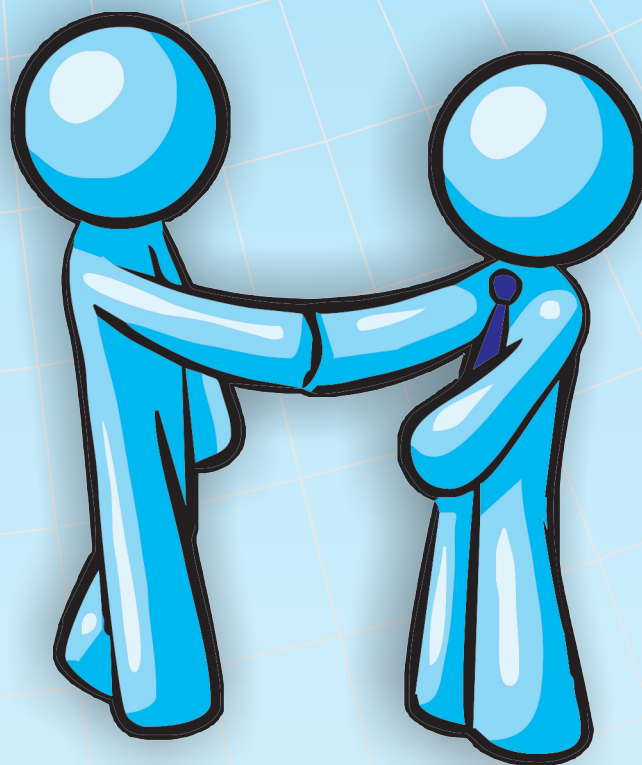


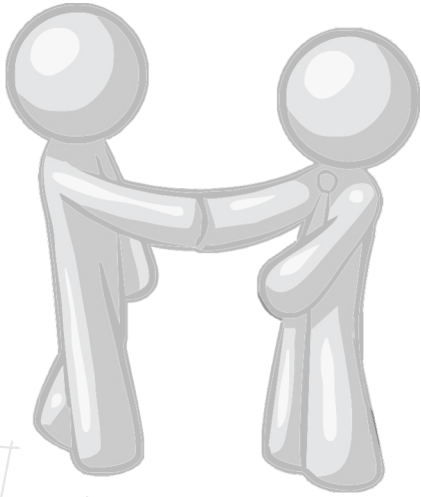
READY REFERENCE BOOKLET



Training Module for OUTREACH WORKERS



NATIONAL AIDS CONTROL ORGANISATION



Introduction

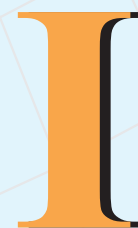
Outreach Planning is a participatory and interactive process. This booklet contains a set of processes that can be facilitated by Outreach Workers (ORWs) to help Peer Educators (PEs) create their own outreach, implementation and monitoring plans.

It also contains a section on the monitoring formats that are used at the outreach level.

■ **Section 1 - Tools for Planning Outreach**
Thus, this booklet is divided into 5 parts:

- **Section 2 - Tools for Implementing Outreach**
- **Section 3 (a) - Tools for Monitoring Outreach**
- **Section 3 (b) - Formats for Monitoring Outreach**
- **Section 4 - IPC Tools (Dialogue Based Communication)**

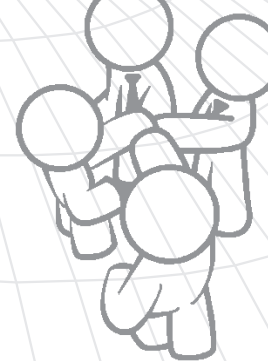
The Operational Guidelines of NACO have many more tools that can be used/adapted for use at the field level.



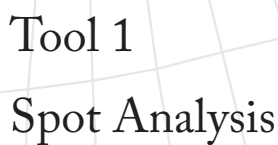
Tools For PLANNING OUTREACH

1

Tool 1 Spot Analysis



- **Aim:** Compile information collected during urban situation and needs assessment related to each high risk spot/hotspot in project areas to facilitate planning.
- **Frequency:** Every six months since ground realities may change.
- **Guidelines:**
 - The following spot-specific information should be available to develop a plan for the spot:
 - Volume of client – high volume (more than 10 clients/week), medium volume (5-9 clients/ week), low volume (less than 4 clients/week).
 - Typology of sex workers – home based, street based, brothel based, lodge based, dhaba based.
 - Age of sex workers – below 20 years, 20-30 years, 30-40 years, above 40 years.
 - Time of operation – morning (6am – 10am), afternoon (10am – 2pm), evening (2pm – 8pm) and night (8pm – 6am).
 - Frequency of operation – daily, weekly, monthly.
 - The following should be kept in mind:
 - Volume of client – Planning should ensure that sex workers with higher volume of clients are reached as a priority.
 - Typology – Planning should include typology of sex work and needs to be specific to each type. Street based sex workers can be reached at solicitation points as well as points of service. Outreach Workers can work with them directly or can reach them through network operators. On the other hand, for lodge based sex workers Outreach Workers have to advocate with lodge owners and work through lodge boys. Lodge based sex workers can also be reached at the points of service, that is, in the lodges.
 - Age – Sex workers' needs differ with respect to age therefore planning should address that.
 - Time/day of operation – Understanding the time and day of operation will help plan outreach with respect to those times. For example, there are certain days in a month when more sex workers come to a particular spot such as a market. During those days of the month, the outreach needs to be strengthened. Similarly, evenings and nights may be very busy in certain spots. Hence, the project needs to ensure that outreach is planned during those times of the day.



Spot Analysis

	M - Morning	A - Afternoon	E - Evening	N - Night
1. How often do you have a headache?				
2. How long does a headache last?				
3. How severe is a headache?				
4. How often do you have a headache?				
5. How long does a headache last?				
6. How severe is a headache?				
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93. How severe is a headache?				
94. How often do you have a headache?				
95. How long does a headache last?				
96. How severe is a headache?				
97. How often do you				

2

Tool 2 Contact Mapping



- **Aim:** Map contacts with sex workers in each spot and plan for outreach based on these contacts.
- **Frequency:** Every six months to ensure both new and continuing sex workers in each spot are being reached.
- **Guidelines:**
 - Draw a map of the town and mark all the locations (including landmarks) and spots in the map. Write the number of sex workers in each spot.
 - Give a colour code to each of the ORWs and PEs.
 - Using different colour codes, mark the number of sex workers each ORW and PE knows in the spot. For eg. Assign the colour red to PE Laxmi and mark all her sex worker contacts in each spot using red.
 - Then for each spot list the names of contacts – PE and ORW wise .
 - Colour code the contacts that are common in more than one list.
 - Discuss the following:
 - In which spot are the contacts limited?
 - Where is outreach not happening? How do we increase outreach?
 - Who are the contacts in each spot? Whom is the project not reaching?
 - Remember:
 - Contacts may not be mutually exclusive – the same Community Member may be counted twice.
 - Both geographic and social networks of PEs play an important role in planning for outreach.

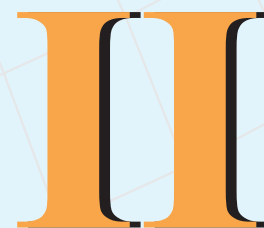


Tool 2

Contact Mapping

District:		Targeted Intervention (TI) area:		Name of Town:	
Date:					
Estimated Number of FSWs in the town:			Contacted Number of FSWs in the town:		
Sl. No.	Name of Spot	PE 1 Number of contacts	PE 2 Number of contacts	PE 3 Number of contacts	PE 4 Number of contacts
1					
2					
3					
4					
5					
6					
7					
8					
Total					

District:		Targeted Intervention (TI) area:		Location:	
Spot:				Date:	
Estimated Number of FSWs in the town:			Contacted Number of FSWs in the town:		
Sl. No.	PE 1 Name of contacts	PE 2 Name of contacts	PE 3 Name of contacts	ORW 1 Name of contacts	ORW 2 Name of contacts
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
No. of contacts that are known very well:					
No.					



Tools For
IMPLEMENTING OUTREACH

3

Tool 3

Hotspot Load Mapping



□ Aim:

- Understand the gap between estimates of sex workers, the number of unique contacts and the number of regular contacts by studying the sex worker load in a day, a week and a month in different hotspots.
- Also get information on the potential regular contacts: the potential number of sex workers a Targeted Intervention (TI) area team can contact in a month.

□ Guidelines:

- Draw a map of the Targeted Intervention (TI) area clearly depicting the sex work hotspots (the hotspots at which sex workers pick up/solicit their clients) in the Targeted Intervention (TI) area.
- Colour code the hotspots based on sex work typology such as home based hotspots, brothel based hotspots, street based hotspots, etc.
- Write down besides each hotspot, the number of sex workers who are always available on a normal day.
- Next write the number of sex workers available at these hotspots in a week.
- Make note of any specific days in a week when the number of sex workers available peaks and reasons for the same eg. More sex workers are available on a market day.
- Once the above exercise is done, mark the number of sex workers available in these hotspots on a monthly basis and specific days in a month where the turnover is high and the reasons for the same e.g. More sex workers are available on pay day.
- Add the daily, weekly and monthly turnover in all the hotspots and draw up a picture of sex worker turnover in a Targeted Intervention (TI) area.
- Compare these figures with their estimate, unique contact and regular contact figures for these hotspots and analyze the following:
 - Are the total sex workers available in these hotspots /Targeted Intervention (TI) area more or less than the unique contact and regular contact? Why?
 - Is high weekly and monthly turnover linked with any specific typology of sex work e.g. is there high turnover seen in mostly street based sex work? Why?
 - Are the sex workers from outside the area ?
 - Are there specific hotspots where unique contact and regular contact is less than monthly turnover? Why?
 - Which are the hotspots and typology of sex work that need focused outreach in the Targeted Intervention (TI) area? Who (outreach team) is responsible for these specific hotspots? What should they do to improve outreach to ensure higher contacts?



Tool 3

Hotspot Load Mapping

Hotspot:
Town:
Date:

D-#, W-#, M-#

D-#, W-#, M-#

D-#, W-#, M-#

D-#, W-#, M-#

D-#, W-#, M-#

● Hotspot D-Daily W-Weekly M-Monthly # No. of Sex Workers

4

Tool 4 Preference Ranking



- **Aim:** Identify the reasons for gaps in regular contact and clinic attendance and prioritize the same.
- **Guidelines:**
 - List out the reasons why sex workers in the town do not access clinical services. Pictorially depict the reasons on a flash card.
 - Prioritize the reasons and select the five most important reasons for low clinic attendance.
 - Do a preference ranking of each of these five reasons and prioritize the most important reason.
 - Discuss the following:
 - What are the most important reasons for sex workers not coming to the clinic?
 - What are the plans to address these reasons?
 - How would outreach or services change based on this exercise?





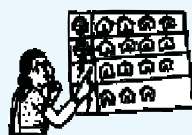















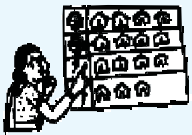




Tool 4

Preference Ranking

Hotspot:

Town:

Date:

Reason why women are not coming to the clinic	Reason 1 	Reason 2 	Reason 3 	Reason 4 
REASON 1 				
REASON 2 				
REASON 3 				
REASON 4 				

5

Tool 5 Condom Accessibility and Availability Mapping

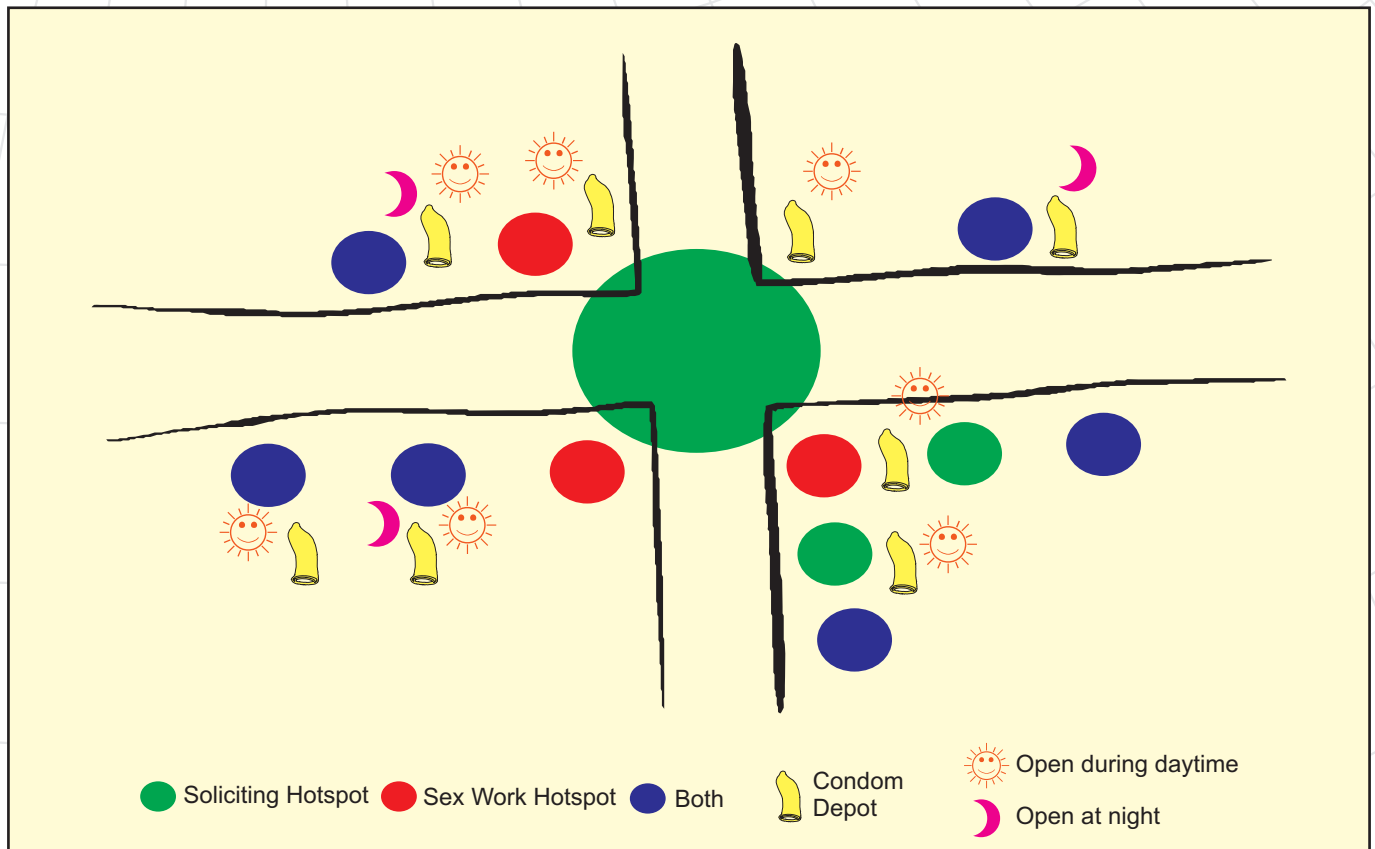


- **Aim:** Map condom availability points and analyze their accessibility to sex workers .
- **Guidelines:**
 - Draw a map of the town or use an existing map of the town.
 - Mark all the places where sex workers solicit clients and where the sexual act takes place using bindis of two different colour: one to indicate hotspots where solicitation takes place and the other to indicate hotspots where the actual sexual act takes place.
 - Discuss and understand to see when each hotspot is active (soliciting and sex work) and at what time of the day. Mark with color depicting the hotspot as active either only in the day or at night or both the times.
 - Then mark the condom depots in the map also symbolically indicating whether the depots are function during the day or at night or round the clock.
 - Discuss the following:
 - Are there condoms depots in all the hotspots where soliciting or sex work takes place? If not what are the reasons? Do the hotspots, e.g. home-based hotspots, which do not have depots, prefer direct distribution?
 - Do all the hotspots that are active during the day or night or round the clock, have condom depots that are open at the same time as the hotspots are active?
 - Are condom depots accessible to the key population?



Tool 5

Condom Accessibility and Availability Mapping





IIIA

Tools For
MONITORING OUTREACH

6

Tool 6 Opportunity Gap Analysis Framework



- **Aim:** Analyze spot-wise opportunity gaps.
- **Frequency:** Every six months in every spot to analyze and understand what is being achieved and what not and revise plans accordingly.
- **Guidelines:**
 - Various outreach processes (contacts, registration, STI treatment) take place in the field. However during these processes in the field there are dropouts and that is what is called “opportunity gaps”.
 - Analysis to be done for district, Targeted Intervention (TI) area and spot.
 - Make note of the status of each indicator in the opportunity gap analysis framework.
 - For each indicator identify the gap and reasons for those gaps, making note of next steps to address the gap.
 - Gaps maybe due to either internal or external factors:
 - Internal factors: where project has direct control, as in work timing of ORWs and PEs.
 - External factors: not in the hand of the project like high mobility of sex workers on daily basis.
 - Other indicators that can be included are number of Community Members that have faced crises, number of Community Members who have received support from the project for these crises, number of Community Members who have received entitlements and have had their non-HIV needs addressed.



Tool 6

Opportunity Gap Analysis Framework

Activities	Status	Opportunity Gaps	Reason		What should we do?
			Internal	External	
Estimate					
Contact					
Registration					
Regular Contact					
STI treatment					
Follow-up					
Regular Checkup					
ICTC					

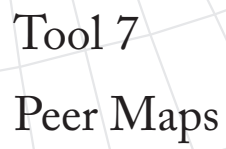


Tool 7

Peer Maps



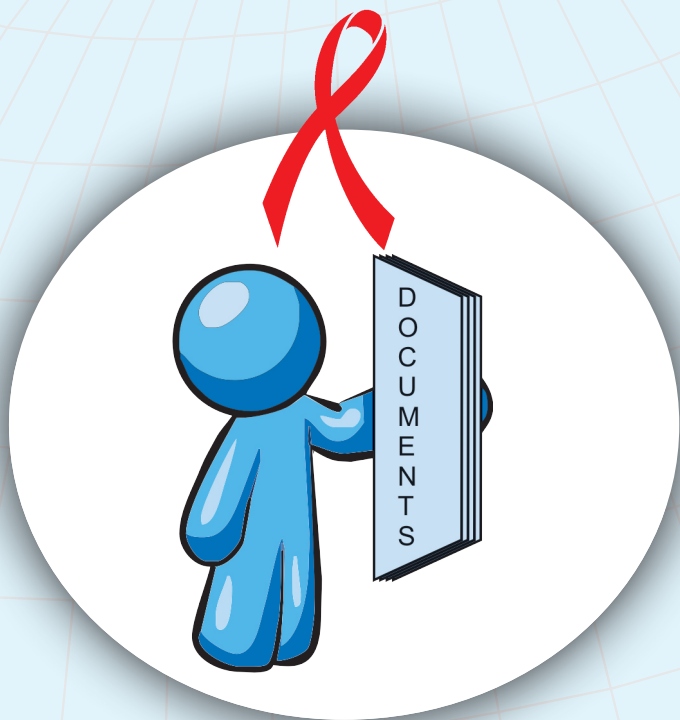
- **Aim:** Understand and analyze outreach done by PEs with the sex workers she/he is working with.
- **Guidelines:**
 - PEs to map the hotspots in the town where they work and meet their Community Members.
 - In these hotspots the PEs to map the sex workers that they are accountable for, depicting high volume, medium volume and low volume sex workers in these hotspots using different colour codes.
 - PEs to then indicate the following:
 - Number of times each of them met the sex workers they are working with, in the last month?
 - How many condoms were distributed to each of the sex workers contacted?
 - Condom outlet boxes in these hotspots?
 - Analyze the map as under:
 - In the previous month, did the PE meet all sex workers that she is working with? If not, why?
 - Based on the volume of sex work, was there any difference in kind of outreach done by the PE? Did she/he meet high volume sex workers more often and the low volume sex workers less often?
 - Were the condoms distributed based on the volume of sex work? Were enough condoms distributed to cover all the sexual acts of each of the sex workers? Is there a shortfall? How is this shortfall in condom distribution, being filled? Is it through the depots? Are the clients bringing condoms?
 - These maps can be adapted to include other indicators like clinic attendance, access to crisis support, access to entitlements, etc.



Tool 7

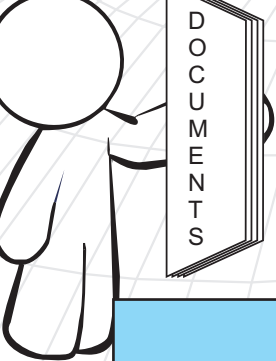
Peer Maps





III B

MONITORING FORMATS
- OUTREACH



FLOW OF INFORMATION AT OUTREACH LEVEL

Step 1: PEs fill daily diary formats in hotspot on **day to day basis** on all the contacts made

Step 2: On **weekly basis** daily diary forms from PEs collected by the respective ORW in charge of the area, checked for completeness and correctness

Step 3: PM does **performance assessment** based on the data submitted for the week by ORWs

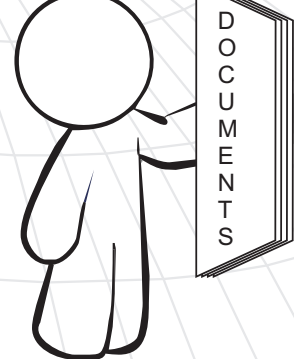
Step 5: During **technical support/supervisory visit** to the hotspots ORWs do random checks at field level for quality of information being captured and entered in format, also fill in the information on the activities conducted by them during the visit in the ORW field diary

Step 4: Prior to **weekly meeting** ORWs collate information from their field diary and also from the PE daily diary, fill in the requisite information in the ORW weekly format, and share the same with the PM during weekly meeting

Step 6: Filled in forms for the week handed over to the MIS officer who enters the information in the computer

Step 7: Filled in forms (pertaining to PE and ORW) returned for continuing the format filling for the next/coming week to respective PE and ORW

COMMUNITY MEMBER



- **Frequency:** As and when a Community Member is identified
- **Where:** At the hotspot level
- **By Whom:** ORW
- **For What:**
 - To know the details of each Community Member identified - name, age, date of joining the project.
 - To understand the demographic details of the Community Members living/operating in a given hotspot/area/location.
- **Guidelines:**
 - The form is to be filled by the ORW (after PE identifies a Community Member in his/her hotspot).
 - The forms after filling up should immediately be handed over to PM/MIS Officer/Accountant for entering the information in the master list of Community Members register.
 - Legends as under :
 - ** Marital status code:** 1. Never Married 2. Married 3. Widow / Widower 4. Divorced 5. Separated 6. Not known/Not revealed.
 - *** Employment Status code:** 1. Never Employed 2. Currently unemployed 3. Full time employed 4. Part Time Employed 5. Student /Housewife 6. Other (specify) 9. Not known/Not revealed.
 - # Educational Level code:** 1. Illiterate 2. Literate (can read and write) 3. Primary Education (upto 5th class of schooling) 4. Middle Education (upto 8th class of schooling) 5. Matriculation / Higher Secondary (10-12 year of schooling) 6. Graduate and above 9. Not known/Not revealed.
 - \$For IDU Category definition:**
 - Regular User: One who injects at least once in a day
 - Irregular User: One who injects less than 1 per day on an average.
 - *ID number: 17 digit code in the following break up:**
 - State code: 2 digit columns (Census code will be used)
 - District code: 2 digits columns (In each state the district codes will be unique. Census code will be used)
 - TI code: 2 digits columns (In each district, the TI code will be unique and given by SACS)



Hotspot code: 2 digits columns (Each TI will give a unique hotspot code which will be confined to that TI. Each TI will develop its own code starting from 01). Hotspot is logically defined as a geographical area where there is a concentration of Community Members.

Category of Community Member:

1 digit column ("F" for FSW, "M" for MSM, "I" for IDU, "T" TRUCKERS AND "M" MIGRANTS and "T" for truckers).

ORW Code: 2 digit column (in each TI a code will be given to each ORW).

PE Code: 2 digit column (in each TI a code will be given to each PE).

Serial Number: 4 digit column (for each category of COMMUNITY MEMBER, the number will start from "0001"). The individual Community Member's code no. will be provided by the M& E Officer at TI level before entering the data into the Master Register.

STATE CODE		District Code		TI Code		Hotspot Code		Category of Community Member	ORW Code		PE Code		Community Member ID Code	

COMMUNITY MEMBER REGISTRATION FORM

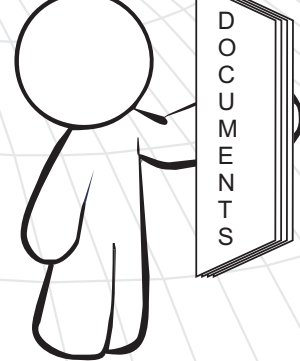
NOTE: This form is confidential and should be kept at the NGO office.

Information to be filled up after identifying Community Member and building rapport:

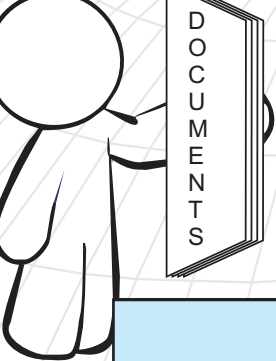
1. Hotspot Name:
2. Hotspot Code:
3. Name of the PE:
4. PE Code:
5. Name of ORW in-charge:
6. ORW Code:
7. Date of Registration:
8. Name of Community Member:
9. ID No*:
10. Date of issue of Health Card:
11. Sex: ☐ M ☐ F ☐ TG
12. Age in Years _____ (as given by the Community Member)
13. Marital Status**:
14. Employment status***:
15. Educational Level[#]:
16. Name of the area where Community Member normally operates from (with Pin Code of the area):
17. Contact Address including Pin Code and Contact Numbers (as given by Community Member):
18. Community Member Category: ☐ FSW ☐ MSM ☐ TG ☐ IDU ☐ Migrant ☐ Trucker
19. Community Member sub group:
(If FSW) - a. Home/Secret-based b. Street/Public Place based c. Brothel based d. Lodge/Hotel/Dhaba based
(If MSM) - a. Kothi b. Panthi c. Double Decker d. Bi sexual e. Any other
(If IDU)^{\$} - a. Regular User b. Non Regular User
20. Average number of sexual acts per week (last week's recall):
21. Average number of injecting acts per week (applicable for IDUs) (on the basis of last week's recall):
22. No. of years in sex work/as IDU:

Signature of ORW

ORW FIELD DIARY/ MONITORING CHECKLIST



- **Frequency:** On every visit
- **Where:** At the hotspots
- **By Whom:** ORW
- **For What:**
 - To know the interaction made with PEs.
 - To monitor the number of Community Members met at each hotspot by the PEs.
 - To monitor the type of issues addressed at each hotspot by the PEs.
- **Guidelines:**
 - This format is to be filled by the ORW whenever s/he goes to each hotspot.
 - On each visit this format is to be filled in, for example if an ORW visits 4 hotspots in a week, s/he should fill in 4 such forms in that week.
 - The information (observation made, input given) in form of feedback from the filled-in format needs to be shared during weekly meeting.
 - During monthly meeting, the ORW is expected to give a brief on each hotspot status in term of performance and challenges being faced by the project or by the PE and issues addressed.
 - The filled-in information needs to be documented at the project office for future reference.



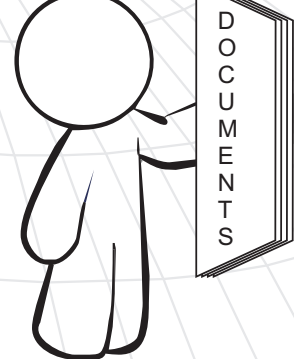
ORW FIELD DIARY/MONITORING CHECKLIST

Name of the ORW: _____ ORW Code: _____

Date of visit: _____ Name of hotspot: _____

SI No.	Issues	Status/ Number	Observations made/Actions taken /Comments by ORW
Monitoring of PE activities			
1	Number of registered Community Members that have been contacted by PE during the week as per weekly/micro plan		
2	Number of new Community Members identified during the week by PE and registered		
3	Number of condoms distributed by PE during the week as per the demand analysis		
4	Number of condoms used during the week for each Community Member as per PE diary		
5	Number of needles/syringes distributed during the week as per the demand analysis		
6	Number of Community Members referred to ICTC centres during the week by PE	Yes / No	
7	Number of Community Members referred to the project clinics (including DIC) for regular check up (RMC)	Yes / No	
Feedback/information from Community Members on outreach services provided by PE at the hotspot level by random check of at least 10% of the Community Member in the each hotspot			
1	PE distributes condoms regularly for providing anal services	Yes / No	
2	PE has the basic skills for counselling (hotspot level) Community Member (STI/HIV/AIDS/Condom promotion)	Yes / No	
10	PE distributes commodities (condoms/needles/syringes) as per requirement and on time	Yes / No	
4	PE provides information on project services (STI/HIV/Condom usage/ Referrals/STI clinics)	Yes / No	
Support provided to PE at the hotspot level			
1	PE ensures to track Community Members sent for PE referrals and for RMCs at the project clinic (if oriented, mention the areas)	Yes / No	
2	Barriers faced by Community Member in the area to access services provided by the project, and steps taken to resolve	Yes / No	
3	Issues arising during the field visit flagged for discussion during weekly/	Yes / No	
Services provided by the ORW to Community Members during the visits			
1	Monthly staff meeting for discussion		
2	Number of Community Members met during the visit at the hotspot		
2	Number of Community Members met in a group meeting at the hotspot		
3	Number of condoms distributed to the Community Members in areas where PE has not given this service		
4	Number of needles/syringes distributed to the Community Members (for IDU intervention only), in areas where PE has not given this service		

OUTREACH WEEKLY SUMMARY SHEET



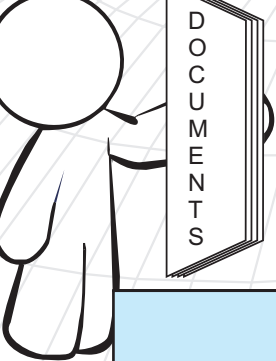
□ **Frequency:** Weekly

□ **Where:** At the project level

□ **By Whom:** ORW

□ **For What:**

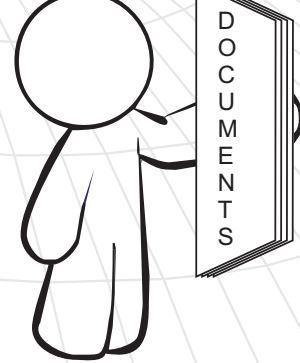
- To know the number of Community Members met every week in all the hotspots.
- To know about the type of services given by the PEs.
- To track the number of condoms distributed during the week in all the hotspots.
- To track the number of needle and syringes distributed during the week.
- To know the number of group meetings held across the hotspots.



OUTREACH WEEKLY SUMMARY SHEET

(weekly compilation sheet by ORW)

Month																					Year															
Name of ORW																ORW Code																				
Indicators	PE 1						PE 2						PE 3						PE 4						PE 5						TOTAL					
	W1	W2	W3	W4	W5	Total for Month	W1	W2	W3	W4	W5	Total for Month	W1	W2	W3	W4	W5	Total for Month	W1	W2	W3	W4	W5	Total for Month	W1	W2	W3	W4	W5	Total for Month	W1	W2	W3	W4	W5	Total for Month
No. of new Community Members registered																																				
No. of individual Community Members contacted during the week																																				
No. of total contacts made during the week (multiple)																																				
No. of needles syringes distributed this week by PE																																				
No. of needles syringes returned during the week																																				
No. of condoms distributed during this week by PE																																				
No. of condoms sold during this week																																				
No. of individuals reported use of condom during last sex																																				
No. of individuals referred to DIC/Clinic this week																																				
No. of individuals who were referred to ICTC this week																																				
No. of individuals who were followed up this week																																				
No. of Community Members directly met and given program services																																				
No. of condoms distributed directly by ORW																																				
No. of Needles / Syringes redistributed directly by ORW																																				
No. of New Contacts																																				



□ **Frequency:** Daily

□ **Where:** Drop-In-Center

□ **By Whom:** Designated Community Member

□ **For What:**

- To keep track of the number of Community Members visiting the Drop-In-Center in the given month.
- To know the purpose of each Community Member's visit to Drop-In-Center.
- To track the number of condoms distributed through Drop-In-Center.
- To track the number of needles/syringes distributed.
- To know the timings of the visits made by majority of Community Members that can help in contacting the Community Members for program deliverables.
- To help in rescheduling the timings of clinics and other Community Member level meetings.

□ **Guidelines:**

- It is recommended that the PM should appoint the person for managing the DIC from the community.
- The PM is accountable for over all maintenance of the drop in center.
- Every Community Member visiting the DIC needs to fill in the register.
- The illiterate Community Member will be assisted by the DIC-in-charge or by the peer member.
- The in-charge has to ensure that all the visitors are Community Member and each one fills in the register.
- The in-charge also has to maintain the decorum of the DIC (the purpose for which it has been



DROP-IN-CENTER (DIC) REGISTER

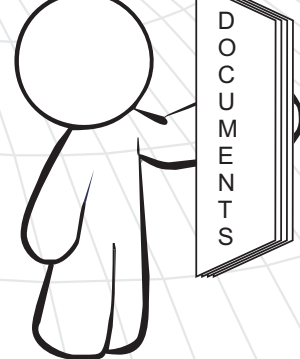
Name of the DIC (location area):

For the month:

[illegible]

*please tick (✓) in the appropriate column

PEER EDUCATOR DAILY DIARY CUM TRACKING TOOL



□ **Frequency:** Daily

□ **Where:** At the hotspots

□ **By Whom:** PE

□ **For What:**

- To track type of services given by the PE on day to day basis.
- To know the number of Community Members planned for outreach and the number actually reached.
- To track the number of condoms/syringes distributed to each Community Member.
- To know if condoms were used during last sex act.
- To know about Community Members not contacted.

□ **Guidelines:**

- The format is designed to track each Community Member contact details during a given month. The list of the Community Member will be generated through computer where each Community Member profile is entered once the Community Member is registered.
- The format is designed for noting down each contact made by the PE on each day. Further, each day is divided into three cells
 - Cell "A": If a PE does any of the listed activity, then s/he denotes with the code given against that activity.

□ Condom demonstration & promotion	■ Education on STI /HIV	■ Referral to TI Clinic
■ Referrals to ICTC	■ Follow-up done	■ Identification of new Community Member
 - Cell "B": If the Peer Educator distributes free condoms to a Community Member on a particular date, then s/he will write number of condoms distributed (in pieces and "not" packets) under that date against each Community Member to whom s/he has distributed.
 - Cell C: PE will ask the number of condoms used and write the number in this cell
 - Cell "D": Applicable only for IDU TI. If syringes/needles are distributed to a particular Community Member, s/he will denote the number of syringes/needles distributed during that date.

Date checked:

[illegible]



IV

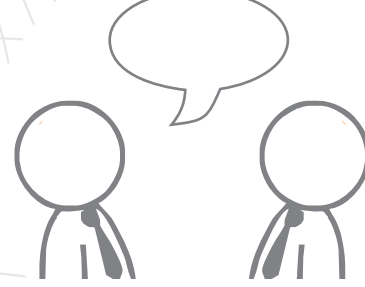
IPC TOOLS

(Dialogue Based Communication)



Tool 8

Body Mapping



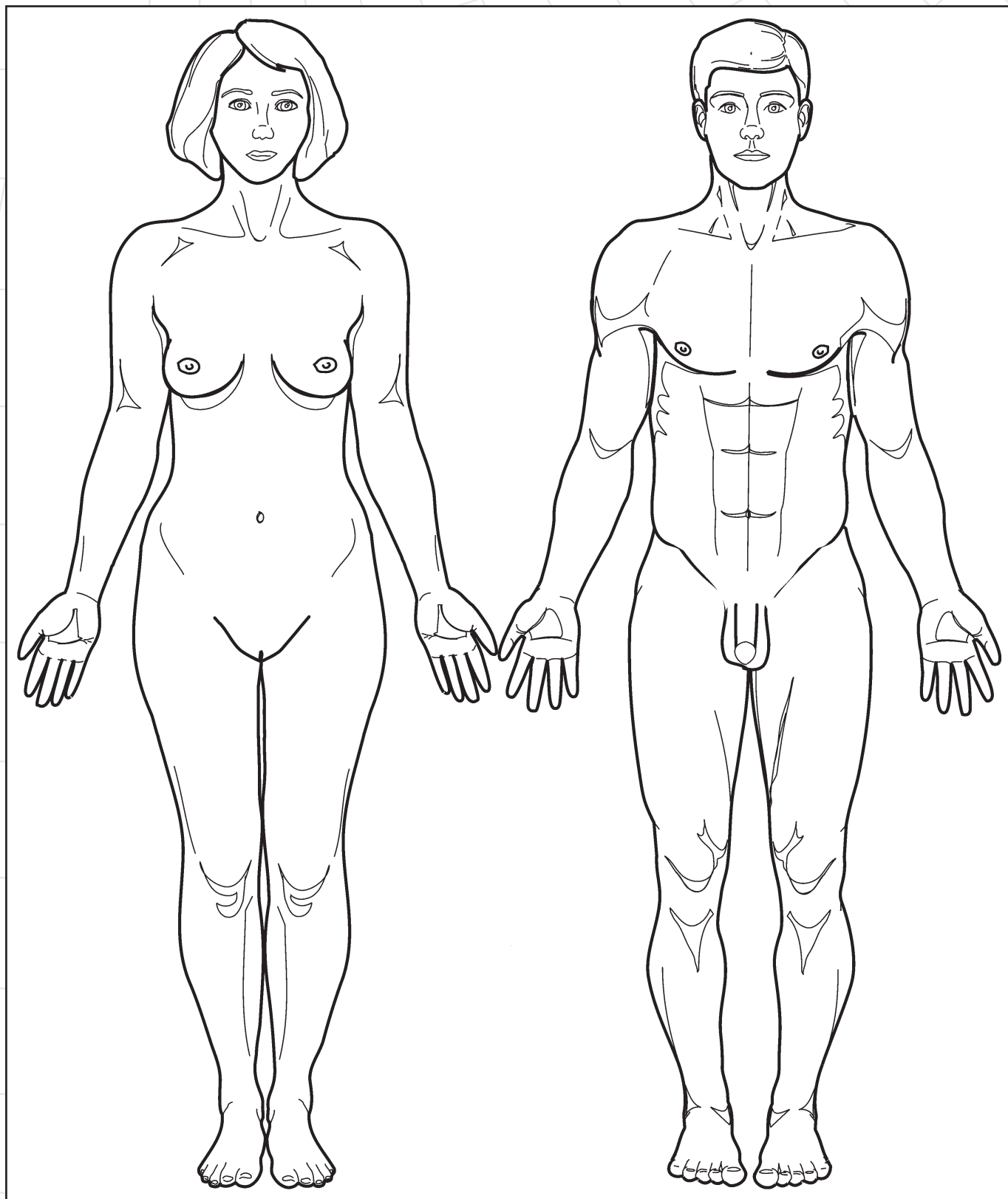
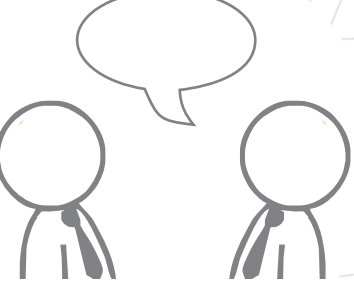
□ Aim:

- Enable Community Members to explore HIV/STI vulnerability factors relating to the body .
- Discuss non-penetrative sex with Community Members.

□ Materials Required: Chart paper, coloured marker pens.

□ Guidelines:

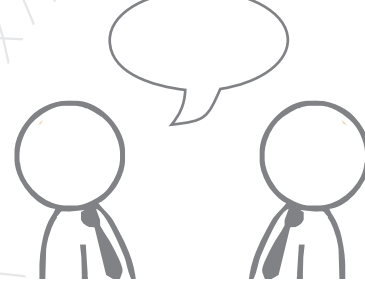
- One volunteer lies on the chart paper on the ground and another traces the outline of her/his body on the chart paper.
- The outline is treated as a naked body and the Community Members asked to fill in the details like various organs.
- Then ask the Community Members to mark the following with different coloured marker pens:
 - What are the places on the body that feel good when touched?
 - Which parts of the body are vulnerable to HIV? (How can the virus enter the body? What makes it easier for the virus to enter the body? – clear misconceptions if any)
 - What is the degree of risk against each (High, Low or No risk)?
- Then the Community Members need to discuss options for safer sex that are available, particularly non-penetrative sex.
- These maps can be adapted to include other indicators like clinic attendance, access to crisis support, access to entitlements, etc.



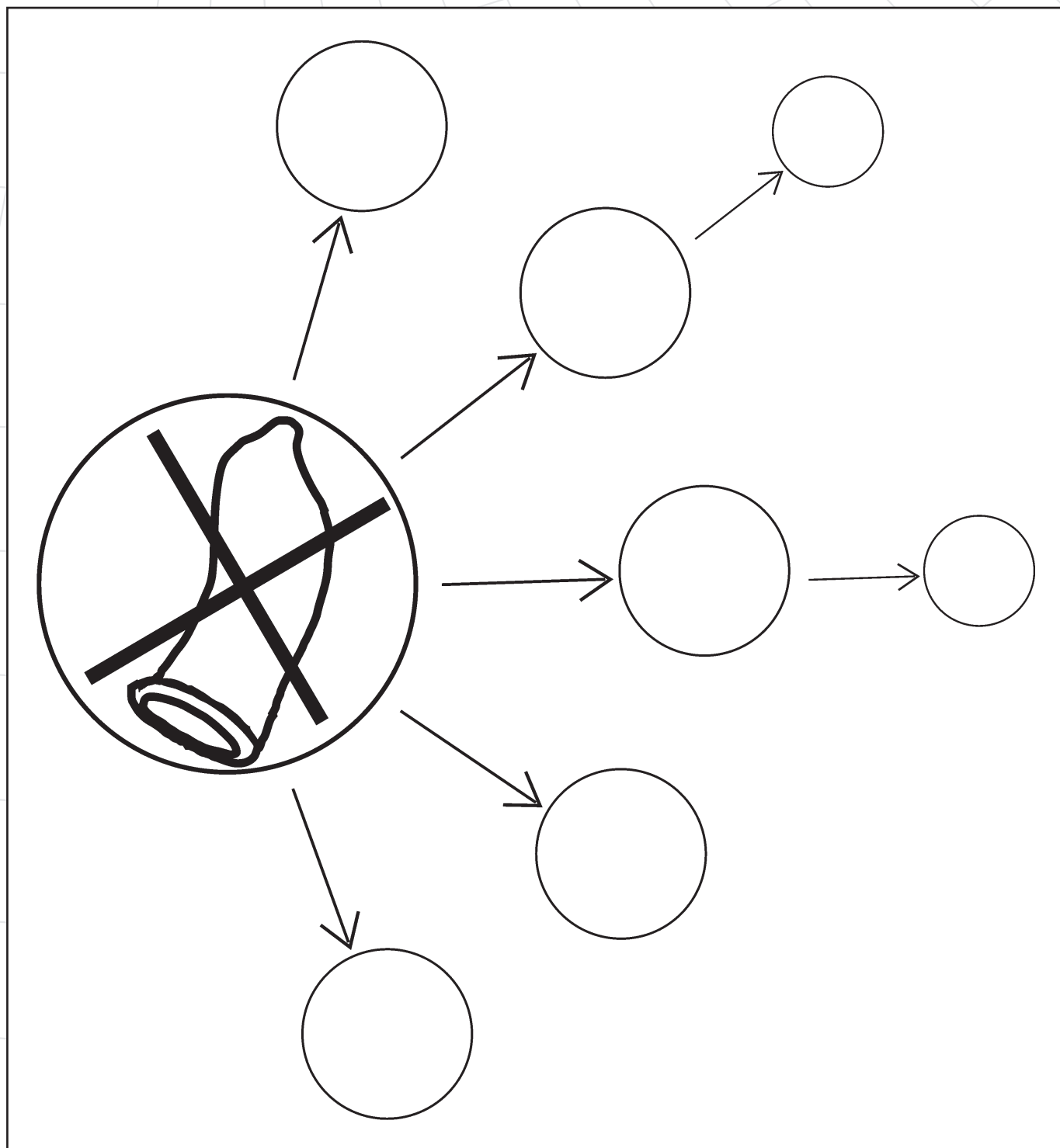
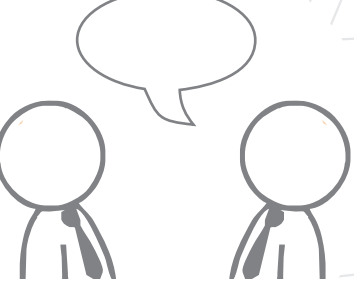


Tool 9

Why is it so?



- **Aim:** Help Community Members analyze why risk behaviours occur and what can be done to reduce them.
- **Materials Required:** Chart paper, coloured marker pens.
- **Guidelines:**
 - Identify risky behaviour for HIV (like unprotected sex, sharing needles, etc) and draw a symbol of one of the risky behaviour (based on the group's preference for discussion) in the center of a circle in the center of a flipchart.
 - Ask 'Why is it so?' and let Community Members draw or write the reasons for risky behaviour in balloons around the central circle.
 - Continue this till the Community Members cannot think of any more reasons.
 - Select one of the reasons/factors and ask 'Why is it so?' Let Community Members identify issues that make them more vulnerable to taking that risk.
 - Continue this till the Community Members cannot think of any more vulnerability factors.
 - Repeat this process for all reasons/factors for risky behaviour.
 - Discuss the following:
 - What are the most important reasons (vulnerability factors) for risky behaviour?
 - What are the ways that Community Members can try and reduce risk behaviour?





NATIONAL AIDS CONTROL ORGANISATION

Ministry of Health and Family Welfare - Government of India
6th & 9th Floor, Chandralok Building, 36 Janpath, New Delhi - 110001