



SECTION 1

**TRAINER'S
GUIDE**

INTRODUCTION

The trainer (or facilitator) is the key to effective learning. Ideally, trainers for *The Road to Good Health* will participate in a Training-of-Trainers course to master HIV specific information as well as build training skills.

The following guide can serve as an introduction and/or a review of principles of good training. Program design issues are also addressed.

This guide includes:

- Sample 5-day Training-of-Trainers Workshop Outline
- The Road to Good Health Training-at-a-Glance
- Sample Training Schedules for Primary Target Groups
- Training Basics
- The Training Environment
- Participatory Training
- Target Groups
- Peer Education
- Behavior Change Communication

TRAINING-OF-TRAINERS WORKSHOP

The following outlines a suggested five day training-of-trainers workshop for those who will facilitate the sessions provided in Sections 3 through 6 of *The Road to Good Health*. This workshop is not detailed in the toolkit.

The TOT should model the participatory, experiential skills facilitators are expected to utilize in delivering training to target groups.

Objectives are to provide participants with knowledge and skills relating to:

- the HIV education campaign's learning objectives,
- training and facilitation skills that are participatory, experiential, gender-sensitive and based on adult learning theory,
- peer education,
- effective IEC campaigns,
- behavior change education,
- existing resources and IEC materials,
- understanding of how to adapt materials for the local context,
- harmonizing with other global, regional and national responses,
- creating a support network among facilitators (regionally if possible), and,
- plans for implementing the HIV education campaign.

SUGGESTED TRAINING SCHEDULES FOR PRIMARY TARGET POPULATIONS

Three-day training schedules are provided in each section for construction workers, community residents and female sex workers.

Options include:

- Create 1/2 day trainings over a period of six weeks.
- Provide just one session at a time, once a week, over several months.

In addition:

- Keep topics in front of people with IEC materials and activities
- Hold short once-a-month sessions that focus on a specific topic for further discussion
- Show a VCD/DVD and have a discussion after
- Ask participants what topics they would like to discuss in short sessions throughout the year

TRAINING-OF-TRAINERS WORKSHOP

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Welcome & Opening	Welcome and Review of Day One	Welcome and Review of Day Two	Welcome and Review of Day Three	Welcome and Review of Day Four
Sharing Expectations	Disease Progression and Living Healthy	Global, National and Local Responses: Your Role in Harmonization	Know Your Epidemic: Targeting Your Audience	Open Space Topics in Small Groups
HIV Transmission and Prevention	The Role of Gender: Interactive Exercise and Discussion	Behavior Change Theory and Practice	Project Planning: Turning Vision into Reality	Reports from Small Groups
Best Experiences, Factors of Success, Project Vision	Clarifying Your Role as Trainer/Facilitator's	Creating Effective IEC Materials and Strategies	Building Skills and Knowledge: Small Group Practice	Resources and Networks for Help and Support
HIV Education in Infrastructure Projects	Introduction to Facilitation Skills	Building Skills and Knowledge: Small Group Practice	Facilitation Skills: Feedback	Workshop Evaluation
Highlights of Successful Projects Condom Negotiation: The Best Response Game	Peer Education Programs	Facilitation Skills: Feedback	Planning for Closing Day Open Space (identify topics for small group work on closing day and sign up)	
Evaluation of Day One	Evaluation of Day Two	Evaluation of Day Three	Evaluation of Day Four	

TRAINING BASICS

TRAINER'S GUIDE

People learn best when they know what to expect. Whether a training session only lasts two hours or is three days long, participants should know:

What can I expect?

Participants often arrive feeling nervous, particularly with a sensitive topic like HIV. Help people relax by reviewing the agenda with the group.

Who are my fellow participants?

Through introductions, talking about participant expectations, and icebreakers, participants can learn about each other and express their own identities.

Who is my trainer(s)?

Telling participants about you, your background, and a few personal details sets a friendly, open tone.

What is the purpose of this training?

Tell participants the purpose of each session. This can be done by reviewing the learning objectives.

How do I meet my basic needs?

Tell participants where to find toilets, water, and, if applicable, food.

Training Tips:

- Be positive and confident. Smile.
- Show excitement and enthusiasm.



- Express genuine interest in each individual's contribution.

- Speak loudly, clearly and not too quickly—especially if you or the participants are speaking a second language.
- Take notes for the group to see clearly and quickly, in dark colors. Considering alternating between two colors when writing on a flipchart.
- If working with people from different groups or cultures, find positive ways to acknowledge and bridge differences.



- Use open-ended questions that truly encourage discussion. For example, ask “How might we talk about HIV to school-age children?” instead of “Do you think “x” is a good way to talk about HIV to school age children?”
- Encourage discussion among group members instead of between participants and yourself. One way is to redirect questions to the entire group, for example: “What do you think of Lee’s suggestion?”
- Tell participants when you have learned something new from them.
- Come prepared with necessary supplies.
- Practice techniques beforehand to feel confident and think clearly. Visualize the entire session—imagining how to arrange the room, what to say, how transition between activities, and so on. Jot short notes on a card to refer to.
- Participants have different learning styles. Use different speeds, styles, and types of activities to reach them all.
- Good discussions must sometimes be stopped when time runs out. Place key ideas on a “parking lot” paper—to revisit later. Be sure to schedule time to do get back to the “parking lot” issues.
- At times, you may have difficulty getting discussion started. If you ask a question and no one answers it, wait—count to five slowly to yourself without showing anxiety or irritation. Be comfortable with the silence. If no one answers, smile, rephrase the question, and wait again. If discussion continues to be slow, ask participants to discuss the question with a partner for a few minutes. Then

ask several pairs what they came up with.

- When energy is low, take a three minute break for an “energizer.” Ask participants for “energizer” ideas.
- Often a few participants dominate, while others seem interested but keep quiet. Tips for balancing the group:
 - » Don't put the quiet ones on the spot—but do ask them if they'd like to contribute (or not).
 - » Change the makeup of small groups often. Quieter people will eventually meet up with other quiet types and speak up.
 - » In a large group discussion, ask participants to jot down a few ideas before anyone speaks; then, ask each person around the room to read an idea.
 - » Look for body language. People who are ready with ideas may sit forward, meet your eyes, or shift in their seats while another person is speaking.
 - » If a participant begins to over-dominate, enlist their help in encouraging others to speak up.
- When dealing with sensitive issues, such as sexuality, it is important to try to set people at ease. You can model using words that may be uncomfortable and allow people to “come along” with you gradually. Don't put people on the spot to share information they may not want to share, or that they may regret sharing later. Avoid building false expectations of confidentiality.

THE TRAINING ENVIRONMENT¹

What is the training environment?

The training environment includes everything that affects the learner – including physical, social, cultural, psychological and emotional influences.

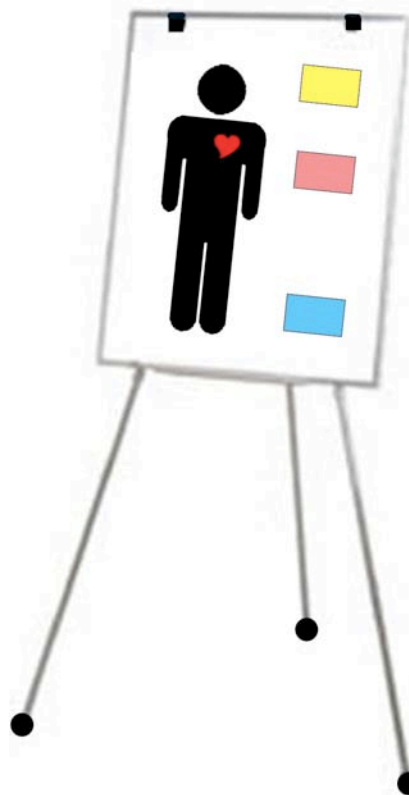
How can you create a physical environment that supports and enhances learning?

Participants are more likely to learn and share their experiences when they feel comfortable and safe in their training environment. There are several factors to consider when choosing or using a space for effective learning: space size, room layout, access, cleanliness, temperature, decoration, atmosphere and social/emotional safety.

How do you make sure your training environment supports learning?

Know your audience: To create a safe space, it is important to base decisions on each participant group. Consider gender, culture, ethnicity, hierarchy, language, tensions between subgroups, and typical ways of learning for each group.

- **SIZE:** Is the space for the learning activities the right size? It should be large enough for participants to move about, but small enough to create a bit of intimacy. If the space is not ideal, consider re-arranging furniture, removing tables, or adding some decorations.
- **LAYOUT:** What is the ideal room arrangement for what you want to accomplish? Having people seated formally around a large conference table can make people feel nervous and awkward. Having rows of chairs with a teacher standing in front of the room can put participants in a hierarchical teacher-student mindset. However, seating people in chairs (or on the floor) in a circle or semi-circle encourages participation. Another option if there will be a lot of writing and small group work is to have small tables, or groups seated on the floor, spread around the room.
- **ACCESS:** Can people get to the workshop location? Provide good directions before the workshop and signs directing people once they arrive. Let participants know where to find toilets, water and snacks, if appropriate.
- **VISUALS:** Can participants see you, each other, materials you plan to use from where they will sit? Be sure to try out your visuals by actually writing something on the flipchart or



chalkboard, or by turning on a video/DVD, or projector. Is your handwriting legible? Posters or other materials on the walls and/or a resource table can provide additional information and color. Consider literacy levels and the language of your participants when deciding on posters and written resources.

- **ATMOSPHERE:** Once you have designed the sessions and created a comfortable physical space, consider the person-to-person atmosphere.² The first day sets the tone for the entire training experience. Every learner brings fears and expectations to a new learning situation. You and the training team can make participants comfortable within a welcoming atmosphere of open communication, respect and learning.



Source:

From: Nonformal Education Manual, Peace Corps, 2004, pp. 69-70, adapted in part from Burton R. Sisco, "Setting the Climate for Effective Teaching and Learning," in *Creating Environments for Effective Adult Learning*. San Francisco: Jossey-Bass, 1991.

This section is adapted from methods published in: Nonformal Education Manual, Peace Corps, 2004, pp. 88-107.

PARTICIPATORY TRAINING

What is participatory training?

Participatory training gets learners actively involved, interested, and participating in educational activities—instead of sitting silently as passive receivers. Although encouraging and managing learner participation takes more time and effort than one-way techniques, research has shown that learners comprehend and retain better when they actively engage with the learning material. Participatory training reaches out to participants of all learning styles (including visual, auditory and kinesthetic), respects the needs of adult learners, and keeps participants motivated.

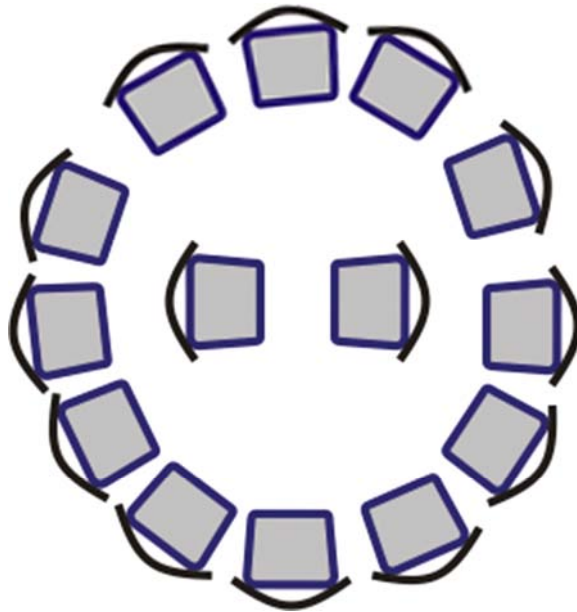
What are common tools and techniques used in participatory training?

- **BRAINSTORMING.** Ask a specific question or describe a scene, and encourage participants to offer many different and creative ideas. Write responses on a flipchart or chalkboard. Guidelines:
 - » Ideas are called out at random, freely and creatively, from any participant.
 - » No idea is silly, unimportant or irrelevant.
 - » No discussion or comments on the ideas are allowed during the brainstorming phase, except for purposes of clarification. This keeps the flow of ideas coming quickly.
 - » The person recording the ideas should write them down as he or she hears them, without commenting on or modifying them.
 - » Afterwards, further discussion or sorting of ideas is possible.
- **CARD-SORTING.** Give each participant one to three cards (depending on the size of the group and the amount of data you wish to generate) and a marker. Ask a clear, specific question, and ask each participant to write responses or ideas on the cards—one idea per card. Instruct participants to place their cards on a wall or floor, at which time the cards are sorted into groups or simply discussed. If



the group is large, you may wish to have participants share their cards in small groups and choose two cards to represent the thinking of each of the small groups. Card-sorting ensures that each participant, no matter the learning style, has had a chance to contribute ideas.

- **FISHBOWL.** In a fishbowl discussion, most participants sit in a large circle, while a smaller group of participants sit inside the circle. The fishbowl can be used in two distinct ways:
 - » As a structured brainstorming session: Choose a specific topic based on the group needs or interests. Arrange a few seats inside a larger circle. Participants who have something to say about the topic sit in the center. Anyone sitting inside the fishbowl can make a comment, offer information, respond to someone else in the center, or ask a question. When someone from the outside circle has a point to make, he or she taps the shoulder of someone in the center and takes that person's seat. This continues, with people from the outside tapping and replacing people on the inside, as a lively brainstorm takes place. You will need to process the many ideas after the fishbowl exercise.
 - » For structured observation of a group process: Give participants in the fishbowl a specific task while participants outside the fishbowl act as observers of the group process. The inner group works on its task together, and the outer group notes specific behaviors. During the processing, ask the inner group to reflect on the group process. Then, ask the outer group to describe what they observed.



- **STORIES.** This tool can be especially effective in cultures that have a rich oral tradition.
 - » Sharing Stories: Ask participants to reflect upon a specific topic, and share stories about that topic from their own personal experience. This may contribute to participants' motivation to deeply engage with a particular topic, as they will be grounded in their own experiences and memories.

- » Critical incidents: Tell or read a story to the group, and then lead a discussion about the issues raised in the story. You might use an existing parable or local story, or create a story to illustrate the topic you want to address.
- » Finish the Story: Begin a story, and ask participants to add a line or two. This works best in a smaller group, and can even be used as a quick and fun warm-up.

- **PYRAMIDING.** Sometimes participants hesitate to share intimate or personal stories, or are shy to share with the large group. Pyramiding can be an effective addition to sharing stories, as participants can share their stories with a partner, but can choose not to share it with the larger group. To use this technique:

- » Invite participants to share stories in pairs.
- » Next, ask each pair to choose one story to share.
- » Then, combine two pairs of participants—each pair will share one story with the group of four. Next, invite the group of four to choose one of those stories to share with a larger group. Combine two quads to form a group of eight. Two stories are told within the group of eight.
- » Continue in this way until only two or three groups are left. Invite representatives from those groups to share stories with the entire group. In this way, each participant has a chance to share and discuss their own personal story, but only a few “representative” stories are shared with the large group.



- **VISUALIZATION.** Ask the group to imagine a memory or ideal in the past or the future. Then, guide the group through this image, asking them to imagine particular aspects of it. The exercise is designed to invite participants to explore the “big picture,” and to tap into their deepest fears, hopes and wishes.

- **PICTURES.** The use of pictures can creatively involve participants in a discussion, and engage the right-mode processing preference. Create pictures around a particular topic with your co-trainers or counterparts, and use those pictures to begin a group discussion. Or, bring in images from newspapers, magazines, or photos you have taken yourself. These pictures can be used in the same way to begin a discussion. Alternatively, provide a topic and invite participants to draw a picture on that topic. After drawing the picture, ask participants to stand and describe the image.



- **DRAMATIZATION.** A dramatization is a carefully scripted play where the characters act out a scene related to a learning situation. It is designed to bring out important issues to be discussed or messages to be learned.

A drama may be presented at the beginning of a learning activity to raise issues that are then dealt with through other methods: lecturette, large or small group discussion, research, and so on. You may design it yourself, or ask members of the participant group, peer educators, or special guests to do it.

- **SKIT.** Use skits as quick demonstrations of a learning point. Ask participants to take a few minutes to create a skit to demonstrate something they know—to show concerns they have about peer pressure, health issues in their community, or lack of resources, for example. Or, it might be used to demonstrate something they have learned, such as two styles of being a leader.
- **ROLE PLAY.** In short interactions, participants play specific, predetermined roles, to explore issues or practice skills. Roles are usually written out, and you may coach those playing roles to be sure they understand “who” they are to be.

Role plays are useful after a period of instruction or discussion to practice new skills. For example, if participants are learning communication skills, ask them to role play being assertive in typical situations. Stop a role play after a few minutes and discuss it with the group. Ask the actors to describe what worked and what was difficult. The group may offer suggestions on how to do it better. The role play may be repeated, with the same person or a new actor in the role.



- **DEMONSTRATION.** A structured performance of an activity shows—rather than tells—how something is done. This method brings information to life that already has been presented. Model the activity slowly and clearly for participants, answering questions to ensure understanding. Have participants practice the activity individually, in pairs, or in groups, to reinforce the learning.
- **SMALL GROUP DISCUSSION.** Assign three to six participants to exchange ideas and opinions about a particular topic or accomplish a task together. After the groups have had an opportunity to work together, ask them to report to the

larger group. A whole group discussion may follow.

- **PANEL DISCUSSION.** Arrange for several resource persons to make related, but unique short presentations in front of a group. Afterwards, presenters may take questions and input from the audience. Assign a facilitator to lead the discussion, or fill this role yourself.
- **JIGSAW LEARNING.** Divide participants into the same number of groups as there are topics to teach. Arrange for each group to learn one of the topics, and ask them to prepare to teach it to the other groups. Participants are then re-grouped, and each new group includes one member of each of the learning teams. Each participant teaches their topic to the others in their new team. Afterwards, reassemble the group and process the activity, emphasizing key learnings.



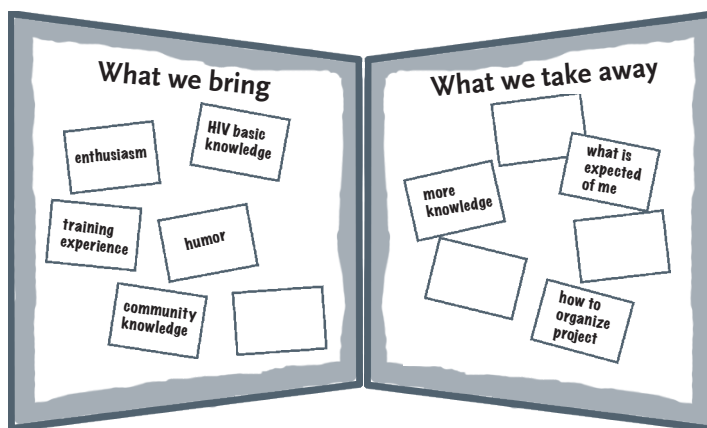
- **GAMES.** Games encourage people to take charge of their own learning, and to test and reinforce new knowledge or skills. You can adapt a popular game to convey or test knowledge of a particular topic, or create a new game. Participants may be divided into groups to play the game (such as with Snakes and Ladders), or play as the large group (such as with BINGO or Jeopardy). Games are best used after information has already been shared using another method, such as a lecturette, demonstration, or teachback.



- **PREPARED WALL SPACE.** These include “sticky walls” – adhesive covered fabrics allow you to “stick on” paper and cards, and then reposition them as needed. They are used as a tool for generating new and creative ideas, for planning, and for engaging participants in the process.

The sticky wall is prepared before the workshop (explained below) and taped to a wall. Ask participants to write ideas on cards, place them on the sticky wall, organize, and re-organize cards as often as desired during the workshop. The sticky wall can be used as a tool in many of the strategies discussed in this section and in the curricula included in this toolkit.

To make a sticky wall, purchase rip stop nylon to the length desired; cut and/or hem to desired size; spray one side two times with “Artist Adhesive” (non permanent). Spray outdoors, holding can about a meter from fabric. To store or transport, fold sticky sides together. For use, tape the nylon onto the wall, with



sticky side out. Spray one to two times for each new use. (Spray is highly flammable and cannot be transported by air in luggage.)

A useful wall can also be created by simply taping or pinning up cards, or writing on large pieces of paper attached to the wall.

How do you adapt participatory group processes?

Many participatory methods work surprisingly well, even within cultures that seem least likely to embrace them. The best way to find out is to try them out. Afterwards, ask participants what they found most and least useful, and how given methods might be adapted to work best. Local leaders and trainers are excellent resources for finding out what local participatory activities and games are played in the area and how they might be adapted.

How can you find out more?

101 Ways to Energise Groups: Games to Use in Workshops, Meetings and the Community, The International HIV/AIDS Alliance (The Alliance), 2002. A compilation of energisers, icebreakers and games that can be used in any setting. <http://www.synergyaids.com/resources.asp?id=4152>.

Food and Agricultural Organization of the United Nations – Resources. A database of participatory methods, tools and projects that can be searched by keyword. www.fao.org/Participation/resources.html.

Workshops by Thiagi. This resource provides abundant ideas for interactive lectures, games, puzzles, open questions, and other activities for the participatory trainer. <http://www.thiagi.com>

TARGET GROUPS

Who are the key target groups in *The Road to Good Health* projects?

A “target group” is who you are trying to reach with knowledge, skills, and positive practices. Road to Good Health education campaigns target four major audiences:

- Managers and Supervisors,
- Construction Workers,
- Community Residents, and
- Commercial Sex Workers.

How do you adapt your project efforts specifically for the local target groups?

All target groups—and their individual members—are unique within each country, region, district, and community. All efforts must be based on ongoing two-way communications with each target group and key informants. Make a dedicated effort to understand the complex facets that make up each person’s life—including social, cultural, psychological, emotional, spiritual and physical aspects—and seek to understand how each affects HIV related issues.

What else do you need to know about these target groups?

- **MANAGERS AND SUPERVISORS ARE:**

- » World Bank Task Team Leaders who have primary responsibility for loans to governments,
 - » Ministry of Transport (or equivalent) staff who have responsibility for loans,
 - » Contractors who provide services, including project managers, and
 - » Engineering consultants who liaise with contractors, Ministry, and World Bank staff.
- **MANAGERS AND SUPERVISORS ARE RESPONSIBLE FOR ENSURING THAT:**
 - » HIV education is required in contractor bidding documents,
 - » contractors fulfill contractual obligations to provide HIV education to workers and community residents (through a contract with an NGO, government agency or other HIV experts),
 - » quality assurance relating to the HIV education is provided, and
 - » activities undergo monitoring, evaluation and documentation.

While HIV educational campaigns target construction workers and community residents, managers and supervisors are known to be at risk for behaviors that may lead to HIV transmission. In fact, managers and supervisors may be at higher risk than lower paid, less mobile workers.

Risk factors include high mobility, including a vehicle and/or driver, and an income that provides the means to buy alcohol and engage in commercial sex.

While a small percentage of women are in managerial positions, the majority of managers and supervisors are male, and many are young. Men often have wives and young children at home – presenting the risk of transmitting HIV to their wives, and through their wives to their children.

- **CONSTRUCTION WORKERS**

Construction Workers in East Asia and the Pacific are typically migrant workers, who may spend months to a year away from home at a work site. Most are young and male, although, they include men and women into their sixties. Workers may stay within their own country to seek labor or migrate across borders.

Mobile construction company workers include:

- » skilled, higher-paid staff who may work and travel with the same company from one construction project to another, spending whatever period of time is needed to complete a particular activity, or remaining for the length of the project in roles such as project manager or accountant.
- » local staff.
- » migrant workers.
- » Risk factors for construction workers include long periods of time away from home, boredom, loneliness, salaries, and peer pressure to drink and have sex with both sex workers and girls/women they may develop relations with in the local community.

Construction workers may or may not have ready access to condoms, and to testing for sexually transmitted infections, including HIV.

When a worker returns home, if he has had unprotected sex with someone who

is HIV positive, there is a high possibility that he will pass the virus on to his wife. Women are biologically more vulnerable, and socially it may be difficult to negotiate condom use with husbands and boyfriends.

- **COMMUNITY RESIDENTS**

Community residents can be affected by nearby construction work in several ways, including:

- » Roads and other infrastructure projects create increased outsider presence in communities, who may bring the influence of alcohol, drugs, sex, and more.
- » Girls and women may be targeted for sexual relationships by construction workers and others.
- » Displaced residents may lose their economic security, creating higher risks of trafficking and of sex work as a means of creating income.

All members of communities are at risk – with an emphasis on youth and women. Increasingly girls and women who do not have sufficient education to obtain well-paying jobs turn to commercial sex work as a way to earn money.

- **COMMERCIAL SEX WORKERS**

Commercial sex workers include “direct” brothel or street-based sex workers and increasingly “indirect” sex workers who work in karaoke bars, beer shops and other similar venues serving beer and food, and occasionally selling sex.

Risks factors for sex workers include:

- clients who offer more money for sex without a condom,
 - » stigma against women who purchase condoms (in some countries),
 - » forced sex,
 - » stigma and discrimination by health care workers, discouraging testing for sexually transmitted diseases, as well as HIV,
 - » a decreased willingness by both men and women to use condoms in relationships based on affection.

While there are male and female sex workers, *The Road to Good Health* focuses on female sex workers.



PEER EDUCATION

What is peer education in HIV prevention and care?

Peer education means people teaching others who they have something in common with. The common factor(s) may be social standing, employment, economic status, living situation, educational level, hometown, or other factors. In all cases, these non-professional teachers are trained to talk to, work with and motivate their friends, coworkers, neighbors or other peers.

In relation to HIV prevention and care, peer educators tend to focus on providing information about HIV transmission and explore issues of decision-making and behaviors, through one-to-one or small group activities. This approach is popular because interpersonal communication with a peer has been shown to be a relatively effective tool for behavior change.

What else do you need to know about peer education?

This approach has the potential to be:⁶

- a means of delivering culturally appropriate messages from within, including gender and human rights based messages.
- a community-level intervention which supports and supplements other programs.
- credible and comfortable to target audiences, especially as related to sexuality.
- economical, since peer educators may be willing to work for little or no pay.

However, peer education efforts have shown serious limitations, including:

- high human resource management costs, because volunteers (or minimally paid employees) tend to be less accountable and more likely to quit.
- potential for low quality or harmful output, as some peer educators may mistakenly spread misinformation or support negative stereotypes through ignorance or poor communication techniques; or model unhealthy behaviors.

Recommendations for Successful Peer Education

While the approach is credible, research indicates that peer education efforts don't always work well. In response to this reality, The Population Council has developed recommendations for avoiding common pitfalls in *Peer Education and HIV/AIDS: Past Experience, Future Directions*.⁷

• INTEGRATE HIV PEER EDUCATION WITH OTHER INTERVENTIONS

Peer education generates demands for services in the intended audience, and should therefore be linked to services that provide access to condoms, medical care, voluntary counseling and HIV testing, and sexually transmitted infection care. Peer education should also be integrated, where possible, with community health and development initiatives.

• CAREFULLY SELECT, TRAIN, AND RETRAIN PEER EDUCATORS

The intended audience and other stakeholders should be consulted in order to develop clear criteria for the selection of peer educators and a manageable scope of work. Programs need to determine when it may be more appropriate to use persons with greater power or status for communicating certain message

rather than “true peers.”

Peer educator training should focus on how to impart correct HIV information and participatory techniques to engage the audience. Many experts strongly recommend providing peer educators with some kind of compensation or gifts. Supervision of peer educators needs to take place in the field as well as the office, and supervisors need to be technically competent as well as motivational and supportive.

- **ADDRESS GENDER**

Peer education programs must address gender differences and inequalities that affect sexuality and HIV transmission and mitigation.

- **DESIGN PROGRAM ACTIVITIES TO FOSTER BEHAVIOR CHANGE**

Peer educators should participate in formative research and program evaluation to inform activity design and content. Peer education programs should set realistic behavior change goals that reflect challenges faced by the audience, and where that audience is located along the behavior change continuum (e.g., pre-contemplation, contemplation, preparation, action, maintenance).

- **INVOLVE KEY STAKEHOLDERS FROM THE BEGINNING**

Stakeholders can be gatekeepers (e.g. construction managers, community leaders, brothel/bar owners) as well as people with a vested interest in the peer education program, such as the intended audience.

- **PLAN FOR PROGRAM SUSTAINABILITY**

Peer education is regarded by some as an inexpensive strategy because it may rely on volunteers. Yet the costs of implementing high-quality peer education can be high, due to the ongoing need for funds to adequately train, support, and supervise peer educators, to minimally compensate them, and to equip them with resource materials.

How do you adapt the peer education approach for the local context?

In the case of *The Road to Good Health*, peer education may be:

- Construction workers talking about HIV prevention to small groups or one-on-one.
- Women’s group members making house calls to distribute leaflets and talk with women.
- Youth organizing informational demonstrations for other young people.
- Commercial sex workers promoting condom use and strategies to their peers – in brothels, beer shops, and on the street.

You will need to do some formative research to decide whether peer education is the best approach to meet your objectives.⁸ The following questions will help you to methodically consider the potential of peer education for your target audience and setting. The answers can serve as the basis for program design as well.

- What are the goal(s) and objective(s) of this project? Who are the distinct target audiences?
- Will it be possible to attract and maintain interest and support for this approach from opinion leaders and influential people in the target communities?
- Are there people within the target groups who have the time, interest, and ability

to work as peer educators? Examples: construction workers, managers/supervisors, sex workers, brothel or bar owners, traditional village leaders and educators, local government officials, local business owners, village group members.

- Who will supervise the peer educators?
- How many peer educators do you estimate will be needed to reach the members of this target group?
- Are other communication strategies used in this HIV effort project? If “yes,” how will peer education complement them?

What will these peer educators need to do? Possible answers:

- Teach their peers about sexually transmitted infections and HIV.
- Teach their peers how to avoid becoming infected.
- Recognize risks and risky situations specific to their lifestyles.
- Make referrals to health care workers, condom dispensers, or others.
- Empower peers to make informed lifestyle decisions.
- Emphasize decision making, assertiveness and relationship skills.
- Support the maintenance of behavior change.
- Foster supportive and understanding attitudes toward people with HIV.
- Teach peers how to care for people living with HIV or AIDS.

Can your project commit to supplying peer educators with the following, as appropriate?

- Initial training
- Refresher training
- Educational materials
- Condoms
- Materials for condom demonstrations
- Supervision
- Meeting space
- Sanctioned time for activities
- Other



What type of incentives can your project provide to peer educators?

- Stipends
- Paid expenses
- Gifts such as t-shirts, backpacks, etc.
- Worksite benefits, including paid work time for training, leave, etc.
- Meal allowances
- Bicycles or other form of transport
- Special badges or awards
- Other

How can you find out more?

Mahler, Hally and Donna Flanagan, How to Create an Effective Peer Education Project: Guidelines for AIDS Prevention Projects, The AIDS Control and Prevention (AIDSCAP) Project, Family Health International, Arlington, VA.

<http://www.fhi.org/NR/rdonlyres/etdyqe6nhlkrzpmuwkqu6itx4fmnjlvus3dnpokpk-wazypiovjektwygzxqrmddvdzr7i5nzyppr6i/effectivepeereducationenhv.pdf>

Family Health International. Men's Interventions: HIV/AIDS Peer Education in the Workplace. This description of a project in Viet Nam includes project objectives, highlights, and recommendations.

<http://www.fhi.org/NR/rdonlyres/eyx4pelhans3kuoqv5rvggwxk5uia33jdngb7x66du6tesbhr6vg7rudfioyvp64ygi6gpcghbbhj/vietnamflyer1enhv.pdf>

The Population Council. Peer Education and HIV/AIDS: Past Experience, Future Directions. The Population Council, New York.

http://www.popcouncil.org/pdfs/peer_ed.pdf



COMMUNICATION FOR BEHAVIOR CHANGE

What “Behavior Change Communication”?

Behavior Change Communication (BCC) is a process for promoting and sustaining healthy changes in the behavior of individuals and communities. The process begins with participatory development of tailored health messages and approaches, and conveys the messages and approaches through a variety of communication channels.

What else do you need to know about “BCC”?

Addressing behaviors associated with HIV and AIDS issues is complicated and must be specifically tailored to recipients. The bedrock of Behavior Change Communication campaigns has been the development and use of print and other materials with visual aids or pictures that convey vital information and stimulate discussion on issues related to risky and protective behaviors, sex and sexuality. Drama, traditional media, games and video have also been used successfully. In a comprehensive BCC strategy, multiple channels are used to ensure consistent messages are delivered and reinforced through many different media.

Effective BCC can:

- Increase knowledge of the basic facts of HIV/AIDS and sexually transmitted infections (STIs).
- Stimulate community dialogue on the underlying factors that contribute to the epidemic.
- Promote essential attitude changes such as perceived personal risk of HIV infection and a nonjudgmental approach on the part of health care workers.
- Reduce stigma and discrimination.
- Create a demand for information and services.
- Advocate for policy changes.
- Promote services for prevention, care, and support.
- Improve skills and sense of self-efficacy.

Underlying the BCC process is the understanding that individuals and communities pass through a number of stages when learning about and adopting new behaviors. Health communication media and messages must be designed with consideration of the target population’s location on this continuum. BCC is most successful when there is an expectation of a positive outcome (e.g., good health, access to services) and individuals have a sense of self-efficacy—confidence and ability to change or maintain new behaviors. The following figure highlights this process.

Creating Effective Information, Education and Communication (IEC) Print Materials

Print materials (posters, pamphlets, booklets, flipcharts, etc.) are one of many channels used to reach a target population with information and discussion on HIV and AIDS. Effective print materials can be:

- » easy to store and used without any special equipment.
- » used to reinforce messages presented verbally during interpersonal contacts.
- » a detailed reminder for health providers or outreach workers when doing their jobs.
- » far-reaching, since people often share them with friends, relatives, or neighbors.
- » produced locally and thus tailored to the needs of specific target populations.
- » used to counteract rumors and address fears concerning side effects and safety.

PRINT MATERIAL DEVELOPMENT

While the development process may seem complex, experts agree that the benefits of justify the effort. The process can be broken into eight steps.

- Step 1: Plan Your Project
- Step 2: Identify and Study Your Audience
- Step 3: Develop Messages
- Step 4: Create Draft Materials
- Step 5: Pretest and Revise Draft Materials
- Step 6: Produce Materials
- Step 7: Distribute Materials and Train on Their Use
- Step 8: Evaluate Materials

PRINT MATERIAL CONTENT

The following guidelines can aid material design or evaluation throughout the materials development process.

- Develop short, simple messages.
- Customize messages to the audience.
- Use a credible source or voice—e.g. medical professionals, teachers, etc.
- Get attention with famous personalities, such as singers or soccer stars.
- Touch the hearts as well as the minds of the audience.
- Make the message relevant and related to real life.
- Use a positive approach.
- Ask the audience to take action.
- Provide options to risky behaviors.

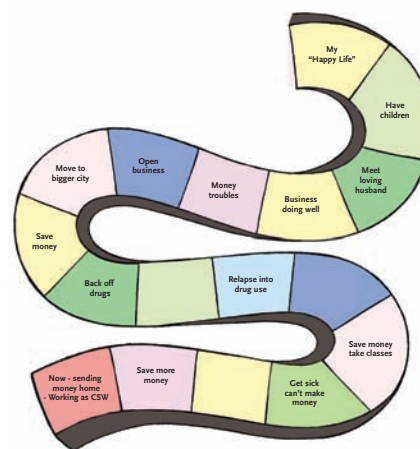
- Emphasize risk behaviors, rather than focusing on risk groups.
- Restate and review repeatedly.
- Use a writing style and level that is appropriate for the audience.

DESIGN/LAYOUT

- Limit the number of concepts/pages per material.
- Make the material interactive whenever possible, e.g. question and answer format.
- Leave plenty of white space.
- Arrange messages in a sequence that is most logical to the audience.
- Use illustrations to support text.
- Present one message per illustration.

ILLUSTRATIONS

- Use appropriate colors and illustrative styles.
- Use familiar images and understandable symbols.
- Use simple, realistic illustrations.
- Illustrate objects in scale and in context whenever possible.
- Use a positive approach rather than harsh or frightening imagery.



TEXT

- Choose a type style and size that is easy to read.
- Use uppercase and lowercase letters and regular type.
- Review repeatedly for mistakes or unclear content.

How do you adapt behavior change communication approaches to the local context?

Materials developed for a nearby or similar program, region, and/or country can often be adapted. Reasons for adapting materials include:

- Proven messages work well.
- Technical information requires few changes (when using recent, high quality materials as a source).
- Locally relevant materials are effective.
- Adaptation saves time and money.
- Local production supports the local economy.

All materials should be developed with target audience input, possibly through the use focus groups and in-depth interviews. Drafts of materials should be pre-tested and refined before mass production.

How can you find out more?

Behavior Change Communication (BCC) for HIV/AIDS: A Strategic Framework. Family Health International, Institute for HIV/AIDS, 2002.

<http://www2.unescobkk.org/hivaids/FullTextDB/aspUploadFiles/bccstrategy.pdf>

Behavior Change Communication (BCC) Handbooks, Family Health International, AIDSCAP, 1994. This collection of eight handbooks, produced by the AIDSCAP project in 1994, introduces important concepts about BCC in simple, clear language.

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Developing Materials on HIV/AIDS/STIs for Low-Literate Audiences. PATH and Family Health International. December, 2002.

<http://www.fhi.org/NR/rdonlyres/e2q7um2s2ffrtcjeesnjqhrgt4bqawhrjqfreho2z23rc7lpxiuny3kekvsed4lg3sn5ocrpua3jn/lowlitguide2.pdf>

Understanding and Challenging HIV Stigma: Toolkit for Action. The Change Project, 2003.

<http://www.icrw.org/docs/2003-StigmaToolkit.pdf>

The toolkit was designed for NGOs, community groups and HIV educators to raise awareness and promote actions to challenge HIV stigma and discrimination. Based on research in Ethiopia, Tanzania and Zambia, the toolkit contains more than 125 exercises.

Reducing HIV Stigma and Gender-Based Violence: Toolkit for Health Care Providers in India. ICRW, 2007. Revised.

<http://www.icrw.org/docs/2003>.