



Enhanced Peer Outreach Approach (EPOA) Training Curriculum for Peer Outreach Workers





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

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INTRODUCTION

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


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

<https://www.dropbox.com/sh/lDcjO6jzdte3hO2/AADUoi5WUOwmUBh2inTCPhJfa?dl=0>

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

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

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



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


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

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

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

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

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



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

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

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

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

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

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

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

CHECKLIST FOR ORGANIZING TRAINING

NO.	ITEM	NOTES	WHO IS RESPONSIBLE?	DATE DUE	DONE?
1	Identify and liaise with relevant program leaders				
2	Set training dates and times				
3	Translate materials, if necessary				
4	Confirm that training room/facility is available				
5	Invite participants	If possible, do this collaboratively with program leaders and peer outreach workers			
6	Review curriculum and all presentations, handouts, and tools	Adapt presentations, handouts, and tools, as needed: <ul style="list-style-type: none"> • Additional slides • Local terminology for program and KPs • Local enrollment form • Local referral slip • Appropriate photos in slide presentations • Training agenda handout Create an activity on the programs' incentives scheme			
7	Adapt curriculum as needed				
8	Lunches				
9	Arrange for coffee/tea break refreshments				
10	Confirm availability of all needed equipment/supplies				
11	Confirm training room is suitable	Enough chairs and tables Space to move around Power outlets Screen or blank wall for projecting OK to tape paper to walls			
12	Print handouts/tools				

SUGGESTED TRAINING AGENDA

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

SUGGESTED TRAINING AGENDA

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

SUGGESTED TRAINING AGENDA

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

MATERIALS CHECKLIST

PRESENTATIONS, HANDOUTS, AND TOOLS

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

SUPPLIES

PRESENTATIONS, HANDOUTS, AND TOOLS

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



ACTIVITY 1.1 INTRODUCTIONS

TIME: 30 minutes

MATERIALS:

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

OBJECTIVES: List these on a flip chart or overhead projector

By the end of the activity, participants will have:

- Introduced themselves to the other participants
- Learned more about one another
- Contributed to an interactive learning environment

TAKE-HOME MESSAGES:

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



NOTE FOR TRAINERS:

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

FOUND OBJECTS

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

PRIZES

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



ACTIVITY 1.2

TRAINING OBJECTIVES

TIME: 45 minutes

MATERIALS:

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

OBJECTIVES:

By the end of this activity, participants will have:

- Discussed their expectations of the training course
- Reviewed the training agenda and determined how it does and does not meet their expectations

TAKE-HOME MESSAGES:

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



NOTE FOR TRAINERS:

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

DISCUSSION QUESTIONS:

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

**BLANK PAPER
PENS**

**BLANK HALF-
SHEETS OF
PAPER AND
MARKERS**

**TOOL 1.2
TRAINING
OBJECTIVE
LABELS**

**PARKING LOT
FLIP CHART**

**HANDOUT 1.2
TRAINING
AGENDA**

1. Tell participants that it is important to understand exactly what the participants hope/expect to get from the experiences. *(Depending on local circumstances, either “hope” or “expect” may be the more appropriate term here and in the steps that follow.)*
2. Explain that “hopes” refers to the goals that participants have for the training. Give each participant a blank sheet of paper and ask them to spend a few minutes listing their individual hopes for the training. Ask that each hope begin with a verb — learn, discuss, practice, etc.
3. Once participants have a few hopes, divide the large group into small groups and give each group markers and a stack of half-sheets of paper. *Note: Create groups of participants with similar experience levels or seniority, to avoid stifling voices of less-experienced or junior participants.*
4. Instruct the groups to spend a few minutes coming to a consensus on the top three hopes for their group. The answers should be written on individual half-sheets of paper — tell participants to limit the number of words used and write large enough for everyone to see.
5. Group by group, have participants post their hopes on the wall. As responses are posted, ask participants to explain their meanings.
6. When all responses have been posted and explained, ask if anyone has hopes not selected by their group about which they feel very strongly. Allow those responses to be posted.
7. Post the training objectives across the top of the wall. Ask participants to consider which of their hopes might fit under specific objectives. Give participants the opportunity to come up to the wall and rearrange the hopes to fit under the appropriate objectives. Discuss which of the hopes might fit under which objectives — as agreement is reached, move those hopes into the appropriate category.
8. At the end of this exercise, facilitate a discussion about any unmet hopes.
9. Introduce the term “parking lot.” Explain that occasionally during discussions, participants may raise an issue that, while important and worth discussing, needs to be set aside for the moment so that participants can finish the discussion or activity at hand. So that these important issues are not forgotten, you will record them on the parking lot flip chart so that you can return to them during the break or at another, more appropriate, time. Participants should remind the facilitators if there are unresolved issues in the parking lot.¹
10. Present the training agenda, and review the basic structure of each day. Remember to cover:
 - Start and stop times
 - Meal times
 - Breaks
 - Major training components
 - Other relevant logistical issues

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



ACTIVITY 1.3

SAMPLE TRAINING GROUND RULES

TIME: 15 minutes

MATERIALS:

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

OBJECTIVES:

By the end of this activity, participants will have:

- Created a list of ground rules on which all participants can agree
- Selected the “village chief” to enforce the ground rules
- Contributed to creating a safe and comfortable learning environment

TAKE-HOME MESSAGES:

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

**FLIP CHART
MARKER PENS**

**HANDOUT 1.3
SAMPLE
GROUND RULES**

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



ACTIVITY 2.1

INTRODUCTION TO THE HIV CASCADE AND LINKAGES

TIME: 90 minutes

MATERIALS:

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

OBJECTIVES:

By the end of this activity, participants will have:

- Reviewed key concepts related to the HIV cascade of services
- Named key components of the HIV cascade
- Identified causes of leaks in the cascade and suggest strategies to prevent or repair them
- Reviewed latest LINKAGES project cascade data

TAKE-HOME MESSAGES:

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



NOTE FOR TRAINERS:

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

COMPUTER,
PROJECTOR
AND SCREEN,
PRESENTATION
2.1
LINKAGES
OVERVIEW

FLIP CHART
MARKER PENS

TOOL 2.1
HIV CASCADE
PUZZLE PIECES
PRIZES

1. Introduce this activity by explaining that it is now time to begin looking at our actual program. If you have prepared, you may wish to present a very brief (1- to 2-slide) review of the current epidemiological data on HIV among KPs in your local setting.
2. Ask participants if they have ever heard the term “cascade” used in this context (*Presentation 2.1, slide 6*). If no, explain that the HIV cascade means the range of services for HIV prevention, diagnosis, treatment, and care. Ideally there should be a seamless flow or connection from one service to the next.
3. Brainstorm with participants what services or “steps” occur in the HIV cascade. Provide prompts as needed. List responses on flip chart paper or a dry erase board. Ensure that the following are all mentioned:
 - HIV prevention outreach and referral: provide behavior change communication, distribute commodities like condoms and lube, refer people to services as needed
 - Testing: Screening for individuals at high-risk
 - Diagnosing HIV: Identifying and confirming HIV-positive individuals
 - Enrollment in care: ART pre-screening; care, prevention, and support for opportunistic infections
 - Initiating ART: Starting a patient on treatment
 - Sustaining ART: Ensuring that a patient adheres to treatment and comes for their follow-up appointments
 - Viral suppression: Achieving a low viral load, meaning better health and less risk of transmission
4. Divide participants into groups, and give each group a set of labeled HIV cascade “pipes.” Explain that the cascade is a bit like a series of pipes that take people from prevention to care and treatment. The problem is, the pipes are leaky, so people drop out along the way. We are a bit like plumbers, trying to fix the leaks so that our clients don’t get lost.

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

HIV CASCADE LEAKS

(Final slide of
Presentation 2.1)

MARKER PENS

FLIP CHART PAPER, MARKER

5. Once participants have put together the plumbing of the HIV cascade correctly, give a prize to the winning group. Ask the group to post their cascade puzzle on the wall so everyone can see.
6. Distribute the “leaks” from the 2.1 EPOA Training Tool (slides 4, 9, 11, 13, 15). Ask the participants to think about all the different things that could cause people to drop out of the HIV system. Explain that this is a bit like water leaking out of a pipe. Have participants label the leaks with different reasons people might not make it through the system. Examples might include:
 - Never met a peer outreach worker
 - Afraid of an HIV test
 - Clinic too far away
 - Test results take too long

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

7. After all the leaks have been identified, facilitate a brief discussion about what could be done to “plug” the leaks. Remember that strategies need not be only those that can be implemented by a peer outreach worker, but could include other strategies as well. If you wish, you can list these strategies on a piece of flip chart paper as participants think of them.
8. Use Presentation 2.1 (*slide 8*) to show people a completed picture of the HIV cascade “plumbing.” Then show them the LINKAGES cascade (*slide 9*), and explain how it displays the same information in a different format. Explain the LINKAGES program goals (*slides 10–12*) — even if the participants are familiar with LINKAGES, this is a good refresher — and show how those goals relate to the cascade (*reduce HIV transmission among KPs and extend life for those who are HIV positive*).
9. Show a version of the LINKAGES cascade constructed with the most up-to-date program data available (*slide 13*). These may be national program data or site-specific information. Ask participants to identify the leaks in this cascade. Explain that we will use this model to track how well our program is functioning. When explaining the cascade, make the point that the program will be judged not just on its ability to reach people, but also on its ability to **find and test** HIV-positive individuals and to successfully link those people into **care and treatment**. Introduce the UNAIDS 90-90-90 concept (*slides 14–15*).

POSSIBLE DISCUSSION QUESTIONS:

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



ACTIVITY 2.2

OVERVIEW OF THE EPOA MODEL

TIME: 90 minutes

MATERIALS:

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

OBJECTIVES:

By the end of this activity, participants will have:

- Explained why an EPOA is needed
- Understood how a referral chain network works
- Defined the roles of peer outreach workers and PMs within the EPOA

TAKE-HOME MESSAGES:

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



NOTE FOR TRAINERS:

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

TOOL 2.2
PEER SUPPORT
JUMBLE

PRIZES

COMPUTER,
SCREEN, AND
PROJECTOR

PRESENTATION
2.2
INTRODUCTION
TO EPOA

1. Tell participants that now that we have finished reviewing how the LINKAGES project is designed, we want to spend a bit more time discussing the EPOA specifically, and why it is necessary.
2. Explain that traditional outreach interventions have been an important part of the HIV response, and one-on-one communication is still one of the key ways information is shared and behaviors are changed. However, as we discussed previously, HIV continues to spread, and HIV prevention programming is increasingly required to show clearer outcomes — for instance, people tested and positive cases identified — in less time. To meet these demands, we have to rethink our approaches.
3. Write the four category headings *Activity*, *Approach/program*, *Who does it?* and *Training required?* across the wall in that order. Distribute the peer support jumble cards, one set per team. (Be sure to jumble the contents first!) Challenge the teams to first arrange their cards under the four categories — which should be easy because they are color-coded! — and then stick them up on the wall. Explain that it is a race. (Note that there are four responses to the *Training required?* question, because there are different answers for the peer outreach worker and the PM, but see if the teams can figure this out without being told.)
4. Once the statements have been correctly arranged and posted, provide a small prize for the team that finished first and correctly.
5. Use Presentation 2.2 (*slides 2 and 3*) to confirm that participants have completed the jumble correctly and to facilitate a discussion about the differences between the three approaches. You might note that some programs may already be implementing some parts of the EPOA. Ask participants if there are components of the EPOA they think they are already doing in their program.
6. Use Presentation 2.2 (*slide 4 or slide 5, as appropriate*) to explain the role of PMs and the referral chain network. This is one of the key ways in which the EPOA differs from traditional peer-led outreach, so take time to make sure that participants understand the differences between a peer outreach worker and a PM and how they each work. Cover the bullet points that are listed in Step 7 below. *Notes: (a) adjust the content to suit the specifics of your program. (b) If there are questions about what is meant by incentives, answer them as briefly as possible, and explain that we will talk about this in detail tomorrow.*
7. Explain that if worker already have a “portfolio” of KP members with whom they are in regular contact, they should continue to do the same kind of outreach as before, but they might also try to encourage some of those KP members to become PMs. In addition, the peer outreach workers and new PMs will also be incentivized to reach out to new KP members with information, commodities, and the offer of a referral to HIV testing — and to engage them as PMs if the KP member is willing.
8. Explain that we do not expect that most KP members will become PMs (as many as 75% will likely decline), and that many PMs will never engage a new peer. But a few motivated PMs can bring many new people into a program. You may also wish to discuss strategies for improving the number of KP members who become successful PMs.

**FLIP CHART
MARKER PEN**

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

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

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

11. Finally, facilitate an open discussion on potential pluses and minuses of implementing the EPOA, for example:

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

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



POSSIBLE DISCUSSION QUESTIONS:

- It is the job of a peer outreach worker to engage a team of PMs to help reach new people. This approach is sometimes called a peer-driven intervention or a referral chain network approach. What are some of the advantages of this over traditional peer-led outreach?
 - + Possible answers: Traditional outreach focuses only on those individuals whom you can reach through one-on-one interaction at a pre-identified hot spot like a bar, bath house, or public park. It is very difficult to reach people who do not go to those places. By using a referral chain network, you can reach into those groups of people whom you may not encounter through face-to-face outreach. Evidence also suggests that, when done correctly, a referral chain network can help you reach more people at high risk and find more HIV cases — this is because people at high risk of HIV tend to know other people at high risk.



ACTIVITY 3.1

SAMPLE TRAINING GROUND RULES

- ▶ Start and end on time.
- ▶ Place pagers and cell phones on vibrate or turn them off. If you need to make a call or answer a call please do so outside of the room so you do not disrupt the training.
- ▶ Allow each person time to talk and don't interrupt.
- ▶ Speak for yourself, not other people ("I" statements rather than "everybody" or "other people").
- ▶ Keep personal comments said during the workshop confidential.
- ▶ Give positive feedback.
- ▶ Listen. It is hard to hear when you are speaking, and we need to respect what each person has to say.
- ▶ Value each person's unique opinions and experiences. We all have had experiences that may be different and we all need to value each other's.
- ▶ It's okay to disagree, but do so respectfully, and don't take things personally.
- ▶ Each person is in charge of his/her own learning (i.e., take breaks, ask for clarification, have the right to pass).



ACTIVITY 3.1

EPOA ENROLLEMENT FORM

Peer outreach worker name: _____

Implementing agency name: _____

Date of contact: _____

STEP 1: SCREENING		YES	NO	STEP 4: REFERRAL		YES	NO
Has the person had sexual relationships in the past 3 months?	<input type="checkbox"/>	<input type="checkbox"/>		Person referred for HTS?	<input type="checkbox"/>	<input type="checkbox"/>	
Was the sex in exchange for money or goods?	<input type="checkbox"/>	<input type="checkbox"/>		Person referred for ART?	<input type="checkbox"/>	<input type="checkbox"/>	
Was the partner the same sex as the person?	<input type="checkbox"/>	<input type="checkbox"/>		PM Tracking Number (from referral slip): _____			
Has the person had more than one sexual partner during this period?	<input type="checkbox"/>	<input type="checkbox"/>		Was person referred/brought to you by PM?	<input type="checkbox"/>	<input type="checkbox"/>	
Has the person injected drugs in the past 3 months?	<input type="checkbox"/>	<input type="checkbox"/>		If yes, PM's name: _____			
				If yes, peer tracking number (from referral slip): _____			
STEP 2: HIV RISK ASSESSMENT		YES	NO	STEP 5: REGISTRATION			
Has the person been tested for HIV in the past 3 months?	<input type="checkbox"/>	<input type="checkbox"/>		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender <input type="checkbox"/> Other			
Is the person willing to disclose his/her HIV status to you?	<input type="checkbox"/>	<input type="checkbox"/>		Age: _____			
If yes, is the person HIV positive?	<input type="checkbox"/>	<input type="checkbox"/>		Mobile number: _____			
If HIV positive, is the person currently enrolled at an HIV clinic?	<input type="checkbox"/>	<input type="checkbox"/>		Has the member been contacted by someone from the HIV prevention program before?	<input type="checkbox"/>	<input type="checkbox"/>	
				UIC: _____			
STEP 3: MATERIALS DISTRIBUTED			STEP 6: PEER MOBILIZER		YES	NO	
How many condoms provided?				Is the person willing to be a PM and pass on referral slips?	<input type="checkbox"/>	<input type="checkbox"/>	
How many packets of lubricant provided?							
How many sterile needles/syringes provided?				If yes, how many referral slips given?			
How many IEC materials distributed?							



ACTIVITY 3.1

MYSTERY IDENTITY CARDS TRAINING TOOL

Name: *customize with a local (made-up) name*

Birthdate: 12 June 1992

Born male you identify as male and have sex with men. Sometimes you pay men to have sex with you – in addition to sex with your boyfriend, you paid for sex with two sex workers in the past year. Sometimes you inject heroin.

You got this card from your boyfriend and you have never talked with any outreach worker.

You're careful to get an HIV test every three months – the last was negative. You've never gotten an STI exam – you use condoms, and if your penis hurts you just take some antibiotics.

Name: *customize with a local (made-up) name*

Birthdate: 11 August 1982

Born female, you identify as female and prefer sex with men. Sometimes you have sex with men for money.

You got this card from your friend and you have talked to a LINKAGES outreach worker before – about 3 or 4 months ago.

You don't always use condoms if your clients offer more money, and you get an STI exam every month, but you've never been tested for HIV. You never use drugs.

Name: *customize with a local (made-up) name*

Birthdate: 5 December 1995

Born male, but you identify as female and have sex with men. You've never been paid for sex – you've been monogamous with your boyfriend for the past year, so you guys never use condoms. You do use crystal meth together sometimes as it makes the sex much better.

Your good friend gave you this card. You remember you talked to an outreach worker at least a year ago, but not LINKAGES.

You got an HIV test once – about 3 years ago – and it was negative. You've never had an STI exam because you've never had symptoms.

Name: *customize with a local (made-up) name*

Birthdate: 13 April 1975

Born female, you identify as female and have sex with men. Sometimes you ask people for money for sex with you but you never use drugs.

You have no referral card – this is the second time this month you've met with this specific LINKAGES outreach worker.

You tested positive for HIV two years ago, so you always make sure to use condoms, but you've never been to the ART clinic because you heard treatment causes bad side effects and you need to be able to work.

Name: *customize with a local (made-up) name*

Birthdate: 12 October 1986

Born male, you identify as male and have sex with men and women. You have no referral card – but this is the second time this month you spoke with an outreach worker. The first time was not from LINKAGES.

You have lots of sex partners and usually use condoms – you're sure you don't have HIV but you've never had a test. Your last STI check-up was 8 months ago. Sometimes you use speed.

Name: *customize with a local (made-up) name*

Birthdate: 14 February 1989

Born male, you identify as male and have sex with women. You never pay for sex, but your girlfriend sometimes sells sex for money. The last time you were with someone else was almost a year ago – you got high and hooked up with another woman.

Your girlfriend gave you this card: no one has ever talked to you about HIV before. When your girlfriend got an STI, you both got a check-up together and since then you always use condoms. You've never been tested.



ACTIVITY 3.2 EPOA MESSAGE MATRIX

This matrix provides sample messages to help peer outreach workers pursue a conversation with KP members on topics relevant to HIV testing, care, and treatment. Peer outreach workers should follow national or program guidelines on behavior change communication, and can choose messages appropriate to the situation of the individual they are talking to, and present them in their own words to develop a rapport and be persuasive.

Programs should develop a message matrix appropriate to their context, using this example as a starting point. Peer outreach workers and program managers should work collaboratively on this. This could also be done as part of the training on the EPOA for peer outreach workers (see Training Curriculum, Activity 3.2).

LINKAGES EPOA Message Matrix		
PROMOTE	WHAT YOU NEED TO DO	WHAT YOU CAN SAY
HIV testing	<ul style="list-style-type: none"> Promote getting tested and the benefits of testing Identify location of nearest KP-friendly testing site (or alternative site based on KP member's preference) Provide KP member with a communication package 	<ul style="list-style-type: none"> Getting tested for HIV can be quick, confidential, and free or low cost. If you're negative, you'll feel better knowing it, and you can practice ways of staying negative. If you're positive, there are free medications you can take to live a long, healthy life and prevent transmission to others. The only way to get help is to get tested. There are many places you can get a confidential test. The closest one is at: _____
Condom use	<ul style="list-style-type: none"> Promote the benefits of using condoms correctly and regularly for anal/vaginal sex Promote use of water-based lube Provide KP member with a communication package Provide KP member with condoms and lubricants based on need 	<ul style="list-style-type: none"> Condoms protect you and your partner from HIV and other infections; try to use them every time you have vaginal/anal sex. If used correctly, they are nearly 100% effective. If you don't use condoms, you have a much higher risk of getting or transmitting an infection. You can use condoms for oral sex to increase protection. Dental dams can be used for oral-vaginal sex. Condoms can also protect you from getting pregnant. Make sure to use plenty of water-based lube, especially if you are having anal sex — it will feel better and keep the condom from breaking. Also, check the expiration date on the condoms and lube to be sure they haven't expired. Condoms also prevent more HIV from coming into your body. More HIV can be bad for your health and prevent your medications from working well. If you do not like to use condoms, consider exploring other types/brands. They come in various sizes, shapes, colors, and even flavors.

PROMOTE	WHAT YOU NEED TO DO	WHAT YOU CAN SAY
Sexual health checkup	<ul style="list-style-type: none"> Promote sexually-transmitted infection (STI) check-ups by a qualified provider every 3 months Encourage peers to demand full services Promote partner referral 	<ul style="list-style-type: none"> Many people can be infected by an STI but have no symptoms. Don't wait until you think something is wrong. Get a check-up every 3 months even if you look and feel fine. STIs can cause serious health problems and put you at greater risk for HIV. Most can be treated easily. It's important to see a doctor if you think you have an infection. Make sure you get a full check-up. Ask the doctor to check your throat, genitals, and anus, depending on the kind of sex you have. Encourage your partner to get checked out, too. If he or she is infected, then you may be infected again after you have been treated.
Enrollment in HIV care and treatment	<ul style="list-style-type: none"> Promote benefits of care/treatment enrollment and timely ART initiation Let KP member know there are people and services there to help him/her 	<ul style="list-style-type: none"> If you're HIV-positive, there is free medicine that can help you live a long, healthy life, including partnering and having children who are free of HIV. It's important to enroll in HIV care and treatment services. The doctors will do some tests to learn about your health status, treat any infections you may have, and prescribe medication to reduce the level of virus in your body. Starting treatment as soon as you can will help you live a healthier life, prevent others from being infected, and avoid infections and diseases caused by AIDS. There are programs working with clinicians at certain clinics/hospitals to make them friendly and supportive for MSM/FSWs/TG/PWID. I can tell you which ones those are. There are also free programs that provide clinical and social support, including healthy people living with HIV who can help you navigate and access the services you might need, and support you each step along the way. Would you like me to link you to a member of our team who can provide you with support? I can have someone call you, or provide you with a phone number.
ART adherence	<ul style="list-style-type: none"> Promote benefits of adhering to medication 	<ul style="list-style-type: none"> Adherence means taking your medications as prescribed by your doctors, getting regular examinations, and doing periodic tests to see if the treatment is working. Adherence helps you stop HIV from making copies of itself in your body. This allows your immune system to stay healthy and strong to fight against infections and diseases. When you adhere to your drug regimen, you can live a long, healthy life and prevent HIV from being transmitted to others. Failure to adhere to your treatment can result in new strains of HIV developing in your body, which may mean having to change treatments. It can also lead to treatment failure. If you have difficulties taking your medicine, have questions, miss an appointment, or are moving to a new place, it is important to talk with someone who can assist you (such as a nurse/doctor, navigator, adherence counselor, etc.). They will provide counseling and support so that you can manage the situation.

PROMOTE	WHAT YOU NEED TO DO	WHAT YOU CAN SAY
Family planning services	<ul style="list-style-type: none"> Encourage peers to make choices about pregnancy. 	<ul style="list-style-type: none"> Family planning can help you prevent getting pregnant when you don't want to have a baby. It can also help you choose when to have your next baby. There are many safe and effective methods to choose from. There are many places you can go to learn about and choose your method at low or no cost. There are short-acting methods, and long-acting methods that can prevent you from getting pregnant for many years. These can be reversed at any time. If you are HIV-positive and pregnant, or thinking of having children, you can take ART while pregnant which will help your baby not become infected by HIV in utero or during delivery. If you have had unprotected sex in the past 24–48 hours, there is a pill you can take to avoid getting pregnant, but you need to meet a clinician/pharmacist as soon as possible. Abortion should not be considered a family planning method. Choosing a safe method of preventing pregnancy will be healthier and safer for you. I can help you locate a clinician who can help you make the right choices for you.
TB screening	<p>Ask the four questions about TB symptoms—coughing, fever, night sweats, weight loss—and refer if the answer to ANY of them is “yes.”</p>	<ul style="list-style-type: none"> People living with HIV have a higher risk of contracting TB. TB is a serious disease, but it can be cured easily with medication. Any time you have cough, fever, sweats, or weight loss, it's time to get checked.
Violence prevention and response services	<ul style="list-style-type: none"> Explain what violence is and that it is unacceptable. Inform about the services offered in the service network, including counseling, referrals, and treatment if she/he has been sexually assaulted. Provide active referral to those services (offer to accompany). 	<ul style="list-style-type: none"> Violence can include physical, verbal, economic, and emotional abuse. It can be committed by sexual partners, family members, police, clients, strangers, and others. It includes situations where someone prevents you from using a condom, working, or moving to a new home. Violence is often common but it is not acceptable. No one deserves to experience violence. You have the right to be free from violence. If you are experiencing violence, there are free, confidential services that can help you. Would you like me to provide you with a phone number of someone who can help, or accompany you to a place where you can get support? You can also have someone meet you at a place of your choice. We can help ensure that the police help you if you want to file a complaint. There are people who can accompany you to make sure that your complaints are taken seriously and that you are treated respectfully.
Alcohol and drug use	<ul style="list-style-type: none"> Inform KP member that drug and alcohol use can increase their risk of transmission of HIV and other infections Provide referrals to substance use programs and/or counseling options 	<ul style="list-style-type: none"> Excessive use of drugs and alcohol can cloud your judgment and increase your risk of acquiring or transmitting HIV and/or other infections. It can also increase your risk of violence. There are programs that can provide you with support to help you reduce the harms of substance use no matter what your situation is, even if you are homeless. Some programs offer services separately for men, women, and transgender people. You may also have the option for residential or nonresidential treatment programs. Would you like me to provide you with a phone number of someone who can help, or accompany you to a site where you can get support?



ACTIVITY 3.3

EPOA REFERRAL SLIP

This is a basic template for referral slips. The information on the implementing partner (IP) shown between <these brackets> should be pre-printed on the slips. The PM tracking number and the peer tracking numbers can be pre-stamped on the slips, or they can be written in by hand before the referral slips are given to the peer outreach workers. (In the example below, a sample PM tracking number of 100 has been used.)

The left-hand slip (with the orange background) is completed by the peer outreach worker with the UIC of the KP member, and the peer outreach worker's own name. The peer outreach worker writes the address of the nearest two or three testing centers on the reverse side (unless the peer outreach worker is accompanying the KP member directly to the center).

The four right-hand slips (with the green background) are used if the KP member agrees to be a PM. When the PM engages a friend for HIV testing, they give one of the referral slips to the friend. They add the addresses of the nearest testing centers on the back of the slip. (If there is only one testing center in the locality, the address can be pre-printed on the slip, or written in by the peer outreach worker before giving the slips to the PM.) The UIC number is not completed by the PM; when the peer is at the testing facility the staff will generate it (or look it up if the peer has previously been enrolled in the program).

If the KP member who receives the orange slip does not want to be a PM, the peer outreach worker simply tears off the green slips and returns these to the program's M&E officer, to ensure that the slips are not used by anyone not connected to the KP member (which would disrupt the tracking system).

The slips can be modified to suit the local program context. For example, a program may decide to give PMs fewer or more than four slips. If a program decides that the incentive given to PMs (or to peers who become PMs in turn) should be in the form of mobile phone credit, the form can be modified to include the individual's phone number.

For an example of referral slips integrated with the outreach enrollment form, see Annex 5.

Front side of referral slip

REFERRAL SLIP (Give to the clinic staff)	REFERRAL SLIP 1 (Pass it on to your friend)	REFERRAL SLIP 2 (Pass it on to your friend)	REFERRAL SLIP 3 (Pass it on to your friend)	REFERRAL SLIP 4 (Pass it on to your friend)
<Name of IP>	<Name of IP>	<Name of IP>	<Name of IP>	<Name of IP>
<District/Province>	<District/Province>	<District/Province>	<District/Province>	<District/Province>
(To be completed by peer outreach worker [POW])	(To be completed by peer outreach worker [POW])	(To be completed by peer outreach worker [POW])	(To be completed by peer outreach worker [POW])	(To be completed by peer outreach worker [POW])
UIC of person referred:	UIC of person referred:	UIC of person referred:	UIC of person referred:	UIC of person referred:
_____	_____	_____	_____	_____
Name of POW:	PM tracking number:	PM tracking number:	PM tracking number:	PM tracking number:
_____	100	100	100	100
PM tracking number:	Peer tracking number:	Peer tracking number:	Peer tracking number:	Peer tracking number:
100	100-1	100-2	100-3	100-4
<Contact details of IP>	<Contact details of IP>	<Contact details of IP>	<Contact details of IP>	<Contact details of IP>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Back side of referral slip

REFERRAL SLIP <i>(Give to the clinic staff)</i>	REFERRAL SLIP 1 <i>(Pass it on to your friend)</i>	REFERRAL SLIP 2 <i>(Pass it on to your friend)</i>	REFERRAL SLIP 3 <i>(Pass it on to your friend)</i>	REFERRAL SLIP 4 <i>(Pass it on to your friend)</i>
Address of centers for prevention and care services _____ _____	Address of centers for prevention and care services _____ _____	Address of centers for prevention and care services _____ _____	Address of centers for prevention and care services _____ _____	Address of centers for prevention and care services _____ _____
Give this slip to the staff of the center when you arrive.	Give this slip to the staff of the center when you arrive.	Give this slip to the staff of the center when you arrive.	Give this slip to the staff of the center when you arrive.	Give this slip to the staff of the center when you arrive.
Address 1: _____ _____ _____	Address 1: _____ _____ _____	Address 1: _____ _____ _____	Address 1: _____ _____ _____	Address 1: _____ _____ _____
Address 2: _____ _____ _____	Address 2: _____ _____ _____	Address 2: _____ _____ _____	Address 2: _____ _____ _____	Address 2: _____ _____ _____
Address 3: _____ _____ _____	Address 3: _____ _____ _____	Address 3: _____ _____ _____	Address 3: _____ _____ _____	Address 3: _____ _____ _____



ACTIVITY 3.5

ILLUSTRATIVE INCENTIVE SCHEMES FOR EPOA IN SELECTED COUNTRIES

Incentivizing outreach to high-risk KP members not currently connected with program services: monthly incentives for peer outreach workers

LAOS (FULL-TIME)	CAMEROON (PART-TIME)	PAPUA NEW GUINEA
Base stipend: 150 USD	Base stipend: 50 USD*	<p>In addition to incentives for supporting KP members to be tested for HIV, for KP members who test HIV positive, and for enrolling HIV-positive KP members at an HIV clinic, the enhanced peer outreach program in Papua New Guinea also offers peer outreach workers incentives for:</p> <ul style="list-style-type: none"> • Successfully referring a new KP member to an STI clinic for an examination • Successfully referring a new KP member who is a victim of violence to counseling and care
For each additional 5 new KP members reached and registered with a UIC, above a minimum threshold of 4 KP members per month (“reached” is defined by indicator KP_PREV)	For each additional 5 new KP members reached and registered with a UIC, above a minimum threshold of 5 KP members per month (“reached” is defined by indicator KP_PREV)	
<ul style="list-style-type: none"> • 5–9 new KP members: 20 USD • 10–14 new KP members: 50 USD • 15–19 new KP members: 90 USD • 20 or more new KP members: 140 USD 	<ul style="list-style-type: none"> • 6–9 new KP members: 9 USD • 10–14 new KP members: 17 USD • 15–19 new KP members: 20 USD • 20 or more new KP members: 25 USD 	
For each eligible KP member who receives an oral fluid HIV screening and the result (eligible means has not received an HIV test in the past three months): 5 USD	For each eligible KP member who receives an HIV test (eligible means has not received an HIV test in the past three months): 0.8 USD	
For each reactive-screening KP member who receives a confirmatory test at the HIV testing center: 7 USD	<p>*Stipend and incentive figures in this column are guidelines for implementing partners in the Cameroon program. The actual amounts offered may vary according to the context of the local site and the available budget.</p>	
For each reactive-screening KP member who is confirmed HIV positive at the testing center: 5 USD		
For each new HIV-positive KP member successfully enrolled in pre-ART or ART: 5 USD		

Incentivizing outreach to high-risk KP members for ongoing prevention/treatment: quarterly incentives for peer outreach workers

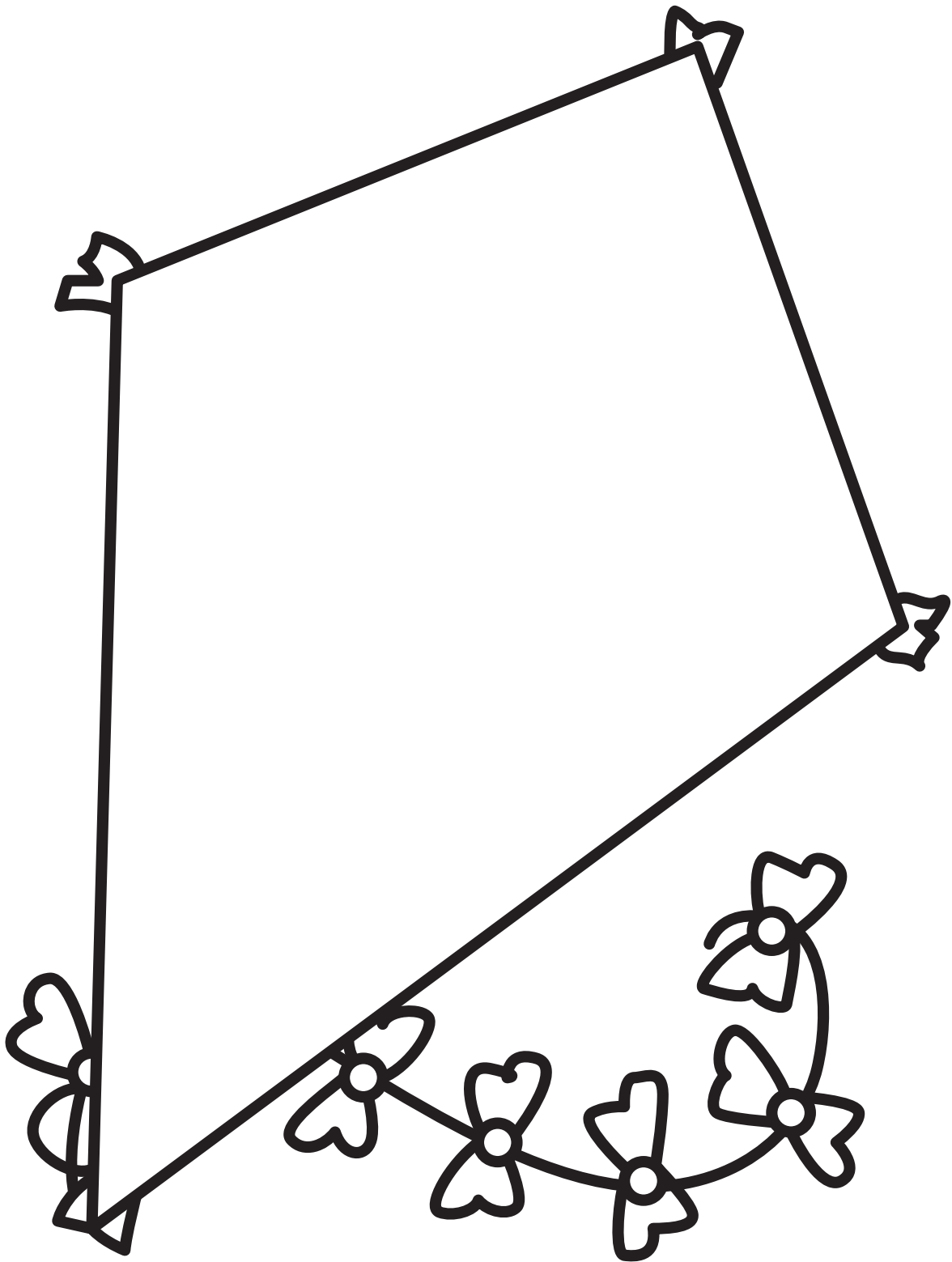
LAOS	CAMEROON
For each HIV-negative KP member at high risk who returns for another HIV oral test within a period of at least 3 months: 5 USD	For each HIV-negative KP member at high risk who returns for another HIV test (rapid finger prick or blood draw) within a period of at least 3 months: 0.4 USD
For each known HIV-positive KP member successfully re-enrolled in pre-ART or ART (re-enrolled means KP member was previously lost to follow-up for at least one year): 5 USD	

Incentivizing outreach to KP members not currently connected with program services: monthly incentives for PMs

LAOS	CAMEROON
Successfully refer an eligible peer to community-based supporter (peer outreach worker): 1.25 USD	Successfully refer an eligible peer to peer leader (peer outreach worker): 0.8 USD
<ul style="list-style-type: none"> • “Successfully” is defined as a new peer reached (registered, UIC defined, and risk-reduction counseling and condoms and lubricant provided) 	<ul style="list-style-type: none"> • “Successfully” is defined as a new peer reached (registered, UIC defined, and risk-reduction counseling and condoms and lubricant provided)
If the referred peer consents to receive an HIV oral test (regardless of the result), the value of the incentive is doubled.	If the referred peer consents to receive an HIV test (regardless of the result), the value of the incentive is doubled.



ACTIVITY 4.1
"I Want" Paper Kite Tool





ACTIVITY 4.1A COMMITMENT PLEDGE

LINKAGES ENHANCED PEER OUTREACH PROGRAM PEER OUTREACH WORKER'S COMMITMENT PLEDGE

My name is: _____

Having been trained on the enhanced peer outreach approach, I understand my roles and responsibilities and how I contribute toward the goal of reducing new HIV infections and caring for those who are living with HIV.

I commit that:

I will support people from KPs in reducing their HIV risk. I will respect their right to make their own decisions, and I will always keep their best interests in mind.

I will respect the individual's right to privacy, and I will protect and keep confidential their personal information, including their HIV status.

I will behave professionally and honestly with each person I work with.

I will not pressure or coerce anyone into taking an HIV test, and I will not pressure or coerce them into becoming a peer mobilizer.

I will fulfill my responsibilities as a peer outreach worker and complete all forms to the best of my ability.

Place _____ Date and Year _____

Signature _____



ACTIVITY 4.1B

TRAINING FEEDBACK FORM

Training Date: _____ / _____ / _____

Please circle the most appropriate response.

1. This training increased my understanding of the LINKAGES project.

++	+	/	-	--
Strongly Agree	Agree	Have No Opinion	Disagree	Strongly Disagree
1	2	3	4	5

2. This training increased my understanding of my role as a peer outreach worker.

++	+	/	-	--
Strongly Agree	Agree	Have No Opinion	Disagree	Strongly Disagree
1	2	3	4	5

3. This training gave me the opportunity to practice useful peer outreach skills.

++	+	/	-	--
Strongly Agree	Agree	Have No Opinion	Disagree	Strongly Disagree
1	2	3	4	5

4. This training helped me understand service referral under the EPOA.

++	+	/	-	--
Strongly Agree	Agree	Have No Opinion	Disagree	Strongly Disagree
1	2	3	4	5

5. The facilitators for this training demonstrated knowledge of the subject matter.

++	+	/	-	--
Strongly Agree	Agree	Have No Opinion	Disagree	Strongly Disagree
1	2	3	4	5

6. The facilitators for this training had good presentation and facilitation skills.

++	+	/	-	--
Strongly Agree	Agree	Have No Opinion	Disagree	Strongly Disagree
1	2	3	4	5

7. I think that the content of this training was useful to me in my work.

++	+	/	-	--
Strongly Agree	Agree	Have No Opinion	Disagree	Strongly Disagree
1	2	3	4	5

8. Please list at least three things you learned in this training that you feel were the most useful to you and/or your organization.

9. Please list any areas of content in this training that you feel were of the least use to you and/or your organization.

10. Please list three changes you can make in your work after having completed this training.

11. Please list any changes you would recommend we make to this training.

12. If you can participate in further trainings on this topic, what specific content would you want to be included in the training?

Thank you for completing this evaluation form.



ACTIVITY 4.1C

EPOA TRAINING CERTIFICATE OF COMPLETION

CERTIFICATE OF PARTICIPATION

This is to certify that

First name Last name

has successfully participated in the LINKAGES three-day training on
Enhanced Peer Outreach Approach

City, Country

Day, Month, Year

First name Last name
LINKAGES Program Officer



USAID
FROM THE AMERICAN PEOPLE

First name Last name
Lead Trainer



PEPFAR

LINKAGES
Across the Continuum of HIV
Services for Key Populations

