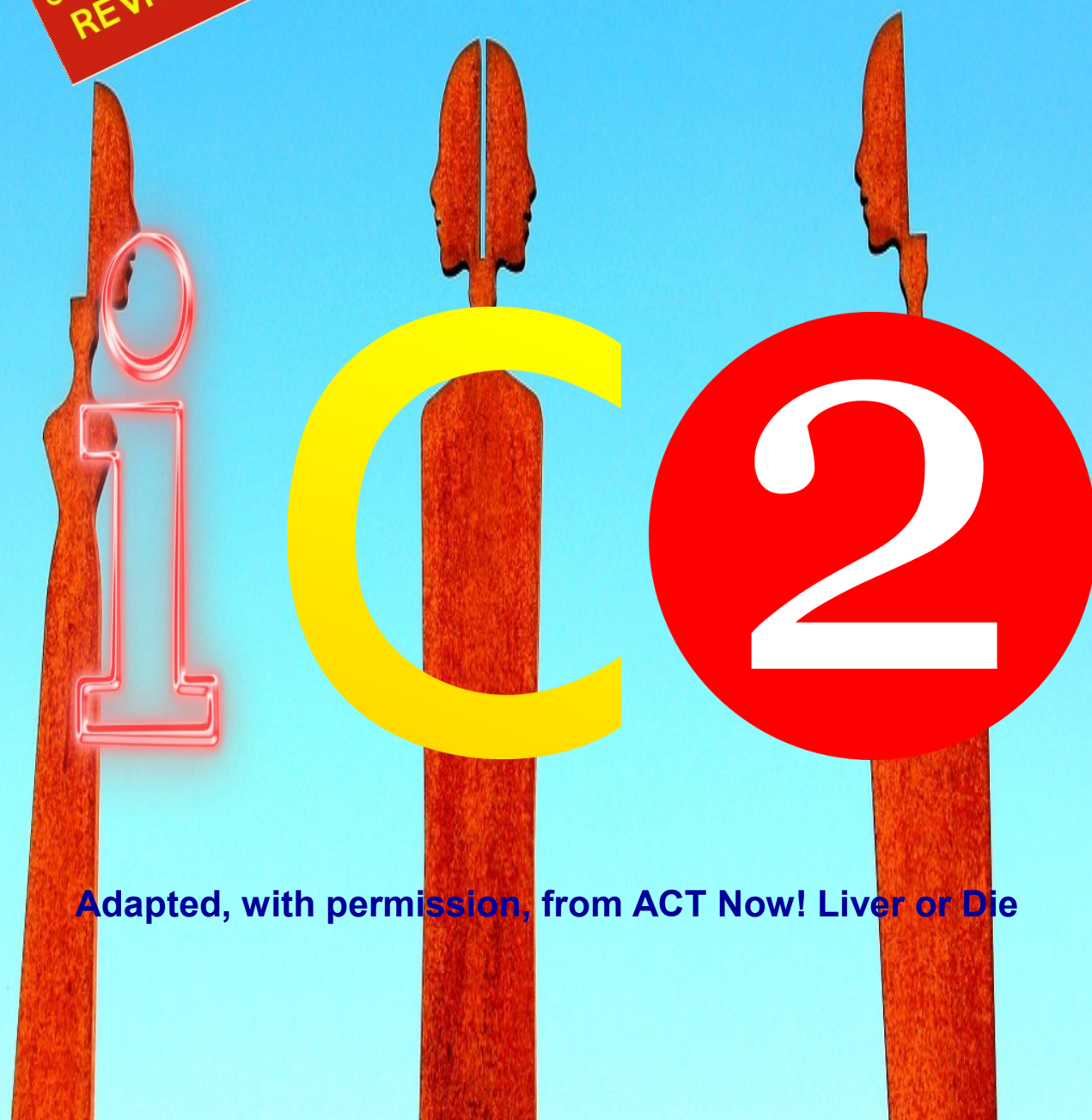


Presented by the **SAOL Project** and **UISCE**

Hep C Peer-2-Peer Training Manual



Adapted, with permission, from **ACT Now! Liver or Die**

This manual is adapted from ACT NOW! = LIVER OR DIE A PEER TRAINING MANUAL. The ACT NOW! – LIVER OR DIE A PEER TRAINING MANUAL is a product of the Correlation Hepatitis C Initiative and their partner, Swedish Drug User Union (SDUU), Stockholm.

This manual IC2 HepC PEER 2 PEER TRAINING MANUAL has been written using information and design from ACT NOW! - LIVER OR DIE A PEER TRAINING MANUAL with permission. It is a result of collaboration between SAOL Project and UISCE.

You can access this manual at www.saolproject.ie/hepmanual

Editors: Belinda Nugent, Emily Reaper, Jennifer Mooney and Gary Broderick

Endorsed by: Dr Shay Keating and Gail Hawthorne Clinical Nurse Specialist (Hepatitis C Liaison)

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SAOL Project
58 Amiens Street,
Dublin 1,
Ireland.
Phone: +353 (0) 1 855 3391
Fax: +353 (0) 1 855 3395
Email: admin@saolproject.ie
Website: www.saolproject.ie

UISCE (Union for Improved Services Communication and Education)
70 Eccles Street,
Dublin 7,
Ireland.
+353 (0)1 873 3799
+353 (0)1 873 3174
emilyreaper66@gmail.com / uiscepost@hotmail.com

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Acknowledgements

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This manual has been adapted from several global worksheets and manuals. In order to bring a manual to individuals who are both in recovery and PWID (People Who Inject Drugs).

The worksheets resourced from '*Classroom HEP C*' is resourced from HIV, Hepatitis & STI Education Resource Centre. The Alfred Hospital, Fairfield House, Moubay Street, Prahran, Victoria, 3185, Australia.

In order to write this manual from an Irish context, several months of workshops and discussion took place in SAOL Project with a group of women. Most of the women who contributed to the discussion and workshops are either cured from Hepatitis C Virus, living with Hepatitis C Virus or lost someone whom they were close. SAOL Project and UISCE would like to thank all who contributed.

We would also like to take this time to remember all those who have passed away from Hepatitis.

Introduction

Foreword

Peer work has always been a cornerstone of SAOL's approach to working with women. From the 'Now' programme in the 1990's, the creation of Reduce the Use in the 2000's, RecoverMe in 2010's and on to IC2 today, peer wisdom is at the root of all our programmes.

This is combined, in the case of "IC2 HepC Peer 2 Peer Training Manual" with the excellence of various published resources on this topic – especially the "ACT NOW! = LIVER OR DIE A PEER TRAINING MANUAL". As with all our publications, SAOL works to respond to the emerging needs of the women who use our services. We try to do this clearly and straightforwardly, and in this our strength rests with the women themselves. Who better to listen to, than the women who have experience? Who better to talk about this and inform others, than these women? And from that base, we then combine their needs with the information and programmes that exist elsewhere.

Although on the increase, Hepatitis C has not received the same widespread attention, funding or care as other issues. Too many of the women who attend SAOL and the men and women who attend other services are Hepatitis C Virus Positive (HCV+) but are left with uncertainty about what their diagnoses mean and what their choices are. This manual will go some way in addressing these gaps.

This manual is built upon the often difficult experiences of women who have been impacted by Hepatitis C, and using this in a positive way to help others. It is about making sense of these experiences. It is also about developing not just understanding, but a range of skills to help others. The manual is structured around 9 modules which are full of information, discussion points, exercises and skill-building. Each module focuses on a particular theme, and is backed up by the relevant handouts and worksheets. A module may be completed in 1 session or it might take a number of sessions to work through – there will not be just one way of doing it.

Like other SAOL publications such as 'Reduce the Use', or RecoverMe, the 'IC2 Hep C Peer 2 Peer Training Manual' uses a community education approach to learning. Participants are involved as equal partners in identifying needs and goals and adapting them on an on-going basis. The manual provides a framework for the tasks of learning, and the participants and particular group will provide the context for how this learning is understood, processed, and nurtured. In other words, each participant will be able to bring their own understanding and experience to this work, to develop an approach that will in time and turn help both themselves and others.

We thank all of the funding agencies who make SAOL's work possible and particularly thank them for their support in this publication. Specific thanks to the individuals who worked so diligently on this manual: Belinda Nugent, Emily Reaper and everyone at UISCE, Jennifer Mooney, Louise Rafferty, Dr. Shay Keating, Gail Hawthorne, Ingrid McGowan and AbbVie, the team in Chrysalis and all of the staff and participants of the SAOL Project.

Gary Broderick
Director, SAOL Project

The need for peer-to-peer led HCV training

Throughout the globe there is an increase in the number of people who are becoming infected with Hepatitis C Virus. The World Health Organisation states that there are around 130-150 million people throughout the world with the chronic Hepatitis C Virus. A large amount of those who are infected will progress to liver cirrhosis or liver cancer. The more growing concern is that half a million people die each year from HCV related liver disease. HCV can cause a number of life threatening issues if not treated.

The Hepatitis C Project states that in Europe there are approximately 8.8 million people who are infected with HCV and most are unaware of their infection.

According to the Annual Epidemiological Report 2013, there were 786 cases of hepatitis C notified in 2013 in Ireland.

- ⇒ 68% (n=537) of cases were male, and 31% (n=245) were female. Sex was not reported for 1 % (n=4) of cases.
- ⇒ 86% (n=676) of cases were aged between 25 and 54 years. The highest notification rates were among middle aged adults.

Data on the most likely risk factor was available for 57% of all cases (n=445).

The most common risk factors reported were injecting drug use (79% n=351), sexual exposure (7% n=30), receipt of blood or blood products (3% n=14, tattooing or body piercing (2% n=10) and vertical transmission (Pregnancy) (2% n=8).

- ⇒ Data on country of birth was only available for 28% of cases (n=223). Of those, 46% of cases were born in Ireland and 54% were born outside of Ireland.

For those born outside of Ireland, the most common regions of birth were Eastern or Central Europe (34%, n=75), Asia (8%, n=18) and Western Europe (6% n=13).

- ⇒ Twenty two of the hepatitis C cases notified in 2013 were co-infected with HIV and for were co-infected with hepatitis B. One of these was infected with all three viruses.

Taken from: Annual Epidemiological Report 2013, HSE- Health Protection Surveillance Centre, www.hpsc.ie - Hep C notification 2009—2013

According to the World Health Organisation about 15–45% of infected persons spontaneously clear the virus within 6 months of infection without any treatment. The remaining 55–85% of persons will develop chronic HCV infection. Of those with chronic HCV infection, the risk of cirrhosis of the liver is 15–30% within 20 years.

Every person that has become infected with HCV has a human right to be informed about and avail of the treatment. The peer to peer approach to train those who have been infected with HCV will provide a new level of raising awareness. Individuals who have completed HCV treatment are ideal candidates to complete this training and go on to becoming peer-to-peer trainers. This manual provides information to help others to understand Hepatitis C Virus, to know the risk of HCV, to learn how to get diagnosis and access treatment, to become aware of stigma and HCV, to support others with HCV and show their peers how to become advocates for HCV awareness.

This manual can be used for all those who are directly or indirectly are connected to the Hepatitis C Virus. It can be taught to Service Users, Support Workers, Families, Nurses, Doctors, and Managers.

We ask that if using the manual you would please contact the publishers and inform us that the manual has been used to train with no cost others in HepC Peer to Peer education.

Belinda Nugent,
Aftercare Worker,
SAOL Project

Peer trainer's instructions and guidelines on modules

This manual has been divided into 9 modules. Each module provides instructions and guidelines for the Peer Trainers. The instructions give a detailed guide and outline of the preparation that is needed before delivering the workshops to others. The manual strives to be self-explanatory and is filled with instructions for the Peer Trainer to follow. Through the training, potential Peer Trainers will become familiar with the contents, activities and information within the manual. Upon completion of the course the new Peer Trainer will get to use the manual in its entirety. The familiarity of the manual through the previous training should allow for an easy transition from participant to Peer Trainer.

In order to become a Peer Trainer the individuals should have completed the course, given presentations, delivered a session, and received an IC2 HCV peer-to-peer trainer certificate. Once individuals have fulfilled these criteria, they should be involved in delivering the course with a trained peer worker to gain experience. After the new Peer Trainer has been involved in co-delivering the sessions to others, and are feeling confident then they should begin to conduct training to small groups or individuals to build their experience. All new Peer Trainers should be reminded to check in with their own trainers and provide feedback on their session.

Module 1

Peer2Peer Training the Trainer

Module 1. Peer trainer instructions and guidelines

Peer Trainer preparation and information to support this activity:

Peer Trainers should allocate time before each class to set up the room and materials. Peer Trainers should check in with each other so that they are grounded and focused on the session.

Room:

Check that the chairs and tables (if needed) are arranged. Ensure that folders, copies and pens are available for participants. Set up computer (so it's ready to use), connect to internet, usb stick with presentations for session. If no internet is available ensure that you have presentation printed on two slides per page.

Materials:

Sign In Sheet	Handout	1.1
Pre-training Questionnaire	Worksheet	1.2
Peer Education and Behaviour Theories	Exercise	1.3
Incentives for Peer Trainers	Handout	1.4
Self-care	Handout	1.5
Monitoring and Evaluation	Handout	1.6
Skills Rating Form	Handout	1.7
Evaluation	Worksheet	1.8

Equipment:

Flip Chart and Marker , Folders

Jug of Water with fruit

Module 1. Peer trainers preparation checklist

Event / Session: _____

Date: _____

Location: _____

Contact: _____

Tel: _____

Email: _____

Essentials	Date Completed	By Who	Not Needed	Comments
Room reserved				
Audio visual materials and / or computer booked				
Registration forms and needs assessment forms				
Lesson plan or session outline prepared				
Hand-outs printed				
Resources and materials for local organisations				
Practice exercises and timing				
Name tags prepared				
Flip Chart and Stand available				
Markers, blu-tac and other materials				
Catering and refreshments				

Module 1. Peer-2-peer training the trainer

The goal

To equip participants with the skills and techniques of becoming an effective information trainer.

The objective

The objective is to provide participants with peer education theories. To outline the models used as Peer Trainers. To gain a clear understanding of the module and to deliver the IC2 HCV Peer2Peer Training programme.

Session 1.1	Group Exercise	Check in
Session 1.2	Group Exercise	Motivation: Concerns and Plan of Action for Peer-2-Peer Training
Session 1.3	Group Exercise	Pre-test Questionnaire
Session 1.4	Presentation	Icebreakers and Energisers
Session 1.5	Group Exercise	Pass the beat
Session 1.6	Group Discussion	Setting Ground Rules
Session 1.7	Group Exercise	Theory into Practice
Session 1.8	Presentation	Public-Speaking Skills
Session 1.9	Exercise	Public-Speaking Skills
Session 1.10	Group Exercise	Why be Peer Trainer?
Session 1.11	Presentation	Monitoring and Evaluation
Session 1.12	Exercise	Monitoring and Evaluation
Session 1.13	Exercise	Check Out and Evaluation

Session 1.1 Check in



Group Exercise:

Check In

Objective:

Provide the group with an opportunity to check in with one another.

Peer Trainer Information:

Introduce the objective of this session.

Peer Trainer welcomes each person to the HCV course

Peer Trainer pass around sign in sheet (handout 1.1) to the group. Read the definition that 'A peer group is defined as a *'collective unit in which the members share some common characteristics'* (Council of Europe, 1997). This group is a body of like minded people who all share a common interest. Now we want to become peer trainers and to share information to others regarding Hepatitis C.

To receive the certificate for Hepatitis C Peer Trainer each person must complete 80% of the course. Throughout the course most of you will have the opportunity to help deliver a module of the IC2 HCV Peer2Peer training programme.

We are going to look at some tools and techniques to help you become an effective peer trainer.

Peer trainer now explain that at the beginning of each session there will be a check in and trainees will be asked to facilitate some of the check ins.

Ask each person to say their name and why they want to be a peer trainer in Hepatitis C.

Session 1.2 Exercise: Motivation, concerns and plan of action for peer2peer training



Group Exercise:

Motivation, Concerns and Plan of Action for Peer2Peer Training

Objective:

To learn the different individuals interest and concerns of the delivery of IC2 HCV—Peer2Peer Training Programme

Peer Trainer Information:

Introduce the objective of this session.

Peer trainer explain that the following exercise allows each participant to express their concerns regarding the delivery of the IC2 HCV Peer2Peer Training to others. Depending on the size of the group break everyone up in groups of three discuss the following topics (10 minutes)

Peer trainer to prepare flip charts paper with the following three headings on each.

- ⇒ Motivation for the delivery of IC2 HCV – Peer2Peer training
- ⇒ Concerns for the delivery of IC2 HCV – Peer2Peer training
- ⇒ Plan of Action for the delivery of IC2 HCV – Peer2Peer training (deliver to what groups / organisations)

Each group must assign someone to write down the information and all groups must decide how they will present their information to the class.

Session 1.3 Exercise: Pre-test questionnaire



Group Exercise:

Pre-test questionnaire

Objective:

to outline the groups knowledge and skills that are being brought to the IC2 HCV—Peer2Peer Training Programme.

Peer Trainer Information:

Introduce the objective of this session.

Present pre-test questionnaire.

Peer Trainer to ask group to get into pairs, read and fill in the answers in the questionnaire.

Peer trainer explain that a pre-training questionnaire will be given to all participants when starting this module. This is a training needs assessment and will highlight where each participant is in their skills base and it will show how far they have come after the module has been completed.

The Peer Trainer should be well versed and familiar with the questionnaire. They should also explain that it is not an exam, and it will be used to provide the participants with a view of their strengths and weaknesses. The pre-test questionnaire is provided in Appendix 1. Hand-out 1.2.

Session 1.4 Presentation: Icebreakers and energisers



Presentation:

Icebreakers and check in

Objective:

To help participants understand the purpose of icebreakers and get experience using them.

Peer Trainer Information

Introduce the objective of this session.
Present exercise.

Peer trainer mentioned the importance of icebreakers. Often Peer Trainers will come across non-responsive groups. This may arise from any number of circumstances, it could be down to the weather or it could simply be the Monday blues. Often groups may feel tired during a heavy day or directly after lunch breaks. When faced with a new group the Peer Trainer may be faced with a group of shrinking violets all afraid to put a foot wrong in case of making a bad first impression. A good Peer Trainer will be equipped with a number of icebreakers and energisers in order to overcome these group hurdles.

Energisers can be used at any time during any group sessions—be it at the beginning or the end of a course—they are used in order to motivate a group and are also great team building exercises. A great and simple one to use after lunch when people are less motivated is to play Taylor Swift and get everyone to 'shake it off'. Invite the group to stand up in a circle or at their desks and to 'shake it off.' If possible use a Youtube clip to show people shaking their hands and arms and bodies to the popular song.

There is another energiser to practice in the next session.

Things to consider when using energisers

- ▼ Use energisers frequently during a training session, whenever people look sleepy or tired or to create a natural break between activities.
- ▼ Try to choose games that are appropriate for the local context. Think carefully, for example, about games that involve touch, particularly of different body parts.
- ▼ Try to select games in which everybody can participate and be sensitive to the needs and circumstances of the group. For example, some games may exclude people with disabilities.
- ▼ Try to ensure the safety of the group, particularly with games that involve running. For example, make sure that there is enough space and that the floor is clear.
- ▼ Try not to use only competitive games, but also include ones that encourage team building.

(Based on: 100 Ways to Energize Groups: Games to Use in Trainings, Meetings and the Community. London: International HIV/AIDS Alliance, 2002.)

Session 1.5 Group exercise: Pass the beat



Group Exercise:

Icebreakers and check in

Objective:

To help participants get to know each other and become aware of their dependence upon one another

Peer Trainer Information

Introduce the objective of this session.
Explain the activity.

Peer Trainer introduce the exercise and ask participants to form a circle with the whole group. The Peer Trainer will then show and explain the exercise. This includes the Peer Trainer turning to the person on their left and looking them in the eye. The Peer Trainer will then ask that person to clap hands and the exact same time as the Peer Trainer. That person will then turn their left and repeat the process. This continues around the circle until the whole group can pass the beat to one another.

As the rhythm gets going the Peer Trainer can ask the group to slow down or speed up. Finish the exercise by going as fast as the group can maintain. If this is successful try adding in another handclap to make it more challenging.

If two rhythms are going well add as many different handclaps as possible, so there may be three or four different beats going at the same time. This exercise should get the group motivated and provide a few laughs as well.

**Group Exercise:**

Setting Ground Rules

Objective:

To provide the group with an understanding of the necessity of setting ground rules and agreeing on group contracts.

Peer Trainer Information:

Introduce the objective of this session.

Present slides.

Peer Trainer information to cover. One of the most important aspects of any training environment is the sense of safety within that setting. It is next to impossible to focus on learning if one is afraid of being verbally, physically, mentally or emotionally intimidated by another learner. Often there are basic ground rules in any establishment. However, it is often much better—especially with mature learners—that they sit down and agree on basic ground rules within their own group.

For the Peer Trainer the easiest way to do this is to list off a few basic behaviours to be upheld during the learning process. List these on a flip chart, then open up to the group if they would like to add any more. Often this will snowball with many suggestions being offered. When the group runs out of suggestions, stop, look and discuss all that is on the flip chart. Some ideas may have seemed great when so many were being offered but on reflection may be impossible to up-hold. Like people stepping outside to cough. When the group is satisfied with a defined list of rules put them on an A4 page and ask all participants to sign it. This will be the group contract which will provide a set of rules for the group to adhere to.

Common ground rules

- ⇒ Respect each other, even when you disagree
- ⇒ Agree to participate actively
- ⇒ Having the right not to participate in an activity that makes you feel uncomfortable
- ⇒ Listen to what other people say without interrupting them
- ⇒ Using sentences that begin with self when sharing values and feelings (as opposed to 'you')
- ⇒ Not using 'put-downs' (i.e., snubbing or humiliating people on purpose)
- ⇒ Respecting confidentiality
- ⇒ Being on time
- ⇒ Turning off mobiles

Session 1.7 Group exercise: Theory into practice



Group Exercise:

Theory in practice

Objective:

To help participants to understand the nature and purpose of peer education and to gain insight into the mechanisms of behaviour change and how these relate to peer education.

Peer Trainer Information:

Introduce the objective of this session

Present slides

Present Theories and Models

At the end of session ask group have they any questions

Peer Trainer ask the group to pair up and take ten minutes to answer the following questions.

- ⇒ What do we mean when we say peer education?
- ⇒ What are the possible advantages of peer education?
- ⇒ What are the possible disadvantages of peer education?

Peer Trainer can choose one or all of the following ways to get the group to discuss the theories. The Peer Trainer should be well versed and familiar with the theories on the handouts. Give each participant a copy of the handout and then introduce and discuss the theories at hand. Then break up into three groups each with a flip chart sheet and some markers.

Ask participants to choose a situation where they have experienced these theories in action. This may have been in a formal setting or the family unit or even socially or occurred in a working environment. In this you are asking the participants to look back on their experiences and relate them to the theories now being discussed. Ask them to list some of these experiences on the flip chart page. This should take about ten minutes.

When this is done ask each group to put their page on the flip chart stand. Then as a group ask them to tell the larger group of these experiences, and how they relate them to the theories. The Peer Trainer may ask the groups would they do things differently now that they know these theories and are more aware of what is going on in certain situations.

Session 1.8 Presentation: Public-speaking skills



Group Exercise:

Public-speaking skills

Objective:

To allow participants to identify and practise skills in public speaking and facilitation. To help participants identify and practise their skills in public speaking and facilitation.

Peer Trainer Information:

Introduce the objective of this session.

Present exercise Public-speaking skills.

At the end of session ask group have they any questions.

Peer Trainers might be nervous about speaking in public or being in the spotlight. To ensure that tasks are carried out successfully, educators should not be asked to undertake activities that are beyond their limits.

Tell participants that they are now going to focus on public speaking techniques. Discuss the major features of effective public speaking, such as:

- ⇒ Use of engaging and interactive techniques
- ⇒ Movement into and out of the audience
- ⇒ Use of gestures
- ⇒ Eye contact (of appropriate duration)
- ⇒ Modulation of intonation
- ⇒ Appropriate use of humour

Practise these techniques as you explain them, and ask participants to watch closely. This allows the group to see how the theory of good public speaking is actually applied. Then ask for feedback: *'How would you describe what I'm doing at this moment?'* Make sure the main components of good public speaking are mentioned.

After this, start a discussion about other factors that aid effective public speaking.

Be sure to bring up the following areas:

- ⇒ Use of storytelling as a technique to capture attention
- ⇒ Caution about inappropriate use of slang terms or other unacceptable language
- ⇒ Creation and maintenance of a safe learning environment for the audience
- ⇒ Ways to respond to incorrect answers from the audience

Tell the participants that they will receive feedback on how they use their public-speaking skills throughout the training session.

Session 1.9 Exercise - Public-speaking skills



Group Exercise:

Public-speaking skills

Objective:

To give participants an opportunity to speak in public. To make the experience as positive as possible in order to build confidence.

Peer Trainer Information:

Introduce the objective of this session.

Present Exercise Public-speaking skills.

At the end of session ask group have they any questions.

In this exercise the Peer Trainer will invite every participant to stand in front of the group and speak for thirty seconds. The Peer Trainer after thirty seconds will then begin to applaud and the whole group will then join in. Explain that even if the participant is still talking you will begin applauding. This is done to give everyone an equal amount of time and that no-one has spoken for longer than anyone else.

This is an exercise in public speaking, but to speak publically one must first stand up in public. Therefore if a participant stands in front of the group and has nothing to say allow them thirty seconds and begin applauding just as much as those who talked. This will give that person confidence.

Explain to the group that each and every person who stands up will get the undivided attention of the rest of the group. It will be necessary for the Peer Trainer to remind the group that everyone gets the same level of applause, as applauding sometimes gets lesser and lesser after time.

When everyone has done their thirty seconds and resumed their seat, the Peer Trainer should ask the participants how they felt whilst standing up. Ask the group what skills were learned from each participant. Discuss what public speaking skills are needed for a Peer Trainer.

Session 1.10. Group Exercise - Why be a Peer Trainer?



Group Exercise:

Why be a Peer Trainer?

Objective:

To discuss why one would become and stay a Peer Trainer.

Peer Trainer Information

Introduce the objective of this session.

Present Exercise Debate – how to retain peer educators.

At the end of session ask group have they any questions.

The Peer Trainer should have the flip chart set up with 'retention' (to retain the peer trainees over the eight week period written at the top. Begin a brainstorming session by asking the participants what would it take to keep them in a peer training role. List all the suggestions on the flip chart. If not mentioned be sure to include the following:

- ⇒ Regular updates on information and skills on related education topics
- ⇒ Regular feedback on the performance (as related to expectations) of the group and individual Peer Trainer
- ⇒ Peer Training experiences linked to future career development opportunities
- ⇒ Incentives, rewards, compensation

The next exercise will involve putting up two flip chart sheets at either end of the room. One will be marked Agree and the other marked Disagree. Gather the group in the middle of the room and when you read out following statements ask the participants to take a step toward Agree or Disagree. There are no right or wrong answers in this exercise. It is simply used to see what each participant is expecting to get out of this Peer Trainer education.

Examples of statements include:

- ⇒ Peer Trainers can be motivated and kept engaged in their work by non-financial incentives.
- ⇒ Peer Trainers should be given financial incentives for their work instead of being volunteers.
- ⇒ Volunteer Peer Trainers should be expected to work when they have time.
- ⇒ Peer Trainers who receive financial incentives for their work are the same as volunteer peer educators.
- ⇒ Peer Trainers should be expected to work independently, contacting their supervisors rarely.
- ⇒ Most Peer Trainers leave their position because they do not feel appreciated by their organisations.

Peer Trainer pass handout 1.4 to group.

Session 1.11 Presentation: Monitoring and evaluation



Presentation:

Monitoring and evaluation

Objective:

To help build an understanding of the basic principles of M&E relevant to health promotion programmes. To identify the potential effect of monitoring and evaluating on programme quality.

Peer Trainer Information:

Discuss objective.

Present slides Monitoring and evaluation.

At the end of session ask group have they any questions.

Peer Trainer should have handout ready for participants. Peer Trainer should be well versed and familiar with the handout 1.6

Monitoring and Evaluation are often over-looked. This can be for many reasons. Often the Peer Trainer believes that the course they are delivering is going well and everybody is enjoying the learning process. In other cases it is thought that the information on offer is so important that regardless of how enjoyable the course is, it is necessary that everyone learns it. This may not be the case. Times change and some courses may not be as important now as they were a few years ago.

For example people need not type to use a computer as they now have voice recognition. And though people may be enjoying a course, simple feedback may make it even more enjoyable. Some Peer Trainers may think that Monitoring and Evaluation take away from the course or may be an extra burden upon them. It is always the Peer Trainers' goal to become a better Trainer. Through monitoring and evaluation this can be done. Above all else when training adults, they will always want to discuss how best they learn.

Peer Trainer should now go through the handout and offer it up for discussion amongst the group.

This M&E slide presentation should include the following discussion points:

- What is monitoring? What is evaluation?
- What do we mean by the terms process evaluation, outcome evaluation, and impact evaluation?
- What are the typical peer education indicators?
- Why is it necessary to identify suitable indicators?
- Why is measuring behaviour change difficult?

This session may also include a discussion on how to evaluate the skills of future Peer Trainers. Handout 1.7 Skills Rating Form. Peer Trainer and one participant will fill out forms and get involved in the delivery. This forms should then be collected by Peer Trainers. The feedback is given at end of course with certificate.

Session 1.12 Exercise: Monitoring and evaluation



Group Exercise:

Monitoring and Evaluation

Objective:

To identify suitable strategies for monitoring and evaluation of peer education programmes. To exchange personal experiences.

Peer Trainer Information

Discuss objective.

Present Exercise Monitoring and evaluation.

At the end of session ask group have they any questions.

Peer trainer divide participants into pairs or groups of three, then ask the groups to brainstorm on the following key questions:

What do we evaluate in our projects?

- ⇒ Why do we evaluate?
- ⇒ How do we evaluate?
- ⇒ Where do we evaluate?
- ⇒ When do we evaluate?
- ⇒ With whom do we evaluate?
- ⇒ For whom do we evaluate?

When the small groups have had enough time to answer the questions, ask them to report back to the entire group. Then lead a full group discussion, posing the following questions:

- ⇒ How are we going to use these data?
- ⇒ What difference could this make to the work that we do?

Emphasize that a well-conducted evaluation can make a big difference in the following ways:

- ⇒ It is cost-effective: it allows decision makers to continue successful programmes and improve or abandon unsuccessful ones.
- ⇒ It can provide support for future funding requests.
- ⇒ It can contribute to the development of new programmes.
- ⇒ It can help explain why a programme failed to meet its objects (for example, poor project design, poor implementation, or unreasonable expectations).

Peer Trainer pass around the Handout 9:6. Monitoring and Evaluation and ask class to read and discuss.

This session may also include a discussion on how to evaluate the skills of future peer educators. Handout 1.7. Skills Rating Form. Get a participants and a peer trainer to fill out forms as participants get involved in the delivery. This forms should then be collected by peer trainers. The feedback is given at end of course with certificate.

Session 1.13 Check out & evaluation



Group exercise

Objective:

To evaluate and discuss the module

Peer Trainer Information:

Introduce that they are now going to do an evaluation and a check-out

Give the group Handout 9:8. Post-training questionnaire

Check out: Name one thing you have learnt today. Or a piece of information you are taking away to your peers.

Evaluation

Peer trainers now pass around evaluation sheets

Check Out

One thing you are taking with you to your peers?

Module 2

Body Talk (Immune system)

Module 2. Body talk

Module goal

This module will briefly outline how the immune system and liver work within the body. This module will also look at the nutritional benefits of healthy drinks in detoxing the liver of impurities.

Learning Objectives

Participants will gain an understanding of:

- How to make liver detox nutritional drinks.

- How the immune system and liver work within the body.

- The immune system.

- The liver.

- 7 steps for a healthy functioning liver.

Session 2.1	Group Exercise	Check In
Session 2.2	Video or Handout 2.3	Liver Detox Drink
Session 2.3	Presentation	The Immune System
Session 2.4	Presentation	The Liver
Session 2.5	Presentation	7 steps for a healthy functioning liver
Session 2.6	Exercise	Liver Massage
Session 2.7	Group Exercise	Check Out and Evaluation

Module 2. Peer trainer instructions and guidelines

Peer Trainer preparation and information to support this activity:

Peer Trainer should allocate time before class to set up the room and materials. Peer trainers should check in with each other that they are grounded and focused on the session.

Room:

Check that the chairs and tables (if needed) are arranged. Ensure that folders, writing paper and pens are available for participants. Set up the computer (so it's ready to use), connect to internet and USB key with presentations for session.

Materials:

Sign in sheet	Handout	2.2
Liver detox drink	Handout	2.3
Planning your treatment	Handout	2.4
Planning your treatment	Worksheet	2.4
Healthy liver recipe	Handout	2.5
Mind your mind	Handout	2.6
Mind your mind	Worksheet	2.6
Evaluation sheet	Handout	2.7

Equipment:

Flip chart and marker

Jugs of water with lemon, mint and cucumber

(Peer Trainer to prepare before class)

Module 2. Peer trainers preparation checklist

Event / Session: _____

Date: _____ Location: _____

Contact: _____

Tel: _____ Email: _____

Essentials	Date Completed	By Who	Not Needed	Comments
Room reserved				
Audio visual materials and / or computer booked				
Registration forms and needs assessment forms				
Lesson plan or session outline prepared				
Hand-outs printed				
Resources and materials for local organisations				
Practice exercises and timing				
Name tags prepared				
Flip Chart and stand available				
Markers, Blu-tac and other materials				
Catering and refreshments				

Session 2.1 Check in



Group Exercise:

Check In

Objective:

Provide the group with an opportunity to get to know each other through check in.

Peer Trainer Information:

Introduce objective.

Welcoming group and check in.

Peer Trainers to welcome each person to the HCV Course

Peer Trainer now outline today's session. And pass around Handout 2.1 which is the sign In sheet.

Peer Trainer to give hand-out sample for group contract and explain that the group needs to create their own group contract.

Using the flip chart ask the group for ideas for a group contract, such as: confidentiality, mobile phones, over talking, time keeping and commitment.

Peer trainer to ask the group to write down the feedback on a page. Sign and date the page and put into their folders.

Please remember if you're speaking a lot, concentrate more on listening and if you're not speaking, feel encouraged to challenge yourself to speak more.

Peer Trainers inform the group that every session begins with a check-in. These check-ins allow people to get to know one another. Today's check-in will be a word game.

Check in today is to say your name and why you are interested in the IC2 HCV Peer 2 Peer Training.

Session 2.2 Video: Liver detox drink



Video:

Liver detox drink

Objective:

To provide participants with delicious liver detox drink options.

Peer Trainer Information:

Introduce the objective of the session.

Watch video clip.

Give hand-out to the group and ask have they any questions.

Information to cover in this presentation:

Peer Trainer pass around handout 2.2. Some of us will have heard the campaigns on television saying: '*hydrate to think straight*'. It's very important that we hydrate each day, especially to help our cognitive functioning (which is how we think and understand information). Other campaigns suggest that we get eight glasses of water a day. According to some nutritionists adding fruit to water can help hydrate and detox (or remove impurities from) the body (EverydayRoots.ie).

Note: If you are planning to use this flavoured water as part of a diet, you should always check with your doctor first! This water recipe is mainly a way to make drinking water more enjoyable with healthy natural flavourings for those who don't like to drink plain water.

If you are interested in ensuring you have fresh organic fruit and vegetables on a daily basis why not join a community garden or even grow your own.

The following ingredients for the first detox drink that will be made today include mint, cucumber and lemon. Here's how you make it:

LEMON MINT CUCUMBER WATER (slightly adapted from The Denver Housewife)

Makes 1 litre jug

8 small cups of water

1 lemon thinly sliced (you can also substitute limes or mix it up, using a lemon/lime combination using organic lemons or limes is best)

¼ of a cucumber, preferably organic, thinly sliced

5 mint leaves preferably organic

(Everyday Roots)

Session 2.3 The Immune system



Presentation:

The Immune system

Objective:

To provide participants with an overview of how the body works.

Peer Trainer Information:

Introduce the objective of the session.

Present slides.

Ask group for feedback and / or question on slides.

Peer trainer to cover the following information in this presentation:

The immune system is mostly inside the body, the skin can also be a protector against infections and bacteria. The immune system protects and defends the body from infections.

General hygiene and health are very important to a strong immune system, e.g. when you feel run down or under pressure (stressed out) you're more likely to catch colds and flu's.

These are a few examples of how the body protects us:

- ⇒ The mucus in our nose is a good barrier that aids in the protection from external infections.
- ⇒ The windpipe has tiny hairs on the inside that filter any micro-organism so that they can't go any further into the body.
- ⇒ All our organs have their own way of defending themselves.

(MSD Manual Consumer)

Session 2.4 The liver



Presentation:

The liver

Objective:

To provide participants with an overview of how the body works.

Peer Trainer Information:

Introduce the objective of the session.

Present slides.

Ask group for feedback and / or question on slides.

Peer trainer to cover the following information in this presentation:

1. The liver does very important work it has over five hundred jobs to do at once, e.g. cleansing as food and drink bring poisonous substances into your body (liver.ca).
2. Your liver takes the poisons from your blood and makes most of them harmless.
3. Your liver acts as a storage depot for fats and vitamins. Bile is a thick liquid of greenish brown colour. About one litre of bile is made each day. It is made by liver cells and is stored in the gall bladder.
4. The liver is the largest organ in the body.
5. The liver is also your largest and heaviest gland.
6. The liver is a reddish brown colour.
7. The liver is on the right side of the body.
8. It lies next to your stomach and is protected by your ribcage.
9. The liver is the shape of an American football.
10. Alcohol is a harmful drug: it takes your liver one hour to break down toxins in one standard alcoholic drink. All street drugs have bad effects on your body.
(liver.ca)

Session 2.5 7 Steps for a healthy functioning liver



Presentation: 7 steps for a healthy functioning liver

Objective: Provide participants with awareness of how to keep the liver healthy..

Peer Trainer Information:

Introduce the objective of the session.

Present slides.

Ask group for feedback and / or question on slides.

Information to support this activity:

Planning your treatment

Handout 2.4

(see treatment plan in appendix)

Worksheet 2.4

Regular healthy balanced meals

(include lots of greens, low fat)

Get physical exercise

(go cycling, game of football, brisk walk)

Mind your mind - Holistic Therapies

Handout 2.7

(keep a journal, plan respites, mindfulness classes, massages, yoga, acupuncture)

Ensure you get plenty of rest

(20 minute naps, sit and listen to soothing music)

Switch fizzy drinks for water with fruit

(maximum amount of fruit and water 3 bottles)

Avoid alcohol and street drugs

Session 2.6 Group exercise: Liver massage



Exercise:

Liver massage

Objective:

To learn a new technique for liver massage.

Peer Trainer Information:

Introduce the objective of the session.

Group exercise.

Ask group for feedback and / or question on slides.

- ⇒ Stand with feet shoulder width apart, knees slightly bent, shoulders relaxed and smooth even breathing. Point fingertips towards the lower belly (hold for a few moments).
- ⇒ Take away you left hand. And move your right hand forward and back sideways. This is the area were you liver is.
- ⇒ Now bring both hand to the middle of your belly and under your rib cage.
- ⇒ Moving both hands with a little pressure (if it hurts you you're applying to much pressure) from belly to your side on the right side.
- ⇒ You are giving yourself a liver massage try this every morning and see the benefits.

(Trolley Dolly's HEP C Training)

Session 2.7 Evaluation and check out



Group exercise:

Evaluation and check out

Objective:

To evaluate and discuss the module.

Peer Trainer Information:

Introduce the objective of the session.

Group exercise - Evaluation.

Ask group for feedback through the check out. .

Evaluation

As you can see the evaluation forms only have four questions on the page.

We are asking you every week to write one word or maybe one sentence to give your feedback on each module as we progress through the course.

Check out – What are you taking to your peers from the information today?

Module 3

*Simple as A
and B but
not the C*

Module 3. Peer trainer instructions and guidelines

Peer Trainer preparation and information to support this activity:

Peer Trainers should allocate time before class to set up the room and materials. Peer Trainers should check in with each other that they are grounded and focused on the session.

Peer Trainer will need to cut out Do you know your ABC handout. Ask group to get in pairs and arrange them in order of each of the Hepatitis and their matches regarding how it is transmitted, vaccine, whether the specific hepatitis is acute or chronic and which treatment the virus comes under.

Room:

Check that the chairs and tables (if needed) are arranged. Ensure that folders, writing paper and pens are available for participants. Set up computer (so it's ready to use), connect to internet and USB key with presentations for session.

Materials:

Sign in sheet	Handout	3.1
Making a nutritional drink	Handout	3.2
Do you know your ABC?	Handout	3.3
Evaluation	Worksheet	3.4

Equipment:

Flip chart and marker

Jugs of water with watermelon and mint

(Peer Trainer to prepare before class)

Module 3. Peer trainers preparation checklist

Event / Session: _____

Date: _____ Location: _____

Contact: _____

Tel: _____ Email: _____

Essentials	Date Completed	By Who	Not Needed	Comments
Room reserved				
Audio visual materials and / or computer booked				
Registration forms and needs assessment forms				
Lesson plan or session outline prepared				
Hand-outs printed				
Resources and materials for local organisations				
Practice exercises and timing				
Name tags prepared				
Flip Chart and Stand available				
Markers, Blu-tac and other materials				
Catering and refreshments				

Module 3 Hepatitis A (HAV) and Hepatitis B (HBV)

Module goal

This module will outline HAV and HBV. An outline of nutritional liver detox beverages will also be explored.

Learning Objectives

Participants will gain an understanding of:

HAV and HBV

The diagnosis for HAV and HBV

Session 3.1	Group Exercise	Check in, sign in sheet
Session 3.2	Group Exercise	Making a nutritional drink
Session 3.3	Presentation	Hepatitis A virus
Session 3.4	Presentation	Hepatitis B virus
Session 3.5	Presentation	Treatment for HAV and HBV
Session 3.6	Exercise	Liver massage
Session 3.7	Group Exercise	Check Out and Evaluation

Session 3.1 Check in



Group Exercise:

Check in

Objective:

Provide the group with an opportunity to get to know each other through check in

Peer Trainer Information

Introduce objective.

Welcoming group and check in.

Peer Trainer to welcome each person to the HCV Course

Outline today's session and pass around the handout 3.1 sign in sheet.

Ice breaker - Preoccupied Exercise

Peer Trainer to explain the exercise: Ask everybody to stand behind their chairs and explain that when we come to groups most of the time we are preoccupied with everyday life issues. What we need to do when we come to group is to try and occupy ourselves with the topic at hand, but this can be very difficult. We are going to do an exercise now and try to leave our everyday life issues at the door and occupy ourselves with today's topic. Let's begin!

Turn to the person beside you and tell them what has you preoccupied this morning. Maybe it was getting the children to school. Maybe it was an argument with a partner. After you name what it is you're preoccupied with I would like you to state how you are going to leave it at the door and focus on the topic at hand. Take one minute to name what the issue is and one minute to state how you're going to focus on the topic this morning. Good luck!

Check In – One thing you're hoping to get out of today session.

Session 3.2 Group exercise



Group Exercise:

Liver detox drink

Objective:

To provide participants with delicious liver detox drink options.

Peer Trainer Information:

Introduce the objective of the session.

Allow each person to participate in the exercise.

Give hand-out to the group and ask have they any questions.

Information to cover in this presentation:

Peer Trainer pass around the Handout 3.2 to the group.

Note: As mentioned before, if you are planning to use this flavoured water as part of a diet, you should always check with your doctor first! This water recipe is mainly a way to make drinking water more enjoyable with healthy natural flavourings for those who don't like to drink plain water.

If you are interested in ensuring you have fresh organic fruit and vegetables on a daily basis why not join a community garden or even grow your own.

The following ingredients for the second detox drink that will be made today include mint and watermelon. According to Everyday Roots website there are several benefits of using watermelon. Not only does the fruit help flush toxins from the liver but it contains amino acids which helps the kidneys and liver to filter out and get rid of ammonia. Mint leaves also help the digestive system and helps the flow of bile from the liver to the gallbladder to the small intestine where it breaks down dietary fats. Mint has an additional benefit of helping to ease the stomach muscles.

WATERMELON & MINT WATER slightly adapted from the Everyday Roots website

Makes 1 jug or 8 small cups of water. First dice half a watermelon, chop a handful of mint leaves. Rinse watermelon and mint leaves very well before slicing. Add all ingredients to the jug. Fill the jug with water and refrigerate for at least 4 hours or overnight (the flavour will be stronger if you refrigerate overnight, but I like the lighter flavour, too). Pour into a large glass over some ice, it's very refreshing! This water tastes best the day after you make it. The flavoured water lasts for 3-4 days.

(Everyday Roots)

Session 3.3 Hepatitis A virus



Presentation:

Hepatitis A virus

Objective:

To learn about Hepatitis A virus.

Peer Trainer Information:

Introduce the objective of the session.

Present slides.

Ask group for feedback and / or question on slides.

Peer trainer to cover the following information in this presentation:

What is Hepatitis? Hepatitis means inflammation of the liver.

HAV is Hepatitis A virus, HBV is Hepatitis B virus.

Hepatitis A and B are viruses that affect the liver.

Hepatitis A

Hepatitis A can be caught by eating or drinking contaminated food or water.

Hepatitis A is passed between people through:

- Dirty Hands
- Poor hygiene

Hep A can pose a threat to people living in poor sanitary conditions.

There is an effective vaccine which provides up to 10 years protection.

The symptoms which happen instantly include:

- Diarrhoea
- Vomiting

This can last for one to four weeks.

Treatment: drink plenty of water and rest.

You can only get Hepatitis A once. Hepatitis A is not life threatening and most people recover with no liver damage.

Peer Trainer pass around Handout 3.3 'Do you know your A, B, C'? Peer Trainer will need to cut out Do you know your 'ABC Handout'. Ask group to get in pairs and arrange them in order of each Hepatitis and their matches indicating how it is transmitted, vaccine, whether the specific hepatitis is acute or chronic.

Session 3.4 Hepatitis B virus



Presentation:

Hepatitis B virus

Objective:

To give participants an overview of Hepatitis B virus.

Peer Trainer Information:

Introduce the objective of the session.

Present slides.

Ask group for feedback and / or question on slides.

Peer trainer to cover the following information in this presentation:

Hepatitis B

Hepatitis B is a virus, which effects liver cells and can cause inflammation of the liver. You may have it for a long time and not know it.

Hepatitis B is a blood borne virus.

Hepatitis B can be contracted through sexual intercourse (hetero-sexual, homo-sexual).

Always use protection – condoms, femidoms etc.

All donated blood, is now routinely screened for Hepatitis B.

Needle and equipment sharing can spread the Hepatitis B virus.

Hepatitis B can cause the liver to swell, cause fever, nausea and vomiting, appetite loss, diarrhoea, exhaustion and jaundice.

There is an effective vaccine.

How Hepatitis B is diagnosed by a routine blood test

A liver ultrasound scan is a special x-ray.

A biopsy is an examination to determine the extent of a disease.

Hepatitis B is a serious disease it causes serious illness, Hepatitis B is much more infectious than HIV (human immunodeficiency virus)

Acute = Used to describe a disease with short and severe symptoms.

Chronic = Used to describe persistent or recurring disease.

A Fibroscan (is a technique used to assess liver stiffness) check-up is required in order to reach diagnosis.

(Hepatitis B Health Service Executive)

Session 3.5 Treatment for HAV and HBV



Presentation:

Treatment for HAV and HBV

Objective:

To discuss treatment options for Hepatitis A and Hepatitis B.

Peer Trainer Information

Introduce the objective of the session.

Present slides.

Ask group for feedback and / or question on slides.

Peer trainer to cover the following information:

Combined vaccination for Hepatitis A and B. Twinrix is the only dual Hepatitis A and B vaccine. Though individuals can get a vaccine for Hep A and Hep B. These viruses are endemic (constantly present) in much of the developing world. Popular holiday destinations such as the Caribbean are considered risk areas for unprotected holiday persons, and you could contract Hepatitis A or B even at 5-star resorts.

People who have a fever or anything more serious than a minor cold should postpone vaccination. Pregnant women should also delay vaccination, unless immediate vaccination is recommended by a doctor. (Canada Communicable Disease Report)

In Ireland, the combined hepatitis A and Hepatitis B (HBV) vaccine A combined vaccine containing purified inactivated HAV and purified recombinant Hepatitis B surface antigen (HBsAg) adsorbed onto aluminium hydroxide (HAV) aluminium phosphate (HBV) may be used when protection against both HAV and HBV is required.

Adult Hepatitis A (or combined Hepatitis A/ Hepatitis B) vaccine is recommended for those aged 16 and older and paediatric Hepatitis A (or combined Hepatitis A/ Hepatitis B) vaccine for those aged 1 to 16 years.

(https://www.hse.ie/eng/health/immunisation/hcpinfo/guidelines/CH8_Hepatitis_A.pdf)

Session 3.6 Liver damage, what next?



Presentation:

Liver damage, what next?

Objective:

To consider the potential of liver damage.

Peer Trainer Information

Introduce the objective of the session.

Ask group for feedback and / or question on slides.

Peer Trainer ask the group to turn to the person beside them and discuss and write down 2 –4 ways in which the liver can be damaged.

Peer Trainer have the following information written on a flip chart and cover the following information on “What happens if the Liver is badly damaged”?

In severe Liver Damage, the liver:

- Cannot maintain normal blood sugar levels, the patient may develop diabetes.
- Cannot make proteins to control fluid balance, the legs and abdomen may swell.
- Cannot make fats, essential energy stores in the body.
- Cannot excrete a compound called bilirubin, formed from red cell breakdown.

The bilirubin builds up in the blood, skin and eye membranes. This gives the skin and eyes the yellow appearance seen in jaundice.

Additionally the liver

- Cannot make clotting factors so patients may bleed easily.
- Cannot breakdown certain hormones.
- Cannot detoxify the body of certain chemicals.

(ACT NOW! = LIVER OR DIE A PEER TRAINING MANUAL)

Session 3.7 Check out and evaluation



Group exercise:

Evaluation and check out

Objective:

To evaluate and discuss the module.

Peer Trainer Information:

Introduce the objective of the session.

Group exercise - Evaluation.

Ask group for feedback through evaluation.

Evaluation

Peer Trainer to pass around Handout 3.4 to group.

As you can see the evaluation forms only have four questions on the page. We are asking you every week to write one word or maybe one sentence to give your feedback on each module as we progress through the course.

Check out – What are you taking to your peers from the information today?

Module 4

It's all about the
blood.

Understanding
Hepatitis C

Module 4. Peer trainer instructions and guidelines

Peer Trainer preparation and information to support this activity.

Peer Trainer should allocate time before each class to set up the room and materials. Peer Trainers should check in with each other that they are grounded and focused on the session.

Room:

Check that the chairs and tables (if needed) are arranged. Ensure that folders, writing paper and pens are available for participants. Set up computer (so it's ready to use), connect to internet, and USB key with presentations for session.

Materials:

Sign In Sheet	Handout	4.1
Hepatitis C—Acute and Chronic	Handout	4.2
Questionnaire	Worksheet	4.3
Answers	Handout	4.4
Evaluation Sheet	Handout	4.5

Equipment:

Flip Chart and marker

Jugs of water with watermelon and mint

(Peer Trainer to prepare before class)

Module 4. Peer trainers preparation checklist

Event / Session: _____

Date: _____ Location: _____

Contact: _____

Tel: _____ Email: _____

Essentials	Date Completed	By Who	Not Needed	Comments
Room reserved				
Audio visual materials and / or computer booked				
Registration forms and needs assessment forms				
Lesson plan or session outline prepared				
Hand-outs printed				
Resources and materials for local organisations				
Practice exercises and timing				
Name tags prepared				
Flip Chart and Stand available				
Markers, Blu-tac and other materials				
Catering and refreshments				

Module 4. Understanding Hepatitis C virus

Module goal:

This module will look at the Hepatitis C Virus and the stages of Hepatitis C infection.

Learning Objectives

Participants will gain an understanding of:

Nutritional and healthy drinks for the liver.

HEP C (HCV).

Stages of Hepatitis C infection.

Session 4.1	Group exercise	Check In
Session 4.2	Video	Liver detox drink
Session 4.3	Presentation	An Irish context
Session 4.4	Presentation	Hep C (HCV)
Session 4.5	Presentation	Stages of Hepatitis C infection
Session 4.6	Exercise	Questionnaire / class discussion
Session 4.7	Exercise	Breathing exercise
Session 4.8	Group exercise	Check Out and Evaluation

Session 4.1 Check in



Group Exercise:

Check In

Objective: Provide the group with an opportunity to get to know each other through check in and group exercises.

Peer Trainer Information

Introduce objective.

Welcoming group and check in.

Peer Trainer welcomes each person to the HCV Course.

Peer Trainer now outline today's session. And pass around Handout 4.1 Sign In sheet. Outline today's session. Remind the group of the group contract. Give each trainee a blank sheet to write down questions and remind them that there will be an opportunity to ask questions after each session has been completed.

Please remember if you're speaking a lot, concentrate more on listening and if you're not speaking, feel encouraged to challenge yourself to speak more. Peer Trainers inform the group that every session begins with a check-in. These check-ins allow people to get to know one another. Today's check-in will be a word game.

Peer Trainers begin with the check in – two truths and one lie ice-breaker. Peer trainer to ask each person to think of two truths about themselves and one lie. This will allow the group to get to know each other a bit better and will make the group more relaxed as they have fun while learning.

Session 4.2 Video: Liver detox drink



Video:

Liver detox drink

Objective:

To provide participants with delicious liver detox drink options.

Peer Trainer Information

Introduce the objective of the session.

Watch video clip. If no internet ask group to read the handout.

Give hand-out to the group and ask have they any questions.

Information to cover in this presentation:

Last week we looked at a video that showed you how to make a fruity healthy drink. This time the video clip will discuss the benefits of each fruit. The information in the video was adapted from the EveryDay Roots website. This We strongly recommend that whenever you are changing to a healthier lifestyle you consult with your doctor.

This week's drink is made up of watermelon, lemon, mint leaves and water.

Cut half of a watermelon into cubes after removing the rind and pips than place and them into a jug. Now cut one lemon into wedges and add it to the watermelon. Take a handful of fresh organic mint leaves and add them to the watermelon and mint. Finally, fill up your jug with water.

Session 4.3 Hepatitis C virus (HCV)



Presentation:

Hepatitis C virus (HCV)

Objective: To provide participants with an overview of Hepatitis C Virus from an Irish Context

Peer Trainer Information

Introduce the objective of the session.

Present slides.

Ask group for feedback and / or questions on slides.

Information to cover in this presentation:

Hepatitis C in Ireland: Summary Report 2013.

- There were 786 cases of Hepatitis C notified in 2013.
- 68% (n=537) of cases were male, and 31% (n=245) were female. Sex was not reported for 1 % (n=4) of cases.
- 86% (n=676) of cases were aged between 25 and 54 years. The highest notification rates were among middle aged adults.
- Data on the most likely risk factor was available for 57% of all cases (n=445).

The most common risk factors reported were injecting drug use (79% n=351), sexual exposure (7% n=30), receipt of blood or blood products (3% n=14, tattooing or body piercing (2% n=10) and vertical transmission (Pregnancy) (2% n=8).

- Data on country of birth was only available for 28% of cases (n=223). Of those, 46% of cases were born in Ireland and 54% were born outside of Ireland.

For those born outside of Ireland, the most common regions of birth were Eastern or Central Europe (34%, n=75), Asia (8%, n=18) and Western Europe (6% n=13).

- Twenty two of the Hepatitis C cases notified in 2013 were co-infected with HIV and four were co-infected with hepatitis B. One of these was infected with all three viruses.

Taken from: *Annual Epidemiological Report 2013, HSE- Health Protection Surveillance Centre*, www.hpsc.ie - Hep C notification 2009—2013

Year	2009	2010	2011	2012	2013
Hepatitis C	1235	1220	1240	894	786

Session 4.4 Hepatitis C virus (HCV)



Presentation:

Hepatitis C virus (HCV)

Objective:

To give participants an overview HCV.

Peer Trainer Information

Introduce the objective of the session.

Ask participants to brainstorm what is Hepatitis C Virus

Present slides.

Ask group for feedback and / or questions on slides.

Information to cover in this presentation:

Peer Trainer to ask group, "What is the Hepatitis C virus?". Use the flip chart to record the answers.

The Hepatitis C virus is minute and cannot be seen by the naked eye.

All viruses are considered harmful and usually provoke a response from our immune system. Our own immune system will try to destroy the viruses.

That is why some people (20%) do not go on to be Hepatitis C positive, as their immune system fights the virus in the first six months.

If an individual is exposed they will naturally have antibodies to fight off the virus, in most cases.

On entering the body the Hep C targets the liver cells where it reproduces itself. Once there, it can cause inflammation and damage to the liver.

**Presentation:**

Stages of Hepatitis C Infection

Objective:

To understand the stages of Hepatitis C Virus.

Peer Trainer Information

Introduce the objective of the session.

Ask group for feedback and / or questions on slides.

Peer Trainer to pass around handout 4.2 Hepatitis C—Acute and Chronic

Peer trainer invite group to read the following information as participants look over handout: Stages of Hepatitis C Infection

Hepatitis C virus can vary dramatically. Some may clear the virus shortly after being infected. It can stay in the body for years or decades without detection. For others the Hepatitis C virus can become life threatening when medical advice is not adhered to.

There are two stages. The first stage is the Acute Stage. This period occurs immediately after infection and lasts for about six months. Around 20% of people will clear the virus during this stage. This is when the immune system clears the virus from the body. Most people do not experience symptoms during this acute stage. Others may have flu-like symptoms. HCV treatment is most effective during the acute stage of infection phase, meaning it has the best chance of being cured.

The second stage is the Chronic Stage. About 80% of people infected with HCV are unable to clear the virus and go on to develop chronic HEP C. HEP C is called chronic when someone is infected for longer than six months. Chronic HCV requires treatment to eliminate the virus. Most people with chronic HCV live out a normal life span, others can develop symptoms after many years, even decades. Disease progression varies a lot from person to person. When symptoms do occur they can have a profound effect on the persons' health and quality of life including, tiredness, depression, joint pain, blood clotting problems, memory loss and confusion and other varied HEP C problems. Certain factors are associated with other rapid progression of HCV; these include being over 40yrs of age at the time of infection, alcohol consumption, being male or infected with HIV or HEP B.

The final stage is called Cirrhosis which is a description of the extent of the scarring of the liver. This is when the structure of the liver has become altered. Usually liver damage happens slowly, over decades. About one in five people with chronic HEP C will develop cirrhosis, and end stage liver disease, cancer.

(Adapted from Act Now = Liver or Die)

Session 4.6 Hepatitis C virus Questionnaire



Exercise:

Questionnaire

Objective:

To identify what we already know about HCV, and share this knowledge with our peers.

Peer Trainer Information:

Introduce the objective of the session.

Group exercise / Class Discussion.

Peer Trainer will now give the Handout 4.3 Questionnaire to the class.

The Peer Trainer will ask the group to break up in groups of two or three, depending on the size of the class. Instruct the groups to read questions, discuss with group and answer the questions. This exercise should take 15 minutes. If the discussion takes more time, allow the discussions to continue. Peer Trainers be available to help with clarification questions that may arise.

At the end of the fifteen minutes the Peer Trainers will invite all participants back in to the larger group.

Peer Trainers might begin with one side of the room and make the way around their room asking each group for answer to the questions.

When all the questions are answered. Peer Trainer then passes around the Handout 4.2.

Session 4.7 Check out and evaluation



Group exercise:

Evaluation and Check Out

Objective:

To evaluate and discuss the module.

Peer Trainer Instructions

Introduce the objective of the session.
Group exercise - Evaluation.

Evaluation

As you can see the evaluation forms only have four questions on the page.

We are asking you every week to write one word or maybe one sentence to give your feedback on each module as we progress through this course.

Check out – What are you taking to your peers from the information today?

Module 5

Risks and Prevention of Hepatitis C virus

Risky Business.

Module 5. Peer trainer instructions and guidelines

Peer Trainer preparation and information to support this activity:

Peer Trainer should allocate time before each class to set up the room and materials. Peer Trainers should check in with each other that they are grounded and focused on the session.

Room:

Check that the chairs and tables (if needed) are arranged. Ensure that folders, writing paper and pens are available for participants. Set up computer (so it's ready to use), connect to internet, usb stick with presentations for session.

Materials:

Sign In sheet	Handout 5.1
Healthy food for you liver	Handout 5.2
How long HCV can live outside the body	Handout 5.3
Board game	Handout 5.4
Risk factor profile sheets	Handout 5.5
Lifestyle factors exercise	Handout 5.6
Evaluation	Handout 5.7

Equipment:

Flip chart and marker, different pieces of fruit
(Peer Trainer to prepare before class)

Module 5. Peer trainers preparation checklist

Event / Session: _____

Date: _____ Location: _____

Contact: _____

Tel: _____ Email: _____

Essentials	Date Completed	By Who	Not Needed	Comments
Room reserved				
Audio visual materials and / or computer booked				
Registration forms and needs assessment forms				
Lesson plan or session outline prepared				
Handouts printed				
Resources and materials for local organisations				
Practice exercises and timing				
Name tags prepared				
Flip Chart and Stand available				
Markers, blu-tac and other materials				
Catering and refreshments				

Module 5. Risk and prevention

Module goal

This module will look at the risks for catching Hepatitis C virus and prevention methods for eradicating the spread of the Hepatitis C virus. .

Learning objectives

Participants will gain an understanding of:

Environmental stability of HCV: How long does HCV live outside the body and what kills it?

The many ways that the HCV can be transmitted.

Case studies and profile.

Session 5.1	Group exercise	Check in - String game
Session 5.2	Video	Top Foods For Liver Health
Session 5.3	Presentation	How long does HCV live outside the body?
Session 5.4	Group Exercise	The many ways that HCV can be transmitted
Session 5.5	Exercise	Personal Thermometer—SOS exercise
Session 5.6	Group Exercise	Check Out and Evaluation

Session 5.1 Check in



Group Exercise:

Check in

Objective:

Provide the group with an opportunity to get to know each other through check in and group exercises.

Peer Trainer Information

Introduce objective.

Peer Trainer welcomes each person to the HCV Course.

Outline today's session and then remind the group of the group contract and Handout 5.1 the sign in sheet to participants. Give each trainee a blank sheet to write down questions and remind them that there will be an opportunity to ask questions after each session has been completed. Please remember if you're speaking a lot, concentrate more on listening and if you're not speaking, feel encouraged to challenge yourself to speak more. Peer Trainers inform the group that every session begins with a check-in. These check-ins allow people to get to know one another. Today's check-in will be a word game.

Peer Trainer begin with the Check In

The String Game is an introduction ice-breaker game and conversation starter that allows people to tell others about themselves. The preparation that the Peer Trainers needs to do before the session is to get a ball of string or wool, any colour or multiple colours. Count the numbers of people in the group and cut the string in different lengths from 12 inches to 30 inches (make sure there is a string for everyone). Now ask each person to take a piece of string and while each person shares information about themselves they begin to the wrap the wool / string around their index fingers. (Each person has to talk until the wool / string has been completely wrapped around their fingers). This exercise is a team building exercise, letting everyone listen, observe and ground them for the session on risk and prevention.

Session 5.2 Video: Top foods for liver health

**Video:**

Top foods for liver health

Objective:

to provide participants with information on healthy foods that are good for your liver.

Peer Trainer Information

Introduce the objective of this session.

Watch video clip. Note if there is no internet connection read out handout.

Peer trainer to cover Information in this presentation:

Next we are going to watch a YouTube clip on '*14 Foods that Cleanse the Liver*'.

Remember, if you are changing your diet and beginning to eat the food that is suggested, please always consult with your doctor before you start.

Let's watch this clip and try to remember some of the information that we see

https://youtu.be/YI_XIHokmHk

Alternatively, if the videos cannot be viewed then Peer Trainers ask the class to take turns reading the Handout 5.2 Food that is good for our livers.

Session 5.2 continued—top foods for liver health

Information to cover. Peer Trainer to give class Handout 5.2. 'Food that is good for our liver' and inform that participants that the following information was taken from two resources. Then ask participants to read the following:

Garlic: "Garlic helps your liver activate enzymes that can flush out toxins. It also has a high amount of allicin and selenium, two natural compounds that aid in liver cleansing", says holistic nutritionist Hermeet Sur from YouTube clip we have just watched.

Grapefruit: Eating or drinking grapefruit juice can help your liver flush out carcinogens and toxins. This fruit is also high in both vitamin C and antioxidant properties.

Beets (Beetroot): Beets are high in plant-flavonoids, which can improve the overall functions of your liver.

Leafy Greens: "Leafy greens like spinach and lettuce have the ability to neutralise metals, chemicals and pesticides that may be in our foods, and act as a protective mechanism for the liver", Hermeet Sur (ibid)

Green Tea: Green tea is full of plant antioxidants known as catechism which have been known to improve the functions of our liver.

Avocados: Adding more avocados to your diet can help your body produce a type of antioxidant called glutathione, which is needed for our livers to filter out harmful materials.

Cruciferous (Green) Vegetables: Cruciferous vegetables like broccoli and brussels sprouts help to increase the enzymes in the body needed for digestion.

Lemons: We all know citrus fruits like lemons are full of vitamin C, but lemons also help our bodies cleanse out toxic materials and aid the digestion process.

Turmeric: Used as a spice, turmeric has been known to help our bodies digest fats and stimulate the production of bile. It can also act as a natural form of detox for your liver.

Walnuts: Walnuts are also high in glutathione and omega-3 fatty acids, which help support our liver through its cleansing process.

(Global Health Centre)

Session 5.3 How long does HCV live outside the body?



Presentation:

How long does HCV live outside the body?

Objective:

to provide participants with an overview of how long HCV can live outside the body.

Peer Trainer Information

Introduce the objective of the session.

Present slides.

Ask group for feedback and / or questions on slides.

Peer Trainer passes around Worksheet 5.3.— ‘How long HCV can live outside the body.’ Ask the group to fill in the form and guess the answers.

Syringes:

- ⇒ The most common place for HCV to remain is in syringes.
- ⇒ HCV can remain in a high volume tuberculin syringe (also known as a barrel) with a detachable needle for sixty-three days, but only seven days in an insulin syringe with permanent needle.

Foil Wrapped Filters

- ⇒ 10% of foil wrapped filters remained HepC positive for up to 28 to 48 hours.

Spoons:

- ⇒ Spoons heated at over 70C (temperature) for approximately ninety seconds destroyed all traces of HCV.
- ⇒ Most PWIDs (people who inject drugs) do not heat for more than forty-five seconds, with many heating for less than fifteen seconds.

Surfaces:

- ⇒ HCV can last from sixteen hours on some surfaces and up to six days on others.
- ⇒ Another experiment proved HCV could live at room temperature for up to six weeks.

Water / Plastic Bottles / Aluminum:

- ⇒ HCV was detectable in water for more than three weeks.
- ⇒ HCV can remain in bottles even after they're rinsed out.
- ⇒ Aluminum and plastic bottles retain HCV longer than glass bottles.

(HCV Advocate)

Session 5.4 Risk factors and prevention methods.



Group Exercise:

The many ways HCV can be transmitted

Objective:

To learn about HCV risk factors and methods of prevention.

Peer Trainer Information

Introduce the objective of this session.

Introduce the group exercise.

Ask group for feedback and / or questions on slides.

Information to cover in this presentation:

Peer Trainer introduces the risk factor game and asks the participants to arrange the Hepatitis C risk factors, ranging in order from the highest risk to the lowest risk (Risk is determined by how many individuals contracted the virus through different activities each year).

The Peer Trainers need two sets of **risk factor sheets** (14 A4 sized sheets with different risk factors displayed on them) are included. It is a good idea to laminate the sheets for future use or put them into a poly pocket for safe keeping.

Peer Trainers divide the group into two groups. Give each group a set of risk factors. Each group arranges the risk factors from what they consider to be the highest risk to the lowest risk. The highest is the greatest risk of getting HCV and the lowest is the least risk of contracting HCV.

Peer Trainers go to each group and observe the placements of the factors and discuss points and prevention information with the group.

Discussion points and prevention information from highest to lowest.

1) Intravenous Drug Use

Risk = Up to 70% of all new infections in Ireland are related to this activity.

Prevention = Do not share any equipment: needles, syringes, water, cooker, filter or tourniquet.

2) Snorting Drugs

Risk = Anyone using a shared straw/notes inserted into the nose for the purpose of snorting drugs is at risk of contracting the HCV. There are many fine blood vessels inside the nose which may break when a drug is snorted. Blood on the end of a straw or bill can enter the blood stream, when this straw or bill is inserted into the nose.

Prevention = A Harm Reduction prevention tool is to not snort drugs or if you are to do so then to bring your own straw with you when snorting and not to share that straw with anyone else.

3) Sharing Toothbrushes or Razors

Risk = Do not share any personal hygiene products. Even a tiny amount of infected blood on the surface can spread the virus if these items are shared.

Prevention = For example, a toothbrush may carry blood from bleeding gums. If it is shared with someone else, this blood can enter the stream through the gums of the second person to use it.

Number 4 and 6 are interchangeable (can move from high risk to low risk)

4) Unsafe Sex

Risk = Transmission occurs if there is blood-to-blood contact during sex. Risk increases with many sexual partners, during menstruation, rough sex, open sores or wounds. Overall risk is low because HCV is only transferred in blood not sexual fluids.

5) Sex

Prevention = Using a condom and water based lubricant decreases the chance of transmission.

6) Body Piercing/ Tattooing

Risk = Avoid group or home body art where equipment is shared among many people.

Prevention = Make sure new needles, new ink and sterilised equipment is used. Can be a very low risk if all the proper precautions are in place.

Discussion points and prevention Information from highest to lowest continued

7) **Needle Prick**

- ⇒ Risk is greatest if pricked immediately after needle has come in contact with infected blood.
- ⇒ Two video clips on the first clip demonstrate the '**Correct Method to pick up a dirty needle**' and the second clip shows '**What to do if pricked by a needle**'.

8) **Sharing Crack Pipes**

- ⇒ Actual number of new infections related to this risk factor is unknown. Could potentially be rated higher.
- ⇒ Blood on shared pipes from open sores from mouth / nose or cuts can possibly transmit the virus.
- ⇒ More risky than a joint or cigarette because pipes are usually made of glass or metal that often cut individual's lips. Also, when the pipes get hot, they often burn lips. This break down in the skin makes virus transmission more likely.

9) **Blood Transfusion**

- ⇒ Risk was higher in Ireland between 1977 and 1994 after a number of people unknowingly received Hepatitis C-infected blood, and clear evidence of this did not become available until the mid-1990s. Most of those infected by the blood were women. Now the risk is very low in Ireland. The risk is high in African countries and the Caribbean.

10) **Sharing Drinks, Mosquito Bites and Sitting on Toilets Seat**

- ⇒ Trick questions! No risk through casual contact assuming no blood is present
- ⇒ Virus does not survive in mosquitoes.

Session 5.5 Lifestyle factors Increase health risks



Group Exercise:

Lifestyle factors increase health risks

Objective:

to learn the lifestyle factors that combine with behaviour to increase/ reduce the risk of getting Hepatitis C.

Peer Trainer Instructions:

Introduce the objective of session.

Group exercise / Class Discussion.

Peer Trainer to print off handout 5.5 and Worksheet 5.6.

Peer Trainer to place participants in groups. Then hand each group a handout 5:5. which are the board game. Ask participants to take out a piece of paper and write 1, 2, 3, 4, 5, and 6 and then tear each number up for the board game. Instruct the participants to pick a number (on the paper they have written on them) six times, once in relation to each row on the board. When they have picked the numbers, and circled a square on each row of the board game.

On the left side of the board game you can see that there are words going down the column such as Age; Activity; Family; Lifestyle; Friends and Interests. At the top of each row write the numbers 1-6. Now pick a number which will direct you to a particular row for each word in left column.

Here is an example, let each group try to understand how the profile information was collected from the board game. Peer Trainer will be going around to each group.

Example:

If a group of participants roll the dice on 5,6,3,3,4,1 the profile information will be:

Age: 35

Activity: Cut skin using a friends razor

Family: Parent both unemployed

Lifestyle: Affectionate: often hugs and kisses

Friends: Experimenting with drugs

Interests: Sport

Peer Trainer teaches each group how to get the information, from the board game, to their profile. Peer Trainer passes out the worksheet 5:5 to each group. When they are finished, have a discussion on outcomes and exercise.

Session 5.6 Evaluation and check out



Group exercise:

Evaluation and check out

Objective:

To evaluate and discuss the module.

Peer Trainer Instructions:

Introduce the objective of the session.

Group exercise - Evaluation.

Evaluation

As you can see the evaluation forms only have four questions on the page. We are asking you every week to write one word or maybe one sentence to give your feedback on each module as we progress through this course.

Check out – What are you taking to your peers from the information today?

Module 6

Testing & Treatment

*“Mirror mirror
on the wall,
have I got
Hepatitis C at all?”*

Module 6. Peer trainer instructions and guidelines

Peer Trainer preparation and information to support this activity:

Peer Trainers should allocate time before each class to set up the room and materials. Peer Trainers should check in with each other so that they are grounded and focused on the session.

Room:

Check that the chairs and tables (if needed) are arranged.

Ensure that folders, writing paper and pens are available for participants.

Set up computer (so it's ready to use), connect to internet, usb stick with presentations for session.

Materials:

Sign In sheet	Handout 6.1
---------------	-------------

Evaluation sheet	Handout 6.2
------------------	-------------

Equipment:

Flip chart and marker

Folders

Jug of water with watermelon and mint

Module 6. Peer trainers preparation checklist

Event / Session: _____

Date: _____ Location: _____

Contact: _____

Tel: _____ Email: _____

Essentials	Date Completed	By Who	Not Needed	Comments
Room reserved				
Audio visual materials and / or computer booked				
Registration forms and needs assessment forms				
Lesson plan or session outline prepared				
Handouts printed				
Resources and materials for local organisations				
Practice exercises and timing				
Name tags prepared				
Flip Chart and Stand available				
Markers, blu-tac and other materials				
Catering and refreshments				

Session 6.1 Check in



Group Exercise:

Check in

Objective:

Provide the group with an opportunity to check in with one another.

Peer Trainer Information:

Introduce the objective of the session.

Introduce the check in.

Peer Trainer welcomes each person to the HCV Course.

Outline today's session. Remind the group of the group contract. Peer Trainer to pass around the Handout 6.1 the sign in sheet. Peer Trainer ask group to get a blank sheet to write down questions and remind them that there will be an opportunity to ask questions after each session has been completed. Please remember if you're speaking a lot, concentrate more on listening and if you're not speaking, feel encouraged to challenge yourself to speak more. Peer Trainers inform the group that every session begins with a check-in. These check-ins allow people to get to know one another. Today's check-in will be a word game.

Peer Trainer (or maybe a participant) starts check in 'Think, Pair, Share'

Each participant is given writing paper and pen. They are to write the details of the person they are paired up with. Ask the person the following information: their name; home town and country; something they like to do; what they did last summer; something they like about IC2 HCV Peer2Peer Training; their favourite food, book, and who is their superhero. Then each person will introduce their partner to the groups indicating what they have learned about that person. Active, fun group activity to explore and celebrate the rich diversity of people's past experiences. Works well with large groups.

Module 6. Testing and treatment

Module goal

This module will summarise current Hepatitis C treatment options, factors that influence treatment effectiveness and potential future treatment opportunities.

Learning objectives:

Participants will gain an understanding of:

- How HCV genotype influences treatment outcomes.

- Current medical treatment options.

- Treatment side effects and management.

- Potential new treatments.

Session 6.1	Group Exercise	Check in
Session 6.2	Video	Living with Hepatitis C Virus
Session 6.3	Presentation	The V Flags
Session 6.4	Presentation	Treatment
Session 6.5	Treatment	Treatment Options
Session 6.6	Group Exercise	Side Effects and Management
Session 6.7	Group Exercise	Coping with Side Effects
Session 6.8	Group Exercise	Grounding Exercise
Session 6.9	Group Exercise	Check Out and Evaluation

Session 6.2 Living with Hepatitis C virus



Video:

Living with Hepatitis C virus

Objective:

To provide information on Testing and Treatment.

Peer Trainer Information:

Introduce the objective of the session.

You can ask someone to share their own story living with Hepatitis C or maybe share a story yourself.

Peer trainer to ask group if they would like to share their story regarding living with Hepatitis C virus.

Alternatively Peer Trainer can bring in a guest speaker or maybe share their own story / experience of Hepatitis C virus.

Session 6.3 Testing V Flags



Presentation:

Testing—V Flags

Objective:

To learn the different types of testing for people with HCV.

Peer Trainer Information

Introduce the objective of the session.

Ask participants to brainstorm.

Ask group for feedback and / or question on slides.

Peer Trainer present the information below on PowerPoint, show humour in that we are using the acronym V Flags to learn some of the tests.

V = HCV RNA (Viral Load) Tests This test measures the amount of HCV RNA (genetic material) in the blood. Qualitative: measures the presence of HCV in the blood. This ascertains what stage of infection a person is in. Quantitative: measures the amount of the virus in the blood and is a good indicator of how a person is responding to treatment.

F = Fibroscan Test 'In 2013 the Food and Drug Administration (FDA) cleared Fibroscan for marketing. Fibroscan is based on ultrasound elastography technology using a machine that sends a vibration wave through the liver. The Fibroscan will measure how long it takes for the wave to travel through the liver. It has been tested extensively in people with Hepatitis C'.

L = Liver Biopsy Test Local anaesthetic is applied in the hospital usually through a day patient appointment. A needle is inserted into the right side of the body (under the ribcage). You take a deep breath (to move other organs out of the way) and the needle will be inserted. After the procedure is completed you will have to lie on their right side (where the needle was inserted) to put pressure on the injection site to help prevent possible bleeding. The amount of time that people are required to lay on their right side is between 2 – 4 hours.

A = HCV Antibody Tests These tests can only confirm whether a person has been infected with HCV at a given time. This can be done by analysing anti-bodies which may have destroyed the virus, and for some it may not have destroyed the virus. These tests can now be done with a simple finger prick. A viral load test is needed to find out whether a person is actively infected. Note that once you have anti-bodies you will have them for life.

GS = Genotype/Subtype Tests Simply put there are seven different types of HCV with one being the most common in Ireland. These different strains have different genetic make ups and so are called genotypes. These genotypes can then be broken down into different subtypes. Think of a family tree, with other smaller family tree coming off the original. Think of your grandparents being the original HCV. Then their children are the genotype one to seven. Then their children's children (grand kids) are the subtypes of the genotypes. Simple! When entering treatment a genotype/subtypes test is taken in order to choose the right course of treatment for you.

Session 6.4 Treatment

**Presentation:**

Treatment

Objective:

To learn about treatment options

Peer Trainer Information:

Introduce the objective of the session

Ask participants to brainstorm who should be offered treatment and what is the goal of the treatment.

Ask group for feedback and / or question on slides.

Peer Trainer now read out the following information and bring the discussion with groups by asking for their feedback after hearing the information.

Treatment facts and tips:

- Treatment should be offered to you in Ireland if you have chronic Hepatitis C.
- The goal of treatment is to 'cure' HCV and to prevent liver fibrosis, cirrhosis, cancer of the liver and death.
- A person is cured when they achieve a sustained virological response (SVR) where tests show the virus is undetectable 24 weeks after treatment has finished.
- A rapid virological response (RVR) in the early stages of treatment can give a good idea as to how successful treatment will be.
- People with undetectable levels of HCV at four weeks after starting treatment are more likely to be cured of the virus.
- Before starting treatment it is always best to plan ahead. This will help you get through treatment easier.
- Treatment used to be 24—48 weeks this has shortened with newer treatments. This depends on the genotype, viral load, liver health and other factors including being co-infected with HIV or Hepatitis B.

Session 6.5 Treatment options



Presentation:

Treatment

Objective:

To learn about treatment options

Peer Trainer Information

Introduce the objective of the session

Ask participants to come up with suggestions regarding who should be offered treatment and what is the goal of the treatment.

Ask group for feedback and / or question on slides.

Until recently Pegylated Interferon (PEG-IFN) and Ribavirin (RBV) known as dual therapy were the approved standard of care (SOC). PEG-IFN is a weekly injection and ribavirin is a tablet taken twice a day.

Some times patients don't get cured from the virus or may have to stop medication due to the side effects from those drugs. There is a cure rate of around 80%. If a cure has not been achieved the treatment will stop.

Recently the introduction of newer drugs known as direct-acting antivirals (DAAs) have improved the cure rate for patients.

These new drug treatments can last for 12 to 24 weeks, (depending on health of the liver). Side effects are typically mild to moderate and usually managed without stopping treatment.

The more damage there is to the liver, the harder treatment is likely to be. It is best to avail of treatment before there is any fibrosis, cirrhosis or high viral loads as treatment outcome is more favourable.

Session 6.6 Side Effects and management



Presentation: Side
Effects and management

Objective:

To learn about the side effects of HCV treatment.

Peer Trainer Information

Introduce the objective of the session.

Ask participants to brainstorm what they have heard or know about side effects.

Ask group for feedback and / or question on slides.

Peer trainer to cover the following Information in this presentation:

The following information can be read by participants. Managing treatment and side effects:

Interferon side effects are often severe. Side effects are usually worse during the first few weeks, though each person experiences them very differently. Possible side effects include: fatigue, joint pain (arthralgia), muscle pain (myalgia), fever and/or chills, nausea, headaches, weight loss, mild hair loss (alopecia), low white blood cells and platelets, rapid heartbeat (tachycardia), irritability, depression and suicidal thoughts. (These are some of the most common).

Ribavirin can cause severe anaemia (reduced red blood cells). Lowering the ribavirin dose is often necessary, although it may also lessen the likelihood of achieving a sustained response. Anaemia can sometimes be treated with injections of erythropoietin (Epogen or Procrit), which stimulates the bone marrow to produce more red blood cells.

Both interferon and ribavirin may cause birth defects. Both men and women should use effective contraception while on the combination (and for six months afterwards) if pregnancy is possible. Peer Trainer needs to really stress the importance of understanding this point.

In clinical trials of interferon and ribavirin, 10-20% of participants dropped out because of side effects or adverse events. Some persons experiencing side effects find relief by:

- ⇒ Using ibuprofen or acetaminophen to help with flu-like symptoms
- ⇒ Getting treated with injections of Neupogen, to stimulate production of white blood cells (will be referred by doctor or nurse).
- ⇒ Starting antidepressants prior to beginning HCV treatment
- ⇒ Arranging the timing of interferon shots to allow for rest afterwards (night-time dosing may allow a person to sleep through some of the side effects).

Session 6.7 Coping with side effects



Group exercise:

Side effects and management

Objective:

To learn about the side effects of HCV treatment.

Peer Trainer Information

Introduce the objective of the session.

Ask participants to list, what they have heard or know about side effects.

Ask group for feedback and / or question on slides.

Peer trainer prepare flip chart paper with the following headings and place around the room.

- 1) Coping with emotional problems (mood swings, anxiety, depression)
- 2) Coping with flu-like symptoms
- 3) Coping with fatigue and trouble sleeping
- 4) Coping with dry, itchy skin and skin problems
- 5) Coping with loss of appetite and nausea
- 6) Coping with loss of hair

Now Peer Trainer ask the group to arrange themselves in small groups, preferably with people they have not worked with and go to each sheet and answer how they would manage the effects someone might experience during treatment.

Session 6.8 Grounding exercise



Group Exercise:

Grounding exercise

Objective:

To learn a grounding exercise that enables us to be in the present

Peer Trainer Information

Discuss objective

Teach grounding exercise

At the end of session ask group have they any questions

Grounding is a way of helping yourself cope with stressful periods in you life. While the intrusive symptoms of traumatic stress – like flashbacks, memories, and upsetting thoughts – cannot always be stopped, you can learn techniques that will minimise their impact.

Grounding skills occur within two specific approaches: Sensory Awareness

Sensory Awareness - Grounding Exercise

Begin by tracing your hand on a piece of paper and label each finger as one of the five senses. (Five senses are: smell, sight, sound, taste and touch).

Then take each finger and identify something special and safe representing each of those five senses. For example: the thumb represents sight and a label for sight might be butterflies; or my middle finger represents the smell sense and it could be represented by lilacs.

After writing and drawing all this on paper, post it on your refrigerator or other safe places in the home where it can be easily seen and memorise it!

Whenever you get triggered, breathe deeply and slowly, and remember to put your minds focus onto each finger to recall the postive memories that are linked to your five senses.

Source: www.stardrift.net/survivor/senses.html

Session 6.9 Evaluation and check out



Group exercise:

Evaluation and check out

Objective:

To evaluate and discuss the module.

Peer Trainer Instructions:

Introduce the objective of the session.
Group exercise - Evaluation Handout.

Evaluation

As you can see the evaluation forms only have four questions on the page.

We are asking you every week to write one word or maybe one sentence to give your feedback on each module as we progress through the course.

Check out – What are you taking to your peers from the information today?

Module 7

HCV and

Relationships

Knowing Me

Knowing You

Aha!

Module 7. Peer trainer instructions and guidelines

Peer Trainer preparation and information to support this activity:

Peer Trainers should allocate time before each class to set up the room and materials. Peer Trainers should check in with each other so that they are grounded and focused on the session.

Room:

Check that the chairs and tables (if needed) are arranged. Ensure that folders, writing paper and pens are available for participants. Set up computer (so it's ready to use), connect to internet, usb stick with presentations for session.

Materials:

Sign In sheet	Handout	7.1
Exercise	Handout	7.2
Evaluation sheet	Worksheet	7.3

Equipment:

Flip chart and marker

Folders

Jug of water with lemon and mint

Module 7. Peer trainers preparation checklist

Event / Session: _____

Date: _____ Location: _____

Contact: _____

Tel: _____ Email: _____

Essentials	Date Completed	By Who	Not Needed	Comments
Room reserved				
Audio visual materials and / or computer booked				
Registration forms & needs assessment forms				
Lesson plan or session outline prepared				
Handouts printed				
Resources and materials for local organisations				
Practice exercises and timing				
Name tags prepared				
Flip Chart and Stand available				
Markers, blu-tac and other materials				
Catering and refreshments				

Module 7. HCV and relationships

The goal

The module will explore the dynamics that may emerge when an individual has been infected with HCV.

The objective

The objective is to explore how participants can better communicate with family and friends about HCV and related topics.

Session 7.1	Group Exercise	Check in
Session 7.2	Exercise	Common Ground
Session 7.3	Group Exercise	How would life change?
Session 7.4	Presentation	Managing Hepatitis C
Session 7.5	Presentation	Self-imposed stigma
Session 7.6	Presentation	Talking to your partner about Hep C
Session 7.7	Presentation	6 Coping Strategies for Positive Relationships
Session 7.8	Exercise	Thumb Circle
Session 7.9	Group Exercise	Check Out and Evaluation

Session 7.1 Check in



Group Exercise:

Check in

Objective:

Provide the group with an opportunity to check in with one another.

Peer Trainer Information

Introduce the objective of the session.

Peer Trainer welcomes each person to the HCV Course.

Peer Trainer to pass around a sign in sheet 7.1. Outline today's session. Remind group of group contract. Give each trainee a blank sheet to write down questions and remind them that there will be an opportunity to ask questions after each session has been completed.

Please remember if you're speaking a lot, concentrate more on listening and if you're not speaking, feel encouraged to challenge yourself to speak more.

Peer Trainers inform the group that every session begins with a check-in. These check-ins allow people to get to know one another. Today's check-in will be a word game.

Check In DESERT ISLAND

Peer Trainer introduces check in and reads the following, 'You've been exiled to a deserted island for a year. In addition to the essentials, you may take one piece of music, one book (which is not the Bible) and one luxury item you can carry with you i.e. not a boat to leave the island! What would you take and why?'

Allow a few minutes for the participants to draw up their list of three items, before sharing their choices with the rest of the group. As with most icebreakers and relationship building activities, it's good for the group leaders to join in too!

Session 7.2 Exercise: Icebreaker common ground



Group Exercise:

Icebreaker - Common ground

Objective:

Provide the group with an opportunity to check in with one another.

Peer Trainer Information

Introduce the objective of the session.

Present slides.

Peer Trainer divides the participants into small groups and has them discuss things they have in common, such as gender or eye colour.

Explain to the group that they must also seek unusual things they have in common for example; being a twin or having an unusual pet, like a snake.

Explain to participants they have 15 minutes to find as many common facts as they can. And that this exercise helps build peer relations with the group, as they begin to learn more about their peers.

Session 7.3 Group exercise: How would life change?



Group Exercise:

How would life change

Objective:

To discuss whether life would be different if they were living with Hepatitis C

Peer Trainer Information

Introduce the objective of the session.
Present exercise.

Peer Trainer explains to the group: the next exercise we are going to put ourselves in the shoes of others (who have HepC) this is done so we can try to understand the trauma of living with someone who has hepatitis c virus.

Break the participants into four groups and ask them to walk around the room and answer the questions on each flip chart. Ask them to take 2 minutes on each statement and write down how their life would change if they suddenly discovered:

- ⇒ They were told that they were Hepatitis C positive
- ⇒ Their close friend had been told they were Hepatitis C positive
- ⇒ Their partner had Hepatitis C
- ⇒ What challenges they would face if they had Hepatitis C (name two)

Peer trainer after ten minutes ask each group to read out answer on the flip charts they are at. Following this exercise invite everyone to take their sit. Ask them to turn to the person beside them and complete the following sentence.

If I had Hepatitis C, my biggest fear would be...

Session 7.4 Coping with Hepatitis C



Presentation:

Coping With Hepatitis C

Objective:

to discuss coping skills regarding Hepatitis C either personally or within their families

Peer Trainer Information

Introduce the objective of the session.

Present slides.

Ask group for feedback and / or question on slides.

Living with a chronic virus such as Hepatitis C virus can be difficult and may even become all consuming—remember you're still you. It may also become an all consuming issue with your close friends, family and intimate partners.

Many of those who have contracted the disease have difficulty opening up to those close to them about their condition.

People with Hepatitis C experience a lot of stigma, says Alan Franciscus, executive director of the Hepatitis C Support Project in San Francisco. "*It can be really hard.*"

Often people suffer from a self-imposed stigma, that somehow they think that others may see them as dirty. This is not the case for most people.

This can cause HCV carriers to pull away from friends and family, rather than talk to them and inform them of their situation.

While this is understandable in some cases, for the majority of carriers it is much more beneficial to tell those close to you, just what you're going through. This helps protect both you and your families' well being.

(Department of Epidemiology and Public Health Medicine— "An unspoken world of unspoken things": a study identifying and exploring core beliefs underlying self-stigma among people living with HIV and AIDS in Ireland.)

Session 7.5 Self-imposed stigma

**Presentation:**

Self-imposed stigma

Objective:

To discuss self-imposed stigma.

Peer Trainer Information:

Introduce the objective of the session.

Ask group for feedback.

A self-imposed stigma is evident in a survey carried out by “The American Gastrointestinal Association”.

The survey found that three-quarters of people with Hepatitis C believe the disease only infects the unhealthy or drug users.

Hepatitis can infect anyone; it does not discriminate between rich and poor. The survey asked 500 people with the disease and 1200 without.

The results were quite interesting. While three-quarters of sufferers believed that in general others viewed them as addicts or unhealthy, only one-third of those without the disease held this view.

As can be seen, the evidence contradicts the belief of the majority of Hep C sufferers that others perceive them as unhealthy or drug addicts.

Therefore it seems obvious that those without the disease are more sympathetic than those with it believe.

Session 7.6 Talking to your partner about Hepatitis C



Presentation:

Talking to your partner about Hepatitis C

Objective:

To learn new skills of discussing difficult topics regarding HepC

Peer Trainer Information:

Introduce the objective of the session.

Ask participants to imagine how what they might say to their partner.

Ask group for feedback and / or question on slides.

Information to cover in this presentation:

Peer trainer asks all participants to get into groups of threes or fours depending on the size of the group. Now ask the groups to discuss all of the following questions. After 20 minutes invite groups to group back into large group. Ask each group for feedback back.

- ⇒ I found out I have Hepatitis c virus how do I react to the news?
- ⇒ How can I reduce the risk of spreading Hepatitis C virus to partner and family?
- ⇒ Would you tell your partner you had Hepatitis C virus? Should you tell your partner you have Hepatitis C virus?
- ⇒ Would you tell them? Where would you tell them? When would you tell them?
- ⇒ How could you prepare yourself for a negative reaction?
- ⇒ Here are some examples of how to start a conversation with your partner about having Hepatitis C: "I have something I'd like to tell you..." "I believe that our relationship is strong, so I feel I can tell you that..." "Remember how I went to the doctor's office/clinic a few weeks ago?" "I have something very personal I want you to know about me..."
- ⇒ Your partner will likely have questions about what Hepatitis C is, how it is transmitted, and if it can be cured. Be ready to give straightforward, factual information about Hep C. You can suggest contacting the organisations whose websites have basic and factual information.
- ⇒ Hepatitis C can be spread sexually. This means that any sexual partner should be informed of the risks. The good news, however, is that the risk of contracting the disease through sexual activity is very low (but not impossible).

Session 7.7 Six coping strategies for positive relationships



Presentation:

Six coping strategies and positive relationships

Objective:

To discuss coping strategies and positive relationships.

Peer Trainer Information

Introduce the objective of the session.

Present slides and discuss with group.

Peer Trainers to handout the following statements on A4 sheet and ask the participants to get into pairs (try working with someone they have not worked with before). Ask the participants to read through the six coping strategies and ask them for their feedback on the statements.

Positive Thinking. Always build on your positive attributes and develop your strengths. Don't ignore your problems and hope they'll go away. Seek advice and help from professionals and support groups on how to overcome these problems.

Up-skill yourself. Think of this as a learning opportunity. You will need new skills to cope. Learn to ask questions from medical professionals, don't walk away, or let them walk away unless you're sure you understand what has been said to you—be assertive, but not aggressive. There may be more to do now. Make time for appointments and the effects of treatment. Be sure that your partner or children are aware of how things are progressing, this sharing may also help.

Don't be afraid to ask for help. You may need more help coping with the normal things in life now. If a partner or friends or older children are happy to help, tell them what a great help they are and that you appreciate the support. This will show your gratitude and encourage further help.

Don't push yourself too hard. Learn to manage your situation. Grab some rest whenever you can. Don't take on any tasks that may be too much for you. Learn which way your energy levels go up and down and plan accordingly.

Self-Care. You may feel like a burden to those around you, this is normal but incorrect and self-destructive. The better you look after yourself the better you can take care of others.

Being Mindful, watch your moods and how you're coping emotionally. If you can manage the other five areas above you will feel better about yourself, feel more in control and confident about how you are coping in general.

(These six coping tips are derived from Paul O'Donoghue's pamphlet 'Relationships Issues & Hepatitis C')

Session 7.8 Closing exercise: Thumb circle



Closing Exercise:

Thumb circle

Objective:

To reflect on what each individual brings to the groups.

Peer Trainer Information:

Discuss objective of this session.

Teach closing exercise.

The Thumb Circle exercise is used to reflect on what each individual brings to the group. The exercise also affirms diversity and unity within the group.

Group stands in a tight circle, shoulders touching. Peer Trainer goes first to demonstrate. Put your right thumb vertical into the circle and say one skill or quality you bring to the workshop/ campaign/ work/ group.

Then turn your thumb sideways so it's horizontal. The person on your left then does the same and, after saying their skill but you can not repeat the same skill that those before you mentioned, turns their thumb horizontally and holds your thumb in their hand.

Continue round the circle so you build a circle of thumbs. When everyone has spoken and you have a complete thumb circle, invite everyone to reflect on the wealth of skills and talents in the group.

Lower the thumb circle then whoosh it up into the air, letting go and giving all the gifts to the world.

Session 7.9 Check out and evaluation



Group exercise:

Check out and evaluation

Objective:

To evaluate and discuss the module.

Peer Trainer Information

Introduce that they are now going to do an evaluation and a check-out.

Give the group the Evaluation handout.

Check out-one thing you learnt or are taking away from today's session.

Evaluation

As you can see the evaluation forms only have four questions on the page. We are asking you every week to write one word or maybe one sentence to give your feedback on each module as we progress through the course.

Check out – What are you taking to your peers from the information today?

Module 8

Overcoming Stigma and HCV

Module 8. Peer trainer instructions and guidelines

Peer Trainer preparation and information to support this activity:

Peer Trainer pass around the Handout 7.1, Sign In Sheet. Peer Trainers should allocate time before each class to set up the room and materials. Peer Trainers should check in with each other so that they are grounded and focused on the session.

Room:

Check that the chairs and tables (if needed) are arranged. Ensure that folders, writing paper and pens are available for participants. Set up computer (so it's ready to use), connect to internet, usb stick with presentations for session.

Materials:

Sign In sheet	Handout 8.1
5 Types of stigma	Handout 8.2
Labels are for cans	Handout 8.3
Health race cards	Handout 8.4
Evaluation sheet	Handout 8.5

Equipment:

Flip chart, marker and folders
Jug of Water with fruit

Module 8. Peer trainers preparation checklist

Event / Session: _____

Date: _____ Location: _____

Contact: _____

Tel: _____ Email: _____

Essentials	Date Completed	By Who	Not Needed	Comments
Room reserved				
Audio visual materials and / or computer booked				
Registration forms and needs assessment forms				
Lesson plan or session outline prepared				
Handouts printed				
Resources and materials for local organisations				
Practice exercises and timing				
Name tags prepared				
Flip Chart and Stand available				
Markers, blu-tac and other materials				
Catering and refreshments				

Module 8. Stigma and Hepatitis C virus

Goal

The module will explore the types of stigma and outline how individuals cope with stigma.

The objective

The objective is to teach participants how we use language and labels.

Session 8.1	Group exercise	Check in
Session 8.2	Presentation	5 types of stigma
Session 8.3	Group exercise	Labels are for cans
Session 8.4	Group exercise	Health race activity
Session 8.5	Presentation	Breaking free from our own labels
Session 8.6	Exercise	Head, heart, hooves
Session 8.7	Group exercise	Check out and Evaluation

Session 8.1 Check in

**Group Exercise:**

Check in

Objective:

Provide the group with an opportunity to check in with one another.

Peer Trainer Information:

Introduce the objective of the session.

Present slides.

Peer Trainer welcomes each person to the HCV Course.

Outline today's session. Remind group of the group contract. Give each participant a blank sheet to write down questions and remind them that there will be an opportunity to ask questions after each session has been completed.

Please remember if you're speaking a lot, concentrate more on listening and if you're not speaking, feel encouraged to challenge yourself to speak more.

Peer Trainers inform the group that every session begins with a check-in. These check-ins allow people to get to know one another. Today's check-in will be a word game.

Check In—Do you believe that Hepatitis C carries a stigma? Please explain your answer.

Session 8.2 Exercise: 5 types of stigma



Group Exercise:

5 Types of stigma

Objective:

Provide the group with an opportunity to check in with one another.

Peer Trainer Information

Introduce the objective of the session.

Present slides.

Peer trainer print of each type of stigma on a A4 sheet and ask group to read out.

Secondary Stigma

People can be stigmatised by association: that means that the people such as friends, family members and their children of the stigmatised person also get labelled. This can be if a mother or daughter has Hepatitis C then others treat them as they see the person with Hepatitis C. So the stigma is directed at family, friends and their children.

Physical Stigma

When an individual is ignored or shunned by others. They're not accepted and treated as an 'outcast'. An example would be when the stigmatised person is put out of the family home because they have Hepatitis C.

Verbal Stigma

People begin to use derogatory terms to the person who has Hepatitis C. They begin to use nasty and offensive name calling towards the individual who has HepC. This may also involve gossiping, ganging up on someone or picking on an individual because they have Hepatitis C.

Social Stigma

When an individual isolates themselves as they feel they don't fit in with their peers. An individual may not relate to their peers as they have Hepatitis C. They may be isolated in the community.

Institutionalised Stigma

When a person is denied an opportunity for a job or a home because of their Hepatitis C. Or if an individual is fired because of their status.

(nams aidsmap)

Session 8.3 Group exercise: Labels are for cans



Group Exercise:

Labels are for cans

Objective:

To learn how stigma affects a person.

Peer Trainer Information:

Introduce the objective of the session.

Present exercise.

Peer Trainers to write the following words on a “post it”: Stoner, Drunkard, Clown, Loser, Stupid, Ugly, Smart, Gay, Genius, Bright, Compassionate, Hippie, Homeless, Druggie, Unmotivate, Movtivated, Friendly and Sweetheart.

Peer Trainers explain that each person will get a word for their forehead (So only the people can see the word and not the person). Then everyone walks around for 10 minutes and talks about their goals for the future.

Peer Trainer to explain to participants when someone tells you about their goals you have to react based on what is on their “post it”.

Peer Trainer explains to participants that while they are talking to each of their peers to observe how they are being treated and not on guessing what the word that they were given.

Peer trainer to ask everyone not to look at their word but to sit back in the circle. And ask each person to answer four questions before looking at word. What was that like? How they were treated? How did it feel to be treated like that? Does anyone know what their label is?

Peer Trainer now asks the group to look at the labels and fill out the worksheet.

Peer Trainer outlines with the group how stigma affects a person.

Peer Trainer to state that the group has mentioned some of the effects and list more effects; low self esteem, higher risks of suicide, alcohol and drug abuse, difficulty with relationships, problems with anger or a person may act out the label they are experiencing.

Peer Trainer explores with the group how they might think stigma on a person with Hepatitis c might feel? Some answers may be stress, anxiety, depression, guilt, loss of support, emtional or physical violence.

Peer Trainer to ask the group what are the consequences of stigma surrounding Heptitis C? Some answers maybe stigma interferes with peoples’ ability to openly discuss Hepatitis C; discourages people from asking questions and getting tested.

**Group exercise:**

Health race activity

Objective:

To outline the race for good quality healthcare.

Peer Trainer Information

Introduce the objective of the session.

Explain activity.

Peer Trainer asks the group for five volunteers to take part in the activity. And asks the rest of the group to observe. Also ask the group out of the five volunteers who do they think will win the race? Who will be faster?

Peer Trainer to hand out each volunteers identity cards and ask them to line up beside each other.

Peer Trainer to explain that this is a different type of race and that these five will be running for good quality healthcare. Ask each volunteer to read out their cards so everyone can hear their stories.

Now Peer Trainer tells racers to take a step back if any of them: Are a racial or ethnic minority; Have a mental health issue; Have ever used drugs or alcohol; Have been to jail; Are low income; Identity as LGBTQ; Don't speak English; Are a recent immigrant with different cultural values about health or have Hepatitis C.

Inform each volunteer that this is their real life starting points. Ask audience to notice who is in front and who's in the back.

Bring everyone back to circle and ask them; Who won? Why? Who lost? Why? Do they think this race was fair? Do they think people should have to compete for quality health care?

Peer Trainer asks the group to get into pairs and write down how they can reduce barriers for people to get things they need like health care and mental health counseling?

Session 8.5 Breaking free from our own labels



Group Exercise:

Breaking free from our own labels

Objective:

To learn from each other how to cope with stigma.

Peer Trainer Information

Introduce the objective of the session.

Ask participants to brainstorm what labels they have heard.

Ask group for feedback and / or question on slides.

Peer trainer to ask the group what can we do to help eradicate the stigma surrounding Hepatitis C?

Some ideas include prevention, education, workshops, talking to each other, changing laws decriminalising the drug user, opening consumption rooms to reduce the risk of the public being at fear or harm.

You can also reduce stigma if you recognise when labels are used to describe people and you stop and ask yourself why are they used and if they are still useful or harmful.

For example, think about the label "handicapped". It was originally used to describe people who cannot do as much or be as productive as others. Since society recognised that people with different physical needs (like a ramp to get into a building) are just as productive and valuable citizens. The term handicapped once used to insult and humiliate someone, has transformed to help describe someone that we, as compassionate community members, need to be conscious does not have the same needs as mainstream culture.

You can reduce stigma if you look past the stereotype formed around the label. If you meet someone who has a disease like Hepatitis C, you don't have to assume that they are a drug addict. If you meet a drug addict; you don't have to assume they are violent, abusive, or a second class citizen.

We can all reduce stigma if we speak up about it when we see it by discussing the effects of stigma such as isolation, identity confusion and substance abuse. You can't blame a person who uses drugs if they use drugs because they have been stripped of all healthy coping mechanisms because of the stigma placed on them.

Session 8.6 Closing exercise — Head, heart, hooves



Group Exercise:

Head, heart and hooves

Objective:

To reflect on what each individual brings to the group.

Peer Trainer Information

Introduce objective of this session.

Teach closing exercise.

At the end of the session ask the group have they any questions.

Peer Trainer to introduce the closing exercise: Head, Heart and Hooves

Ask all the participants to think about three questions.

Head—What did you learn?

Heart—How did you feel?

Hooves—What are you going to do with the information that you learnt?

Ask them to write down one answer to each of the questions and then ask each individual to share their answers with the group. .

This activity is a way to evaluate the participants thoughts and feelings.

Session 8.7 Check out and evaluation



Group Exercise:

Check out and evaluation

Objective:

To evaluate and discuss the module.

Peer Trainer Information

Introduce objective.

Welcoming group and check in.

Evaluation

Peer Trainer to introduce the evaluation forms and remind the group to share honest opinions of their experience of the module.

Check out – What are you taking to your peers from the information today?

Module 9

Advocacy and Hepatitis C Virus

*‘Help I need
somebody's, help not
just anybody's help!’*

Peer Trainer preparation and information to support this activity:

Peer Trainers should allocate time before each class to set up the room and materials. Peer Trainers should check in with each other so that they are grounded and focused on the session.

Room:

Check that the chairs and tables (if needed) are arranged. Ensure that folders, writing paper and pens are available for participants. Set up computer (so it's ready to use), connect to internet, USB stick with presentations for session.

Materials:

Sign In Sheet	Handout	9.1
Assertiveness	Handout	9.2
Case Study #1 and #2	Handout	9.3
Case Study #1 and #2	Worksheet	9.4
Evaluation Sheet	Handout	9.5

Equipment:

Flip Chart and Marker, Folders
Jug of Water with fruit

Module 9. Peer trainers preparation checklist

Event / Session: _____

Date: _____ Location: _____

Contact: _____

Tel: _____ Email: _____

Essentials	Date Completed	By Who	Not Needed	Comments
Room reserved				
Audio visual materials and / or computer booked				
Registration forms and needs assessment forms				
Lesson plan or session outline prepared				
Handouts printed				
Resources and materials for local organisations				
Practice exercises and timing				
Name tags prepared				
Flip Chart and Stand available				
Markers, blu-tac and other materials				
Catering and refreshments				

Module 9. Advocacy

The goal

The module will explore skills and techniques through exercises to help participants become an effective advocate for a person with Hepatitis C virus.

The objective

The objective is to teach participants skills so that they become an effective advocate.

To learn assertiveness and negotiating skills

To learn to how apply advocacy skills

Session 9.1	Group exercise	Check in
Session 9.2	Group exercise	Listening and sharing
Session 9.3	Presentation	What is advocacy?
Session 9.4	Group exercise	Assertiveness skills
Session 9.5	Presentation	Negotiating styles
Session 9.6	Presentation	Applying Advocacy Skills
Session 9.7	Group Exercise	Check Out and Evaluation

Session 9.1 Check in



Group Exercise:

Check in

Objective:

Provide the group with an opportunity to check in with one another.

Peer Trainer Information

Introduce the objective of the session.

Peer Trainer welcomes each person to the HCV Course.

Peer Trainer pass around sign in sheet handout 9.1. Outline today's session. Remind group of group contract. Give each trainee a blank sheet to write down questions and remind them that there will be an opportunity to ask questions after each session has been completed.

Please remember if you're speaking a lot, concentrate more on listening and if you're not speaking, feel encouraged to challenge yourself to speak more. Peer Trainers inform the group that every session begins with a check-in. These check-ins allow people to get to know one another. Today's check-in will be a word game.

Check In: On a scale from 1—10. with 1 being that you are not in a good space and 10 being that you are in a great space , What number would you give yourself today? And why are you giving yourself that number?

Session 9.2 Group exercise: Listening and sharing



Group Exercise:

Listening and sharing exercise

Objective:

Provide the group with an opportunity to pair up with one of their peers, each group of peers then takes it in turn to share the information received from their peer.

Peer Trainer Information

Introduce the objective of the session.

Peer trainer to ask the group to break up into break into pairs. Then instruct them that they have two minutes each to ask their peer the following questions.

- ⇒ Their name
- ⇒ The are they live in
- ⇒ Their age
- ⇒ One dream they have
- ⇒ Favourite hobby or past time
- ⇒ One thing they have enjoyed about the course
- ⇒ One question they have about Hep C

After four minutes the Peer Trainer then invites everyone back to the group and asks each person to present the answers of their peer.

Congratulate all for speaking for someone in the group. And explain that advocacy is exactly that, talking up for someone.

Session 9.3 Group Discussion: What is advocacy?



Presentation:

What is advocacy?

Objective:

Provide the group with an opportunity to learn the principles of advocacy.

Peer Trainer Information:

Introduce the objective of the session.

Peer Trainer to ask the group to work out what they believe advocacy to be? Write their answers on a flipchart.

Peer trainer to have the following information on flip charts and read to the group.

Advocacy is:

- ⇒ When people support, speak, or act on their own behalf or on behalf of someone who asks for assistance.
- ⇒ A means to obtain information, services and resources, as well as the cooperation of health and social service professionals.

The principles of advocacy are: Attitudes (Positive thinking), Skills (Resourcefulness and Assertiveness), Resources (Social support network, formal and informal - community groups) and Knowledge (of Hepatitis, community agencies, treatment processes and community support groups).

Effective advocacy requires you to have three kinds of self-knowledge: how positive you are, when you need to take a break, and when you should not advocate at all.

Peer Trainer to open a group discussion after above presentation.

(Advocacy for Hepatitis Care and Support)

Session 9.4 Group Exercise: Assertiveness skills



Presentation:

Assertiveness skills

Objective:

Participants explore assertiveness and communication styles that could be used in a range of situations. Using techniques such as case studies, participants are provided with opportunities to practice and reflect on the usefulness of these strategies.

Peer Trainer Information

Introduce the objective of the session.
Introduce different communication styles.

Peer Trainer to ask the group to brainstorm 'What is assertiveness'?

Peer Trainer pass around Handout 9.2 on Assertiveness

Handout on Case Study #1.

Julie is a 29 year old single mother of 2 children. She has had Hepatitis C for 6 years. She went to see Dr Notright to get his opinion about what she could cope with because her welfare case manager is encouraging her to go back to school full time. Julie is tired all the time, has trouble concentrating and has to write things down or she forgets. She thinks her symptoms are from the chronic Hepatitis infection. Dr Broderick says, "Yes, you have Hepatitis C but don't worry about it. Young mothers are always tired. It's not the Hepatitis. There is no reason you can't go back to school. It would do you good to get out of the house."

Worksheet on Case Study #1.

1. State Julie's problem in one sentence.
2. What should her goal be in her next interaction with Dr. Broderick?
3. What barriers exist to her advocacy efforts and how can she eliminate or reduce them?
4. What strategies or resources could she use to make this advocacy effort effective?
5. What should she do if Dr. Notright again refuses to give her this information during their next conversation?

Session 9.5 Presentation: Negotiating styles



Presentation:

Negotiating styles

Objective:

Provide the group with awareness of the different negotiating styles.

Peer Trainer Information:

Introduce the objective of the session.

Peer trainer to ask the group to create a list of some negotiating styles.

Peer Trainer passes around the Handout 9.4 on negotiating styles

Fighters or attackers: They seek to win. They may threaten, insult, withhold information, and stretch the facts.

Appeasers or converters: They seek to make you happy by appeasing you or converting you to their way of seeing things. They value a fair agreement between both sides and a positive relationship between all people involved.

Those who flee or dither: Their goal is sheer survival. They fluctuate between attacking, hiding and delaying, and appeasing. They are often unwilling to take a stand. Overall, they would probably like not to be there.

Analysts: Their goal is to understand and to solve the problem whether it meets the needs of the people involved or not. They rely on objective facts, not on emotional appeal.

Truth seekers: They are committed to the “truth”, often despite evidence to the contrary. They are often honest and sincere but inflexible and intense.

Peer Trainer asks the group have they used any of these negotiating styles and ask them to discuss how they used the tool.

**Group Exercise:**

Applying advocacy skills

Objective:

To gain confidence in applying our advocacy skills.

Peer Trainer Information

Introduce the objective of the session.

Peer Trainer introduces participants to another case study in order for them to practice being an advocate.

Peer Trainer outlines that an advocate must plan; the following steps are an example of a guideline that could be followed:

- ⇒ Preparing for Advocacy Situations
- ⇒ Before a Meeting
- ⇒ During a Meeting
- ⇒ Intervention e.g. Write letters and make phone calls

Case Study #2

Marie has just completed a difficult year of drug therapy and her doctor says she is cured. However, Marie continues to feel extremely tired, has difficulty cooking nutritious meals and has periods of what she describes as brain fog. She doesn't feel that she is ready to return to work.

1. State Marie's problem in one sentence.
2. What is her goal?
3. Whom might she involve?
4. What organisation or agencies would you suggest she access in order to seek support and help on these matters?
5. What strategies or resources could she use to make this advocacy effort effective?
6. What actions are you going to do?

Session 9.7 Check out and evaluation



Group Exercise:

Check in

Objective:

To evaluate and discuss the module.

Peer Trainer Information

Introduce the objective of this session.
Welcome group and check in.

Evaluation

Peer Trainer to introduce the evaluation forms and remind the group to share honest opinions of their experience of the module.

Check out – What are you taking to your peers from the information today?

APPENDIX

Module 1

Handouts

Peer Trainer: _____

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Handout 1.2 Pre-training questionnaire

Welcome to this training! We would like to know a bit about your background, your peer education knowledge and skills level, and your expectations of and opinion about this training. There are no right or wrong answers. We are interested only in knowing your opinion. Please tick / mark the appropriate box or fill in the blanks. Note that you do not need to give your name or address. Thank you!

Today's date: _____ **Training location:** _____

Name: _____

1 Are you ☐ Male ☐ Female

2 How old are you?

3 What level of schooling have you completed?

☐ Primary school ☐ Secondary school ☐ University or postgraduate

4 What is the role in your job? (select one)

☐ Manager ☐ Trainer ☐ Peer educator ☐ Other (specify)

5 How long have you been working in peer education? (enter 0, if no experience) _____

6 How likely is it that you will use the knowledge and skills learned in this training to train other peers? ☐ Highly likely ☐ Somewhat likely ☐ Not likely ☐ Unsure at this time

7 On a scale of 1 to 5 (1 being the lowest; 5 being the highest), how do you rank your confidence in being able to conduct a workshop on the IC2 HCV Peer 2 Peer Training?

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

8 On a scale of 1 to 5 (1 being the lowest; 5 being the highest), how do you rank your knowledge of and ability to describe a model for peer education programmes?

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

9 On a scale of 1 to 5 (1 being the lowest; 5 being the highest), how do you rank your knowledge about the difference between the treatments for HCV?

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

10 On a scale of 1 to 5 (1 being the lowest; 5 being the highest), how do you rank your confidence and skills in setting up and conducting role-play exercises for peer educations?

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

11 On a scale of 1 to 5 (1 being the lowest; 5 being the highest), how confident and comfortable are you in bringing a speaker living with HCV to a workshop for other peers?

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

12 On a scale of 1 to 5 (1 being the lowest; 5 being the highest), how confident are you in conducting at least three team-building exercises for peer educators?

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

13 On a scale of 1 to 5 (1 being the lowest; 5 being the highest), how well do you think you know at least four icebreaker exercises?

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

14 On a scale of 1 to 5 (1 being the lowest; 5 being the highest), how well do you think you know at least three different ways to teach factual information in a training?

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

15 On a scale of 1 to 5 (1 being the lowest; 5 being the highest), how well do you think you know at least three different motivational techniques to use in a peer education training?

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

16 On a scale of 1 to 5 (1 being the lowest; 5 being the highest), how do you rank your confidence in providing services related to the areas discussed in this training?

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

17 On a scale of 1 to 5 (1 being the lowest; 5 being the highest), how do you rank the usefulness of this training for your work?

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

18 Please specify two to three barriers or challenges related to peer education programmes in your organisation (things that could prevent you teaching your peers)

21 Please feel free to write comments related to this training (e.g., your expectations)?

Thank you for completing this form!

From social learning theory

According to this theory, individuals can increase their ability to take control of their lives (called self efficacy) by acquiring new knowledge and skills that teach them how to better handle situations. This learning can occur:

- ⇒ Through direct experience
- ⇒ Indirectly, by observing and modelling the behaviour of others with whom the person identifies
- ⇒ Through training in skills that lead to confidence in carrying out a behaviour

In the context of peer education, this means that the inclusion of interactive experimental learning activities is extremely important and that peer educators can act as influential teachers and role models.

From theory of participatory education

This theory states that empowerment and full participation of the people affected by a given problem is key to behaviour change. The relevance of this theory in the context of peer education is obvious: many advocates of peer education claim that the (horizontal process of peers talking amongst themselves and determining a course of action is key to the success of a peer education programme.

From Health belief model

The health belief model suggests that if a person has a desire to avoid illness or to get well (value) and the belief that a specific health action will prevent illness (expectancy), then the person will take a positive action towards that behaviour.

An important aspect of the health belief model is the concept of perceived barriers, or one's opinion of the tangible and psychological costs of the advised action. Peer educators could reduce perceived barriers through reassurance, correction of misinformation, and assistance.

For example, if a person does not seek health care in the local clinic because he or she feels that confidentiality is not respected, the peer educator may provide accurate information on youth-friendly service, thus helping to overcome the barrier to accessing proper health care.

From the IMBR model: information, motivation, behavioural skills, and resources

The IMBR model addresses health-related behaviour in a way that can be applied to and across different cultures. It focuses largely on the information (the 'what'), the motivation (the 'why'), the behavioural skills (the 'how'), and the resources (the 'where') that can be used to target at-risk behaviours.

For example, if a person knows that using condoms properly may prevent the spread of HIV, he may be motivated to use them and know how to employ them correctly, but he may not be able to purchase or find them. Thus, the concept of resources is important to this model.

In the context of peer education, this means that a programme that does not include all four IMBR concepts probably lacks essential components for reducing risk behaviour and promoting healthier lifestyles.

A programme might, for example, explain to individuals the need for contraception and describe contraceptive methods but omit demonstrating their proper use. Participants would then be informed about what to do but not how to do it.

Handout 1.4 Incentives for Peer Trainers.

Incentives are things that bring about action. In peer education, incentives can help attract peer educators into a program and keep them motivated and interested in their work. Incentives can range from fairly costly to inexpensive. The following list of incentives was developed during brainstorming sessions held with Y-PEER Focal Points in Ochrid, Macedonia, in August 2004.

Higher cost

- ⇒ Offer large quantities of high-quality or high-tech educational materials (electronic resources, T-shirts, notebooks, manuals)
- ⇒ Sponsor attendance to conferences, meetings, or presentations that occur at the regional or international level
- ⇒ Provide internships, scholarships, or job opportunities at organizations
- ⇒ Invite peer educators to represent their organization at national and regional events
- ⇒ Hold contests with generous prizes (such as travel or a computer)
- ⇒ Sponsor a formal reception for all people involved with peer education (peer educators, trainers, staff, partners, donors)
- ⇒ Provide administrative, technical equipment (computers, photocopies, software)
- ⇒ Offer a salary

Lower cost

- ⇒ Provide no- or low-cost access to administrative, technical equipment for peer educators (computers, fax, phones, internet)
- ⇒ Find ways to make use of peer educators' creativity by letting them write and design a newsletter, website, or promotional materials
- ⇒ Conduct regular monitoring visits so peer educators know supervisors are interested in their work
- ⇒ Invite senior staff from non-governmental organizations (NGOs), donors, and partners to observe work at the field level
- ⇒ Provide access to low-cost basic health services (family planning, counselling, and commodities such as pills or condoms)
- ⇒ Continue training by providing short refresher courses or introducing new technical information
- ⇒ Provide access to additional reference or resource materials
- ⇒ Pay small sums of money to peer educators, such as a per diem for work days
- ⇒ Provide money for local transportation or provide bicycles
- ⇒ Give some promotional materials (t-shirts, pens, pamphlets)

Little or no cost

- ⇒ Ask peer educators for their ideas and listen to what they have to say
- ⇒ Provide verbal recognition of good work or successful completion of assignments (one-on-one, in meetings, or at events)
- ⇒ Give awards (such as 'peer of the month')
- ⇒ Finish some meetings with a 'fun' session with refreshments (this could also mean having a meeting and providing lunch or snacks after)
- ⇒ Invite peers to present their work or knowledge at higher-level meetings or workshops

Handout 1.5 Self-Care

Apply these suggestions to help trainers and peer educators relax, reduce stress, and invite balance into their lives.

Breathe deeply. Have you ever noticed your breathing when you are feeling stressed or moving too fast? It is probably shallow and tight. Take a few slow, deep breaths to relax.

Take a walk. Get out. Go shopping. Play sports. Exercise not only helps burn off nervous energy but also allows you to leave the place causing you stress.

Eat well. Busy people often skip meals or eat fast food too frequently. Heavy foods, too many or too few calories, and inadequate nutrition can make you feel lethargic. Eat vegetables, fruits, grains, and lean proteins – nutritious, high-energy foods.

Drink water. Most people do not drink enough water and feel dehydrated, tired, and achy. Next time you feel dry or in need of a liquid 'pick me up', drink water instead of coffee, tea, or high-sugar drinks. Experts say that once you feel thirsty, you are already dehydrated, so drink up.

Slow down. Do not worry; you do not have to stop. By making sure your mind is actually where your body is, you will feel (and appear) less scattered, think more clearly, and be more effective. Time management and delegation strategies can help avoid confused priorities and schedule conflicts.

Team up. If you are a stressed-out trainer or peer educator, you may not be letting other people help you get things done – whether delegating tasks to other peers or trainers, partnering with other groups, or simply networking for support and advice. Sharing the load with other people and staying connected to positive people can help prevent stress.

Sleep well. A good night's sleep is not a luxury; it is a necessity for clear-thinking and mindful responsiveness. Aim to get a good night's rest by watching what you eat before you go to bed, turning off the television and computer, and taking a few minutes to slow down and transition from 'busy day' to 'restful night' – perhaps by sipping some herbal tea and listening to soothing music.

Loosen up. Tight muscles, critical thinking exacerbate stress and propel you towards burnout. Find ways to stretch both body and mind. Take a bath. Meditate. Gentle stretching loosens tight muscles, while similar 'mind exercises' or meditation can help lessen chronic perfectionism and criticism. Have fun. Laughter is great medicine, so surround yourself with fun things and people. Watch your favourite funny movies, play with your kids or animals, choose to be around people who make you laugh, or just laugh at yourself when you get overly serious or unhappy.

Get away. Whether for an hour, a day, or a week, remove yourself from your work and concentrate 100 % in someone or something else. Recharge yourself today so you are more productive and can enjoy your work tomorrow.

Handout 1.6 Monitoring and evaluations

What are monitoring and evaluation?

Monitoring is the routine and systematic process of data collection and measurement of progress towards programme/project objectives. Some of the main questions that monitoring activities seek to answer include: Are planned activities occurring? Are the planned services being provided? Are the objectives being met?

Evaluation is the process of systematically investigating a project's merit, worth, or effectiveness. The question that it answers is: Does the project/programme make a difference? The common types of evaluation include process evaluation, outcome evaluation, and impact evaluation.

Process evaluation consists of quantitative and qualitative assessment to provide data on the strengths and weaknesses of a project's components. It answers questions such as: Are we implementing the programme as planned? What aspects of the programme are strong? Which ones are weak? **Outcome evaluation** consists of quantitative and qualitative assessment of the achievement of specific programme/project outcomes or objectives. Usually conducted at the project-level, it assesses the results of the project.

Outcome evaluation addresses questions such as: were outcomes achieved? How well were they achieved? If any outcomes were not achieved, why were they not? What factors contributed to the outcomes? How are the clients and their community affected by the project? Are there any unintended consequences? What recommendations can be offered to improve future implementation? What are the lessons learned?

Impact evaluation is the systematic identification of a project's effects – positive or negative, intended or unintended – on individuals, households, institutions, and the environment. Impact evaluation is typically carried out at the population level, rather than at the project level. Furthermore, impact evaluation refers to longer-term effects than does the outcome-level evaluation.

Handout 1.7 Skills rating form

This form contains items used as part of an evaluation of peer educators' and trainers' skills.

Today's Date: _____ Training location: _____

Please rate the strength of the peer educator or presenter on the items below using the following scale:

1 = Weak

2 = Good

3 = Excellent

Name of Peer Educator/Trainer	M.1	M.2	M.3	M.4	M.5	M.6	M.7	M.8
Training Techniques								
1. Explaining the purpose of activity/ exercise								
2. Connection with the audience, eye contact								
3. Appropriate body language, movement, gesture								
4. Listening skills								
5. Intonation and volume of voice								
6. Use of visual aids, e.g. Flip charts								

Please rate the strength of the peer educator or presenter on the items below using the following scale:

Team Work								
1. Co-operation with co-facilitator								
2. Practical assistance								
3. Sharing the training space								
4. Respecting each other								
5. Smoothness of teamwork								
6. Keeping to agreed agenda								
7. Communicating agenda changes if needed								
Managing Participants								
1. Creating a safe learning environment								
2. Dealing with troublemakers, talkers, bored participants								
3. Motivating the participation of participants								

Comments:

Worksheet 1.8 Evaluation

What did you like most?



One thing you would change?



Main question you take with you as you leave?



One thing you take with you as you go back to your peers?



Module 2

Handouts

Peer Trainer: _____

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Handout 2.2 Sample Contract of Group Engagement

Participant Name: _____ Ph: _____

Address _____

This Contract has been agreed between the Peer Trainers and participants. The group needs to create ground rules for a safe learning environment.

Peer Trainer _____

Peer Trainer _____

Programme engagement

I agree to engage and participant's in the programme for the training.. Engagement means that I attend at least attend 80% of the course to receive the certificate. And if I attend less than 80% I will receive a certificate for attendance only.

Attendance & Participation

I agree to participate fully in the HCV Peer Training Course. As a participant I am expected to keep on top of my time keeping, that is, I will be on time. If I am participating in groups or class I will also sign a class attendance sheet.

General Conduct

Any conduct that is of a negative nature will not be tolerated at all in the programme and will lead to a review of my position on the course.

Grievance Procedures

If I have any grievance, which I consider to be genuine in respect of any aspect of my training have the right to complain to the course trainer..

Confidentiality

Any information discussed within the programme that is of a personal and/or sensitive nature and that could cause harm or trouble for any individual is not to be discussed outside of the programme. Breaches of confidentiality are treated seriously by the trainers. I agree not to break confidentiality outside the HCV Peer Trainer Course. And expect the same from trainers. Unless there is a a child protections issue.

I agree to all of the above conditions and I understand that the group needs to be a space of learning and safety.

FOR Trainee

Signed: _____

Date: _____

FOR HCV Trainers

Signed: _____

(name) Peer Trainer

(name) Peer Trainer

HANDOUT 2:3 HEALTHY LIVER MENU / RECIPE / INFORMATION



LEMON MINT CUCUMBER WATER

Some of us have heard the campaigns on television informing us to '*hydrate to think straight*'. It is very important that we hydrate each day, not only to help our cognitive functioning (that is how we think and understand information). Other campaigns suggest we drink eight glass of water a day. According to some nutritionist adding fruit to water can help hydrate and detox (or remove impurities from) the body.

Note: If you are planning to use this flavoured water as part of a diet, you should always check with your doctor first! This water recipe is mainly a way to make drinking water more enjoyable with healthy natural flavourings for those who don't like to drink plain water.

If you are interested in ensuring you have fresh organic fruit and vegetables on a daily basis why not join a community garden or even grow your own.

The following ingredients for the first detox drink that will be made today include mint, cucumber and lemon. Here's how you make it.

LEMON MINT CUCUMBER WATER slightly adapted from The Denver Housewife

Makes 1 jug

8 small cups of water

1 lemon, thinly sliced (you can also substitute limes or mix it up, using a lemon/lime combination—using organic lemons or limes is best)

¼ of a cucumber, preferably organic, thinly sliced

5 mint leaves preferably organic

Rinse lemons and cucumbers very well before slicing; slice thinly. Add lemons, cucumber, and mint to pitcher. Fill the jug water and refrigerate at least 4 hours or overnight (the flavour will be stronger if you refrigerate overnight, but I like the lighter flavour, too). Pour in a large glass over some ice, it's very refreshing! This water tastes best the day or day after you make it.

Sample Handout 2.4 Planning Your Treatment

Your Name: Ivor Plan

Mobile: 0857634460

Geno Type: 3

Treatment: Write medication

Day: Friday

Time: 2:30pm

Doctor: Dr Alright

Phone: 01) 111 1111

Office Time: 9-5pm

Day: Mon - Fri

Clinical Nurse: Annie Pain

Phone: 01) 222 2222

Office Time: 9-5pm

Day: Mon - Fri

Liver Centre: Bile Street

Phone: (01) 333 3333

Office Time: 9-5pm

Day Mon - Fri

Psychologist : Dr Notright

Phone: (01) 555 555

Office Time: 9-5pm

Day Mon - Fri

HEP C Nurse: Jennifer Mooney **Phone:** 085 085 0085

Office Time: 24hrs

Day 7 days

PHN: Nurse Allday

Phone: 085 085 0085

Office Time: 24hrs

Day 7 days

Worksheet 2.4 Planning Your Treatment

Your Name:_____ Mobile:_____ Geno Type:_____

Treatment:_____ Day:_____ Time :_____

Doctor:_____ Phone:_____ Office Time::_____ Day:_____

Clinical Nurse:_____ Phone:_____ Office Time:_____ Day:_____

Liver Centre:_____ Phone:_____ Office Time:_____ Day:_____

Psychologist:;_____ Phone:_____ Office Time:_____ Day:_____

HEP C Nurse:_____ Phone:_____ Office Time:_____ Day:_____

PHN:_____ Phone:_____ Office Time;;_____ Day:_____

KeyWorker;;_____ Phone;_____ Office Time;_____ Day (s)_____

Counsellor;_____ Phone;_____ Office Time;_____ Day (s)_____

Handout 2.5 Healthy Liver Menu

The following information has been collected through the Liver Doctor website and HSE cookbook. It is very important to discuss your meals with your consultant.

These menus were found to be enjoyable while on HCV treatment. Here are some menus that have been tried from the Liver doctor website.

For recipes please click on the link <https://www.liverdoctor.com/category/recipes>

Healthy Liver Menu

Breakfast	Creamy berry breakfast smoothie
Lunch	Egg and Avocado Salad
Dinner	Lemon and mint lamb chops

Breakfast	Nourishing Breakfast Smoothie
Lunch	Grain free strawberry pancakes
Dinner	Healthy Chicken Schnitzel

Breakfast	Creamy chocolate smoothie
Lunch	Nourishing chicken soup
Dinner	Beef Shepherd's Pie

Breakfast	Breakfast Muffins
Lunch	Quick & tasty Detox Salad
Dinner	Citrus and Coconut Salmon

Breakfast	Roasted Sweet Potato Omelette
Lunch	Beet and Goat Cheese Salad
Dinner	Citrus and Coconut Salmon

Sample Handout 2.6 Mind Your Mind

While on the HCV treatment creating small goals for self-care is very important. These small goals will help you to write a care plan that suits your personal needs, keeping you on track and help you see your progress while on the treatment.

For each of the goals you list in this journal, decide how you would like to achieve small outcomes.

Use the acronym **SPORT** to help you define goals. SPORT goals are:

Specific: Covering how you want to feel and act.

Positive: Providing an improvement in your emotional health and functioning, rather than avoidance of emotion.

Observable: If impartial observers were watching what difference would they see?

Realistic: Causing a change within your influence, usually in yourself rather than the rest of the world.

Time-focused: A rough timeframe in which you would hope to achieve your goal.

For example, a SPORT goal might be 'Despite feeling nervous about meeting the doctor/psychologist, I prepared a list of question to discuss with the professional I was meeting. This will help me focus on my treatment.'

Date 12th September 20xx

Write your first goal below.

Today I will be proactive on ensuring I have my treatment plan contact details up to date.

I will keep making notes on my moods and feelings and report to Nurse, Doctor and Psychologist.

I will ask for advice and feedback from those professional while on the treatment.

I will use the advice and feedback to guide me through the treatment.

I will continue to record any side effects while on treatment. And I will make contact weekly with all my supports.

Worksheet 2.6 Mind Your Mind

While on the HCV treatment creating small goals for self-care is very important. These small goals will help you to write a care plan that suits your personal needs, keeping you on track and help you see your progress while on the treatment.

For each of the goals you list in this journal, decide how you would like to achieve small outcomes.

Use the acronym **SPORT** to help you define goals. SPORT goals are:

Specific: Covering how you want to feel and act.

Positive: Providing an improvement in your emotional health and functioning, rather than avoidance of emotion.

Observable: If impartial observers were watching what difference would they see?

Realistic: Causing a change within your influence, usually in yourself rather than the rest of the world.

Time-focused: A rough timeframe in which you would hope to achieve your goal.

Date _____

Write your first goal below.

Sample Handout 2.7 Evaluation

What did you like most?



Today session was very interesting, I have learnt more about my peers in the group, how to plan my treatment and learnt how to make a healthy drink to help my liver.

One thing you would change?



I need to take responsible in getting my liver healthy. Reduce my tablet and alcohol use. I need begin to eat healthily.

Main question you take with you as you leave?



Very interested in finding out more on HCV

One thing you take with you as you go back to your peers?



By eating healthily and changing from sugary drinks I can help my liver

Worksheet 2.7 Evaluation

What did you like most?



One thing you would change?



Main question you take with you as you leave?



One thing you take with you as you go back to your peers?



Module 3

Handouts

Handout 3.1 Sign In Sheet: IC2 HCV Peer2Peer Training Course

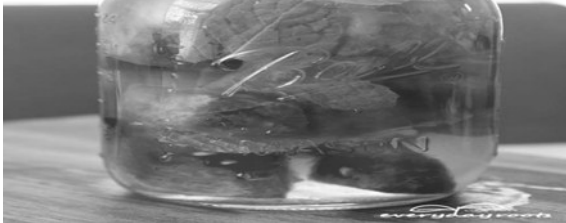
Date: _____

Peer Trainer: _____

Peer Trainer: _____

[illegible]

Handout 3.2 Nutritional Detox Drink



WATERMELON & MINT WATER

Note: If you are planning to use this flavoured water as part of a diet, you should always check with your doctor first! This water recipe is mainly a way to make drinking water more enjoyable with healthy natural flavourings for those who don't like to drink plain water.

If you are interested in ensuring you have fresh organic fruit and vegetables on a daily basis why not join a community garden or even grow your own.

The following ingredients for the second detox drink that will be made today include mint and watermelon. According to Claire from Everyday Roots, there are several benefits of using watermelon, not only does the fruit help flush toxins from the liver but it contains amino acid that helps the kidneys and liver filter and get rid of ammonia. Mint leaves also help the digestive system and helps the flow of bile from the liver to the gallbladder to the small intestine where it breaks down dietary fats. The mints other benefits are to ease stomach muscles.

WATERMELON AND MINT WATER slightly adapted from Claire, Everyday Roots

Makes 1 jug

8 small cups of water

Diced half a watermelon

Handful of mint leaves preferably organic

Rinse watermelon and mint leaves very well before slicing; watermelon. Add all ingredients to pitcher. Fill the jug with water and refrigerate at least 4 hours or overnight (the flavour will be stronger if you refrigerate overnight, but I like the lighter flavour, too). Pour in a large glass over some ice, it's very refreshing! This water tastes best the day or day after you make it.

Handout 3.3 Do you know your ABC

Hepatitis A

Transmitted by contaminated food & water; fecal-oral transmission cycle

Vaccine for prevention: Yes

Acute infection: short term

And no treatment necessary just rest

Hepatitis B

Transmitted through infected blood and bodily fluids

Vaccine for prevention: Yes

Chronic infection: long term

Treatment; No cure

Hepatitis C

Transmitted through infected blood only

Vaccine for prevention: No

Chronic Infection: long-term

Treatment and Cure for some

Worksheet 3.4 Evaluation

What did you like most?



One thing you would change?



Main question you take with you as you leave?



One thing you take with you as you go back to your peers?



Module 4

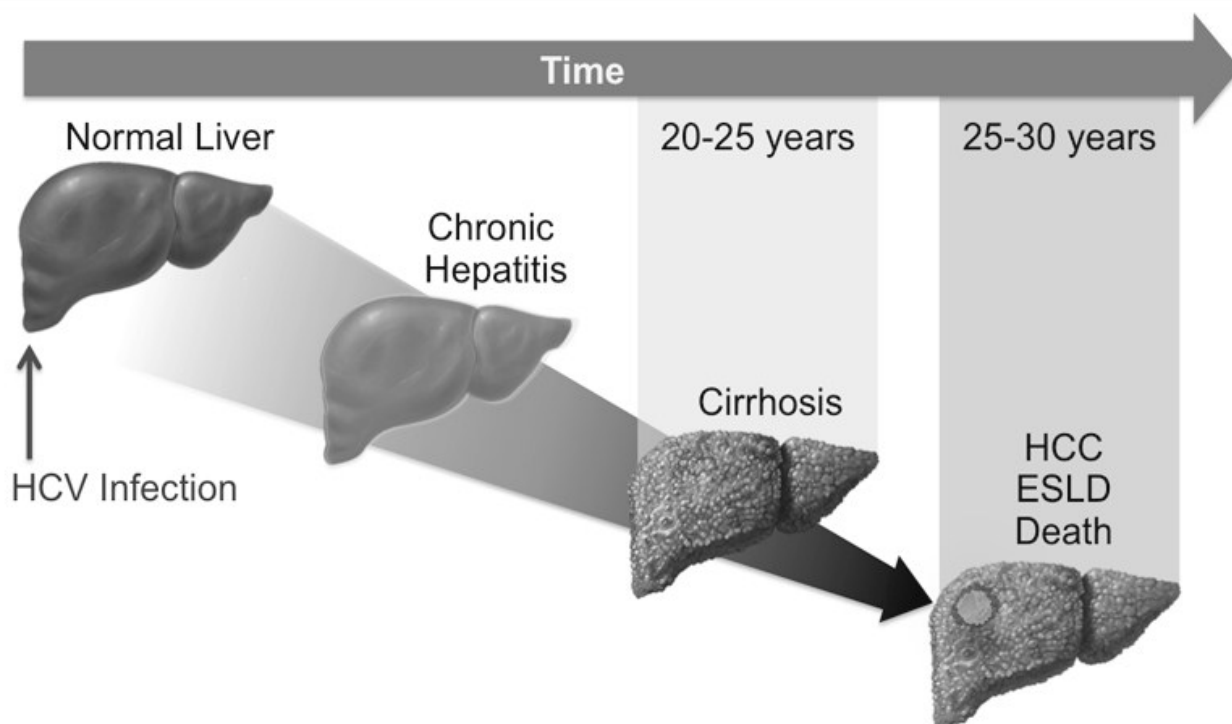
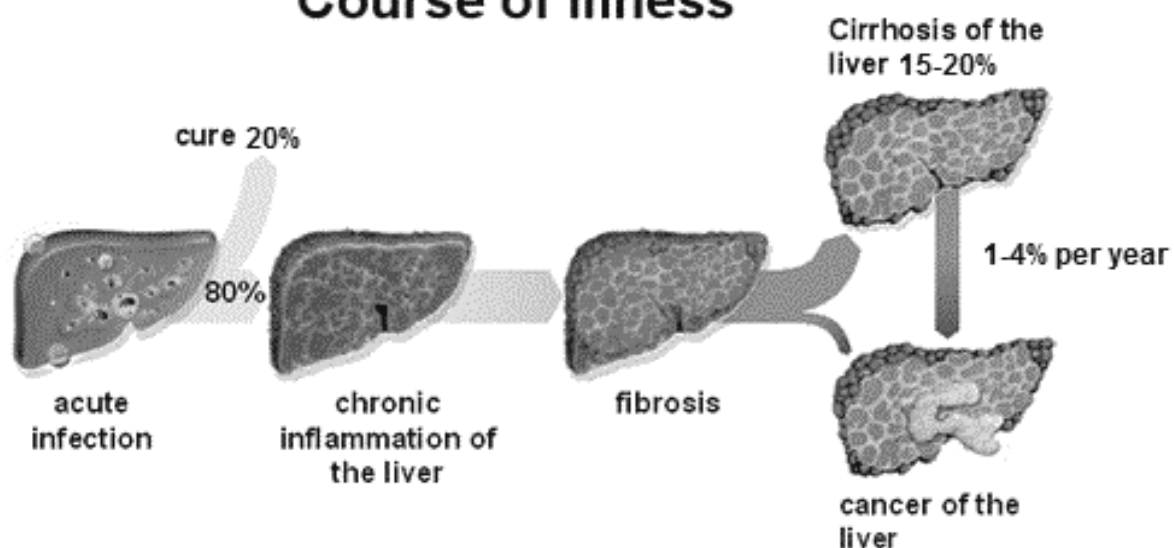
Handouts

Peer Trainer: _____

[illegible]

Handout 4.2 Hepatitis C - Acute and Chronic Course of illness

Hepatitis C Course of illness



Worksheet 4.3 Questionnaire

How many people tested positive in Ireland up to 2013?

Approx. 12,500

Approx. 1,500

Approx. 500

Approx. 50

HEP C is a global disease. It is a growing public health concern. How many individuals are chronically infected?

50 and 100 million

80 and 130 million

130 and 210 million

Worldwide approximately how many people have become infected with HEP C each year?

3 ½ billion people

3 ½ million people

3 ½ thousand people

The liver is a very important organ that has how many functions?

Over 5 vital functions

Over 50 Vital functions

Over 500 vital functions

Over 5,000 vital functions

The important functions of the Liver include?

(Tick as many vital functions the liver carries out)

Regulates blood chemical levels

Filter to take out the toxins

Helps the blood clotting process

Supports the immune system

Hepatitis Means:

Infection of the liver

Inflammation of the liver

Infection of the blood

Damage of the immune system

Hepatitis A can be contacted through:

Blood to blood

Contaminated water

Poor Hygiene

Kissing

Hepatitis B can be contacted by: through:

Blood to blood

Contaminated water

Poor Hygiene

Razors

Hepatitis C can be contacted through:

Blood to blood

Contaminated water

Poor Hygiene

Razors

The Acute phase describes the period immediately after a person is infected by HCV and last up to 6 months.

How many people spontaneously clear the virus during this stage?

10%

20%

30%

40%

Your liver is about the size of a:

An Egg

An Orange

An American Football

A Banana

Around 80% of people infected with HCV are unable to clear the virus and go onto develop chronic hepatitis.

Chronic HCV infection requires treatment to eliminate the virus

True

False

Having chronic HCV does not always mean that serious liver damage will occur

True

False

Liver damage from HCV happens slowly, over decades. It can take from 15 to 50 years for a person who has chronic HCV to develop serious liver disease

True

False

Without treatment 5-20% of chronically infected people may develop serious liver disease (cirrhosis) after 20 years

True

False

Which of the following factors are associated with more rapid progression to severe liver disease

Being over 40yrs when become infected.

Alcohol consumption.

Being male.

Co-infection with HIV or

Hepatitis C.

Handout 4.3 Understanding Hepatitis C – Answer Sheet

1. 12,500 people tested positive for Hep C up to 2013. 2013 786 tested positive, 68% of those were male, 31% female, in 1% the sex was not reported. 86% (676) cases were between 25 and 54 years.
2. Between 130 and 210 million people (3-4% of the world's populations) are chronically infected with Hepatitis C.
3. Worldwide between three and four million people become infected with Hepatitis C each year and 90% of new infections are among people who inject drugs.
4. The liver is one of the most important organs in the body and is essential in supporting almost every organ in the body and maintaining good health. The liver performs over 500 vital functions.
5. The functions include all of those mentioned.
6. Hepatitis means; inflammation of the liver.
7. HAV can be contacted through water contamination and general hygiene.
8. HBV can be contacted through with blood, semen, and vaginal secretions.
9. HCV can be contacted through blood to blood.
10. The Acute phase describes the period immediately after a person is infected by HCV and last up to 6 months. 20% of individuals spontaneously clear the virus during this stage.
11. Although some people experience some symptoms a few weeks after infection most people don't experience any symptoms during the acute phase.
12. Around 80% of people infected with HCV are unable to clear the virus and go onto develop chronic Hepatitis. It's true that Chronic HCV infection requires treatment to eliminate the virus.
13. It is true that having chronic HCV does not always mean that serious liver damage will occur (True).
14. Liver damage from HCV happens slowly, over decades. It can take from 15 to 50 years for a person who has chronic HCV to develop serious liver disease (True).
15. Without treatment 5-20% of chronically infected people may develop serious liver disease (cirrhosis) after 20 years (True).
16. All of the factors are associated with more rapid progression to severe liver disease.

Worksheet 4.4 Evaluation

What did you like most?



One thing you would change?



Main question you take with you as you leave?



One thing you take with you as you go back to your peers?



Module 5

Handouts

Handout 5.2 Food that is good for our liver

Garlic: Garlic helps your liver activate enzymes that can flush out toxins. It also has a high amount of allicin and selenium, two natural compounds that aid in liver cleansing

Grapefruit: Eating or drinking grapefruit juice can help your liver flush out carcinogens and toxins. This fruit is also high in both vitamin C and antioxidant properties.

Beets (Beetroot): Beets are high in plant-flavonoids, which can improve the overall functions of your liver.

Leafy Greens: Leafy greens like spinach and lettuce have the ability to neutralize metals, chemicals and pesticides that may be in our foods, and act as a protective mechanism for the liver,

Green Tea: Green tea is full of plant antioxidants known as catechins, which have been known to improve the functions of our liver.

Avocados: Adding more avocados to your diet can help your body produce a type of antioxidant called glutathione, which is needed for our livers to filter out harmful materials,

Cruciferous Vegetables: Cruciferous veggies like broccoli and Brussels sprouts also increase the amount of glucosinolate (organic compounds) in our bodies that helps create enzyme production for digestion,

Lemons: Citrus fruits like lemons are full of vitamin C, but lemons also help our bodies cleanse out toxic materials and aid the digestion process.

Turmeric: Used as a spice, turmeric has been known to help our bodies digest fats and stimulate the production of bile. It can also act as a natural form of detox for your liver.

Walnuts: Walnuts are also high in glutathione and Omega-3 fatty acids, which help support our liver through its cleansing process.

Worksheet 5.3 How long HCV can live outside the body

In pairs work out how long HCV can live outside the body with the following items listed below.

How long can HCV survive in syringes?

How long can HCV survive on foil and wrapped filters ?

How long can HCV survive on spoons?

How long can HCV survive on surfaces?

How long can HCV survive on Water / Plastic Bottles / Aluminium?

Handout 5.3 HCV can live outside the body

According to HCV Advocate, HCV can live outside the body with the following items listed below.

HCV survive in syringes

The most common place for HCV to remain is in syringes.. HCV can remain in a high volume tuberculin syringe (barrel) with a detachable needle for sixty-three days, but only seven days in an insulin syringe with permanent needle.

HCV survive on foil and wrapped filters

10% of foil wrapped filters remained Hepatitis C positive for up to 28 to 48 hours.

HCV survive on spoons

Spoons heated at over 70C (temperature) for approx. ninety seconds destroyed all traces of HCV.

Most PWIDs (people who inject drugs) do not heat for more than forty-five seconds, with many heating for less than fifteen seconds.

HCV survive on surfaces

HCV can last from sixteen hours on some surfaces and up to six days on others.

Another experiment proved HCV could live at room temperature for up to six weeks.

HCV survive on Water / Plastic Bottles / Aluminum

HCV was detectable in water for more than three weeks.

HCV can remain in bottles even after they're rinsed out.

Aluminium and plastic bottles retain HCV longer than glass bottles.

Handout 5.4 Risk and Prevention Exercise.

1) **Intravenous Drug Use**

- ⇒ Up to 70% of all new infections in Ireland are related to this activity.
- ⇒ Do not share any equipment: needles, syringe, water, cooker, filter or tourniquet.

2) **Snorting Drugs**

- ⇒ Anyone using a shared straw/notes inserted into the nose for the purpose of snorting drugs is at risk of contacting the HCV. There are many fine blood vessels inside the nose which may break when a drug is snorted. Blood on the end of a straw or bill can enter the blood stream, when this straw or bill is inserted into the nose.
- ⇒ Harm Reduction prevention tool would be to bring you own straw with you when snorting and not to share that straw with anyone else.

3) **Sharing Toothbrushes or Razors**

- ⇒ Do not share any personal hygiene products. Even a tiny amount of infected blood on the surface can spread the virus if these items are shared.
- ⇒ For example, a toothbrush may carry blood from bleeding gums. If it is shared with someone else, this blood can enter the stream through the gums of the second person to use it.

Number 4 and 5 are interchangeable (can move from one spot to another)

4) **Unsafe Sex**

- ⇒ Transmission believed to occur if there is blood-to-blood contact during sex
- ⇒ Risk increase with multiple partners, during menstruation rough sex, open sores or wound present
- ⇒ Overall risk is low because HCV is only transferred in blood not sexual fluids

5) **Body Piercing/ Tattooing**

- ⇒ Make sure new needles, ink and sterilized equipment is used
- ⇒ Avoid group or home body art where equipment is shared among many
- ⇒ Can be very low risk if all the proper precautions are in place

6) **Needle Prick**

- ⇒ Risk is greatest if poked immediately after needle has come in contact with infected blood
- ⇒ Two video clips on 1. Correct Method to pick up a dirty needle and what to do if pricked by a needle

7) **Sharing Crack Pipes**

- ⇒ Actual number of new infections related to this risk factor unknown. Could potentially be rated higher
- ⇒ Blood on shared pipes from open sores or cuts can possibly transmit the virus.
- ⇒ More risky than a joint or cigarette because pipes are usually made of glass or metal that often cut individual's lips. As well, when the pipes get hot, they often burn lips. This break downs in the skins make virus transmission more likely.

8) **Safer Sex**

⇒ Using a condom and water based lubricant, decreases chance of transmission

9) **Blood Transfusion**

⇒ Risk was higher in early 1990's before proper screening. Now risk is very low

10) **Sharing Drinks, Mosquito Bites and Sitting on Toilets Seat**

⇒ Trick questions, No risk through casual contact assuming no blood is present

⇒ Virus does not survive in mosquitoes

Print out each word onto A4 page.

Sharing Razors	Sharing Tooth Brushes
Unsafe Sex	Tattooing
Body Piercing	Needle Prick
Sharing Crack Pipes	Blood Transfusions
Sharing Drinks	Sitting on toilets
Mosquito Bites	Intravenous Drug Use
Snorting Drugs	Kissing

Handout 5.5 Lifestyle Risk Profile Game

	1	2	3	4	5	6
(Roll 1) Age	18	20	25	28	35	45
(Roll 2) Activity	Sharing Needles and Water	Tanning Injections	Rough Sex	Getting a tattoo	Sharing notes when snorting	Cut skin when using a friends razor
(Roll 3) Family	Lives in unstable accommodation	Well off parents	Parents both unemployed	One parent family	Non Irish national	Homeless
(Roll 4) Lifestyle	Unprotected Sex	Gay Clubs 4 times a week	Affectionate: often hugs and kisses	Binge Drinks in Parks	Recreational user of drugs	Intravenous Drug Users
(Roll 5) Friends	Drug using friends	No close friends	Hostel friends	Experimenting with drugs	Diverse group of friends	Gay friends
(Roll 6) Interests	Sport	Body Art	Music	Arts and crafts	Facebook	Electronic Games

Handout 5.6 Risk Profile Worksheet

After you roll the dice 6 times fill out the profile below with the answer

Risk profile

Age: _____

Activity: _____

Family: _____

Lifestyle: _____

Friends: _____

Interests: _____

Using the profile above list those factors that you believe increase the **risks** of getting the virus like hepatitis C (risk factors) and those factors that **protect** against getting a virus like hepatitis C (protective factors).

What level of risk would you rate the person in the above profile?

Low Risk – Medium Risk – High Risk

Explain your reasoning

What additional information would you like to more accurately assesses the risk in the above profile?

Reflection

A behaviour I am going to be careful with is....

Because

Worksheet 5.7 Evaluation

What did you like most?



One thing you would change?



Main question you take with you as you leave?



One thing you take with you as you go back to your peers?



Module 6

Handouts

SIGNATURE

Worksheet 6.2 Evaluation

What did you like most?



One thing you would change?



Main question you take with you as you leave?



One thing you take with you as you go back to your peers?



Module 7

Handouts

Worksheet 7.2 Evaluation

What did you like most?



One thing you would change?



Main question you take with you as you leave?



One thing you take with you as you go back to your peers?



Module 8

Handouts

Handout 8.1 Sign In Sheet: IC2 HCV Peer2Peer Training Course

Date: _____

Peer Trainer: _____

Peer Trainer: _____

PRINT NAME	SIGNATURE

.Handout 8.2 Types of Stigma

Secondary Stigma

People can be stigmatised by association: that means that the people such as friends, family members and their children of the stigmatised person also gets labelled. This can be if a mother or daughter has HepC then others treat them as they see the person with HepC. So the stigma is directed at family, friends and their children.

Physical Stigma

When an individual is ignored or shunned by others. They're not accepted and treated as an 'outcast'. An example would be when the stigmatised person is put out of the family home because they have HepC.

Verbal Stigma

People begin to use derogatory terms to the person who has HepC. They begin to use nasty and offensive name calling towards the individual who has HepC. This may also involve gossiping, ganging up on someone or picking on an individual because they have HepC.

Social Stigma

When an individual isolates themselves as they feel they don't fit in with their peers. An individual may not relate to their peers as they have HepC. They may be isolated in the community.

Institutionalised Stigma

When a person is denied an opportunity for a job or a home because of their HepC. Or if an individual is fired because of their status.

(Nams aidsmap)

Worksheet 8.3 Labels are for cans

Did you guess your label, or were you surprised by it?

When people stereotyped you, were you able to disregard it?

Did you try to disprove the stereotype? If so, did it work?

How did you feel towards the person who was stereotyping you?

When labelling others, was it easy for you to think of the stereotypical characteristics associated with that label?

How would you have felt if you knew this was someone in a position of power or authority stereotyping you?

What can happen to a person stuck in one of these labels?

How might being labelled HCV positive affect a person?

Handout 8.4 Health Race Cards

Ash is a white 45 year old man who reliably make €60,000 per year. He was born and raised in Ireland and speaks English. He describes himself as straight but he occasionally has sex with men. He injects methamphetamines and is HIV positive. Aside from his drugs use he has no other mental health issues.

Mel is a 35 year old Syrian woman who has recently immigrated to Ireland. Syrian was her first language, but she is learning English quickly. She dates women and works a steady job in sales for €25,000 per year.

John is a heterosexual Native American man who was born on his tribes' reservation and moved off it when he was 15years old. He has been in trouble with the police twice. The first time was for being drunk in a public place. The second time was for selling marijuana for which he spent a night in jail. He is now currently on probation. He is hardworking and responsible but moves between minimum wage jobs earning only €12,000 this year.

Cait is a 25 years old transgender-identified African Irish. She was born and raised a male but recently transitioned to female. She prefers sex with men. She is in a relationship with someone who drinks a lot and has started to drink more and more even when he's not around.

Emily is a white married woman who makes €45,000 a year. She lives in Dublin her whole life and married her first boyfriend from secondary school. She stays away from alcohol since her father was an alcoholic. When he died from alcohol poisoning a year ago she went to a counsellor for mental health which has helped her cope.

Worksheet 8.5 Evaluation

What did you like most?



One thing you would change?



Main question you take with you as you leave?



One thing you take with you as you go back to your peers?



Module 9

Handouts

Handout 9.1 Sign In Sheet: IC2 HCV Peer2Peer Training Course

Date: _____

Peer Trainer: _____

Peer Trainer: _____

PRINT NAME	SIGNATURE

Handout 9.2 Assertiveness

Defintion of Assertive

'Assertive is about making choices about what and how you communicate whilst represnting yourself honestly and authentically (orignally). It's about recognising yours and others' rights in negotiating the outcome of your conversation' (Michelli, Dena. 2013).

What stops us from being assertive?

Although a definition of assertiveness has been given above, it does not reveal the underlying structure of assertive communication, nor does it reveal the motivations behind individuals' communication style.

Rather, it is more the visible end of assertiveness; it describes what assertiveness is. It would be wonderful if you could short-circuit the hard work and just adopt the assertive style, but it is not everyone's gift to be able to do this. Most of us need to understand how our strings are pulled and how we can take back control that, in fact, belonged to us in the frist place.

Passive	Assertive	Aggressive
Passive <ul style="list-style-type: none">· "Too Nice"· Suck it up· Hold it in· Denial· Subtle manipulation· Guilt· Powerless· Latent Hostility· Weak Boundaries - not setting personal limits	Assertive <ul style="list-style-type: none">· "Firm"· Devliver messages clearly· "I" statements· "Broken record" technique (say "No, thank you" and then keep saying it over and over)· Good boundaries	Aggressive <ul style="list-style-type: none">· "Mean"· Blow it out· Explode· Expressed Hostility· Overt Manipulation· Threats/Ultimatums· Guilt· Powerless/Out of control· Rigid boundaries

Handout 9.3 Case Study #1 and #2

Handout on Case Study #1.

Julie is a 29 year old single mother of 2 children. She has had Hepatitis C for 6 years. Julie went to see Dr Notright to get his opinion about what she could cope with because her welfare case manager is encouraging her to go back to school full time. Julie is tired all the time, has trouble concentrating and has to write things down or she forgets. She thinks her symptoms are from the chronic Hepatitis infection. Dr Notright says, "Yes, you have Hepatitis C but don't worry about it. Young mothers are always tired. It's not the Hepatitis. There is no reason you can't go back to school. It would do you good to get out of the house."

Handout on case study #2

Marie has just completed a difficult year of drug therapy and her doctor says she is cured. However, Marie continues to feel extremely tired, has difficulty cooking nutritious meals and has periods of what she describes as brain fog. She doesn't feel that she is ready to return to work.

Worksheet 9.3 Case Study #1 and #2

Worksheet on Case Study #1. State Julie's problem in one sentence.

2. What should her goal be in her next interaction with Dr. Notright?

3. What barriers exist to her advocacy efforts and how can she eliminate or reduce them?

4. What strategies or resources could she use to make this advocacy effort effective?

5. What should she do if Dr. Broderick again refuses to give her this information during their next conversation?

Worksheet on Case Study #2. State Alison's problem in one sentence.

2. What should her goal be?

3. Whom should she involve?

4. Where to what organisation or agencies would you suggest she attends to seek support and help on these matters.

5. What strategies or resources could she use to make this advocacy effort effective?

Handout 9.4 Negotiating styles

Many styles of negotiation are not particularly effective in advocacy. Knowing about these unproductive styles will give you clues as to how to negotiate with a number of different people. Besides, these descriptions may reveal something about the way you yourself have negotiated in the past.

Fighters or attackers: They seek to win. They may threaten, insult, withhold information, and stretch the facts.

Appeasers or converters: They seek to make you happy by appeasing you or converting you to their way of seeing things. They value a fair agreement between both sides and a positive relationship between all people involved.

Those who flee or dither: Their goal is sheer survival. They fluctuate between attacking, hiding and delaying, and appeasing. They are often unwilling to take a stand. Overall, they would probably like not to be there.

Analysts: Their goal is to understand and to solve the problem whether it meets the needs of the people involved or not. They rely on objective facts, not on emotional appeal.

Fighters or attackers: They seek to win. They may threaten, insult, withhold information, and additionally may stretch the facts.

Truth seekers: They are committed to the “truth”, often despite evidence to the contrary. They are often honest and sincere but inflexible and intense.

Handout 9.8 Post-training questionnaire

Dear Participant,

As the very last activity of this training, we would like you to fill in this questionnaire. We will use this data to evaluate the training. You do not need to give your name or address. We encourage you to express yourself as honestly as you can. Thank you!

Today's date: _____ **Training location:** _____

1 Are you ☐ Male ☐ Female

2 How old are you?

3 What level of schooling have you completed?

☐ Primary school ☐ Secondary school ☐ University or postgraduate

4 What is the role in your job? (select one)

☐ Manager ☐ Trainer ☐ Peer educator ☐ Other (specify)

5 How long have you been working in peer education? (enter 0, if no experience) years

6 How likely is it that you will use the knowledge and skills learned in this training to train other peers? ☐ Highly likely ☐ Somewhat likely ☐ Not likely ☐ Unsure at this

7 On a scale of 1 to 5 (1 being the lowest; 5 being the highest), how do you rank your confidence in being able to conduct a peer to peer training programme for ?

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

8 On a scale of 1 to 5 (1 being the lowest; 5 being the highest), how do you rank your knowledge of and ability to describe a comprehensive model for peer education programmes? ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

9 On a scale of 1 to 5 (1 being the lowest; 5 being the highest), how do you rank your knowledge about the difference treatments for HCV?

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

10 On a scale of 1 to 5 (1 being the lowest; 5 being the highest), how do you rank your confidence and skills in setting up and conducting role-play exercises for peer educations? ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

11 On a scale of 1 to 5 (1 being the lowest; 5 being the highest), how confident and comfortable are you in bringing a speaker living with HCV to a workshop?

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

12 Provide a definition for Peer Educator / Trainer:

13 On a scale of 1 to 5 (1 being the lowest; 5 being the highest), how do you rank your confidence and skills in setting up a role-play exercise for peer educations?

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

14 On a scale of 1 to 5 (1 being the lowest; 5 being the highest), how confident are you in conducting at least three check in exercises for peer educators?

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

15 Name three check in exercises:

1.

2.

3.

16 On a scale of 1 to 5 (1 being the lowest; 5 being the highest), how well do you think you know at least four icebreaker exercises?

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

17 Name four icebreaker exercises:

1.

2.

3.

4.

18 On a scale of 1 to 5 (1 being the lowest; 5 being the highest), how well do you think you know at least three different ways of delivering the information in the peer raining?

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

19 List three different ways of delivering the information in the peer training:

1.

2.

3.

20 On a scale of 1 to 5 (1 being the lowest; 5 being the highest), how do you rank your confidence in providing services related to the areas discussed in this training?

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

21 On a scale of 1 to 5 (1 being the lowest; 5 being the highest), how do you rank the overall quality of this training?

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

22 On a scale of 1 to 5 (1 being the lowest; 5 being the highest), how do you rank the usefulness of this training for your peers?

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

23 Please feel free to write comments about any topic related to this training (e.g., your expectations, observations, interactions)?

Thank you for completing this form!

Worksheet 9.5 Evaluation

What did you like most?



One thing you would change?



Main question you take with you as you leave?



One thing you take with you as you go back to your peers?



IC2 HCV Peer2Peer Training (Organisation)



This is to certify that

Has participated in
9 Modules of IC2 HCV Peer 2 Peer Training

Date:

Trainers:

Signature(s): _____
(name of organisation)

References, Resources and Further Reading

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Throughout the world there is an increase in the number of people who are becoming infected with Hepatitis C (Hep C); there were 786 cases of Hep C in Ireland in 2013. The most common risks were injecting drug use, sexual exposure, tattooing/ body piercing, receiving blood products and pregnancy.

Do you want to know more?

This manual will give accurate and up-to-date information about Hep C and give you skills to help you share that information with others.



The views expressed in this document are those of the authors and do not necessarily reflect the views of those who kindly sponsor our work. Specific thanks to AbbVie who sponsored both the publication of this manual and its launch event on 28th July 2016.