



# TINGIM LAIP PEER EDUCATION TRAINING GUIDE FACILITATOR'S MANUAL



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Tingim Laip | PO Box 1402 | Madang | Papua New Guinea  
(P) + 675 422 2192 | (F) + 675 422 0148  
Tlinfo@tl2.org.pg | www.tingimlaip.org

# PEER EDUCATION TRAINING GUIDE - FACILITATOR'S MANUAL

## ABBREVIATIONS AND ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
ART	Anti-Retroviral Therapy
DFAT	Australian Government Department of Foreign Affairs and Trade
FSW	Female Sex Worker
GIPA	Greater Involvement of People Living with HIV
GoPNG	Government of Papua New Guinea
HBC	Home Based Care
HIV	Human Immunodeficiency Virus
IEC	Information, Education and Communication
KAP	Key Affected Population
M&E	Monitoring and Evaluation
MSM	Men who have Sex with Men
MMM	Mobile men with money
MTCT/ PTCT	Mother to Child Transmission/ Parent to Child Transmission
NAC	National AIDS Council
NACS	National AIDS Council Secretariat
NDoH	National Department of Health
NHS	National HIV and AIDS Strategy, 2011–2015
PE	Peer Educators
PAC	Provincial AIDS Committee
PLHIV	People Living with HIV
PNG	Papua New Guinea
PO	Project Officer
RC	Regional Coordinator
STI	Sexually Transmitted Infection
TL	Tingim Laip
VCCT	Voluntary Confidential Counselling and Testing
WES	Women engaged in sex work

## INTRODUCTION

Tingim Laip (TL) is an HIV prevention and care project operating in more than 20 locations across 10 provinces in PNG. It is a project of the National AIDS Council, funded by the Australian Government Department of Foreign Affairs and Trade, and managed in its second phase by Cardno Emerging Markets.

Tingim Laip focuses on working with members of key affected populations (KAPs) in their communities to achieve the following:

- Reduce the risk of HIV transmission
- Reduce the transmission of sexually transmitted infections (STIs)
- Increase knowledge of HIV status among key affected populations
- Increase care, support and treatment for PLHIV and their families
- Strengthen the community to support HIV prevention and care

Peer education is widely recognised and used as a tool to promote positive behaviours and uptake of services in HIV prevention and care. It focuses on peer information exchange and sharing to improve male and female condom use, increase uptake of HIV testing and STI treatment as well as supporting people living with HIV (PLHIV).

In PNG, initiatives such as the Save the Children Youth Outreach Project and Poro Sapot Project have implemented very effective peer education activities. The National HIV/AIDS Training Unit (NHATU) has also conducted extensive peer education trainings across PNG.

The TL Peer Education Training Guide has been developed in response to the unique characteristics of project locations and the need for specific interventions amongst members of KAPs. It has taken into consideration the work and experiences of the many peer education projects in PNG.

Within the TL project, the STEPs Model (TL prevention and care strategy) will help TL staff and volunteers to use the peer education approach to improve use of condoms, increase uptake of HIV testing services and STI treatment among key affected populations, and drug adherence and support for PLHIV.

This Guide will be used by Tingim Laip staff and other certified trainers to conduct peer education training with volunteers in TL communities and other projects who are interested in adapting the TL model. It is expected that over time, volunteers from TL locations will be supported to facilitate and manage their own peer education trainings and outreach activities.

## TINGIM LAIP VOLUNTEER PROGRAM

The majority of TL interventions are delivered by volunteers from within targeted key affected populations. Selection of volunteers is conducted in line with the TL volunteer recruitment strategy. The selection process ensures that members of KAPs are recruited.

Volunteers are recruited, trained and supported to deliver effective HIV prevention and care interventions in project locations across PNG through a small grants program. Volunteers receive ongoing training, mentoring and coaching to deliver these interventions, as follows:

- At recruitment:
  - Peer Education Training
  - TL Volunteer Induction
- Within first three months of volunteering:
  - HIV Sik Long Koap – comprehensive training on HIV, STIs, SRH
  - Peer Education practice and coaching
  - Reporting
  - Basic First Aid
  - Working with KAPs: Human Rights, health and hygiene, negotiating sex, additional needs
- At successful completion of 3-months
  - Love Patrol facilitation training
- At successful completion of 6-months
  - Alcohol Harm Reduction training
- At successful completion of 9-months
  - Tokaut na Tokstret: leadership and communication skills
- At successful completion of 1-year
  - HIV Refresher training
- At successful completion of 18-months:
  - Job-skills training
  - Personal finance training

The TL Peer Education Training is just one element of the larger volunteer capacity building program.

## USING THE GUIDE

The TL Peer Education Training Guide has been developed specifically as part of the TL volunteer capacity building strategy. This Guide is intended to provide a basic set of skills and knowledge that volunteers can use to conduct peer education and other peer-led interventions associated with HIV prevention and care. This includes:

- A basic level of HIV and STI information
- A basic set of knowledge and skills that will enable volunteers to begin talking to each other and their peers about issues relating to HIV prevention and care

Participants are given every opportunity to learn the knowledge and skills that will enable them to effectively share the HIV knowledge with their peers and steering them towards safer sexual behaviours and supporting people living with HIV. Participants learn communication skills, how to work with people most at risk, the importance of confidentiality and non-judgemental attitudes, how to deal with cultural diversity and religious responses, how to conduct condom demonstrations and other skills.

The sessions in this Guide have been arranged in a particular sequence that has to be followed when conducting the training. Although the training has been designed based on a 5-day training program, this can be re-arranged to suit the availability of KAPs. For example if sex workers are only available to attend training sessions twice a week for three hours, the schedule should be revised to accommodate this.

A sample training program is attached as Annex 1. **Remember that this is only a guide based on a 5 day training program.** There are situations where this is not convenient for KAPs. It is therefore important to re-organise the program to suit their schedules. **For example you may have to run half day sessions 3 times a week for a month to cover all the activities.**

Different facilitation methods such as group work, role-plays and case studies are used throughout the Guide. This is clearly indicated for every activity. Materials needed for each activity are also listed for easy reference. Suggested time allocations are also provided to ensure that facilitators don't run out of time.

Throughout the guide, trainers' notes are included to assist trainers with facilitation approaches, key information that should be shared with participants and other helpful hints.

Information on peer education management and supervision is also provided for trainers and peer educator supervisors to use in managing their peer education work. For more information on volunteer recruitment, selection and management, please consult TL volunteer management strategies.

Supporting people to become effective peer educators requires ongoing mentoring and refresher trainings. This is only the beginning of peer education training for TL volunteers and additional support will be provided after the training to make sure that volunteers are confident and ready to talk about HIV and promote relevant services. The TL HIV Sik Long Koap Discussion Guide provides the basis for this support- it contains 28 interactive topics on basic information relating to HIV and STIs and Sexual Reproductive Health.

# DAY 1

## ACTIVITY 1: GETTING STARTED

### Objectives:

- To get participants to know each other
- To create a positive learning environment

### Materials and preparation:

- Post-it notes
- pens

*Time: 25 minutes*

- Step 1: Welcome everyone to the TL Peer Education Training. Tell them that the training is very participatory and informal.
- Step 2: Ask participants to choose a partner. Make sure that they pick someone they are not too familiar with.
- Step 3: Each person will ask their partner their name, where they come from, and one thing they like about themselves. Give each person a post-it note to write down their answers.
- Step 4: Give 5 minutes for the participants to find their partners and discuss with them. Explain that each participant will introduce their partner to the rest of the group.

*Trainer's Note: After participants have finished introducing themselves, emphasise that it should be much easier now to talk and ask each other questions. Tell them that this will make learning and sharing of experiences easy and fun.*

## ACTIVITY 2: GROUND RULES AND HOUSE KEEPING

### Objective:

- To set boundaries for the training
- To help create a safe space where participants feel comfortable to participate and learn

### Materials and preparation:

- Butcher paper
- Markers

*Time: 15 minutes*

- Step 1: Explain to the group that the training has been designed in a way that everyone will learn new skills and information every day. In order for this to happen, we need to set boundaries. These are a set of rules that will help us achieve the purpose of this training.
- Step 2: Ask participants to think of at least one rule for the training. Ask them to draw the rule on the butcher paper provided. For example, if the rule is "Be punctual", they can draw a clock.
- Step 3: The facilitator can also prepare some suggestions and put them up and the participants can contribute to the list. The list can include rules such as:
- Confidentiality
  - Be on time each day and for each session
  - Everyone must contribute to discussions
  - Do not make unnecessary noise during presentations
  - No chewing buai (betel-nut) and/or smoking in the room
  - Turn off your mobile phones or put them on 'silent' during the sessions

*Trainer's Note: Ensure that confidentiality is included. It is important given the nature of the groups that we are working with. It is important that participants keep private and personal information that is shared in the training to themselves. The training is meant to be a safe environment where people can share.*

*This is also an opportunity to do some housekeeping matters or logistical and administrative announcements that participants need to be aware of e.g. where the rest rooms (toilets) for male and female are, transport arrangements, bus fare arrangements etc.*

### ACTIVITY 3: TRAINING OBJECTIVES AND OVERVIEW

#### Objectives:

- To discuss group expectations and training objectives

#### Materials and preparation:

- Butcher paper
- Markers
- Sticky tape
- Butcher paper with training objectives

Time: 20 minutes

Step 1: Ask participants “What do you want to get out of this training?” What skills do you want to have? What do you want to learn? Allow five minutes for feedback and discussion.

Step 2: Write their expectations on butcher paper. Go through each one of the points, clarifying things that you will cover during the training.

Step 3: Put up the list of objectives you have prepared on a butcher paper. The training objectives are as follow:

- To increase participants knowledge on basic HIV and STI information
- To increase knowledge and skills that will enable participants to disseminate HIV and STI information to their peers and provide referrals

Step 4: Go through the objectives and explain how they link with some of the expectations.

*Trainer's Note: The training objectives should give the participants a clear and simple outline of what they expect from the training.*

### ACTIVITY 4: PRE-TRAINING ASSESSMENT

#### Objectives:

- To assess participants' level of understanding on basic HIV & STI information before the training
- To assess participants' level of understanding of peer education before the training

#### Materials and preparation:

- Annex 2: Pre-training assessment questionnaire
- Annex 3: Pre-post training assessment answers
- Annex 4: How to assess the questionnaire

Time: 30 minutes

*Trainer's note: The pre-training assessment is used to assess participants' knowledge and attitudes before the training. This same questionnaire will be used at the end of the workshop to find out if there has been any change in the level of knowledge and attitudes.*

Step 1: Give handout (Annex 2) to participants.

Step 2: Emphasise that even though they have their names written on the questionnaire, it is only for volunteer recruitment purposes. It will not be used nor shared with anyone else outside of Tingim Laip.

*Trainer's note: Depending on the literacy level of your participants, you may have to use other ways of measuring the participants' knowledge. Alternatively, you can get them into groups of 3 or 4 and discuss the questions. One person notes their answers on butchers' paper provided. This same group will have to do the post training assessment at the end of the workshop. Use Annexes 3 and 4 to assess the completed pre-training assessment questionnaires.*

**TAKE A BREAK-MORNING TEA**

## ACTIVITY 5: VALUE WALK

### Objectives:

- To explore participants values and attitudes related to STIs, HIV, condoms, sex, working with people who are most at risk, and being HIV+
- To understand society's attitudes to HIV and STI prevention and care

### Materials and preparation:

- Two cards; Card 1- Agree, Card 2- Disagree

Time: 30 minutes

### Value Statements

- Pigs are very important in PNG culture
- It's the man's job to make decisions at home
- It's a woman's job to wash, cook and iron clothes
- It's OK for men to beat up their partners
- It's OK for men and boys to carry and use condoms
- It's OK for women and girls to carry and use condoms
- I would accept a friend who is homosexual
- I would accept my brother or sister if he or she were homosexual
- People infected with HIV have only themselves to blame
- Sex work (prostitution) should be banned to prevent the spread of HIV
- A schoolteacher who gets infected with HIV should stop teaching in schools
- The names of all people with HIV should be shared with everyone
- People with HIV should not prepare food for other people
- It is OK for a boy to have sex before marriage
- It is OK for a girl to have sex before marriage
- A woman or man who carries condoms around with them is just looking for sex
- Using a condom is a sign that you do not trust your partner

Step 1: Introduce this session by asking participants if they believe that people in their communities discriminate against or are prejudiced against anyone. Are some people stigmatized? For example, people who have physical or mental handicaps? People who are old? People who are different in any way (fat or thin)? People thought to have an STI or HIV infection? Ask for examples from their communities.

Step 2: Put the two cards (Agree and Disagree) on opposite sides of the floor in the room. Ask all participants to stand together in the middle of the room.

Step 3: Explain that you will read aloud some statements and participants have to move and stand around the "agree" card or "disagree" card. They should take their place on an imaginary line according to how much they agree or disagree with the statement.

Step 4: Ask participants to explain why he or she is standing there. Encourage participants to give their viewpoints.

Step 5: Tell participants that if their opinion has changed, they may move along the line. This movement shows that they are willing to consider new information and ideas.

Step 6: Facilitator reads the next statement. Be sure to leave enough time for discussion particularly for those statements where there is a lot of disagreement. Even if all the participants have the same attitude (i.e. they all stand in the same position), ask them what other people in their communities believe about the statement.

*Trainer's Note: This exercise can be repeated throughout the training, as a warm-up exercise to new sessions. It gives an opportunity for participants to realize that many people, perhaps even themselves, may hold some stigmatizing attitudes without realizing it. It is good to think about their own attitudes/values/beliefs so that they can recognize and overcome any stigmatizing attitudes that they hold. This is important because it will affect the way they provide information and referral support when conducting peer education outreach.*

*Remind them that other people in their community may be unwilling to discuss their opinions and values if people openly challenge them. But, if they are aware of a person's stigmatizing attitude or belief, someone may be able to carefully explain to the person why their attitudes can be damaging or have unintended consequences in the way people access and use condoms, have an HIV test, being HIV+, etc.*

## ACTIVITY 6: COIN RACE

### Objective:

- To take a break and have fun

### Materials:

- Two twenty toea coins

*Time: 5 minutes*

- Step 1: Arrange participants into two equal lines, facing the trainer. Give the coins to the two persons standing in front of the line
- Step 2: On the word “GO”, the two people at the beginning of the line start the game by dropping the coin down their clothes. It has to go through T-shirts, trousers, shirts or dresses. When the coin drops to the floor they pass the coin to the next person in line
- Step 3: The race continues until the coin reaches the end of the line. The team that finishes first wins the race

## ACTIVITY 7: WHAT IS HIV? WHAT IS AIDS?

### Objectives:

- To increase participants knowledge on the basic facts about HIV and AIDS
- To clarify any misconceptions relating to HIV and AIDS

### Materials and preparation:

- Butcher paper
- Markers

*Time: 15 minutes*

- Step 1: Ask participants to sit in a circle. Tell them that in the next activity, we will be discussing what we know about HIV and AIDS.
- Step 2: Ask participants, “What is the first thing that comes into your mind when you hear the terms HIV and AIDS?” Write these down on the white board or butcher paper.

By going through each response, say that in this activity and in the next couple of days, we will be learning about, and discussing HIV and AIDS. During this time, they can think back to some of these words to see whether they are actually true or not.

- Step 3: Write the term HIV on the board or butcher paper. Ask participants what the letters stand for.
- Step 4: Ask if someone can explain what those words mean. Emphasise by saying the following:
- HIV stands for Human Immuno-deficiency Virus
  - H =Human, this means that it affects humans and lives very well in human beings. The virus does not live in toilets, mosquitoes, cups or spoons, or on bed sheets or towels that people who have HIV might have used.
  - I =Immuno-deficiency is a lack of immune system (the system that fights off infections). The virus attacks and eventually overcomes the body’s immune system (the body’s defence system). The immune system is the soldier of the body that fight sicknesses and infections. Unfortunately, they are unable to fight HIV.
  - V = Virus is a germ.
- Step 5: Explain further that when the virus destroys the immune system, the body becomes weak, so it cannot protect the body from sicknesses. This is when the person has progressed to AIDS.
- Step 6: Write the term AIDS on the board or butcher paper. Ask participants what the letters stand for.
- Step 7: Emphasise the following:
- AIDS stands for Acquired Immune Deficiency Syndrome
  - A = Acquired – To acquire means to “get” something. You have to get the virus from someone.
  - I = Immune – This refers to the body’s defence system or soldiers of the body that fights sicknesses and infections.
  - D = Deficiency is lack of (in this case our immune system) OR in short supply and is not enough. This means the lack of the immune system OR soldiers of the body.
  - S = Syndrome refers to a collection of sicknesses and infections that people with HIV can get.



Step 8: Ask participants if HIV and AIDS mean the same thing. Encourage everyone to share their ideas.

Step 9: Explain the difference between HIV and AIDS.

- HIV is the virus that causes AIDS. When someone gets the virus (HIV) they can still look and feel like people who do not have HIV. There are no signs or symptoms when someone has HIV.
- AIDS is when a person who has HIV (the virus) has reached a stage where they are sick with all kinds of infections such as TB, pneumonia, skin diseases etc.

Step 10: Ask participants, "How long does it take for someone with HIV to get AIDS?" Explain the following:

- A person who has HIV can live a healthy life for many years before they reach the AIDS stage. During this period the immune system slowly breaks down and their health depends on whether they are on treatment or how they take care of themselves.
- It may take as short as 2 years or even less, or 10 years and even more, to progress from HIV to AIDS. Those who maintain a healthy lifestyle and have access to treatment known as anti-retroviral treatment (ART) can live longer. Going on treatment makes A LOT of difference for someone who is living with HIV. If taken properly all the time, HIV treatments can prevent HIV from ever becoming AIDS. A person with HIV who lives a healthy life and takes ART properly may live a completely normal life for the same length of time as people who do not have HIV. ART reduces the amount of virus in the body, so the risk of someone passing HIV to someone else is significantly reduced.

*Trainer's note: HIV may have no signs or symptoms. The only way you can know if you have HIV is through an HIV blood test.*

*In PNG, people progress to AIDS more quickly for many reasons. Some people with HIV don't have access to the drugs that can help maintain a strong defence system. Others go for HIV tests only when they begin to get sick which means that they may have been living with HIV for a long while but did not know it – their immune system has already been weakening for a long time because of the virus.*

## ACTIVITY 8: HIV IN PNG

### Objectives:

- To provide an overview of HIV in PNG
- To increase understanding of who is most affected by HIV in PNG
- To increase knowledge on the common ways HIV is spread in PNG

### Materials and preparation:

- Markers
- Butcher paper
- A3 size map of PNG (this can be drawn on Butcher paper)
- HIV Transmission Posters (TL HIV Sik Long Koap Discussion Guide and Materials)

*Time: 30 minutes*

Step 1: Tell participants that we will now discuss the overall situation of HIV in PNG. Begin the discussion by asking if anyone knows how many people are living with HIV in PNG.

Step 2: Stick the PNG map on the wall so everyone can see it. Begin the discussion by asking participants when was the first case of HIV reported in PNG?

Step 3: Ask participants how many cases of HIV have been reported in PNG so far? How many of these cases are HIV? How many have AIDS? How many have died from AIDS related diseases? Which region is reporting the highest number of PLHIV? Which province is reporting the highest number of HIV infections? Present the following facts:

- HIV was first reported in PNG in 1987
- By 2009, 13,815 males and 16,878 females were tested HIV+.
- In 2009 alone:
  - 289 males and 689 females were tested HIV+ in Southern Region. (Ask someone to write this figure on a piece of paper and stick on the Southern region of the map)
  - 901 males and 1 304 females were tested HIV+ in Highland Region. (Ask someone to write this figure on a piece of paper and stick on the Highlands region of the map)
  - 160 males and 242 females were tested HIV+ in Momase region. (Ask someone to write this figure on a piece of paper and stick on the Momase region of the map)
  - 39 males and 45 females were tested HIV+ in New Guinea Islands.

Step 4: Ask participants why there are more females than males being reported with HIV in PNG.

Go through the following points with them:

- It is easier for women to get HIV compared to men because the vagina is made up of very thin tissue which makes it easy for HIV to enter.
- Majority of women in PNG have experienced some forms of emotional and physical abuse. These women find it very hard to carry and/or use condoms. Some women get beaten up for even suggesting using condoms.

- A lot of Melanesian men think that they are the boss and it is therefore not a woman's position in society to negotiate things like safe sex.
- It is very common in PNG and the rest of the Pacific that men have many partners. A lot of women get infected from their own husbands and boyfriends.

Step 5: Ask participants how people get HIV in PNG.

Emphasise the way HIV is spread by explaining the following key points:

There are three main ways HIV is spread in PNG:

- Unprotected sex including vaginal and anal sex. The chances of getting HIV are higher if a person or their sexual partner has STIs.
- Show participants the poster on unprotected sex (TL HIV Sik Long Koap Discussion Guide and Materials).
- Blood related activities/situations: Any blood-to-blood contact, including sharing shaving gear (razors), sharing unsterilized equipment such as in tattooing, circumcision, and needles used to inject drugs.
- Show participants the poster on blood related HIV transmission (TL HIV Sik Long Koap Discussion Guide and Materials).
- Mother-to-child transmission: from mother to child during pregnancy, delivery or after birth through breast feeding.
- Show them the poster or PMTCT (TL HIV Sik Long Koap Discussion Guide and Materials).

Step 6: Explain that HIV lives very well in certain bodily fluids. These bodily fluids are:

- Semen/precum
- Vaginal fluid
- Blood
- Breast milk

Step 7: Explain that in order for the virus (HIV) to pass from one person to another, one or more of the body fluids must leave the body of a person with HIV and enter the body of someone who is not infected. Emphasise that any activity that involves the exchange of any of the body fluids – semen/precum, vaginal fluids, blood or breast milk (for babies), is risky.

*Trainer's Note: Many babies (one in three) who are born to HIV-positive mothers may pick up the virus either in the womb, during delivery (where blood and vaginal fluids are present), or after birth through breastfeeding. There are a range of strategies, which may be used to reduce the chances of mother-to-child transmission (MTCT) including the mother taking HIV treatments (ART) during pregnancy, arranging for the baby to be delivered via caesarean section, avoiding breastfeeding or managing breastfeeding through treatment being given to the baby within the first 6 weeks after birth. In PNG, the Catholic Church runs a very effective PMTCT project with a nearly 100% success rate for HIV+ mothers giving birth and breastfeeding their babies who remain HIV-.*

*Proper advice from health care workers can help to reduce the chance of parent/mother-to-child transmission.*

## ACTIVITY 9: UNDERSTANDING RISKS OF HIV AND STIS

### Objectives:

- To increase participants' understanding of the risks of HIV (and STI) transmission associated with different sexual practices
- To reinforce the importance of the body fluids in passing HIV from one person to another as way to HIV transmission

### Materials and preparation:

- Three A4 laminated cards with "High Risk", another with "Low Risk" and one with "No risk" written on them
- Laminated A4 cards with the following risk statements written on them:
  - Bite from a mosquito
  - Three boys using the same shaving gear at one time
  - Sharing the same plates, cups and spoons with a PLHIV
  - Giving blood
  - Having a blood transfusion
  - Fingering a partner
  - Sex with a condom
  - Sex without a condom
  - Oral sex- mouth to penis
  - Oral sex- mouth to vagina
  - Oral sex- mouth to anus
  - Kissing
  - Shaking hands with someone who is HIV+
  - Sucking breast
  - Getting circumcised at the local clinic
  - Getting circumcised at the Haus Man
  - HIV+ mother breast-feeding her baby
  - Pregnant mother that is HIV+
  - Anal sex without condom
  - Anal sex with a condom
  - Rubbing each other
  - Using the same toilet
  - Sharing a bed with a PLHIV person
  - Sitting beside someone who is HIV+ on the PMV
  - Getting your teeth fixed at the dentist
  - Masturbating yourself

- Masturbating someone else
- Using expired condom
- Pack rape (line-up) without using condom
- Sharing buai

*Time:* 30 minutes

**Step 1:** Explain to participants that in the previous session, we discussed the status of HIV in PNG. In that discussion, we all had a chance to talk about the main ways that HIV is passed from one person to another person.

**Step 2:** Review the main bodily fluids that can pass on HIV- these are:

1. semen/precum
2. vaginal fluid
3. blood
4. breastmilk.

Encourage participants to use local terms and slang they are familiar with. Emphasise that the virus has to go directly into the bloodstream of the other person.

**Step 3:** Place all the laminated risk cards on floor in the middle of the room. In pairs, ask each pair to pick a card. Give the pair 2 minutes to discuss whether that particular behaviour is a high, low or no risk activity. Remind them that they also have the evidence to help with this assessment. For example, majority of people in PNG got HIV through unprotected vaginal sexual intercourse- this simply means that this behaviour/activity is high risk.

**Step 4:** Invite pairs to place their cards on the High, Low or No Risk piles, and briefly explain their decision. Do not correct misplaced cards yet, but allow them to have a chance of placing their cards.

**Step 5:** When all the cards have been placed, identify the cards where everyone agrees. Where people disagree, allow brief discussions and provide the necessary facts to help them decide.

**Step 6:** Summarise by asking the following questions:

- What do the high-risk activities have in common? Emphasise that the high risk activities are unprotected sexual penetration, i.e. penis to vagina OR penis to anus.
- What do the low risk activities have in common? Emphasise that the low risk activities mainly involve oral sex, such as mouth to penis, mouth to vagina or mouth to anus.
- Ask if there are any local sexual practices in PNG, which might be at the low-risk end? How could these be promoted? How could high-risk activities be made safe?

*Trainer's Note: People can't get HIV from:*

- *Handshakes, touching, swimming or bathing with a person living with HIV; sharing utensils (cup, plate and spoon) ; toilet seats; mosquitoes; using an infected person's towels and clothes, or sitting next to or sharing a bed with an infected person. (HIV cannot live outside the body);*
- *Hugging and kissing (if there are no bleeding gums and broken skin);*
- *Massaging;*
- *Masturbation, that is, self-massage (rubbing and stroking of self) or mutual-massage (rubbing and stroking by two partners) of the sexual organs.*
- *Sex where both partners are not infected and remain faithful to each other;*

*In PNG, the National Department of Health has procedures in place to ensure that blood is screened first for HIV before it's donated to someone else.*

*Make sure that people understand that sex without a condom (where the penis (Kok) enters the vagina (Kan) or anus) is high-risk. The only way to make this low-risk is to use either a male or female condom correctly and every time people have sex. Oral sex (Kakai Kok, Kan or ass) is usually low risk (the only risk is if someone has cuts or sores in the mouth).*

## TAKE A BREAK-LUNCH

## ACTIVITY 10: HOW DO WE PREVENT THE SPREAD OF HIV?

### Objective:

- To increase knowledge on different ways of preventing HIV

### Materials and preparation:

- Markers
- Butcher paper

*Time: 30 minutes*

- Step 1: Explain to participants that we will now discuss different ways we can prevent the spread of HIV. Ask them how we can prevent HIV?
- Step 2: Depending on participants answers, emphasise that the main ways we can prevent HIV are: abstinence, being faithful to one partner and using condoms all the time
- Step 3: Divide people into three groups. Tell them to choose a name based on the 3 ways of prevention.
- Step 4: Ask the three groups to select a spot in the room.
- Step 5: Go and stand with the Abstinence group. Begin by explaining that some people choose not to have sex. This in itself is a protective method (unless they are exposed to HIV through non-sexual means). Ask them “Can everyone abstain from sex?”
- Step 6: Say that not everyone can abstain from sex, and in fact a lot of people love and enjoy sex! Ask if there is anyone in the abstinence group who wants to move and join the “Being Faithful” group? Encourage people to move if they want to.
- Step 7: Explain that it is absolutely normal for people to have sex when they are ready. If people choose to have one AND ONLY one partner and both partners know each other’s HIV status, this can be a way to prevent HIV. In reality, a lot of people have multiple and concurrent partners. This means people are having sex with different people over a period of time.
- Step 8: If people have more than one partner at a time, what should we suggest they do to prevent HIV? Say that the use of male and female condoms is the only option. Emphasise that it is absolutely normal for people to use condoms for both vaginal and anal sex and it is no big deal! Encourage people to move groups if they want.
- Step 9: Emphasise that if condoms are used properly from start to finish during sex, it stops the spread of HIV.
- Step 10: Say that even when people use condoms, it does not mean that they are using condoms all the time, every time!
- Step 11: Divide the group into two. Ask one group to discuss why men don’t use condoms. The other group discusses why women don’t use condoms. Make sure that they note down these barriers on butcher paper.
- Step 12: Give the groups 10 minutes to note down their responses. Ask the groups to present their discussion points to the bigger group. Encourage participants to ask questions, and comment on the barriers that each group has presented.

- Step 13: Conclude the session by asking participants if they were in a situation where their partners didn’t want to use condoms, how could they convince their partners to use condoms.
- Step 14: Summarise the activity by saying that as volunteers or peers, our work is to encourage community members to use condoms all the time if they are having sex. We should also be confident to talk through these barriers if there are things that are preventing people from using male and female condoms all the time, every time they have sex. This includes using female condoms in anal sex. We will talk more about how to carry out a condom demonstration in the last activity.

## ACTIVITY 11: WHAT IS AN HIV TEST?

*Trainer's note: For this session it is suggested that an invitation is made to a VCCT Centre or an NGO providing HIV testing for a representative to come and present on the topic. This will strengthen the TL referral pathways and relationship with service providers. It will also provide a thorough introduction to the work done by service providers and familiarise volunteers with the process involved.*

### Objectives:

To increase participants knowledge on:

- VCCT processes including confidentiality and pre- and post- test counselling
- Positive and negative test results
- Window period
- Recommending VCCT referrals

### Materials and preparation:

- White board or butcher paper
- Markers
- Sticky tape

Time: 30 minutes

*Trainer's Note: Most of this information can be provided by a guest speaker (VCT Counsellor from VCT centre or health clinic). If there is no one available to speak on VCCT, the facilitator can use the following discussion points to deliver this session.*

- Step 1: Explain to participants that in the next activity, we will be talking about HIV testing and what it means to have a positive or negative test result.
- Step 2: Ask participants why it is important to have an HIV test, regardless of whether we are feeling well or not. Emphasise:
- The only way to find out about our own HIV status is to have an HIV test- we cannot tell just by looking at people.
  - There are a lot of benefits for knowing your HIV status.
  - If the test result is negative, people can ensure that they use condoms all the time if they are having sex and continue to protect themselves from HIV transmission.
  - If the test result is positive, people can go on treatment and ensure they stay healthy for a long time. They can also make sure that they use condoms every time that they have sex so that they do not share the virus with another person.
  - Treatment helps to keep a person well. It actually reduces the chances of people passing the virus to someone else.
  - For pregnant mothers, treatment reduces the chances of passing HIV to their babies.

- Step 3: Ask everyone to sit in a circle. Explain to them that we are going to play a game.
- Step 4: Ask everyone to stand up and move around the group. Tell them to pretend that they are at a village gathering with lots of kaikai. Encourage people to say 'hello' to each other and shake hands.
- Step 5: Ask everyone who shook hands to move into the middle of the circle. Explain to them that the reality of HIV is such that it only requires one unprotected sexual encounter for someone to get infected. Remind them that in PNG, the most common way people get HIV are either through vaginal or anal sex.
- Step 6: Ask the group in the middle how they are feeling right now knowing that they have had unprotected sex and that there is a possibility they may get HIV. Ask if anyone will consider having an HIV test.
- Step 7: Explain that having an HIV test is the only way we can be sure of our HIV status. We will talk more about the benefits of knowing your HIV status later on.
- Step 8: Ask if anyone has ever heard of this term, VCCT? Write it on the board/butcher paper
- Step 9: Explain that VCCT stands for Voluntary Confidential Counselling and Testing. This means:
- Voluntary (iu yet, lo lik bilong iu yet), the person being tested has made his or her own decision and is not forced by someone else to have the test.
  - Confidential (nogat nara pela man na meri bae save – iu na counsellor tasol) the whole process and any information shared remains between the person being tested and the counsellor or Doctor/Nurse
  - Counselling (stori befo na afta test) the person being tested receives counselling before (pre-test) and after (post-test) the test.
  - Testing (kisim blot) is the HIV blood test
  - In PNG there are more than 250 VCCT centres around the country. These are places that people can go to have an HIV test. The test is free of charge.
- Step 10: Ask participants where they would be comfortable to have their HIV test and why. Explain to them that for a lot of people, confidentiality is key. If they feel confident that their stories and the results of their test will be kept confidential, then this is often the motivation to have a test.
- Step 11: Remind the group in the middle that they have now decided to go and have an HIV test. They are now at the clinic to get it all done!!
- Step 12: Ask the group if they know what happens before someone is tested for HIV? Say that everyone must go through pre-test counselling before they get tested. In pre-testing counselling, the counsellor/health care provider assesses the person's risk. They ask questions like why do you want to have a test? What sexual behaviour you were involved in, etc. So now the pre-test counselling is done- you are ready to have a test. This will also determine the window period. We will talk more about the window period later on.
- Step 13: The actual test involves taking a bit of blood and testing it for HIV. This is called an HIV Antibody Test. Ask participants if they know what antibodies are. Explain that a person's body produces antibodies to fight off sicknesses. When someone has HIV, their body produces special antibodies to try and fight it off. The test for HIV actually tests the blood to detect if there are HIV antibodies. - That is why it's called an HIV Antibody Test. If it is positive, the sample of blood is sent to the lab for confirmation. Ask participants if they have any questions about the HIV testing process.

- Step 14: Ask participants “Does anything else happens after the test?” Say that after the test, people go through post-test counselling. Ask them why it is important to go through post-test counselling?
- Step 15: Explain that post test counselling is very important because it prepares you for the result of the test. If the test is positive, post test counselling helps you think about what you are going to do? Will you tell anyone, who will you tell? If you are married, will you tell your family? Will you go on treatment? Where will you get treatment? If the test result is negative, how do you make sure that you remain negative? Emphasise that these are some examples of things that counsellors will be talking about in post-test counselling.
- Step 16: Explain that now that we have talked about the actual test and that people have been tested, does anyone know what the window period is?
- Step 17: Say that the window period is the time when there is not enough HIV antibodies in a person’s blood to be detected by the test. This can be between two weeks to 3 months from the day the person got HIV. Ask participants what happens to the test result if they get tested during the window period?
- Step 18: Explain that the test will be negative. This means that the person will need to be tested again after three months to confirm the result.
- Step 19: Ask if there are any other questions on VCCT. Thank the participants in the middle and tell them that it was a game. They can now get out of their roles as people who were involved in a risky activity and had accessed a VCCT service.

*Trainer’s Note: A good time to go for a first test is 3 weeks to 3 months after someone engages in a high-risk activity, but the person must not have unprotected sex within the 3 weeks or 3 months period. Any additional exposure to infection by the virus would mean that the testing process and time line has to be started all over again. That person must then count the weeks and months from that new date. It is always best to seek help from a trained VCCT counsellor or health worker if you are not sure.*

## TAKE A BREAK-AFTERNOON TEA

## ACTIVITY 12: TELL ME WHAT YOU KNOW

### Objectives:

- To practice answering commonly asked questions on HIV
- To build the confidence of participants to answer questions about HIV

### Materials needed:

- Question cards (1-10)

*Time: 30 minutes*

- Step 1: Explain to participants that one of the key activities as a TL volunteer is to provide basic information on HIV and STIs. This means that we need to be able to answer questions that peers ask when we are doing outreach.
- Step 2: The only way we can build our confidence to answer questions that peers ask is to practice. The questions we are going to give you are the kind of questions that people normally ask in the communities.
- Step 3: Ask participants to get into pairs and to pick a question each from the pile. Ask them to help each other answer the question. If it helps, they can write down the answers. If they are not sure, they can ask the facilitators for clarification.
- Step 4: After 5 minutes, ask participants if they are ready to share their answers with everyone else. In answering the question, they have to assume that the person asking the question knows nothing about HIV
- Step 5: When all participants have taken turns answering the questions and if there is still time, go through another set of questions and answers.
- Step 6: Congratulate everyone for trying. Tell them that this is only the first time they have had to speak publicly about HIV and that they will get better at answering questions.

## ACTIVITY 13: FRUIT SALAD

### Objective:

- To take a break and have fun

Time: 5 minutes

- Step 1: Ask everyone to sit in a circle (except you). If people are sitting on mats, have an agreement on how many people should be sitting on each mat.
- Step 2: Ask participants to choose three different fruit names. Then go around the circle, naming each participant in turn with this fruit. For example, the first person is a mango, the next a banana, the third is an orange. The fourth would then be another mango. Go around the whole circle until everyone, including yourself has one of the three fruit names.
- Step 3: Next, explain that you are going to call out one of the fruit names. Everyone with that name has to get up and find somewhere else to sit. You are also going to find a place to sit. The person who doesn't find a new place will be left in the middle and will have to call out the next fruit.
- Step 4: Add that if someone calls out "Fruit Salad", then everyone has to get up and find another place to sit.

## DAY 1 EVALUATION

### Objective:

- To assess participants learning

### Materials and preparation:

- Butcher paper
- Markers
- Post-it notes

Time: 20 minutes

Step 1: Write the following questions on three separate sheets of butcher paper:

- What is one thing that sticks in your mind today?
- What else did you learn?
- What do you want to tell the facilitators?

Step 2: Once participants have answered the questions on separate post it notes, ask them to stick them on the appropriate butcher paper.

Step 3: Encourage participants to draw their answers if they find difficulties writing them.

Step 4: Thank everyone for their time and effort today!

## DAY 2

- Recap – Day ONE

### Objective:

- To have participants review yesterday's session

### Materials and preparation:

- Questions for reflection

*Time: 30 minutes*

Step 1: Welcome participants back to the training. Explain that we will begin today's session by thinking about the session yesterday.

Step 2: Ask everyone to think about one thing that they found interesting yesterday.

Step 3: Ask for a volunteer to begin. Ask everyone to take turns reflecting on one thing they found interesting.

Step 4: Note the responses from the participants and provide brief explanations on any questions.

Step 5: Round up the discussion by asking if there is anything else they still not clear on, that they want you to revisit or clarify.

*Trainer's Note: Daily reflection helps us understand if the training was effective for participants. It helps us improve the way we deliver the session and activities.*

## ACTIVITY 1: WHO ARE PEERS? HOW DO PEERS SUPPORT EACH OTHER?

### Objectives:

- To increase understanding of peers
- To increase understanding of peers in TL context
- To increase understanding of peer education
- To increase understanding of peer education in TL context

### Materials:

- Butcher paper
- Markers
- Sticky Tape/ blue tack

*Time: 1.5 hours*

Step 1: Explain that during this session participants will start to learn about peer education and who 'peers' are.

Step 2: Ask participants who they think are peers? Ask them what makes someone a peer. What are characteristics of peers?

Step 3: Get participants to write or draw the different characteristics on a piece of butcher paper. (For example if a characteristic of a peer is a good listener, they can draw an ear to demonstrate this.)

Step 4: After 5 minutes, summarise these characteristics by saying that these are the things that make similar people come together and form a group that they have similar things that they share in common with each other.

The key characteristics should include:

- Peers have something in common with each other: age, gender, job, behaviour, interests
- People can be part of several different peer groups at the same time

Step 5: Tell participants, that TL works with specific peer groups. These peer groups are: women engaged in sex work, men who have sex with other men, people living with HIV and mobile men with money.

Ask participants to describe characteristics of each of TL's peer groups. What would peers from these groups have in common with each other? Get participants to write or draw the different characteristics on a piece of butcher paper for each of TL's peer groups.

Step 6: Ask participants to think of their own peer group. On a piece of butcher paper ask participants to work together to identify the characteristics of their peer group. Who are they? What do they have in common?

Once participants have described their peer group, explain that these are the people TL will support them to work with and to do peer education with.

*Trainer's Note: All participants should now have a good understanding of 'peer'. They should also have a good understanding of who their peers are.*



Step 7: Ask participants to explain what it means to be doing outreach work with peers (peer education). Write their answers on a piece of butcher paper.

At the end of the brainstorm, make sure that the following points are included on the list. (If any points are missing, add them to the list and explain why they are an important part of peer education)

- It's between peers and friends
- Sharing information between peers and friends
- Finding information when peers and/or friends have questions you can't answer
- Supporting and helping each other
- Linking peers and friends to services and service providers
- Being a good friend
- Respecting and not judging
- Earning trust and keeping information private and confidential

Step 8: Now ask participants to explain what 'peer education' is not. Write their answers on a piece of butcher paper. (This may be more difficult, but it is important for peer educators to start to understand their boundaries and the limits of their skills and capacity- one way to assist with this is to remind them of their own values and attitudes as discussed on the first day).

At the end of the brainstorm, make sure that the following points are included on the list. (If any points are missing, add them to the list and explain why they should not be considered a part of peer education.)

- Volunteers doing peer education outreach work are not counsellors. Even peer counsellors need to undergo training to develop special skills, knowledge and attitudes
- Volunteers doing peer outreach work are not there to solve all the problems – while we help people solve some problems, we should not feel that we have to, or that we have the capacity to solve all problems. Also, many problems are very personal and complicated and only the individual can solve them. As peers, we can listen and support direct them to people or services that might be able to help
- Volunteers doing outreach work with peers don't have all the answers – TL tries to give volunteers a lot of training in range of topics associated with HIV, STIs and SRH prevention and care. Many times people will ask questions that go beyond this training. It is OK not to have all the answers. Volunteers also have access to highly trained TL staff who can help to find correct answers that they or their peers are looking for.

Step 9: Ask participants to list different activities/hobbies that they do with their peers and/or friends (For example, women engaged in sex work, men who have sex with men, people living with HIV, mobile men with money). Are there activities done more in groups or between two or three people? How often do they meet to be part of these activities?

Step 10: Have a quick quiz. Present the following scenarios to participants. Carefully explain each scenario. Ask participants to decide if they think it could be an example of peers supporting other peers. Ask different participants to explain their opinions.

- Two young men walking down the street and talking
- A nursing sister in front of a clinic waiting room talking to clients

- Two young women selling betel nut to a young woman at a market
- A village leader telling a story to a group of PLHIV
- A husband and wife talking to their children
- A woman talking to a group of women who are getting ready to go out to a bar or guesthouse

*Trainer's Note: The participants should have agreed that scenarios 1, 3 and 6 are peer education and that scenarios 2, 4 and 5 are not. If any of the participants have different answers ask them why and ask the group what they think. Point out that peer education only happens between peers.*

## TAKE A BREAK-MORNING TEA

## ACTIVITY 2: WHY ARE WE WORKING WITH PEERS?

### Objectives:

- To increase participants understanding on why some people are most at risk compared to others
- To increase knowledge on the importance of doing targeted TL volunteer outreach

### Materials and preparation:

- Butcher paper
- Markers(different colours)
- Sticky tape

Time: 1 hour

Step 1: Divide participants into small groups of 4 to 5

Step 2: Ask them whether they can still remember the main ways HIV is passed on in PNG? Remind them that this information is useful in this group discussion.

Step 3: Ask each group to discuss the following questions:

- What are some things that people do in your community that make it easier for them to get HIV? Where do they engage in such activities?
- Why is it easier for people to listen and/or follow their peers?
- What information or message will have the most impact on these groups if we want them to reduce their risks to HIV?
- What can we do as peers to help our fellow peers get these messages?

Step 4: Have each group present their discussions, making sure that the following points are emphasised:

For question (i):

- unprotected anal and vaginal sex
- many partners

For question (ii):

- Peers trust each other. The information will come from inside their group, not from outside.
- Peers find it easier to talk to one another about their concerns than with other community members.
- Information can be shared by peers in any location or at any time of the day (market, guest house, PMV or just sitting around. They don't have to be at a clinic or in an office.
- You don't need books or paper or pens to talk to each other. Even if someone can't read or write they can still get the information.
- Peers can give information to each other in ways that they understand, using language that makes sense to them.
- Peers can talk to each other about their personal experiences and concerns, not just facts and information.

For questions (iii) and (iv):

- Information sharing (HIV, STIs, SRH prevention and care, alcohol use, violence)— one-to-one, small groups
- Condom distribution
- Condom demonstration
- Discussing how to negotiate condom use
- Discussing the benefits of using condoms(and not just health benefits like it stops the spread of HIV)
- Helping peers to get to services – STI testing and treatment, VCT, ART providers, counseling, welfare, police (referrals)
- Helping peers to understand test results and to discuss options they have if they test positive or negative
- Helping peers to remember to take their medicine or go for review appointments

Step 5: Say that for Tingim Laip, we are interested in working with people who are most at risk. We now refer to the group as Key Affected Populations. Emphasise that while we know that anyone can get HIV, we want to concentrate our energy and outreach with those who are at higher risk than others. For example, people who have multiple sexual partners have a greater chance of getting HIV because of the amount of times they have sex. Similarly a MAN or a WOMAN having unprotected anal sex is also at a greater risk of getting HIV.

Step 6: Remind participants that this exercise is not about labelling people OR pointing fingers to a certain group such Sex Workers or MSM as people responsible for spreading HIV.

Step 7: Continue the discussion by dividing the group into two. Get them to line up on either side of the room. Tell them that one group will think of all the reasons why people sell sex. The other group will think of all the reasons why people buy sex. List these on butcher paper.

Step 8: Remind participants that there are many reasons as to why people do the things that they do. Sometimes, this may be hard to understand. However, we are not here to judge!! Our goal is help people most at risk to use condoms all the time, to know their HIV status and get treated for STIs and to help PLHIV get treatment and to take their medicines all the time.

*Trainer's Note: All participants should now have a good understanding of 'peer education'. They should also have a good understanding of the limits of peer education and the different activities they might do as a peer educator. The most important thing for participants to understand is that peer education works well because it helps peers learn about HIV prevention and care from each other.*

### ACTIVITY 3: WATER MELON

#### Objective:

- To take a break and have fun

*Time: 5 minutes*

Step 1: Ask everyone to stand and form a circle

Step 2: Explain to them that we will do an action song. This means that we will sing and action the song at the same time. Ask them if they all know the song “Watermelon”.

Step 3: Tell the group that the words and action are as follow:

- Watermelon watermelon
- Action: watermelon shape for pregnant belly
- Papaya, papaya
- Action: Breast shapes
- Guava and banana, guava and banana
- Action: Penis and testicles
- Fruit salad, fruit salad!
- Mixing it all together

### ACTIVITY 4: WHAT MAKES A GOOD A PEER?

#### Objectives:

- To examine qualities of a good peer

#### Materials and preparation:

- Butcher paper with ‘Characteristics of Peer Educator’ diagram
- Butcher paper
- Markers
- Sticky Tape/ blue tack

*Time: 30 minutes*

Step 1: Ask participants that based on the exercise in Activity 3, what makes a good peer?

Step 2: Write ‘A good peer educator...’ at the top of one butcher paper, and ‘A good peer educator does not...’ at the top of another butcher paper. Ask participants to list different things that a good peer educator would or would not do. Discuss each of these. The lists might include:

A good peer educator:

- Gives information
- Listens
- Supports
- Understands
- Helps problem solve
- Respects
- Cares

A good peer educator does not:

- Judge
- Threaten
- Demand
- Preach
- Point finger
- Blame
- Give advice
- Impose / force ideas

*Trainer's Note: All participants should now have a good understanding of characteristics of a good peer educator. It is important to explain to participants that these are qualities that peer educators develop over time.*

## TAKE A BREAK-LUNCH

### ACTIVITY 5: BLOW THE CONDOM

#### Objective:

- To introduce condoms

*Time: 5 minutes*

Step 1: Divide the participants into 3 groups

Step 2: Explain to the groups that they are going to have a condom blowing competition. The group that can blow the biggest male condom wins!!

### ACTIVITY 6: TO USE OR NOT TO USE CONDOMS?

#### Objective:

- To get participants to understand the barriers and enablers to male and female condom use

#### Materials and preparation:

- Butcher paper
- Markers

*Time: 1 hour*

Step 1: Ask participants to sit in a circle. Explain to them that in the next activity, we will be talking about some barriers on why people do not use male or female condoms.

Step 2: Explain to them that they will be divided into three groups according to these names, John, Meri and Tasha. Tell them Tasha is a transgender.

Step 3: Ask participants to draw an image of their respective group names. For example, if the group is called Meri, then they will draw an image of a woman and what they perceive Meri to look like.

Step 4: Ask participants to add more information about their individual drawing by discussing the following questions:

- How old is the person?
- Where are they from?
- Where do they hang out?
- Do they belong to a particular group? For example, women's group, sports club etc

Step 5: After the groups have added in more information about their drawings, ask each group to discuss what some barriers are to male or female condom use for their respective persons. Remind them that female condoms can also be used for anal sex.

Step 6: After they have spent 10 minutes discussing barriers to condom use, ask the participants to come back to the bigger group and present their drawings. Encourage comments and questions from the other group members.

Step 7: After everyone has discussed, ask participants what things motivate people to use male or female condoms.

Step 8: Round up the discussion by saying that as outreach volunteers for TL, one of the things that we do is to motivate people to use condoms all the time and every time they have sex. This means that we need to think beyond just giving information but to also think of other smarter ways of encouraging people to always use condoms if they are having sex.

## TAKE A BREAK-AFTERNOON TEA

## ACTIVITY 7: PRACTICING CONDOM DEMONSTRATIONS

### Objective:

- To learn how to correctly use male and female condoms

### Materials and preparation:

- Male and female condoms
- Male condom demonstration poster; Female condom demonstration poster
- Penis/vagina models
- Post Card- Male Condoms; Post Card- Female Condoms

Time: 45 minutes

Step 1: Ask if anyone knows how to demonstrate male and female condom use. Encourage them to come to the front and demonstrate male or female condom use with everyone.

Step 2: Emphasise the following points on condoms:

- Store condoms in a cool and dry place (this does not mean that you put in the fridge!! Just make sure it isn't exposed to direct sunlight for a long period of time).
- Do not use condoms that are expired or damaged.
- Condoms can only be used once-you don't re-use condoms like socks!!
- All condoms have expiry dates. The expiry date is the use-by date for the condom. If the condom has expired- put it in the bin!!

Step 3: Put up the male and female condom posters on the wall where everyone can see them. Demonstrate the male condom use as you go through each step:

1. Check the expiry date on the condom packet
2. Open the packet carefully; do not use your teeth or sharp nails as it may tear the condom

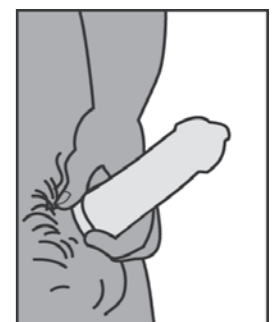
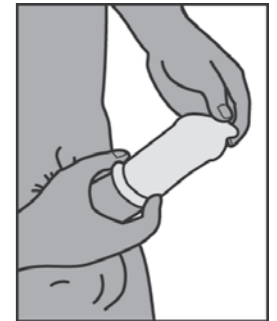
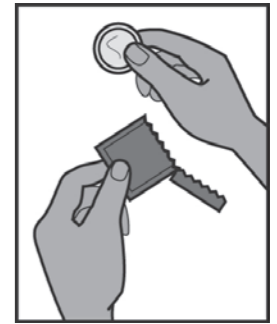
Do not unroll the condom when you take it out of the packet, always try it first on your thumb to know the correct way of unrolling condom onto penis. It is important that females should know this, because if a male puts the condom on the wrong side, his pre-cum maybe present on the condom side that will enter the vagina, posing a risk of STI or HIV.

3. Squeeze the tip of the condom (het bilong kondom) and make sure there is no air in the teat. If there is air in the teat, there is no space for semen when a man ejaculates (cum).

Place the condom on top of an erect penis and roll it all the way down to the base.

4. After ejaculation and holding the base of the condom, withdraw from the genital area before the penis becomes soft

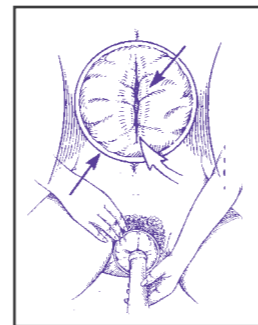
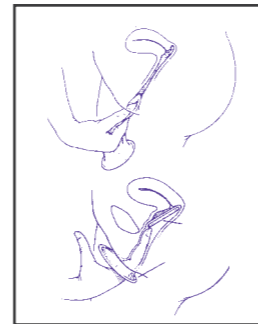
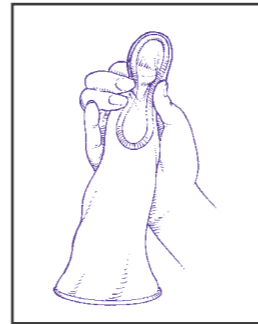
5. Wrap the condom in a paper or tissue and throw it in the rubbish bin or pit toilet. Do not throw/flush the condom in the toilet as it will block the sewage system.



Step 4: Do the same with female condom demonstration:

1. Check expiry date. Open packet where indicated
2. Squeeze the inner ring into an oval or 8 shape. For anal sex, the inner ring is removed. If there is a 'dildo', the person can use this to fit in the condom into the anus or vagina.
3. Position yourself in a way that you can comfortably insert the condom
4. Guide the penis into the vagina/anus during sexual intercourse to avoid the penis going into the side of the vagina, bypassing the condom.
5. After sexual intercourse, twist outer ring and pull out the condom carefully
6. Throw the condom in a rubbish bin or pit toilet. Do not flush in the toilet.

Step 5: Give out the postcards on male and female condoms.



## DAY 2 EVALUATION

### Objective:

- To capture the lessons learned and identify areas for improvement and further information

### Materials and preparation:

- Evaluation questions (below)
- Butcher paper
- Different colour sticky notes

Time: 20 minutes

Step 1: Explain to participants that they are peers (women engaged in sex work, men who have sex with other men, people living with HIV or mobile men with money) and their role is to share information about HIV prevention and care with other peers (women engage in sex work, men who have sex with other men, people living with HIV or mobile men with money).

Step 2: Ask them to get into four groups and pick a laminated card that has the following:

- Awareness-raising to the general community at a marketplace
- Distributing condoms to women exchanging sex in guesthouses
- Talking to a group of young people who are drinking alcohol and smoking marijuana
- Taking a peer to an STI clinic for testing or treatment

Ask the groups to discuss whether their scenario is an example of peer education or not and explain why or why not. Have the groups present their discussion back to the larger group. (Scenarios 2 and 4 are examples of peer education; scenarios 1 and 3 are not)

*Trainer's Note: End this session by asking the group if there are any questions and try to answer. Emphasize that peer education is a good way to give information, in a way that people can accept and understand easily.*

## DAY 3

- Recap – Day Two

### Objective:

- To have participants review yesterday's sessions

### Materials and preparation:

- None

Time: 30 minutes

- Step 1: Welcome participants back to the training. Explain that we will begin today's session by thinking about the session yesterday.
- Step 2: Ask everyone to think about one thing that they found interesting yesterday,
- Step 3: Ask for a volunteer to begin. Ask everyone to take turns reflecting on one thing they found interesting
- Step 4: Note the responses from the participants and provide brief explanations on any questions.
- Step 5: Round up the discussion by asking if there is anything else they still not clear on, that they want you to revisit or clarify.

*Trainer's Note: Daily recap of sessions from the previous day helps us to understand if the training was useful for participants. It also allows us to give information to participants based on feedback from the daily evaluation of the previous day.*

## ACTIVITY 1: HOW DO WE COMMUNICATE EFFECTIVELY?

### Objective:

- To increase participants understanding of effective communication

### Materials and preparation:

- Butcher paper
- Markers
- Masking tape

Time: 30 minutes

- Step 1: Explain to participants that communicating effectively is very important when we are trying to share HIV information with our peers or if we are trying to encourage them to go for an HIV test or STI treatment. Communication is a good skill to have for all parts of our lives because it helps you communicate better when dealing with everyday problems and looking after yourself and your family.
- Step 2: Say that every day we communicate – with friends, family, people in the market, etc. Ask participants 'What is communication?' Write their responses on the butcher paper.
- Step 3: Explain that communication is:
- The way we send messages to one another and the way we receive these messages and understand them.
  - Communication is not just about words or VERBAL COMMUNICATION.
  - It is very important for people to LISTEN and recognise NON-VERBAL COMMUNICATION. Sometimes people refer to non-verbal communication as body language.
  - Ask if someone can give an example of a non-verbal communication or body language.
  - In verbal communication, the way we use words and the tone of our voice are very important in getting the right message across. In non-verbal communication, it is the body language.
- Step 4: Explain further that in order for people to understand the message, they must LISTEN. Communication is a two way process- it's not just about talking, people must listen too.
- Step 5: Ask everyone to stand and form a circle to play a game that will test our listening skills.
- Whisper a message to someone in the circle. That person then has to whisper the same message (ONLY ONCE) to the next person in the circle. The message gets passed around the circle, until it comes back to you.
- Write the original message as well as the final message on the butcher paper.
- Is the message the same? If the message did not change, ask why.
- Has the message changed? Why?
- Step 6: Summarize the discussion:
- In order for us to communicate effectively to each other, there are many skills we need to develop and practice.

Good communication involves:

- Speaking clearly and at a tone that is appropriate for that conversation.
- Paying attention to what people are saying so that you can understand their message- LISTENING.
- Showing interest through appropriate body language(non-verbal communication)- for example, nodding as people talk
- Asking questions to clarify the situation- this means you are asking questions such as WHY or HOW rather than just accepting YES or NO answers.
- Respecting the other person's personal space- this means you are not too close so they feel uncomfortable
- Maintaining eye contact to show trust and interest

*Trainer's Note: Effective communication is not easy. Verbal and non-verbal communication can be different from one culture to another. The skills needed for good communication need to be developed and practiced. This will take some time. Explain that in the next exercises, participants will look more closely at particular parts of communication and they will have a chance to learn these skills.*

## ACTIVITY 2: MAKING A FACE

### Objectives:

- To increase understanding of non-verbal communication
- To experience non-verbal communication

*Time: 15 minutes*

**Step 1:** Explain that this exercise lets participants play with their facial expression, learning how they use their faces to express their feelings. Instruct participants to stand around the room (scattered). Tell participants to relax.

Each time the facilitator calls out an emotion, participants find a partner and look at them with that emotional expression. Participants must find a new partner for each new emotion. When the facilitator calls out an emotion that has already been named, participants must find their original partners for this emotion.

Explain that there is no talking or hand movements allowed during this exercise.

**Step 2:** List of emotions are:

- Excitement
- Judgment
- Surprise
- Happy
- Sad
- Pity

**Step 3:** Once you have given participants a chance to try out all of their facial expressions, guide participants in a discussion about this exercise:

- How did this exercise feel?
- What did it feel like to someone to look at you with excitement? ... judgment? ...surprise? ... happy? ...sad? ...pity?
- Which faces felt good? What faces didn't?
- What did you learn from this exercise?

*Trainer's Note: This exercise should help participants to understand how to interpret facial expressions of their peers, also – how their peers might interpret their facial expressions.*



## ACTIVITY 3: LISTENING

### Objectives:

- To increase participants understanding of active listening
- To introduce participants to skills of active listening

### Materials and preparation:

- Butcher paper with 'active listening' definition'

Time: 45 minutes

- Step 1: Ask participants "How do you know if someone is really listening to you? What are some things that they do that tells you that they are actually listening?"
- Step 2: Say that these are key points to remember when we are talking about 'active listening'. Active listening is an important skill when conducting peer education outreach.
- Step 3: Explain that Active Listening is a type of listening where the listener tries to understand the ideas and feelings of another person from his or her point of view.
- Step 4: Say that when we actively listen, we focus on listening and concentrating on the person speaking. This involves our whole body, including our mind, senses and feelings.
- Step 5: Ask them why it is that sometimes, it is hard to listen and understand what people are saying?
- Step 6: Explain that often when someone speaks to us we may hear them, but we are not fully concentrating on what they are saying. We may be distracted by other thoughts, like how we are going to pay rent, or what we are going to eat that day. Or we may be distracted by the environment that we're in: a market, or park, or guest house. We may also be thinking of what we are going to say in response to the person speaking. We are only half listening and half thinking.
- Step 7: Say that like any other skill, active listening takes practice.
- Step 8: Break participants into pairs. Explain to participants that they will take turns telling each other a story about themselves for 3 minutes. It's important that the speaking partner talk for the full 3 minutes. The listening partner will practice listening for the full 3 minutes without speaking. That means no commenting or asking questions. At the end of the 3 minutes, the listening partner will have 1 minute to report back what the speaking partner has just said.
- Step 9: Participants will then trade places and repeat this exercise.
- Step 10: Once all participants have had the opportunity to be both listeners and speakers, instruct participants to come back together as a group. Guide participants through a discussion to explore the participants' experience as both a listener and speaker. Use the following questions to lead the discussion:
- What was it like to listen without speaking? Was this difficult?
  - How did you show your partner that you were listening?
  - What was it like to talk for 3 minutes and have your partner listen to you?
  - How did you know if your partner listened?
  - What did you learn from this experience?

*Trainer's Note: Participants should learn that it takes practice to be a good listener. Many of the participants will be conducting peer education in busy and noisy environments where there will be many distractions. It is important for participants to be aware of effort they will need to be a good listener for their peers.*

## ACTIVITY 4: HOW TO ASK THE RIGHT QUESTION?

### Objectives:

- To learn the difference between open and closed ended questions
- To practice asking open-ended questions
- To practice asking paraphrasing questions

### Materials and preparation:

- Butcher paper with definition of open and closed-ended questions

Time: 30 minutes

- Step 1: Ask the group, "What are some types of questions we ask?"
- Step 2: Explain that there are many types of questions but we will focus on 2 types of questions.
- Step 3: Ask the group, "Can anyone explain what we mean by 'close ended questions'?"
- Step 4: Explain that close-ended questions are those questions that invite "Yes" or "No" answers. They don't encourage any other information.
- Step 5: Ask the group, "Can anyone give an example of a close-ended question?"
- Step 6: Read out a couple of close-ended questions and get them to answer it:
- Are you OK?
  - Did you catch the bus?
  - Are you from Hagen?
  - Did you go to PNG College?
  - Is your father Web?
- Step 7: Ask them, "How about open-ended questions?" Explain that open-ended questions normally get more information and clarifications on things and situations. They force people to explain things, rather than just saying 'yes' or 'no'.
- Step 8: Tell the participants that open-ended questions normally start with "How..." or "Tell me more about..."
- Step 9: Ask if anyone can give an example of an open-ended question.
- Step 10: In a big group, ask participants to convert the following questions into open-ended questions:
- Are you OK?
  - Did you catch the PMV (bus)?
  - Are you from Hagen?
  - Did you like the market today?
  - Did you go to the clinic?
- Step 11: Summarise the discussion by saying that recognising non-verbal communication is very important in peer education outreach. Similarly, asking the right kind of question will help guide the type of information and support we should be providing as peers.

## TAKE A BREAK- MORNING TEA

### ACTIVITY 5: CARE AND SUPPORT ISSUES FOR PLHIV

#### Objectives:

- To enable participants to support people living with HIV
- To enable participants to disseminate information on care and support to communities

#### Materials and preparation:

- Butcher paper
- Markers
- Betty's story

Time: 1 hour

Step 1: Explain to everyone that in the next activity, we will be talking about care and support for people living with HIV.

Step 2: Tell this story:

#### Betty's Story

Betty is 26 years old and lives with her family in a village. She is married with 2 children; Mary is 6 years old and Tom 3. Her husband Ronni works for an Oil Company. Betty is 2 months pregnant.

Ronni is often out for long periods and only comes home after every 6 weeks. Betty doesn't have any problems with this because it's the nature of his work and that she also trusts and loves Ronni.

The family has lots of relatives and friends in the village and they often get together for meals and other special events. Mary goes to the nearby primary school and has lots of friends.

In one of Betty's pregnancy check-ups (antenatal) at the local clinic, she was asked whether she would agree to have an HIV test, as part of the routine checks for all pregnant mothers. After going through pre-test counselling, she decided to have the test. She was told that it would take about two weeks to get the result of the test.

On the day, Betty was a bit nervous. But she kept reassuring herself that all was good. She hasn't slept with anyone else and there was no way that Ronnie could have another girlfriend. However, when she received the result of the test, it was HIV+. She went through post-test counselling.

Step 3: In small groups, discuss the following questions:

- How do you think Betty felt when she was told that she was HIV+? What would she be worried about (For example her husband, children, etc)?
- How do you think her village would react if they found out she was HIV+?
- What can be done to reduce the risk of the baby getting HIV?
- Who from the community can support Betty and her family? What kind of support can they provide?
- As TL volunteers what type of support you can provide?

Step 4: Ask one group to present back to everyone. Encourage the rest of the groups to add on to the presentation.

Step 5: Sum up the discussion by saying that there are drugs available that can reduce the chances of the baby getting infected. It makes a world of difference when people with HIV receive treatment- they live longer!!

Also say the village and the community plays a very important role in supporting people who go and have an HIV test as well as helping those who are HIV+.

*Trainer's Note: This is an important activity as it allows volunteers to relate to someone who is HIV+ and explore ways of providing support that encourages PLHIV to seek treatment, adhere to treatment, live healthy and to continue using condoms during sex.*

## TAKE A BREAK-LUNCH

## ACTIVITY 6: LET'S TALK ABOUT STIS

### Objectives:

- To increase understanding on STI transmission, signs and symptoms
- To increase knowledge on the relationship between STIs and HIV

### Materials and preparation:

- Butcher paper
- Markers
- White board markers (if facilitator is using white board)
- Sticky tape
- Annex 5 - Handout on signs and symptoms of STIs

*Time:* 30 minutes

Step 1: Tell participants that in the next activity, we will be talking about STIs

Step 2: Ask someone to explain what the letters STI stand for

Step 3: Have each participant call out common STIs they know of or have heard of in the community or heard through friends or health workers. Facilitator lists names of STIs on board. The facilitator should note that in some communities, one local term refers to all STIs.

Step 4: Give some brief examples of common STIs in PNG by going through the following points:

- In 2009 alone, 23 260 males and 47 765 females reported having an STI. Of these:
- 7 979 were from Southern Region
- 52 870 were from Highlands Region
- 8 120 were from Momase
- 2 057 were from NGI

*Trainer's Note: A "sign" is something we can see and a "symptom" is something we feel.*

Step 5: Write the following 2 headings on flipchart:

- Main signs & symptoms of STIs in males
- Main signs & symptoms of STIs in females

Ask the group to go up and 'scribble'/draw what they think are some of the signs. Write any correct answers in the appropriate place on the board.

Step 6: Use Annex 5-Signs and symptoms of STIs to guide the discussion. Clarify any incorrect answers and complete the lists by cross-checking with Annex 5.

*Trainer's Note: Make sure the group understands that many STIs, especially in women, have no signs and symptoms. This means that people often don't know that something is wrong. Also signs may go away after a short period and individuals may not take the situation seriously. This is why it is important for people to go and have regular checks at the STI Clinic or nearby Health Centre. In some places, people use herbs/leave to try and cure sores/discharge from the penis, vagina or anus. The only way people are cured of STIs is to go to the Clinic and get treated.*

Step 7: Explain to the group that STIs are passed from an infected person to another through unprotected sex including:

- Vaginal sex (kok in kan)
- Oral sex (kok in mouth or kan in mouth)
- Anal sex (kok in ass)
- STIs can also be passed from a mother to child during pregnancy or childbirth.

Step 8: Explain to the group that the most effective way of preventing transmission of STIs is to use a condom correctly every time sex (vaginal, oral or anal) is performed. We will discuss more about prevention in a later session on Prevention of HIV and STIs.

*Trainer's Note: Please remind participants that STIs increase the chances of people getting HIV. This is because there are all sorts of abrasions and lesions on the skin that allow HIV to enter into the bloodstream of the other person.*

## ACTIVITY 7: HOW TO TALK TO PEERS?

### Objectives:

- Give participants the opportunity to test their communication skills

### Materials and preparation:

- Communication Role Play Scenarios

Time: 1 hour

Step 1: Explain that in the next activity we will be practicing some of the communication skills we have learned in the last 2 days.

Step 2: Explain that participants will be given a lik lik story that is related to doing outreach with peers and they will be asked to act it out.

Reassure participants that everyone is learning and that we will all make mistakes. (Role playing in front of a group tends to cause more nervous feelings than actually doing talking to a peer) It is normal for people to feel nervous.

Encourage participants to try – this is the place to try out new things and to take chances. By practicing these skills here, participants will be more prepared for challenges that they face with their real peers.

Step 3: Give each small group a copy of the role play scenarios for this exercise as follow:

#### Scenario 1

Francis is a 23-year-old male. You and Francis are from the same village. He comes to you and asks to speak to you. Francis tells you that he has been working for a security company at a local hotel for the past 6 months. Every payday, all his friends at work go out drinking. He tells you that two weeks ago he went out drinking with his friends and got very drunk. When his friends suggested that they pay two sex workers to have sex with them he didn't say no. He has heard about HIV and is now afraid that he might be infected.

#### Scenario 2

Sarah is an 18 year old female. She approaches you on the street and asks if she can speak to you. You don't know her, but she tells you that she saw you speaking to some of your peers. She figures that since you know about sex education, that you might be able to help her. Sarah tells you that she thinks she is pregnant. Sarah's family is strict SDA. They do not believe in sex before marriage. Sarah is afraid if her father finds out he will beat her and may kick her out of the house.

#### Scenario 3

Ruth is one of your peers. One day, she comes over to speak with you. Ruth tells you that last week she was coming back from the store, a group of boys jumped out of the bushes and raped her. She is afraid that she may have gotten a disease from these boys, but she is afraid to go to the clinic or hospital. She hasn't told anyone.

#### Scenario 4

Eric is a 24-year-old male. You and Eric come from the same village and went to the same primary school together. He approaches you today as you sit outside your house. Eric tells you that two weeks ago he visited his cousin who is going to University Tech in Lae. His cousin introduced him to some of his friends. Eric started playing sports with one of his cousin's friend Joe, while his cousin was in classes. One day Joe and Eric had sex. Eric now thinks he may be gay. He is afraid of what his family and friends will do if they find out.

#### Scenario 5

Mel is a truck driver with PNG Truckers. You and Mel went to the same school. You find him at Truckers Market and you start chatting after a few buai. He says he does not like using condoms- he says he prefers to skin to skin.

#### Scenario 6

Dolly is 26 and is a sex worker. She knows about STIs but has never gone for a check up. She does not know that some STIs have no signs. She also thinks that the nurse at the clinic does not like to treat girls like her.

Step 4: Explain to the participants that one will be a TL volunteer while the other will be a fellow peer. Each role play should start with:

- The peer telling you about his/her concern (this is in the scenario).
- The TL Volunteer will respond in a way that shows understanding and that he/she is listening by asking questions and showing appropriate body language
- The conversation ends with both people agreeing on the next course of action

Step 5: Provide feedback for the role plays. Remember to give both positive and constructive feedback:

- Positive Feedback: Start with 1 – 2 things that the participant did well or that you liked (Eg. I liked the way that you kept nodding your head to let your peer know that you were listening)
- Next, describe things the participant could do differently next time (only 1 or 2 things) (Eg. You might want to improve on the tone of your voice next time)
- Positive Feedback: End with 1 – 2 things that the participant did well or that you liked

Step 6: Thank the group and congratulate them on their participation.

## DAY 3 EVALUATION

### Objective:

- To capture the lessons learned and identify areas for improvement and further information

### Materials and preparation:

- Question cards

*Time:* 20 minutes

- Step 1: Explain to participants that one of the key activities as a TL volunteer is to provide basic information on HIV and STIs. This means that we need to be able to answer questions that people ask when we are doing outreach.
- Step 2: The only way we can build our confidence to answer questions that people ask is to practice. Say that the questions we are giving them are the kind of questions that people normally ask in the communities.
- Step 3: Ask participants to pick a question card from the pile. They read the question and ask someone else to answer. They move on to the next question once everyone agrees on the answer.
- Step 4: When everyone has taken a turn answering the questions and if there is still time, go through another set of questions and answers.
- Step 5: Congratulate everyone for their efforts

## DAY 4

- Recap – Day Three

### Objective:

- To have participants review yesterday's sessions

### Materials and preparation:

- None

*Time:* 30 minutes

- Step 1: Welcome participants back to the training. Explain that we will begin today's session by thinking about the session yesterday.
- Step 2: Ask everyone to think about one thing that they found interesting yesterday,
- Step 3: Ask for a volunteer to begin. Ask everyone to take turns reflecting on one thing they found interesting
- Step 4: Note the responses from the participants and provide brief explanations on any questions.
- Step 5: Round up the discussion by asking if there is anything else they are still not clear on, that they want you to revisit or clarify.

*Trainer's Note: Daily recap of sessions from the previous day helps us to understand if the training was useful for participants. It also allows us to give information to participants based on feedback from the daily evaluation of the previous day.*

## ACTIVITY 1: WHAT IS A REFERRAL?

### Objectives:

- To introduce participants to different referrals that TL supports and promotes
- To increase participants' understanding of how and when to conduct different referrals

### Materials and preparation:

- Scenarios for referrals

Time: 1 hour

Step 1: Explain that helping people to access services is an important part of peer education.

This means providing information and help peers access services they need.

Step 2: Say that it is important that as TL volunteers, they need to know the type of services that are available.

Step 3: Emphasise that it is important to remember that volunteers can never force their peers to go to services. Some peers may not be interested, or they may not be ready.

Step 4: Explain that volunteers should be careful about how they provide information to peers - it is important that peers don't feel like they are being told what to do.

Step 5: In determining the services available, ask them the following questions:

- What services are relevant for KAPs? For example, HIV test, STI clinic etc
- Are these services available? What are the hours of service?
- Where are they located?

Step 6: Record the information in a table format below:

Name of service provider	Location	Hours of service	Service provided

*Trainer's Note: Make sure that the list contains a range of services: STI, VCT, SRH, police, welfare, GBV, legal services, counselling, etc*

Step 7: Explain that not everyone needs to be referred to all services at the same time. Referrals are carried out based on the peers need and normally, it will not be all the services listed.

Step 8: Ask them to get into pairs, pick one of the following scenarios and discuss the possible referrals:

#### Scenario 1

Sarah is a young woman. She tells you that last night she was gang raped by four men while walking back from the market.

*Trainer's Note: Possible Referrals are: Provincial Hospital Emergency, District Health Centre, STI clinic, VCT, Private Doctor or clinic, Family Support Centres, Family, Women's desk at the police station.*

#### Scenario 2

Mark is a young man. His clothes are very dirty and when he talks he doesn't make a lot of sense. You have seen him wandering around town before. Some people call him "long long." He tells you that he is Jesus and has special powers.

*Trainer's Note: Possible Referrals are District Health Centre, Provincial Hospital (Mental Health Nurse/Psychiatric Nurse) Private doctor or clinic, Church groups, Disability Recourse Centres.*

#### Scenario 3

Herbert is a young man. He tells you that he has a smelly discharge and pain when he urinates (pees). When you talk to him about his sexual history he says that he has had sex with a few partners but doesn't always use condoms.

*Trainer's Note: Possible Referrals are STI Clinic and VCT*

#### Scenario 4

Madeline is a young woman. When you meet Madeline you notice that she has a lot of bruises on her arms and legs and her clothing is very dirty. She tells you last year she learned she was living with HIV. Since then her family have beat her and often don't feed her. She usually has to ask wantoks and neighbours for food.

*Trainer's Note: Possible Referrals are Welfare Department, Igat Hope support network in province, ART clinic.*

#### Scenario 5

Christine is a young woman. She is married with 2 children. Her husband punched her in the face and hit her with a timber last night when they got into an argument about his drinking. When she comes to talk to you, her face and nose are very bruised and swollen. There is a lot of dried blood under her nose.

*Trainer's Note: possible Referrals are: Health Centre, Provincial Hospital, Private doctor or clinic, Family Support Centre, Women's desk at the police station, Welfare Department, Women's group or association that advocate for female survivors of violence such as Family Voice or the Family Sexual Violence Action Committee*

## TAKE A BREAK-MORNING TEA

## ACTIVITY 2: PRACTICING PEER EDUCATION OUTREACH

*Trainer's Note: Within TL, peer education outreach refers to targeted outreach activities with members of KAPs on HIV and STI information, uptake of services such as HIV test/STI treatment and condoms, ART adherence support for PLHIVs, etc.*

### Objective:

- To enable participants to use the peer-to-peer method of delivering information and providing referrals and support.

### Materials and preparation:

- Condoms (both male and female)
- Model penis/vagina

Time: 1 hour

Step 1: Explain to participants that the time has arrived for everyone to practice what they have been learning in the last couple of days.

Step 2: Divide participants into pairs. Each pair will do a peer education outreach role play on condom demonstration.

Step 3: Tell participants that one person will be a peer educator and the other person will be a member of a KAP. Ask them to practice using the following guide.

- Greet the person – approach the person and greet him/her.
- Introduce the key message- For example, Have you heard anything about condoms? Condoms are very important in HI V prevention. It stops the spread of HIV. I can show you how to use condoms properly.
- Demonstrate condom use- make sure that all the steps are covered!!
- Close by thanking the person for his/her time and provide contacts if the persons wants more information.

Step 4: Encourage participants to practice the communication skills that they have learned during the course of the training.

Give participants 5 minutes to practice. Invite each pair to do their role play in front of everyone.

Step 5: Provide feedback for the role plays. Remember to give both positive and constructive feedback:

- Positive Feedback: Start with 1 – 2 things that the participant did well or that you liked (Ex. I liked the way that you kept nodding your head to let your peer know that you were listening)
- Next, describe things the participant could do differently next time (only 1 or 2 things) (Ex. You might want to try xxxx next time)
- Positive Feedback: End with 1 – 2 things that the participant did well or that you liked

Step 6: Thank the group and congratulate them on their participation.

**TAKE A BREAK- LUNCH**

## ACTIVITY 3: DEALING WITH DIFFICULT SITUATIONS AND QUESTIONS

### Objective:

- To enable participants to answer difficult questions and deal with difficult situations.

### Materials and preparation:

- Pen and paper
- Butcher paper
- Scenarios written on paper

Time: 45 minutes

Step 1: Explain to participants that they are going to do role-plays on dealing with difficult situations

Step 2: Ask volunteers to get into partners, preferably 6 to 8 partners depending on the number of role play scenarios that you have.

Step 3: Give each pair a scenario:

#### Scenario 1

You are a volunteer doing peer education outreach at the buai market targeting buai traders. You are talking to a 35 year old man. He says that we should tell everyone not have to sex. He believes that condoms don't work!

Convince him that this is not so.

#### Scenario 2

You are a volunteer doing peer education outreach in your community. You are talking to two young people about people living with HIV. They tell you that people living with HIV should be identified and send off to an island, as this will stop the spread of HIV.

What do you do/say?

#### Scenario 3

You are a site volunteer distributing female condoms on the roadside. Suddenly the father of the 21-year-old girl you gave the female condom to appears. He threatens you with a knife. What do you do?

#### Scenario 4

You are site volunteer talking to a PLHIV on the importance of taking his drugs regularly. He suddenly gets angry with you and starts saying things like "you don't know anything about HIV because you don't have it," Suddenly there is a crowd all staring and listening to the exchange. What do you do?

#### Scenario 5

You are a site volunteer conducting peer education outreach in a nightclub. You started talking to this guy but didn't realize he was drunk. He suddenly becomes violent. What do you do?

Step 4: Get the partners to act out the Scenario

Step 5: After each role-play, ask everyone to comment on the way the Volunteer dealt with the situation. Ask them if they would have done it differently?

- Provide feedback for the role plays.
- Remember to give both positive and constructive feedback
- Positive Feedback: Start with 1 or 2 things that the participant did well or that you liked (e.g. I liked the way that you kept nodding your head to let your peer know that you were listening)
- Next, describe things the participant could do differently next time (only 1 or 2 things) (Ex. You might want to try xxxx next time)
- Positive Feedback: End with 1 – 2 things that the participant did well or that you liked

Step 6: Ask the partners whether it was hard to role-play. Remind them that it was only a role-play and that they can now get out of that role. Move on to the next role-play and do the same

Step 7: Close the exercise by telling the group that active listening, recognising aggressive behaviour and being aware of one's surroundings are important in conducting effective peer education. Also tell participants that they must be confident in responding to questions. But they don't have to know all the answers, it's OK to tell people that they will go and find out more information if they are not sure of a particular answer.

*Trainer's Note: Tell participants, when conducting your volunteer work you will at times face difficult situations when sharing your knowledge and skills on HIV, particularly on condom use, HIV testing or even in dealing with unequal treatment of people living with HIV. Sometimes you will find yourself in a location that may be prone to violence. Your safety is very important so make sure you are safe.*

*Emphasise that you cannot win everyone- so sometimes, the best option is to walk away when the situation turns aggressive.*

## ACTIVITY 4: PREPARING FOR OUTREACH

### Objectives:

- To enable participants to prepare for peer education (outreach) activity
- To clarify any misinformation or need for more information
- To enable participants to capture information for report

### Materials and preparation:

- Butchers paper
- Markers

Time: 30 minutes

*Trainer's Note: Before doing outreach activity in the community or an area that you have identified for your peer-to-peer activity, it is important that all peer education volunteers get together and plan their activities.*

Step 1: Congratulate everyone for participating in the role plays. Tell them that they are getting really good in talking to peers about condoms and HIV issues

Step 2: Remind participants that as they prepare to go out and try their skills and knowledge on the street, there are a couple of things they need to do before that.

Step 3: Ask them if there are things they need to have before they go out and do peer education outreach. List their responses on white board/flipchart.

Step 4: Emphasise the following points:

- Who will you be talking to today? E.g. Sex Workers, Men who have Sex with Men, truck drivers, etc.
- What will you be talking about today? For example, condoms and why it's important, benefits of an HIV test, why it's important to take drugs all the time if the person is HIV+, etc OR NOTHING!! Sometimes you need to learn to LISTEN to their stories!!
- Where you will be going to conduct outreach? For example, market, bus stop, guest house, etc
- What materials will be needed for today? e.g. male and female condoms and penis/vagina models (diwai) for demonstrations, IECs (pamphlets), buai (for starting discussions)?
- Referrals - If you are planning to make referrals for STIs, VCCT or Care and Support, do you have the referral cards?
- Reporting - How will you report back on the outreach?

Step 5: Ask everyone to get together with their partners and prepare for their practical outreach using the checklist.

Remind participants that the outreach today is for one and a half hours. Make sure that they know the time they are expected to be back in the training room.

*Trainer's Note: Remind participants that there will be a debriefing session after the outreach activity. The participants need to note some of their experiences that they want to share with the rest of the group during the debriefing session.*



## ACTIVITY 5: PRACTICAL EXERCISE DEBRIEF

### Objectives:

- To share experiences from the field practical session
- To identify areas where volunteers will need further support to improve their peer outreach work

### Materials:

- Butcher paper
- Markers
- Sticky tape

*Time: 1 hour*

Step 1: Ask participants about their experience in conducting peer education outreach. To prompt the discussions, ask the following questions:

- How did you approach your peer?
- How did you start the discussion?
- How did they react?
- What did you like about the outreach?

Step 2: Ask participants what they found difficult with the exercise.

- Did people ask questions that they found difficult to answer?
- How did they handle these situations?

Step 3: Ask participants what they would do to improve their outreach next time.

- What additional information do they need?
- What additional support do they require?

*Trainer's note: Congratulate all participants on their hard work and their successful first peer education outreach.*

## DAY 4 EVALUATION

### Objective:

- To capture the lessons learned and identify areas for improvement and further information

*Time: 30 minutes*

Step 1: Ask everyone to stand in a circle, holding hands.

Step 2: Ask them how they are all feeling after today's session?

Step 3: Say that they all did a brilliant job!!! Thank them for today.

## DAY 5

- Recap – Day Four

### Objectives:

- To share experiences from the field practical session
- To identify areas where volunteers will need further assistance to improve their peer outreach work

### Materials and preparation:

- Butcher paper
- Markers
- Masking tape

Time: 30 minutes

- Step 1: Have participants sit in a circle
- Step 2: Ask participants about their experience in conducting peer education outreach. To prompt the discussions, ask the following questions:
- How did you approach your target?
  - How did you start the discussions?
  - How did they react?
- Step 3: Ask participants what they found difficult with the exercise? Did people ask questions that they found difficult to answer?
- Step 4: Ask participants “what do you do if you don’t know the answer to the question”? Reinforce that if they don’t know the answer, it’s OK to say so. They can also say that they will find out what the answer is and get back to them the next time.
- Step 5: What could we do to improve our next activity? What other additional information would you need to improve your activity in the next outreach?

*Trainer’s Note: Trainers should list all the feedback, this is important in providing further support to trained volunteers.*

## ACTIVITY 1: KNOWING YOUR BOUNDARIES – HEALTHY VOLUNTEER RELATIONSHIPS

### Objectives:

- To recognise boundaries when doing outreach work.

### Materials and preparation:

- Boundary violation/ unhealthy relationship card (for vote with your feet exercise)
- Healthy relationship card (for vote with your feet exercise)
- Boundary Crossing card (for vote with your feet exercise)

Time: 1 hour

- Step 1: Explain to participants that every relationship has rules which guide how people behave towards one another.
- Step 2: Participants will probably behave and talk differently with their friends than they would with their family. There are certain things they will feel comfortable talking about with their friends that they wouldn’t feel comfortable talking about with their family, and vice versa.
- Step 3: The rules that guide the peer relationship are influenced by many different things. Peers have a responsibility to make sure that their relationship with their peer does not harm the peer in any way.
- Step 4: As someone who is trained in peer education, they are in a better position to negotiate because they have:
- access to more information than their peers
  - access to organization resources and support
  - larger network of contacts outside of the peer group
- Step 5: Say that because of this, some people may feel they have more power. Emphasise that it is wrong to use this position in a negative way to control or put pressure on their peers. A volunteer is expected to help and support their peer without anything in return from the peer.
- Step 6: Explain that there are a couple of things that we need to think about when working with peers.
- Recognising boundaries: Every relationship has rules or guidelines. Boundaries refer to the “edge” of appropriate behaviour in any type of relationship. The boundaries of the peer relationship are influenced by Tingim Laip’s code of conduct.
  - Recognising boundary crossings: Boundary crossings refer to behaviour which begins to fall outside the edge and may not be considered appropriate behaviour in a peer relationship. The behaviour may or may not harm the peer in some way.
  - Recognising boundary violations: Boundary violations are activities that fall outside and are considered inappropriate behaviours of a peer relationship. Inappropriate behaviours cause physical and/or emotional/ psychological harm to the peer.
- Step 7: Place the “Boundary Violation / Unhealthy Relationship” sign on the floor on one side of the room and the “Healthy Relationship” sign on the opposite side. Then show participants an imaginary line down the centre of the room. Place the “Boundary Crossing” sign in the middle of this imaginary line.

Step 8: Explain that in the next activity, we will read out different scenarios involving a peer supporting another peer. Participants will decide whether the situation represents a “healthy relationship”, a “boundary crossing”, or a “boundary violation.”

Step 9: Participants stand next to the sign that best represents their opinion.

Another participant may think the situation represents a less serious boundary crossing and so may stand in between. Remind participants that this is a safe learning environment and that they will not be judged for their opinions.

Step 10: Read each case description out loud. Once the participants have chosen their locations in the room, ask them to share why they chose to stand where they did.

Allow a few participants who are standing in different locations share their ideas.

For participants who believe that the scenario represents a “boundary crossing” or “boundary violation” ask these participants what they would have done differently if they were the peer educator in the situation.

*Trainer's Note: You can use the following questions as a guide for the discussion. Not all the questions will apply to each scenario.*

- *Why did you choose to stand where you are standing?*
- *Does the peer's decision/behaviour help to create a healthy peer relationship?*
- *What could be the potential consequences of this situation?*
- *Could any harm come to the peer?*
- *Could any harm come to the peer educator?*
- *What would you do differently if you were this peer educator?*

## Scenario for discussions

### Scenario 1

Maria is a volunteer. She is talking to a peer. The peer tells Maria that she is thinking about having sex for money and asks Maria if she has ever done this. Maria feels uncomfortable by the question but didn't know how else to answer. She tells the peer about when she has had sex for money. (Possible Boundary Crossing)

### Scenario 2

Joe is a peer educator. A peer comes to Joe to talk about his fear that he may be infected with an STI. Joe listens to the peer and provides a response. At the end of the session, the peer decides to go to the STI clinic for a test. Joe provides some information about the STI clinic and gives him a referral card. A few weeks later, Joe applies for a job at a local store in town. Joe sees the peer in the store and finds out that his father is the store manager. Joe really needs a job, so he asks the peer if he could ask his father about giving him the job. (Boundary Crossing/Boundary Violation)

### Scenario 3

Judy is a volunteer living in town. About a month ago, Judy provided peer education to an 18-year-old young woman who was raped. By the end of the session, the woman had decided to seek medical treatment and report the rape to the police. Judy had provided the girl with information and referrals. The same woman shows up at Judy's house with a beautiful bilum and a large sack of fruits and greens to show her appreciation. Judy warmly accepts the gifts, and thanking the woman repeatedly. Judy tells her she is happy to see her again and asks her about how she has been feeling. (Healthy Relationship/Possible Boundary Crossing)

### Scenario 4

Now imagine the same scenario described above, but this time the woman presents Judy with a very expensive gift, like a pig. The woman tells Judy her family received a big compensation for the rape and wanted Judy to have one of the pigs. Judy doesn't know if she should accept such an expensive gift as a volunteer, but doesn't know how she can refuse the gift. She feels flattered that someone appreciates her so much. Judy accepts the gift. (Boundary Crossing/Possible Boundary Violation)

### Scenario 5

Ben is a volunteer living in the village. As a volunteer, he is one of the only people in the area supplying free condoms. The rural health centre is supposed to supply condoms however, they frequently run out. Ben and his family rely on the coffee harvest for their income. Since the coffee season ended, Ben started selling the condoms he received from Tingim Laip to peers in order to make extra money. (Boundary Violation)

### Scenario 6

Martha is a volunteer. She provided peer education to a peer who had had an argument with her boyfriend. As the young woman told her story, she began to cry and held her face in her hands. As the peer cried, Martha reached out with one of her hands and rubbed the peer on the back and hugged her. (Healthy Relationship / Possible Boundary Crossing)

### Scenario 7

Now imagine the same scenario described above, only this time the volunteer's name is Martin, and he is male. Imagine that Martin reached out his hand and rubbed the young woman on the back as she was crying and hugged her. (Boundary Crossing/Possible Boundary Violation)

### Scenario 8

Pat is a volunteer living in town. One day a young woman comes to him for support after her boyfriend had beaten her up. The young woman was very upset and began crying. She looked so sad, so Pat gave her a hug. This led to kissing and soon the two of them were having sex. (Boundary Violation)

### Scenario 9

Katherine is a volunteer. A 24-year-old young woman came to her for support. She told Katherine that she was having an affair with a married man. When she told Katherine the name of the man, she realized that this was her best friend's husband. Katherine became really angry and told the young woman what she was doing was wrong. When the young woman got up to leave Katherine slapped her across the face. (Boundary Violation)

Step 11: Ask participants what they can do to help keep healthy relationships with their peers. Write their answers on a butcher paper. Discuss each answer with the group. Some answers might include:

- Meet with peers in open and visible areas (Do not meet in bedrooms or behind closed doors).
- Maintain appropriate personal space – avoid touching peers, especially peers of the opposite sex.
- Avoid exchanges of large gifts.
- Explain to peers how the peer education relationship is different to the relationship they have with their friends.
- Frequently review your Tingim Laip code of conduct to make sure your behaviour is consistent with what is expected of you
- If a peer asks you to do something that goes against Tingim Laip policy, say No! You can always explain that doing so would mean risking your volunteer status.

## ACTIVITY 2: KOKI IN A NEST

### Objective:

- To take a break and have a fun

*Time: 5 minutes*

Step 1: Ask everyone to stand up and invite them to the middle of the room. Say that you will all play a game

Step 2: Explain that the name of the game is 'Koki in a nest'. When you call out 1 koki in a nest, this means that two people must form a nest with one koki (person) in the nest. Similarly, if you say '2 koki in a nest', people should form new nests with 2 people in each nest. When you shout "no nest", kokis fly everywhere!!

**TAKE A BREAK- MORNING TEA**

## ACTIVITY 3: SPOT THE STOP!!

### Objective:

- To enable participants to answer difficult questions and deal with difficult situations.

### Materials and preparation:

- Pen and paper
- Butcher paper
- Scenarios written on paper

Time: 1 hour

Step 1: Explain to participants that they are going to do role-plays in dealing with difficult situations. But it will be done differently this time around.

Step 2: Ask volunteers to get into partners, preferably 6 to 8 partners depending on the number of role play scenarios that you have.

Step 3: Give each pair a scenario:

#### Scenario 1

You are a volunteer doing peer education outreach at the buai market targeting buai traders. You are talking to a 35 year old man. He says that we should tell everyone not have to sex. He believes that condoms don't work!

Convince him that this is not so.

#### Scenario 2

You are a volunteer doing peer education outreach in your community. You are talking to two young people about people living with HIV. They tell you that people living with HIV should be identified and send off to an island, as this will stop the spread of HIV.

What do you do/say?

#### Scenario 3

You are a site volunteer distributing female condoms on the roadside. Suddenly the father of the 21-year-old girl you gave the female condom to appears. He threatens you with a knife. What do you do?

#### Scenario 4

You are site volunteer talking to a PLHIV on the importance of taking his drugs regularly. He suddenly gets angry with you and starts saying things like "you don't know anything about HIV because you don't have it," Suddenly there is a crowd all staring and listening to the exchange. What do you do?

#### Scenario 5

You are a site volunteer conducting peer education outreach in a nightclub. You started talking to this guy but didn't realize he was drunk. He suddenly becomes violent. What do you do?

Step 4: Get the partners to act out the Scenario.

Step 5: As the pair is acting the scenario, spectators can take over the 'peer education role if they feel it can be improved. For example if the peer educator did not listen and took over the conversation, the person can say 'STOP". In this instance he or she will take over the role from that point. Others can do the same until the role play is over.

Step 6: Close the exercise by telling the group that active listening, recognising aggressive behaviour and being aware of one's surroundings are important in conducting effective peer education. Also tell participants that they must be confident in responding to questions. But they don't have to know all the answers, it's OK to tell people that they will go and find out more information if they are not sure of a particular answer.

*Trainer's Note: Remind participants, when conducting your volunteer work you will at times face difficult situations when sharing your knowledge and skills on HIV, particularly on condom use, HIV testing or even in dealing with unequal treatment of people living with HIV. Sometimes you will find yourself in a location that may be prone to violence. Your safety is very important so make sure you are safe.*

*Emphasise that you cannot win everyone- so sometimes, the best option is to walk away when the situation turns aggressive.*

## ACTIVITY 4: TELL ME WHAT YOU KNOW

### Objective:

- To practice answering commonly asked questions on HIV
- To build the confidence of participants to answer basic HIV

### Materials needed:

- Question cards

*Time:* 30 minutes

Step 1: Ask participants to pick a question card and ask anyone in the room.

Step 2: In answering the question, they have to assume that the person asking the question knows nothing about HIV. Encourage the person responding to ask questions if they are not happy with the answer.

Step 3: When all participants have taken turns answering the questions and if there is still time, go through another set of questions and answers.

Step 4: Congratulate everyone by saying that they are more confident now to answer questions compared to the first day of training.

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## TAKE A BREAK- LUNCH

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## ACTIVITY 5: POST TRAINING ASSESSMENT

*Trainer's Note: The post-training assessment is used to assess the knowledge of your participants after the training. It is important to scope understanding of participants after training and comparison can be made from pre-training assessment (handout 2 for post assessment questionnaire).*

### Objective:

- To assess participants' level of understanding on basic HIV & STI after the training
- To assess participants' level of understanding of peer education after the training

### Materials and preparation:

- Annex 2: Post assessment questionnaire
- Annex 3: Pre-post training assessment answers
- Annex 4: How to assess the questionnaire

*Time:* 30 minutes

Step 1: Give handout (Annex 6) to participants.

Step 2: Remind participants that even though they have their names written on the questionnaire, it is only for volunteer recruitment purposes. It will not be used nor shared with anyone else outside of Tingim Laip.

## ACTIVITY 6: WORKSHOP EVALUATION

### Objective:

- To evaluate the training

### Materials needed:

- Butcher paper
- Markers

Time: 30 minutes

Step 1: Explain to them that it is really important that we get feedback on the training. By doing a workshop evaluation, we will be able to improve on future trainings

Step 2: Ask them to get into groups of 4 and discuss the following questions:

- What were your greatest (most significant) areas of learning? (RANK 1, 2, 3)
- What needs follow-up (you need more of)?
- What was the high point of the 5 days? (the best bit)
- What could have been better for you?
- After this workshop what are the first steps you will take?

Step 3: Make sure that they have their discussions recorded on butcher paper- they don't have to present back!!

Step 4: Close the training by thanking them for their contribution.

*Trainer's Note: There is no need to get participants to present their discussions. Make sure that butcher paper is collected for reporting purposes.*

## ANNEX 1

### SAMPLE PEER EDUCATION TRAINING TIMETABLE

Hours	Time	Activity	Facilitator & responsible persons
<b>Day 1</b>			
1 hr	8:30 to 9:00	Registration	
1 hr 15 min	9:00 to 10:15	Introduction Ground rules Training objectives Pre-training assessment	
<b>10:15 - 10:45 Tea Break</b>			
1 hour 30 min	10:45 to 12:30	Values and attitudes Introduction to HIV HIV in PNG Understanding risk	
<b>12:30 to 1:30 Lunch</b>			
1 hr	1:30 to 2:30	How do we prevent HIV?	
30 min	2:30 to 3:00	Introduction to HIV Defining HIV and AIDS Modes of transmission	
<b>3:00 to 3:30 Tea Break</b>			
1 hr	3:30 to 4:30	Voluntary confidential counselling and testing Tell me what you know Day 1 evaluation	
<b>Day 2</b>			
2 hrs	8:30 to 10:45	Recap day 1 Who are peers	
<b>10:45 - 11:00 Tea Break</b>			
1 hr 15 min	11:00 to 12:15	Condom demonstrations (male and female) Commonly asked questions	
<b>12:15 to 1:15 Lunch</b>			
1 hr 45 min	1:15 to 3:00	Why are we working with peers What makes a good peer doing outreach work for peers?	
<b>3:00 to 3:15 Tea Break</b>			
1 hr	3:30 to 4:30	Condoms Day 2 evaluation	
<b>Day 3</b>			
2 hr	8:30 to 10:30	Recap day 2 Effective communication Asking questions Listening	

Hours	Time	Activity	Facilitator & responsible persons
<b>10:30 - 10:45 Tea Break</b>			
2 hr	11:45 to 1:00pm	Care and support issues for PLHIV	
<b>1:00 to 2:00 Lunch</b>			
1 hr	2:00 to 3:00pm	STI How to talk to peers	
<b>3:00 to 3:15 Tea Break</b>			
1 hr 15 min	3:15 to 4:30pm	How to talk to peers (cont.) Day 3 evaluation	
<b>Day 4</b>			
2 hrs	8:30 to 10:30	Recap day 3 Referral pathway for KAPS	
<b>10:45 to 11:00 Tea Break</b>			
1 hr 30 min	11:00 to 12:30	Practicing peer education outreach	
<b>12:30 - 1:30 Lunch</b>			
2 hrs	1:30 to 3:30	Dealing with difficult situations and questions Field practical	
<b>3:30 to 4:00 Tea Break</b>			
20 min	4:00 to 4:20	Day 4 evaluation	
<b>Day 5</b>			
1 hr 30 min	8:30 to 10:00	Recap day 3 Knowing your boundaries	
<b>10:00 to 10:30 tea break</b>			
2 hrs	11:00 to 1:00	Knowing your boundaries Tell me what you know...	
<b>1:00 to 2:00 Lunch</b>			
1 hr	2:00 to 3:00	Post-test evaluation Workshop evaluation	

## ANNEX 2

### PRE/POST TEST QUESTIONNAIRE

True or False

Name or Number:

#### HIV, AIDS & STIs

- People who are HIV+ should be all put on an Island if we are to stop the spread of HIV  
(a) True (b) False
- A man should know more about sex than a woman  
(a) True (b) False
- Only men should carry condoms  
(a) True (b) False
- It's ok to beat up another person  
(a) True (b) False
- It's ok to beat up a woman  
(a) True (b) False
- You only go for a HIV test when you are sick  
(a) True (b) False
- All STIs have symptoms  
(a) True (b) False
- You can cure STIs by using leaves and traditional medicines  
(a) True (b) False
- Genital ulcers and discharge from the penis or vagina are some signs of STIs  
(a) True (b) False
- Syphilis is a name of an STI that is common in PNG  
(a) True (b) False
- You can get an STI if you have sex without a male or female condom  
(a) True (b) False
- You can get HIV if you are sharing a needle in tattooing with someone who has HIV  
(a) True (b) False
- AIDS is a collection of diseases that people get when their immune system is no longer strong  
(a) True (b) False
- HIV is the virus that attacks the soldiers of the body  
(a) True (b) False



15. People can get HIV if they have sex without using condoms  
(a) True (b) False
16. It is possible for pregnant mothers to pass HIV to their babies  
(a) True (b) False
17. The only way we can be sure about our HIV status is to get a blood test  
(a) True (b) False
18. Safe sex means using either male or female condoms during koap  
(a) True (b) False
19. The bodily fluids that spread HIV are semen, sweat and tears  
(a) True (b) False
20. We can tell just by looking if someone has HIV  
(a) True (b) False

### Peer education

21. Peers have a lot of things in common that they share with each other  
(a) True (b) False
22. Peer education is two young men walking down the street and talking  
(a) True (b) False
23. Peer education is when a village leader telling a story to a group of PLHIV  
(a) True (b) False
24. A good peer educator dominates a conversation and tells peers what to do  
(a) True (b) False
25. Yu mi toktok is an example of verbal communication  
(a) True (b) False
26. Listening when someone is talking an example of good communication  
(a) True (b) False
27. Making faces when someone is talking is OK in peer education outreach  
(a) Agree (b) Disagree
28. Good eye contact makes good communication  
(a) True (b) False
29. It's OK to have sex with my peer when I'm talking to them about safe sex  
(a) Agree (b) Disagree
30. It's OK to accept a pig as a gift from a peer because I helped take him/her to the STI clinic  
(a) Agree (b) Disagree

### TOK PISIN VERSION OF QUESTIONNAIRE

Patisipan Name or Namba:

1. Putim olgeta pipol husait igat HIV+ long wanpela ailan sapos yumi laik stopim spred bilong HIV.  
(a) Em tru (b) Em ino tru
2. Pasin bilong koap em man imas save moa long ol meri.  
(a) Em tru (b) Em ino tru
3. Ol man tasol imas karim kondom  
(a) Em tru (b) Em ino tru
4. Em i orait long yu paitim narapela man  
(a) Em tru (b) Em ino tru
5. Em i orait long yu paitim narapela meri  
(a) Em tru (b) Em ino tru
6. Yu bai go kisim HIV test taim yu igat sik tasol  
(a) Em tru (b) Em ino tru
7. Olgeta sik STI igat mak bilong em.  
(a) Em tru (b) Em ino tru
8. Yu ken kisim ol lip na ol bus marasin long pinisim STI.  
(a) Em tru (b) Em ino tru
9. Sua na susu wara kam out long kok na kan em i mak bilong sik bilong koap.  
(a) Em tru (b) Em ino tru
10. Syphilis em nem bilong wanpela bikpela sik bilong koap insait long PNG.  
(a) Em tru (b) Em ino tru
11. Yu ken kisimm STI sapos yu no yusim kondom bilong ol man o merit aim yu koap.  
(a) Em tru (b) Em ino tru
12. HIV binatang iken kalap long wanpela HIV+ man na igo long narapela man sapos tupelo i katim skin long wanpela sem nidol tasol.  
(a) Em tru (b) Em ino tru
13. AIDS em mak bilong ol kain kain sik stap insait long bodi taim ami bilong bodi ino inap moa long sapotim bodi.  
(a) Em tru (b) Em ino tru
14. HIV em binatang nogut kam insait long bodi wei save bagarapim ami bilong bodi.  
(a) Em tru (b) Em ino tru
15. Ol pipol ken kisim HIV sapos ol ino yusim kondom long koap.  
(a) Em tru (b) Em ino tru

16. 10l mama husait igat bel i ken givim HIV igo long pikinin.  
(a) Em tru (b) Em ino tru
17. Wanpela rot tasol long luksave long HIV status bilong yumi em taim yumi go kisim HIV blut tes.  
(a) Em tru (b) Em ino tru
18. Seif sex em minim olsem yu yusim kondom bilong man na meri lo taim bilong koap  
(a) Em tru (b) Em ino tru
19. Ol Wara bilong bodi wei save karim HIV binantang em, swit na ai wara.  
(a) Em tru (b) Em ino tru
20. Yumi ken luksave long husait ol narapela igat HIV binatang.  
(a) Em tru (b) Em ino tru
21. Ol poro gat planti wankain pasin, tingting, na samting wei ol I save skelim na tokatok nambel lon ol yer  
(a) Em tru (b) Emi no tru
22. Peer Edukesen em tupela yangpela man I wokabaut long rot na I tok stori wantaim.  
(a) Em tru (b) Emi no tru
23. Peer edukesen em taim wanpela lida long ples i stori wantaim ol man meri husait istap wantaim HIV  
(a) Em I tru (b) Emi no Tru
24. Gutpela peer educator em man or meri I save go pas long toktok na em I save givim wok long ol poro bilong em  
(a) Em I tru (b) Emi no Tru
25. "Yu mi toktok" em piksa bilong pasin bilong salim toktok.  
(a) Em I tru (b) Emi no Tru
26. Harim toktok taim narapela man or meri toktok soim gutpela pasin bilong harim na salim tok.  
(a) Em I tru (b) Emi no Tru
27. Mekim kainkain mak o sain long pes taim narapela man or meri I toktok long taim bilong peer edukesen outreach em I orait  
(a) Em I tru (b) Emi no Tru
28. Lukluk long ai bilong narapela manmeri taim ol I toktok em i soim gutpela pasin bilong harim tok  
(a) Em I tru (b) Emi no Tru
29. Em orait long koap wantaim poro bilong mi taim mi toktok wantaim ol long seif sex  
(a) Em I tru (b) Emi no Tru
30. Em I orait long kisim pig long poro bilong mi olsem gift bikos mi helpim em long go long STI klinik  
(a) Em I tru (b) Emi no Tru

## ANNEX 3: PRE-POST TEST ANSWERS

Kwesten Namba	Answer English	Answer Tok Pidgin
1	(b) False	(b) Emi no Tru
2	(b) False	(b) Emi no Tru
3	(b) False	(b) Emi no Tru
4	(b) False	(b) Emi no Tru
5	(b) False	(b) Emi no Tru
6	(b) False	(b) Emi no Tru
7	(b) False	(b) Emi no Tru
8	(b) False	(b) Emi no Tru
9	(a) True	(a) Em I tru
10	(a) True	(a) Em I tru
11	(a) True	(a) Em I tru
12	(a) True	(a) Em I tru
13	(a) True	(a) Em I tru
14	(a) True	(a) Em I tru
15	(a) True	(a) Em I tru
16	(a) True	(a) Em I tru
17	(a) True	(a) Em I tru
18	(a) True	(a) Em I tru
19	(b) False	(b) Emi no Tru
20	(b) False	(b) Emi no Tru
21	(a) True	(a) Em I tru
22	(a) True	(a) Em I tru
23	(b) False	(b) Emi no Tru
24	(b) False	(b) Emi no Tru
25	(a) True	(a) Em I tru
26	(a) True	(a) Em I tru
27	(b) False	(b) Emi no Tru
28	(a) True	(a) Em I tru
29	(b) False	(b) Emi no Tru
30	(b) False	(b) Emi no Tru

## ANNEX 4: HOW TO ASSESS A PRE AND POST TEST QUESTIONNAIRE

1. Pre and post test tools are used to assess whether there has been a change in level of knowledge/ understanding on key training concepts.
2. In situations where there are limited skills in reading and writing, participants can be divided into small groups and they fill in the questionnaire as a group and NOT as an individual. The facilitator will need to step in to help with the writing.
3. Depending on what method you use, you will still have to mark the questionnaire once completed.
4. At the end of the first day, you mark each individual OR group questionnaire. Each multiple choice OR True/ False is allocated a score of 1(one). You total each point scored depending on the questions/statements they have answered correctly.

5. You create a table in excel with 3 columns as follow:

Participant Name	Pre-test Score	Post-test Score

6. Fill in the names in the first column.
7. Fill in the Pre test score column once you have marked the pre test questionnaires.
8. Fill in the Post test score column you have marked the post test questionnaires on the LAST DAY of the training.
9. The table should like this once you have filled in all of the columns:

Participant Name	Pre-test Score	Post-test Score
John	7	16
Ashley	11	17
Bella	4	15

10. After you have filled in all scores, write each participant pre and post test scores on a piece of paper and hand them out INDIVIDUALLY.

## ANNEX 5: SIGNS AND SYMPTOMS OF STIs

STIs are infections that are passed from one person to another during sex. You can get an STI from unsafe sex (having sex without using a male or female condom). Some common STIs in PNG are:

- Gonorrhoea
- Syphilis
- Chlamydia
- Hepatitis B
- Genital herpes
- HIV

There are many different STIs and they can be found in different parts of the body. STIs can be found in and around the:

- Penis
- Vagina
- Anus
- Mouth and throat

If you get an STI it takes three days to two months to show signs. Many people will not have any signs or symptoms when they have an STI, but they can still pass it on to others.

### Signs of STIs

- Itching or pain in or around the penis, vagina or anus
- Yellow or white fluid or clear fluid from the penis or anus
- Strange (different to normal) fluid from the vagina, especially if it has a bad smell
- Swelling around the groin (genital) area
- Sores, blisters or lumps around the penis, vagina, anus or mouth
- Rash on the hands, feet or chest
- Pain when urinating
- Sore throat
- If a man has an STI, he may have a pain in the testicles
- If a woman has an STI, she may have pain in the lower stomach or back, pain when having sex, or bad smells from the vagina

Some signs of STIs go away by themselves, or you may not show any signs but still have an STI and can still pass it on to other people.

### Long term effect of STIs

- STIs can make men and women very sick-they can even die
- They can make men and women infertile (unable to make babies)

- They can cause problems for babies, including miscarriages and babies being born too soon
- They can make it harder for men to urinate (pee)
- If a woman is pregnant and has an STI, she can pass the STI on to her baby
- Having an STI makes it easier to get HIV

#### STIs must be treated

- Most STIs can be easily cured
- Some STIs cannot be cured but the signs and symptoms can be treated
- If you think you might have an STI, go to a hospital or health clinic for testing and treatment
- Do not have sex again until the STI has been treated
- The sooner you get treatment, the less harm the STI will do to you
- STIs don't go away without treatment
- If you have an STI, your sexual partners should get treatment too

## EXTRA NOTES FOR THE TRAINER

### PEER EDUCATION – MANAGEMENT AND SUPERVISION

Guideline notes for Project Staff on management and supervision of peer education volunteers and activities.

### ACTIVITY PLANNING AND IMPLEMENTATION

Each location activity plan includes peer education activities.

In your activity planning, also check that the resources needed for activities such as penis/vagina models/IECs (pamphlets) and condom stock (both male and female) are available when needed.

Always make sure that the activities connect directly to the objectives and indicators of the TL STEPS model. Clear links are important because you will be using the objectives and indicators to monitor the performance and achievements of the project. Similarly, the TL HIV Module (HIV – Sik Long Koap) is a useful resource if more information is needed on HIV and STI information.

### PROVIDING SUPPORT FOR PEER EDUCATION VOLUNTEERS

The support you provide to volunteers is very important in ensuring that volunteers are motivated to do good work. These supportive activities can be through:

- Regular meetings for all volunteers.
- Providing additional educational material for the volunteers' own use.
- Making IEC materials and condoms available for distribution regularly and consistently.
- Providing certificates, badges, T-shirts, bags or caps to identify them as trained TL volunteers.
- Providing comprehensive local reference and referral lists.
- Creating opportunities for new peer education volunteers to work with more experienced volunteers in a mentoring relationship.
- Arranging special activities to reward the volunteers and help maintain their commitment and enthusiasm.

#### Managing Peer Education Volunteer drop-out rates

As well as assisting volunteers to work effectively, staff support can help to manage dropout rates. Particularly, if the volunteers are young people or mobile populations, they can have many other interests and commitments, which contribute to high dropout rates.

There are certain dropout issues which are inevitable because of the nature of the project and its target population. Analysis of peer education projects shows the main reasons for volunteers dropping out are: finding a job, preparing for an exam, marriage or childbirth or sickness. Often the reasons are not connected with the project, but are concerned with other life events.

Here are some strategies for reducing dropout rates:

- Give each volunteer a one-year contract, which they may renew only once. In this way, the turnover rate is official and it allows you to plan to recruit new volunteers every two years.

- Establish compensation schemes to motivate and help to retain volunteers.
- Provide mentoring and support for other interested peers who are part of the wider peer education network, and consider involving them in the next training.

### Management Support

Project staff members need to consistently supply the practical support that the volunteers need to conduct their activities. A common problem for peer support projects is a lack of equipment or material, which creates competition for the few resources that are available.

You can minimise such competition through good planning and coordination. Another solution is to create a personal educational kit for each volunteer, which might contain:

- Videos/DVDs
- Flip charts
- Demonstration kits
- Condom storage box
- Reference books
- Handouts
- Brochures
- Promotional material.

Project staff must also provide any money due or required by the volunteers on a timely basis as agreed. Such payments might be for various purposes including transport, activity support and session expenses. Because many volunteers have no other source of income, it is important that their involvement in the project does not cause them financial hardship.

Apart from provision of materials and logistical support, the project team must prepare to manage conflicts amongst volunteers or between management/staff and volunteers.

## SUPERVISING AND MONITORING VOLUNTEERS

### Management Style

Project staff need to be accessible and efficient (see Table 1 below). If staff members are around the same age as the volunteers, this similarity can enhance the relationship.

A 'volunteer friendly' management style and working environment for volunteers can contribute significantly to efficiency. In an encouraging setting of this kind, the peer educators will feel they can communicate with project staff and report openly on their successes and difficulties.

### Five useful tips for peer education managers and supervisors

1. Be clear about expectations of volunteers. Carefully explain well in advance your expectations regarding matters such as targets, deadlines and dates.
2. Do not use power and position to intimidate people. Admit mistakes openly and honestly, and recognise achievements.
3. Be accessible. Set aside time to talk with each volunteers.
4. Deal with problems in an honest and straightforward manner. Listen to the volunteers, concerns without being defensive, follow up on these concerns and explain decisions.
5. Create a healthy work environment. Discourage gossip. Empower volunteers by giving them materials, training and support.

### Supervising the Volunteers

Ongoing supervision is essential to the success of the project. It supports and motivates the volunteers. The ongoing attention from project staff also helps them to feel valued and remain with the project.

The amount of supervision and support that volunteers need will depend on:

- The types of activities they do – those who conduct large group education sessions and those who work in more emotionally difficult situations may need more supervision and support; and
- The amount of training they have had. The more training provided, the less supervision is likely to be needed.

### Themes of supervision

Good supervision will identify how things are going with the volunteers and the project. It will highlight the topics or skills where the volunteers need further training. These issues of knowledge and skill development may be common to all the volunteers, or particular to an individual volunteer.

The supervision sessions can be structured around the following themes:

- **Comprehension.** Does the volunteer use language that is clear and simple, and limit the number of complicated ideas/topics to a manageable level?
- **Achieving the purpose.** Does the peer educator provide the information or communication that the target group needs?
- **Attractiveness.** Do the presentations, visuals or IEC materials hold the target group's attention?
- **Acceptance.** Are the messages and the way they are communicated acceptable to the target group?
- **Involvement.** Does the target group identify with the messages and the materials and see that they are intended for them? Is the peer educator reflecting the language and values of the target group?

### Approaches to supervision

You can provide supervision:

- Through one-to-one work with volunteers by observing them at work and discussing their performance;
- In group meetings that identify common experiences of successes and difficulties with the work;
- Through peer review, where volunteers review each other's performance;

- By observing the volunteers giving community education presentations/talks;
- Through overall evaluation and feedback of volunteer's performance; and/or
- Using a process whereby the volunteers provide regular written reports, which the project staff then comment on.

If the supervisor has identified areas where an individual volunteer needs to improve the supervisor can create an individual development plan for this volunteer and monitor progress against that plan during individual supervision sessions.

If project staff have created professional development programmes for volunteers to help expand their skills and employment opportunities, supervisors can also monitor the operation of those programmes.

### Stress Management

Peer education volunteers can experience considerable stress as a result of their work. For example, they may feel generally stressed, experience burnout or have psychological issues. Project staff should be alert to this potential and take proactive steps to prevent or minimise stress wherever possible.

Supervision and management staff should be able to recommend interventions to manage or reduce stress. Options include reducing an individual's workload, providing counselling and support, and assisting in the development and implementation of personal stress reduction programmes.

Provide regular support sessions to volunteers, as individuals and as a group, to address general stress, burnout and other psychological issues. You might incorporate these sessions into monthly site visits or hold them as special debriefing sessions.

Management and supervisors need to use their best judgement as to what is happening within the project and thus what is the most appropriate technique to use.

### Reporting by Peer Education Volunteers

Volunteers should submit progress reports regularly with the following information:

Quantitative reports (with measurements, amounts etc.) of each activity they conducted, containing:

- Time and place of event
- Topic discussed
- Number and characteristics of target group served (age, sex, education level, etc.)
- The type of material handed out (condoms, information)
- Referrals provided
- Reflections and comments on the quality of their work, containing:
  - Comments on the strengths and weaknesses of their work
  - Feedback from the target group
  - Feedback from stakeholders.

### Links with partners and Stakeholders

Maintaining the support structure during the implementation phase (keeping up links with partners and stakeholders) is very important.

At the project design stage, the project team identified stakeholders and partner organisations. During the project implementation stage, it is possible that other stakeholders and partners will emerge. It is important that the project team maintains its relationships with these people and organisations as they can play an important role in supporting the project and in providing referral services and support.

While the project is in operation, the staff should maintain contact and liaison with these stakeholders by:

- Continuing to meet with them formally and informally, and informing them of all new project activities;
- Inviting them to any special occasions;
- Supplying them with the HIV/STI educational materials used in the project and asking them to review new IEC materials;
- Encouraging them to speak with others about the value of the peer education project;
- Asking them to provide public support for the project such as by writing articles or letters to papers; and
- Encouraging the volunteers to talk with the stakeholders about their work.

With partner organisations the project team should establish regular discussions about how the partnership is operating. During these discussions, both sides can give feedback about how the partnership is working.

Especially important are regular meetings with any HIV/STI and sexual and reproductive health services that the project uses for referrals. At these meetings, the project team could supply service providers with feedback it has received from the key affected populations about the services.

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**Tingim Laip | PO Box 1402 | Madang | Papua New Guinea**  
**(P) + 675 422 2192 | (F) + 675 422 0148**  
**TLinfo@tl2.org.pg | www.tingimlaip.org**