KP member says she knows she is HIV positive, she should be referred to an ART center for treatment.

    Note that no person is required to be tested for HIV or to receive ART: the role of the peer outreach worker is to encourage this as much as possible, but it is unethical to pressure or coerce someone into agreeing to be tested. If necessary, discuss boundaries related to this concept and strategies for persuading without coercing.

TOOL 3.1
MYSTERY IDENTITY CARDS

PENS

5. Role-play screening and risk assessment: Group participants into pairs and give each participant a mystery identity card. (Ensure that within pairs the members have different cards.) Make sure that each participant also has a clean copy of the EPO enrollment form.

6. One member of the pair chooses to be a KP member, using the information on their card. The other plays the role of a peer outreach worker. The peer outreach workers of each pair must talk with the "KP members" to enroll them in the program and screen them to assess whether they should be referred for HIV testing. The goal is to try and complete all the information in Steps 1 and 2 of the EPO enrollment form. Remind peer outreach workers that they must create a comfortable environment for the KP members and think of ways that they can sensitively ask these questions.

7. After 10–15 minutes, ask participants to switch roles.

8. Bring the group together and ask for feedback. What was easy? What was difficult? Be sure to ask the "KP members" how they felt being asked these questions. What could the peer outreach worker have done to make them more comfortable? Is there confusion about how to complete any parts of the form? What changes would improve it?

POSSIBLE DISCUSSION QUESTIONS:

- Many participants in this training probably have a lot of experience conducting outreach. Why do we bother to provide a standard operating procedure for something you may have done many times before?
    - Possible answers: It is important that we have standards for outreach — just like any other intervention — so that we can distinguish between good practice and poor practice. Having a standard operating procedure helps us to guarantee that each outreach activity includes all key elements and nothing is forgotten. It also helps the individual outreach worker to focus on the information or assistance that is most relevant to the KP member and to our program goals.
- The LINKAGES program is focused on reaching members of KPs, because these are the individuals most likely to be at risk of becoming infected with HIV and transmitting infections to others. However, not all KPs are equally at risk. What kinds of KPs might be at highest risk (and, thus, most important to reach)?
    - Possible answers: First, a high-risk KP would need to be sexually active. And the more sexually active, the greater the likely risk. There are numerous studies that have linked HIV risk with having a larger number of sexual partners, especially if those partners were all within a short period of time (as opposed to spread out over a long period). KPs who have multiple risk behaviors (for instance, those who engage in unprotected sex AND use recreational drugs) may be at higher risk. KPs who have a history of sexually transmitted infections may be more likely to be HIV positive as well, and any KP who has never had an HIV test should be considered a priority.
    - A person's behaviors put them at risk, but their individual situation can make them increasingly vulnerable to HIV infection. This includes young people as well as lower-paid sex workers, who may be less able to negotiate condom use. Also, anyone who reports being a survivor of violence should be considered as possibly being at increased risk of infection.
- Peers never like to talk about their HIV status. Why do we have to ask this question?
    - Possible answers: It is true that HIV outreach programs have in the past avoided discussing serostatus. However, when we avoid this topic, we miss a key opportunity to identify a PLHIV who may be lost to follow-up and may need assistance becoming re-enrolled in treatment and care. This is especially important now, because many places are enacting "test-and-treat" policies where anyone who is diagnosed HIV positive can have immediate access to ART, regardless of their CD4 count. Some KP members who previously tested positive for HIV but had high CD4 counts may have been told that they could not access treatment. They may be unaware that they are now eligible for treatment, which could have positive effects on their own health and help to protect their sexual patners. It is critical that we work to expand the discussion about HIV status as part of outreach, and that we do this in an appropriate, sensitive, and confidential manner so that we can do a better job of serving our peers.

ACTIVITY 3.2
OUTREACH: BEHAVIOR CHANGE COMMUNICATION AND RISK REDUCTION

TIME: 90 minutes

MATERIALS

- Handout 3.1 — EPO enrollment form *(clean copies — 1 per participant)*
- Flip chart paper (pre-labeled with relevant message headings)
- Marker pens
- Tool 3.1 — Mystery identity cards
- Handout 3.2 — Message matrix

OBJECTIVES:

By the end of this activity, participants will have:

☑ Screen KP members for other health service and behavior change needs

☑ Determine topics for intervention

☑ Suggest information and/or behavior change messages

TAKE-HOME MESSAGES:

- While HTS is the key behavioral goal of LINKAGES, for KP members who do not currently require HIV testing (because they are either positive and on treatment or have recently tested negative) there are other important messages: encouraging regular STI screening and condom use, promoting risk reduction among those who use illegal drugs, and spreading awareness of the use of ARVs to reduce HIV risk. Peer outreach workers do not need to cover all topics in a single outreach session, but they can decide in collaboration with the KP member which topics are most important for a given conversation.
- The LINKAGES strategic behavior change plan includes common messages across all risk and health-seeking behaviors. However, as a general rule, LINKAGES stresses risk reduction principles if risk elimination is not a feasible behavioral goal — thus, PrEP where consistent condom use is not practiced, safer drug use practices, etc.

NOTE FOR TRAINERS:

- The specific content of this activity should fit the local implementation context and M&E needs of each individual program. Trainers should consult the program's own outreach materials and procedures. Key messages should fit local target populations as well as Ministry of Health guidelines.

FLIP CHART PAPER

MARKER PENS

1. Introduce the risk reduction component. Explain that while increasing uptake of HIV counseling and testing is the key behavioral goal of EPO, encouraging other prevention behaviors also remains important — especially with individuals who are already receiving regular HIV tests.

2. Review the example key areas below, and chose what subject areas are most relevant to the country program. What topics are most important for your peer outreach workers to include to support risk reduction and behavior change communications with KP members? These could include:

    - Healthier sexual practices to reduce risk
    - HIV testing
    - Sexual health check-ups
    - Enrollment in HIV care and treatment
    - ART Adherence
    - Using condoms and lubricant consistently and correctly
    - Using sterile needles and syringes
    - Regular testing for STIs
    - Family Planning services
    - TB screening
    - Violence prevention and response services
    - Alcohol and drug use

3. Note that peer outreach workers are not intended to deliver full information on all available behavior-change topics within a single outreach contact. Peer outreach workers should determine, within the context of their individual outreach session and in collaboration with the KP members, which topic would be the most relevant area of focus.

4. Divide participants into small groups and give each group a piece of flip chart paper and marker pens. Each sheet of flip chart paper should have one of the three risk behavior "content areas" (the bulleted list under Step 2) written at the top. Give the groups 10–15 minutes to record:

    - The behavior change goal of a peer outreach worker for this specific topic
    - The most relevant information to deliver to their KP member regarding that specific behavior

5. Once all groups have finished (or after the break), go around the room and allow each group a chance to report on their responses. Ask other groups for feedback. Is any key information missing? Is any information incorrect? Be sure that the final information provided includes risk *reduction* approaches — not merely risk elimination.

HANDOUT 3.2
MESSAGE MATRIX

1. Distribute the message matrix and ask the group how they think it could be used. Should peer outreach workers take it with them when they do outreach? Should they memorize the content? Should they deliver all the messages? Should they use the exact wording? Ask participants to divide into small groups and find:
    - One message that they think is really well expressed
    - One message they think they can improve
    - One message they don't understand very well

    Discuss these within the group:

    If time allows, ask the participants to revise the entire message matrix to suit the particulars of the local program — either working in small groups with each group taking a section of the matrix, or through a general discussion with the whole group. This is a valuable exercise that can give the participants greater ownership of the program

HANDOUT 3.1
EPO ENROLLMENT FORM

2. **STEP 3: MATERIALS DISTRIBUTED.** Remind participants that at the end of each outreach session, they need to record the quantity of materials they distributed using Step 3 of the EPO enrollment form, for M&E purposes.

DISCUSSION QUESTIONS:

- What do we mean by risk reduction? Shouldn't our message be condoms every time, with every partner?
    - + Possible answers: It would be great if everyone used condoms every time they had sex, with every partner. (Actually, no it wouldn't. We wouldn't be here if sex was always 100% protected.) Condom-less sex happens for many reasons — physical pleasure, emotional intimacy, procreation, and difficulties negotiating condom use with clients or male partners. We have more than three decades of experience to tell us that condoms do not work every time, for every person. It is our job to promote condom use and to make sure that condoms are available when people need them, but also to inform people of the other choices available so that they can take whatever measures are possible to reduce their risk of becoming infected or infecting others. This is being realistic about HIV prevention.
- So, what are some of the options — other than condoms — for reducing HIV risk?
    - + Possible answers: PrEP, PEP, Nonpenetrative sex (like mutual masturbation or thigh sex), oral sex, sex with ejaculation outside the body, and serosorting. These are all methods sexually active KP members may use to reduce their risk of HIV without necessarily eliminating it. Our peer outreach workers need to understand the pluses and minuses of these approaches, and be prepared to answer questions about them. It's time we got real about promoting safe(r) sex.
- How will we know if someone is a survivor of violence?
    - + Possible answers: There are specific skills and techniques for assessing if an individual may have experienced violence; however, if you have not been appropriately trained in these techniques you may cause harm to your KP member. Peer outreach workers who have been trained can offer first-line support: actively listen to the victim, deliver key messages, discuss safety planning, and provide referrals. LINKAGES has a training for peer educators on how to screen for violence and provide first-line support.

ACTIVITY 3.3
OUTREACH: TRACKING KP MEMBERS AND MAKING REFERRALS

TIME: 60 minutes

MATERIALS

- Handout 3.3 — Referral slip *(1 per participant)*
- Handout 3.1 — EPO enrollment form *(1 per participant)*
- Presentation 3.3 — Key population definitions
- Tool 3.1 — Mystery identity cards
- Flip chart
- Marker pens
- Scrap paper
- Pens
- Computer
- Projector and screen

OBJECTIVES:

By the end of this activity, participants will have:

☑ Process a referral for HIV services appropriately

☑ Explain the importance of UICs for tracking performance of the HIV cascade

☑ Generate a UIC according to the national guidelines

TAKE-HOME MESSAGES:

- Under LINKAGES, it is essential that new KP members are properly enrolled so that we can keep track of how many people we reach, how much we overlap with other HIV prevention programs targeting the same population, and what happens to KP members once they become enrolled in the program. Without a good UIC system, this kind of tracking would not be possible. More importantly (for training participants) if KP members are improperly enrolled, they will not be considered to have been reached — which means peer outreach workers do not receive credit for their hard work!
- When a KP member requests a referral, the referral slip must be filled out correctly, and the KP member must hand it in to staff at the referral site. Otherwise, we cannot track this referral and the KP member may be lost to follow-up. Peer outreach workers may prefer to physically accompany their KP members to the service center to ensure that services are received and to help the KP members navigate the service center processes.

NOTE FOR TRAINERS:

- The steps described in Module 3 are based upon the EPO approach described in the *LINKAGES Enhanced Peer Outreach Approach: Implementation Guide*, and the referral slip and EPO enrollment form in the guide. The contents should be adapted to fit the local implementation context and M&E needs of each individual program. This is also true of the UIC system described below, which should, where possible, align with a national UIC system supported by the Ministry of Health.
- Note that existing referral tracking systems may also be superseded by the adoption of eCascade (or similar mobile data collection and case management platform).

HANDOUT 3.3
REFERRAL SLIP

1. Introduce the tracking and referrals component by explaining that offering a referral to a newly enrolled and eligible KP member for HIV testing (or for ART, if the KP member is HIV positive) is an essential part of the EPO approach. Check that participants remember what eligibility means in this context (the KP member has not received an HIV test in three months and has practiced high-risk behavior during that period; or, if HIV positive, was previously enrolled in ART but is no longer receiving treatment).

2. **STEP 4: REFERRAL**. Hand out the referral slip and explain that we are initially focusing only on the left-hand part — the orange part. This section is given to KP members if they are to be referred for HTS or ART. The referral slip has information on both sides:

    - **Front side:** The peer outreach worker writes the KP member's UIC on the referral slip, so that the testing center will be able to record it and use it for any other services that are provided. The peer outreach worker also writes his or her own name on the front side.
    - **Reverse side**: The peer outreach worker writes the address of the closest three testing centers (or fewer if there are not three near the KP member).

HANDOUT 3.1
EPO ENROLLMENT FORM

3. Peer outreach workers must remember to tell KP members to hand the slip in to the staff at the place where they are tested. Peer outreach workers also check the appropriate boxes in Step 4 of the EPO enrollment form to indicate whether a referral was made to HTS or ART.

4. Explain the PM tracking number: each referral slip has a tracking number pre-printed on it (labeled "PM tracking number"). This is used to track whether the referral was completed. Peer outreach workers receive an incentive payment for completed referrals, so it's important to write the PM tracking number in Step 4 of the EPO enrollment form, and tick the appropriate box to show whether the referral is for HTS or ART.

5. Show how the box in Step 4 should be ticked to indicate whether the KP member was brought to the peer outreach worker by a PM. If the KP member was referred to the peer outreach worker by a PM, the KP peer will have their own referral slip (it will be one of the green ones on the right-hand side of the referral slip sheet). Explain that in addition to entering the PM tracking number in Step 4, it is essential to enter the PM tracking number (which will also be on their green referral slip), and the PM's name. This ensures that the peer outreach worker and the PM can receive incentives for completed referrals. *(In programs where this is not part of the system, the EPO enrollment form should be modified to omit the unnecessary lines from Step 4, and this step can be skipped.)*

PRESENTATION 3.3 KEY POPULATION DEFINITIONS

COMPUTER

PROJECTOR AND SCREEN

6. **STEP 5: REGISTRATION.** Review the boxes in Step 5. Check that participants understand the distinctions between genders. (For example, do they clearly understand the difference between an MSM and a transgender person? Use Presentation 3.3 to talk about different key populations if it is helpful to do so.) Note that although the peer outreach worker will probably have learned the KP member's name, we do not record it on this form for reasons of confidentiality and security. Explain that the reason for asking whether the KP member has had program contact before is that if they have, they may already have a UIC (in which case the peer outreach worker does not have to generate a new one).

7. It is also important that we can track each individual across the HIV cascade. This is done with the UIC. Explain the components of the term "UIC":

    - Code: a series of numbers or letters.
    - Identifier: the code is assigned to the individual and is used to identify him or her every time he or she receives a service.
    - Unique: no two KP members have the same code, and each KP member should have only one code. (That's why it's important to ask whether KP members have received services from the program before: they may already have a UIC, in which case they shouldn't be given a new one.)

FLIP CHART

MARKER PENS

8. Explain the components of the UIC (this is an example — use the format of your program):

    - First letter of first name
    - First letter of last name
    - Date of birth (DD/MM/YY)

9. Provide a few examples and work as a large group to generate a UIC based on those examples.

SCRAP PAPER

PENS

10. Once participants understand how to generate a UIC, divide them again into pairs. Ask them to use their mystery identity cards from the previous exercise and to work with their partner to generate a UIC. Give them about 5 minutes to complete this task, and then ask them to switch roles.

TOOL 3.1 — MYSTERY IDENTITY CARDS

11. Show the participants where the UIC is recorded on the EPO enrollment form — Step 5.

DISCUSSION QUESTIONS:

- What is the purpose of having an identification code? Isn't that a violation of the KP member's privacy?
    - Possible answers: Remember that the goal of LINKAGES is not to improve one individual HIV service — it is to improve performance across the entire HIV services system. The UIC is one way we can monitor how well the system works. We don't just want to know how many people we reach, we want to know what happens to people after we reach them, and whether they get the services they need. That way we know if there is a problem and we can act quickly to fix it!
- What makes a good UIC system?
    - Possible answers: There are lots of UIC systems. Some work well, some not so well. For a UIC system to work well:
        - It should be based on information the KP member already knows and shouldn't depend on information they need to carry on a card or other document.
        - It should be unique. You don't want a system where everyone's codes are exactly the same. For instance, it does not help to ask what color hair people have, if everyone has black hair!
        - People should be willing to use it. If the UIC requires sensitive information that people are not willing to give, then the code will not be useful.

ACTIVITY 3.4
OUTREACH: PEER MOBILIZERS

TIME: 45 minutes

MATERIALS

- Flip chart
- Marker pen
- Scrap paper
- Pens
- Handout 3.1 — EPO enrollment form

OBJECTIVES:

By the end of this activity, participants will have:

☑ Identify and engage PMs

☑ Help a PM complete a network map to identify peers to engage for testing

TAKE-HOME MESSAGES:

- PMs and the referral chain network are a key innovation of the EPO model. By asking KP members to serve as PMs and refer their own friends into the project, we expand our reach beyond just those people that we meet through outreach. Remember that a PM should not refer just anyone — we are looking for eligible, high-risk individuals. That is why we help PMs map their networks and identify the best candidates for referral. And remember, a PM only receives incentives if the peers they refer are eligible **AND** agree to receive an HIV test.

HANDOUT 3.1
EPO ENROLLMENT FORM

FLIP CHART

MARKER PEN

SCRAP PAPER

PENS

1. **STEP 6: PEER MOBILIZER.** Ask the participants to restate what they learned about PMs during the previous afternoon of training (Activity 2.2). Explain that asking KP members to distribute referral slips allows us to increase coverage of HIV services to new networks of people and have greater impact on HIV prevention. Also, highlight the personal benefits of referrals — namely that peer outreach workers and their PMs have opportunities to make money or bonuses when referrals are successful.

2. Explain that when KP members agree to become PMs, peer outreach workers can help them identify the best people in the PM's social network to engage first. This is sometimes called network mapping, and it's easy. Distribute paper to participants and have them draw their own network map as you draw an example on the flip chart. Tell them to follow these steps:

    - On a piece of scrap paper, draw a figure of a person at the center of the map — this represents the PM.
    - Ask participants how many KP members they know who they think are sexually active (or inject drugs). Each of these people can be represented by a dot (or circle, or star, etc.) on the map. Tell participants that people you are closer to should be placed closer to you on the map. People you know less well should be placed further away.
    - Now, based on this map, ask participants to think about the people who would be at highest risk for HIV? Who has more sex partners, or hates condoms, or uses drugs? Those peoples' dots/circles should be drawn larger, to show that they are more important.
    - Now decide who the participant should target to engage first. Ideally you want to go for the biggest dots/circles that are nearest to the participant themselves. You can also help the participant to brainstorm how to approach this person, what to say, and how to bring him or her into the program.

FLIP CHART

MARKER PEN

SCRAP PAPER

PENS

(Continued)

13. Remind participants that once PMs engage peers, PMs can either bring them to meet with the peer outreach worker *(if this is the system in your program)* or can encourage them to go directly to an HTS center. Two key points to remember are that (1) whichever the case, the peer needs to bring a completed referral slip so that the PM will receive credit, and (2) the PM will only be paid if the peer is eligible and the peer agrees to receive an HIV test. "Eligible" means that the peer is a member of a KP and has not been tested for HIV in the past 3 months. The PM does not have to ask the peer whether they have engaged in high-risk behaviors in the past 3 months.

14. Explain to participants that, as peer outreach workers, they are expected to "manage" a team of PMs so that, at any given time, they have four to five people in the community who are bringing new KP members into the system. Referral slips are distributed four at a time *(or however many referral slips your program decides)*, but PMs who successfully bring in four new peers can be given additional slips. PMs who fail to deliver can be replaced with new PMs.

HANDOUT 3.1
EPO ENROLLMENT FORM

15. Show the participants how to complete Step 6 of the EPO enrollment form.

DISCUSSION QUESTIONS:

- What are the advantages of engaging KP members as PMs, i.e. using a referral chain network?
    - Possible answers: We sometimes refer to a referral chain network as fishing with a net instead of a line. We ask KP members to reach people in their networks whom we would otherwise not be able to reach. After all, a peer may be more likely to trust their close friend or partner than our outreach worker. This is especially helpful if PMs have already received project services themselves — if they already know what getting an HIV test is like, they may do a better job of convincing their friends. Research has also shown that HIV-positive individuals are more likely to have other HIV-positive individuals in their social and sexual networks; it is especially important, therefore, that PLHIV engaged or detected through this project have the opportunity to engage their friends.
- What are some of the disadvantages of using a referral chain network?
    - Possible answers: A referral chain network by itself can sometimes be very passive and reactive — you send out slips and you wait for people to come back. If no one accepts the slips, you may wait for a long time! That is why, in the EPO approach, we combine outreach and referral chain networks into one model. Even if many of the slips we distribute never come back, that is all right — because we are constantly out in the field, meeting new KP members, and engaging new PMs.
- Will all KP members become PMs? Should they?
    - Possible answers: Program experience to date indicates that, in fact, most of your KP members will not wish to become PMs. In other countries, as many as 75% of KP members decline the offer and, of those who accept, many never successfully engage a peer. This is natural, and not everyone would make a good PM. The KP members we especially want as PMs are individuals with large social networks (they have a lot of friends to choose from), who are good communicators (they will be more successful at convincing their friends), and who are themselves high risk (they are more likely to be friends with other high-risk people).

ACTIVITY 3.5
OUTREACH: INCENTIVE SCHEME

TIME: 45 minutes

MATERIALS

- Handout 3.5 — Incentives table *(1 per participant)*
- *Any other materials depending on how the activity is designed by the trainer*

OBJECTIVES:

By the end of this activity, participants will have:

☑ Describe the systems of incentives for peer outreach workers and PMs who achieve program benchmarks

Performance-based incentives for both peer outreach workers and PMs are core components of the EPO model; however, these reimbursement schemes will need to be designed to suit to the context of each individual program. Rather than proposing a generic training activity, we recommend that projects wishing to include performance-based reimbursement as part of their implementation of EPO should develop their own training activity based upon their local payment system. Components of the activity should include:

- What is an incentive (in general terms)?
- Why does EPO use an incentive model?
    - + To reward peer outreach workers who are helping to expand the network of KP members getting tested
    - + To incentivize PMs, who have a less strong connection to the program, to talk to their friends and refer them for testing
- What are the exact incentives offered by the program?
- How are payments made:
    - + To the peer outreach worker?
    - + To the PM?
- How are incentives tracked?
    - + How are referral slips processed when they are handed in at the testing center?
    - + How are the tracking numbers on the referral slips used? Why is it important that the peer outreach worker records them on the EPO enrollment form?

You could potentially show the referral slip tracking log from the EPO implementation guide, but since this is only used by the M&E officer it may not be helpful.

ACTIVITY 3.6
OUTREACH: LINKAGES JEOPARDY

TIME: 60 minutes

MATERIALS

- LINKAGES Jeopardy
- Tool 3.6 — Jeopardy questions
- Paper
- Prizes

OBJECTIVES:

By the end of this activity, participants will have:

☑ Review key concepts from LINKAGES training to this point

☑ Demonstrate an accurate understanding of the different fields in the EPO enrollment form

NOTE FOR TRAINERS:

- The sample Jeopardy questions included with this training curriculum are based upon implementation of the LINKAGES Thailand project. Adapt questions for each local project.

TOOL 3.6 — JEOPARDY QUESTIONS

(Print these from the PowerPoint deck double-sided so that when a "tile" is picked by the team, you can take it from the wall and read the question printed on the reverse side.)

PAPER FOR SCORE-KEEPING

MARKERS

PRIZE(S)

1. Before this activity begins, stick the Jeopardy "board" (i.e., the pages printed from Tool 3.6) on the wall where all participants can see it. The board should contain 16 squares, divided into 4 columns and 4 rows:

Category 1	Category 2	Category 3	Category 4
100	100	100	100
200	200	200	200
300	300	300	300
400	400	400	400

   The squares in each column should be labeled 100, 200, 300, and 400, as indicated above. Each square represents a question — the higher the number, the more difficult the question and consequently the more points you win if you answer correctly.

2. Divide the participants into two or three teams (depending on the number of participants) and tell each group to select a name for their team. Once the teams have selected names, list these names on a piece of paper posted next to the Jeopardy board, in order to keep score.

3. Explain to participants that the first question will be chosen by the facilitator, and both teams will have an opportunity to respond. Whoever raises their hand fastest gets the first chance to answer. If their answer is correct, they will win the points for that question and will be able to choose the next question. If they answer incorrectly, the opposing team will have a chance to answer. All team members may work together to discuss the answer, but only one final answer will be accepted.

4. Points will be awarded for each correct answer, and the team with the most points at the end wins. In some cases, you may wish to split the total points if each team gives a partially correct answer.

5. Begin asking the questions. After each correct answer is given, ask or explain why it is correct. Also, address the incorrect answers, especially if they are common misconceptions.

6. You may wish to introduce a "Jeopardy tile." The Jeopardy tile is one square on the board that, if selected, allows the team that picked it to wager any amount of points up to their total earned so far. (Thus, a team with 800 points could wager 400 points, or 800 points, but not 900 points.) If they answer the question correctly, they win all the points they wagered; if they answer incorrectly, they lose that many points. The Jeopardy tile is not marked in any way — only you as the facilitator know which tile is the Jeopardy tile. Once a team selects the tile, they must decide how many points to wager before they hear the question, but they get a chance to answer the question before any other teams may try to answer.

7. Once all questions have been used, award a prize for the team with most points and lead a follow-up discussion on any outstanding questions raised during this activity.

ACTIVITY 3.7
OUTREACH: PUTTING IT ALL TOGETHER

TIME: 180 minutes (3 rounds)

MATERIALS

- Handout 3.1 — EPO enrollment form *(3 per participant)*
- Handout 3.3 — Referral slip *(3 per participant)*
- LINKAGES money — pretend banknotes to simulate the earning of engagement incentives
- Pens
- Interchangeable (pin-on) name tags *(3 per participant)*

OBJECTIVES:

By the end of this activity, participants will have:

☑ Demonstrate the entire EPO process, from reaching a new KP member, to enrolling and screening, to making referrals and managing a PM

TAKE-HOME MESSAGES:

- Peer outreach workers and other program staff will understand the whole EPO process best if they have the opportunity to experience what it is like from the point of view not just of their own roles, but of PMs and peers also.

NOTE FOR TRAINERS:

- In this role play, invite the program M&E staff and outreach supervisors to play the role of the clinic staff (receiving referral forms) and to collect and check the referral slips and outreach enrollment forms at the end of each round. This will enable them to understand the referral tracking system better and to anticipate difficulties that might arise in completing paperwork correctly.

NAME TAGS

HANDOUT 3.1 EPO ENROLLMENT FORM

HANDOUT 3.3 REFERRAL SLIP

PENS

LINKAGES MONEY

1. Explain to participants that now that we have gone through all the EPO steps, it is time to practice the whole sequence of activities. Everyone will have the chance to play different roles in this activity.
2. Divide participants into three groups according to the role they will play: "peer outreach workers," "PMs," and "peers." Distribute name tags so that members of the groups can label themselves, and be easier to tell apart.
3. Give each peer outreach worker an outreach form and a referral slip, and send each group to a different corner of the room. One of the program M&E staff (or a training facilitator) should serve as the HTS clinic staff and receive referral slips, and a program M&E officer should collect all the slips at the end of each round and check them for accuracy.
4. Explain to the peer outreach workers that their job will be to engage one KP member to serve as their PM. This means they will need to approach the KP member, screen and enroll him or her using the EPO enrollment form, refer to services, AND get him or her to agree to pass a referral slip to at least one friend.
5. Once a participant in the PM corner is selected by a peer outreach worker, he/she will role-play being a KP member, will accept a referral, and will agree to serve as a PM. After the PM has visited an HTS center to receive an HIV test, the PM will engage a single individual from the third group of participants (the "peers"). The PM will bring this person back to the peer outreach worker to receive credit for a successful engagement.
6. During this role-play, peer outreach workers should fill in the EPO enrollment form and the referral slip just as they would in the field. At the end of the role play, if the referral slip is missing or filled in incorrectly, the PM and/or peer outreach worker will not receive credit for that referral.
7. Once all outreach conversations have been completed and all referral slips and EPO enrollment forms have been collected, the M&E officer and one of the facilitators should check them to ensure that they have been completed correctly and that referral slips can be tracked back to the original PM and peer outreach worker.
8. Meanwhile, a second facilitator can bring participants back together and discuss how the role-play went. What was easy? What was difficult? How might we change the approach so that it is easier in the field?
9. Once the feedback discussion is complete, distribute "LINKAGES money" to all peer outreach workers and PMs where there was a successfully completed referral. Any mistakes in the process, which result in no incentives distributed, should be explained to the participants.
10. Repeat this exercise for two additional rounds, so that all participants have an opportunity to practice the entire EPO process as a peer outreach worker.

ACTIVITY 4.1
WRAP-UP

TIME: 30 minutes

MATERIALS

- Pens
- Tool 4.1 — "I want" kites *(1 per participant)*
- Handout 4.1a — Commitment pledge *(1 per participant)*
- Handout 4.1b — Training feedback form *(1 per participant)*
- Handout 4.1c — Certificates of completion *(1 per participant)*

OBJECTIVES:

By the end of this activity, participants will have:

☑ Sign a personal commitment pledge

☑ Make a personal "I want" commitment

☑ Complete a training feedback form

☑ Receive a certificate of completion

TAKE-HOME MESSAGES:

- Peer outreach workers must make a commitment to honestly and skillfully reach out to people in their target communities and provide correct and clear information to support KP members in choosing to learn their HIV status and access needed care.
- The EPO approach values the peer outreach workers' own aspirations for their activities supporting other KP members along the HIV prevention, diagnosis, care, and treatment cascade.

HANDOUT 4.1 — COMMITMENT PLEDGE	1. Wrap up the training by reminding participants that this is the first step to implementing the EPO approach. LINKAGES staff (as well as management from the partner agencies) will be out in the field monitoring implementation of the EPO approach. There will be opportunities to modify the approach and tools as we see how they work in the local context. 2. Give participants an opportunity to ask any follow-up questions or request additional clarification on concepts raised during this training. Make sure to check the parking lot for any outstanding issues. 3. Emphasize to participants that being part of EPO is a big commitment. Stress that they are here because we think they have what it takes to implement EPO well. But we want to make sure everyone knows what they are agreeing to. Distribute the commitment pledge and give participants time to review it. Answer any questions. Next, ask participants to sign and return the commitment pledge.
TOOL 4.1 — "I WANT" KITES **PENS**	4. Provide each participant with a paper kite. Explain what "I want" means in this context by using your own personal examples, e.g., "I want to make a difference," "I want to help my province fight AIDS," "I want to earn incentives," etc. 5. Ask each participant to write his/her personal "I want" affirmation on the paper kite and then to tape the kite on the wall. 6. Read highlights from the "I want" affirmation wall to participants. Invite a few participants to share with the group something new that they learned over the course of this training.
HANDOUT 4.1B TRAINING FEEDBACK FORM	7. Distribute feedback forms, and give the participants a few minutes to complete and hand them in.
HANDOUT 4.1C CERTIFICATES OF COMPLETION	8. 8. Distribute the training certificates. Thank all the participants for their attention and enthusiastic participation and wish them well in their work.