



Training Module for Outreach Workers



National AIDS Control Organisation

Ministry of Health and Family Welfare
Government of India
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Introduction

The prevention of new infections in High Risk Behaviour Groups and the general population is a major thrust in NACP III (National AIDS Control Programme III). The most effective means of reducing HIV spread is through the implementation of Targeted Intervention (TI) Projects amongst persons most vulnerable to HIV/AIDS, such as Female Sex Workers (FSWs), Men who have Sex with Men (MSM), Injecting Drug Users (IDU), truck drivers, helpers and migrants. Both NACO and the states place a high priority on full coverage of the High Risk Groups (HRGs) with the aim of 100% 'saturation' of this segment.

In order to achieve a high level of coverage and to maintain quality of programme implementation, there is a need for quality learning opportunities to be made available to NGOs/CBOs working at the grassroots level. This training module has been developed in order to further the understanding of the implementation partners on NACP-III, so that the approaches and strategies of NACP-III are realized at the field level.

The objective of the training is to benefit the Outreach Workers (ORWs) of the Targeted Intervention Projects. It is their commitment and initiative that will go a long way in determining the quality of the implementation and outcomes at the state level.

Planning and Monitoring are key programme management components in a Targeted Intervention programme. Both these components need to be developed early in the project to reach the desired project goals. However the challenge is to simplify the tools used for planning and to actively involve community members of the High Risk Behaviour Groups and the Bridge Population so that the tools provided in this package and in the

Operational Guidelines of NACO are implemented effectively.

Design of the Module

This module has been designed to develop and broaden the perspective of the participants on their role as Outreach Workers implementing Targeted Intervention Projects under NACP III. The greater focus of this training lies on building the knowledge and skills of Outreach Workers to plan and implement effective outreach programmes, working in tandem with, and overseeing the work of a team of Peer Educators (PEs). The training includes various pedagogies of learning and a field visit to an intervention site.


Scheduling

The module has been designed for a five day training workshop. It is preferable that participants devote this time at a stretch in the training workshop along with a field visit to one of the intervention sites to orient themselves to field level issues and challenges.

Every session has been planned with time for open discussion and sharing of experiences of the participants. Interactive methods such as group work, brainstorming, games and such like have been introduced at key places in the training package to make for better recall of core learning and to enliven the training process itself. The participants are expected to develop a basic understanding about the sessions in advance by going through the Supplementary Manual provided to them. This manual contains the presentations that they will be exposed to as also additional reading material to broaden their understanding of the subjects.

How to Facilitate

The workshop trainers or facilitators should be



familiar with experiential and participatory forms of learning. They should have the ability to ask exploratory open-ended questions and should be sensitive towards involving all the participants especially given that the group is likely to be that of a varied profile.

The facilitators should be technically competent to answer various intervention related questions. Adaptations of the various topics may be made in order to suit local needs and priorities.

While a range of devices such as energizers, brainstorming, games and such like have been provided in the manual itself, facilitators could also go beyond these and include others such as debates and quizzes related to the session topics. It would be helpful to review the feedback forms on a daily basis so as to be able to respond to any significant issues such as lack of comprehension of important content or perceived lack of applicability, if any, on the topics and issues.

It will be important at all stages for participants to correlate their class room teachings with field level learning and vice versa.

How to Use the Module

Each session provides the following information:

Objective: What the facilitator hopes to achieve by the end of the session.

Expected Outcome: The outcomes anticipated as a consequence of the session.

Duration: Approximate time each session will take.

Suggested Teaching Method: Teaching methodology and techniques that will be used.

Materials/Preparation required: Materials that are required to carry out the session, may include flip charts, marker pens, handouts, etc. and any preparation that is required.

Process: The step-by-step instructions on how to implement the activities and run the sessions.

Key Learnings: The core learning content that the facilitator will explain with the help of the Power Point presentation for the session. It is the main points participants should learn and take back from the session. The facilitator must ensure that these key learnings are understood well by the participant by encouraging a recap of the session that will elicit these points.

Evaluation of the workshop: Formats for daily evaluation of the sessions are provided in the Supplementary Manual.

Workshop Take-aways: Participants will take away the Supplementary Manual containing additional reading materials and all Power Point presentations. They will also take home a booklet (ready reckoner) containing all the outreach planning, implementation and monitoring tools that require to be used in the field.

Key things to remember as Facilitator: Dos

- Read the Operational Guidelines and training module completely before the workshop
- Be flexible. Scheduling may have to change depending on the need of the participants
- Use different teaching methods to enhance participation and retain interest
- Ensure all teaching materials like handouts, charts



etc are available

- Respect participants' local knowledge
- Encourage peers to participate and make presentations
- After the training, ensure that a follow-up plan is developed
- Remember, this is a participatory workshop and your role is to FACILITATE!

Don'ts

- Let any one person dominate the discussion
- Speak more than the participants - let the participants brainstorm and discuss
- Allow distractions like mobile phones and chatting between participants
- Make the training a boring experience - intersperse the sessions with energizers
- Read out from the Power Point presentations - prepare yourself well and use the presentation slides as cue cards to elaborate on the relevant points



Day 1

Session Plan

Session One - Introduction and Welcome <ul style="list-style-type: none"> ■ Ice-Breaker ■ Exercise - Expectations from the Workshop and sharing the agenda ■ Sharing of Workshop Agenda 	9:30 – 10:15 20 mins 15 mins 10 mins	45 mins
Session Two - Understanding the Communities we work with <ul style="list-style-type: none"> ■ Group work and brain storming ■ Presentations and Discussion 	10:15 – 11:45 1hr 30 mins	1hr 30 mins
Tea/Coffee Break	11:45- 12:00	15 mins
Session Three - Understanding Programme and the Concept of TI projects <ul style="list-style-type: none"> ■ Power Point presentation on NACP III and TI ■ Discussion 	12:00-1:15 45 mins 30 mins	1hr 15 mins
Lunch Break		1 hr
Session Four - Outreach as a Backbone of TI Projects <ul style="list-style-type: none"> ■ Game - Explaining Outreach ■ Word Association Exercise ■ Group Work - Importance of Outreach, Objectives and Expected Outcomes ■ Group Presentation ■ Summarizing Discussion ■ Power Point presentation - Outreach Planning ■ Discussion on Outreach Planning 	2:15 – 4:15 5 mins 10 mins 45 mins 30 mins 10 mins 10 mins 10 mins	2hrs
Tea/Coffee Break	4:15-4:30	15 mins
Session Five - Screening of Animation film –‘The Two Rohits’ and Discussion	4:30 – 5:15	45 mins

Session One

Introduction and Welcome

Objective

- To welcome the participants, get introduced to the facilitators and each other and share expectations from the workshop

Expected Outcome

- Participants get to know each other
- Participants share their expectations from the workshop
- Facilitator shares the agenda and overview of the workshop

Duration

45 mins

Suggested Teaching Method

Games, Discussion

Materials/Preparation required

Small slips of paper or Post-its, Flip chart, Marker pens, Workshop Agenda

Process

- Participants are welcomed to the workshop and the facilitator selects one of the ice-breakers given below (See box 1, 2 & 3) to get them to introduce themselves and to know each other better.
- After the ice-breaker, the facilitator distributes two slips of paper or post-its per participant and requests each of them to note down two expectations from the workshop.
- The facilitator then collects these slips of paper and collates the expectations on a flipchart. The expectations are grouped as 'knowledge sought' and 'skills sought'.
- The facilitator then shares the agenda for the workshop and tries to relate it with the expectations of the participants.

Box 1

Ice-Breakers:

Option 1: Human Bingo

Before the workshop begins, make a pre-formatted sheet like the one below:

Has sat on an elephant	Has climbed a tree	Can speak 5 languages
Has stolen mangoes from a tree	Has more than 10 years of experience	Can dance
Can write with both hands	Can eat 10 gulab jamuns at one time	Can stand on the head

Distribute one sheet per participant. Ask the participants to go around the room and randomly select one person to whom they read out one statement. If that person fits the description then her/his name is written in the same box as the statement. If not, move on to the next person. The person to finish first will then shout 'Bingo'.

Note: Only one name can be written per statement and any name can appear only once on the sheet.



Box 2

Option 2: I am.....She/he is.....

Give each participant a piece of paper and a marker pen and ask them to write their name and to write 3 things starting with 'I am.....' Ask the participants to attach the sheet on their chest with tape. Ask them to come together in pairs and read each other's statement. They can question each other further to understand the statements better. Then each one has to introduce her/his partner using these very statements for eg. 'She is Meena. She is a good facilitator, a.....'.

Box 3

Option 3: Mistaken Identities

Before the workshop begins, make name tags with large letters for all participants. Use first names only. When the group comes together, hand out name tags to each person, making sure that no one gets her/his own name tag. Ask the participants to move around the room and find the person who matches the name tag in their hands. Then each one has to introduce her/his partner.

Session Two

Understanding the Communities we work with

Objective

To share insights and understanding of the core high risk behaviour groups that Outreach Workers engage with.

Expected Outcome

Participants develop an understanding of the groups they work with especially in the context of HIV –related risk and vulnerability factors.

Duration

1 hr 30 mins

Suggested Teaching Method

Discussion, group work, brainstorming

Materials/Preparation required

Chart papers and marker pens

Process

- The facilitator informs the participants that any understanding of the programme and its components would need to begin with an understanding of the communities that are at the heart of the programme. This session would thus focus on sharing what we know about the communities we work with, especially in the context of what makes them vulnerable to HIV / AIDS.
- Start by first explaining, with examples, **what are risk behaviours and what are vulnerability factors (see 'Notes for facilitator')**
- Then, divide the participants into 4-5 groups. Give each group 1 typology of FSW or MSM. E.g. brothel based sex workers, street based sex

workers, privately operating sex workers, lodge based sex workers, kothi, panthi, double decker etc. For IDUs there will be no division as per typology.


- Each group is requested to brainstorm on the risk and vulnerability factors that are specific to the segment given to them.
- Motivate the participants to list as many points as possible. These factors may increase the risk/vulnerability of FSWs, MSM and IDUs towards HIV/AIDS, either directly, or by indirect means.
- Once the group work is done, invite each group to share its work with the larger audience.
- Encourage participants to come up and make additions, if any, to the list presented by each group.
- Review to see if all points are covered, otherwise add information (see 'Notes for facilitator')

E.g. For brothel based sex workers, non –usage of condoms may be one of their high risk behaviours; a vulnerability factor could be the pressure of the brothel madam leading to entertaining customers without condoms

Notes for facilitator :

Risk behaviour: It is a behaviour that puts someone directly at risk of STI/HIV infection, such as unprotected anal or oral sex.

Vulnerability factors: Vulnerability factors are those that make risk behaviour more likely and which therefore put someone indirectly at risk of STI/HIV infection e.g. having group sex, being poor, or being female. Risk behaviours are made more likely by vulnerability factors, but vulnerability factors in



themselves do not lead to HIV infection

Vulnerabilities of FSWs :

- Pressure of brothel owner
- Dependence on regular partner
- Lack of financial resources
- Substance abuse
- High client load
- Exposure to violence (also domestic) etc

Vulnerabilities of MSM:

- Goonda and other harassment
- Lack of financial resources
- Substance abuse
- Number of partners
- Dependence on Regular partner etc

Vulnerabilities of IDUs:

- Harassment by police
- Lack of financial resources
- Number of needle sharing partners

Session Three

Understanding the Programme and the Concept of Targeted Intervention

Objective

- To orient participants to NACP III
- To ensure participants understand the concept of Targeted Intervention

Expected Outcome

- Participants get oriented to NACP III
- Participants understand the concept of TI

Duration

1 hr 15 min

Suggested Teaching Method

Power Point presentation, Discussion

Materials/Preparation required

Power Point presentation

Process

- The facilitator informs the participants that the previous session laid the foundation for them to now understand the programmatic interventions and the logic behind them.
- Using a power point presentation, participants are now briefed about the HIV/AIDS scenario and relevant information on the core groups they would work with.
- The facilitator elicits discussions among the participants so as to help them understand the epidemiological significance of working with core groups.

Key Learning

- NACO came into being in 1992.
- The main objectives of NACP I (1992 - 99) were to develop infrastructure for the treatment of STDs in district hospitals and medical colleges; expand the network of blood banks and to initiate the HIV sentinel surveillance system; the programme led to the creation of AIDS cells at the State level
- NACP II (1999 - 2006) was launched with the

objective of strengthening India's capacity to respond to HIV/AIDS on a long term basis.

- NACP III (2007 - 2012):
 - targets stigma and discrimination by scaling up treatment services for the general population
 - focusses on HRGs to target those most at risk
 - normalizes the use of condoms
 - builds capacity at the District/State/National levels
 - provides services for PLHA to receive care and treatment
 - builds strategic information management systems, and
 - works with youth and adolescents
- In India, around 2 to 3 million people are living with HIV / AIDS; the epidemic is concentrated in HRGs (FSWs, MSM/Transgender and IDUs) and the Bridge Population (Truckers and Migrants); therefore there is a need to control HIV/AIDS among this group
- Under NACP III, the components of Targeted Intervention Projects are Behaviour Change Communication, Management of Sexually Transmitted Infection, Condom Promotion, Community Mobilization, Enabling Environment and making Referrals and Linkages (please refer to the power point presentation)

Session Four

Outreach as a Backbone of TI Projects

Objective

- To ensure participants understand the concept of outreach
- To help participants understand the components and principles of outreach
- To initiate discussion on outreach planning, both micro and macro

Expected Outcome

- Participants understand the concept of outreach for TI Projects
- Participants understand the different components of outreach as well as the key principles that are the basis of good outreach
- Participants get a broad understanding on the need for outreach planning at micro and macro levels

Duration

2 hrs

Suggested Teaching Method

Group work, presentation and discussion

Materials/Preparation required

Power Point presentation, flip charts and marker pens

Process

- The facilitator starts with a small game. One participant is asked to stretch her/his arms to the maximum. This is the 'outreach' of that one person.
- A second participant then stretches her/his hand touching the first person. This is continued by all participants, each one touching the other.
- The facilitator then explains to the participants that the purpose of outreach is to let no one go outside the protective circle, which includes all

strategies for HIV prevention and it is they who are responsible for this outreach.

- The facilitator then undertakes a word association exercise. She/he writes the word 'Outreach' in the middle of a chart and ask participants to come up with words that they can think of when they hear this word. The facilitator notes the same on the chart paper.
- The facilitator add words or prompts the group to try and come up with a comprehensive list to include key words like HRGs, BCC, Community, Risks, Vulnerability, ORW, PEs, Condoms, Information on STIs/HIV/AIDS, IPC, Monitoring etc.
- The facilitator then tells the audience that this training programme will discuss most of these issues and more.
- She/he puts up this chart of words for all to see throughout the training programme as it serves as a reminder to all.
- The facilitator then moves on to discuss: Why is outreach important? What are its objectives and what are the expected outcomes of good outreach?
- For this purpose she/he divides the participants into 3 groups and gives each group one question/issue for discussion:
 - What are the reasons for doing outreach? (Why is Outreach an important part of TI? Or more simply, why do we need to do Outreach? To address what issues?)
 - What are the important components of good Outreach? (What does the project need to do good Outreach? Including manpower, commodities etc)
 - What are the key principles/qualities of good Outreach? (What will make Outreach effective? Including building trust with the community etc)
- Each group is given time to discuss this and then groups come back to make presentations in front of



the larger group.

- The facilitator summarizes the discussion using the Power Point presentation.
- For the project to achieve good outreach it needs to do Outreach planning, thus, the facilitator initiates the topic of 'Outreach planning', at both micro and macro level. She/he discusses coverage at both levels i.e. key spots at macro level and critical networks at micro level.
- The facilitator encourages the participants to state activities that need to be done under micro and macro level outreach planning and notes the same on a chart paper.
- The facilitator summarizes the discussion using the Power Point presentation stating that further discussion on Outreach planning and the tools for planning will be discussed on subsequent days.

Key Learning

- An Outreach Worker ensures that the target population accesses programmes and TI Projects provide services to the HRGs; risk reducing commodities like condoms, clean injecting equipments, lubes and such like are provided for
- The ORW helps PEs identify new HRGs. PEs should motivate, understand and address the needs of the HRG community, and ensure risk reducing commodities to reach them on time.
- The ORW should be a credible and trusted person from among the peers or trusted non-community members. He/She should be oriented to the community situation and its need
- The ORW must support the community of HRGs so that they can reduce their risk and vulnerability
- Focussing on the community will help in understanding how the programme is received and perceived by HRGs
- The objective of Outreach Planning is to support PEs to reach out to 80% - 100% of HRGs on a regular basis (in a month) to prevent the spread of STIs and HIV

- In planning for outreach, it is important to know the size and location of the community members so that a high proportion of them can be reached
- Outreach is planned for both at the macro and micro levels
- At the macro level, the number of HRGs is estimated, important site, spots, service centers and key stakeholders are mapped initially. Once the intervention is underway, data analyzing becomes important at the macro level so as to understand the trends.
- At the micro Level, the risk of each individual HRG is assessed and mapped. PEs maintain regular contacts, distribute and demonstrate condoms and solve barriers to condom use through discussion and community group support. Outreach workers provide referrals, follow up and provide support at the time of crisis to reduce their vulnerability and create a supportive environment
- Outreach Programmes should be both efficient and effective. They should build accountability and responsibility toward the community and continuously reflect on the gaps and improve programming. PEs and community members should be given the opportunity to bring to attention the problems of outreach and services that the staff may not be able to recognize.

Session Five

Animation Film: The Two Rohits-

A film on how to be a good Outreach Worker

Objective

- To explore the work of an ORW, the challenges in the job, and skills required to become a good ORW
- To inspire ORWs to put a little more passion and commitment into their work

Expected Outcome

- Participants reflect on their work and understand:
- What is the basic task of an ORW?
- What makes a good ORW?
- What are some of the key challenges that an ORW faces and how can she/he tackle them?

Duration

45 mins

Suggested Teaching Method

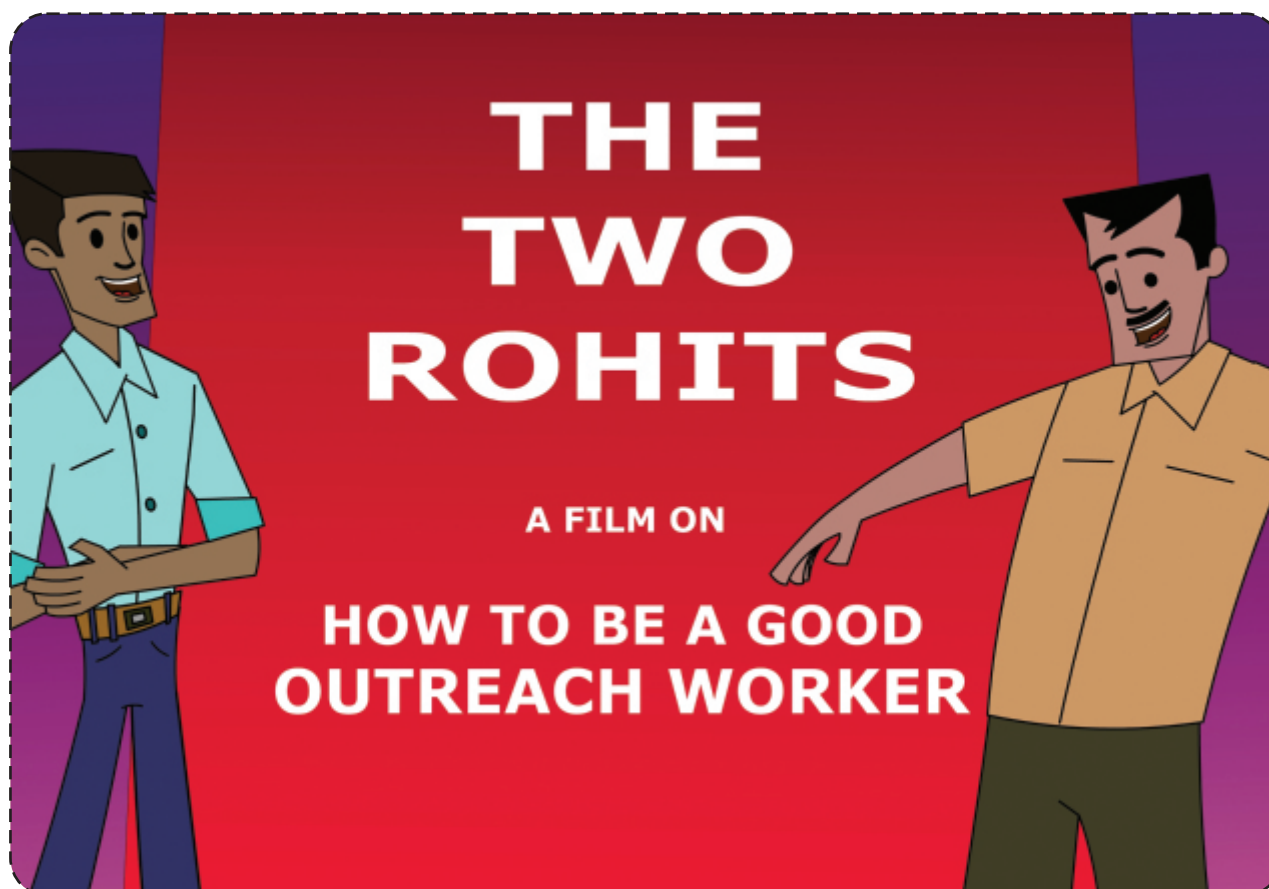
Screening of animation film, Discussion

Materials/Preparation required

Animation Film

Process

- The facilitator screens the animation film.
- At the end of the screening, the facilitator generates a discussion around the issues covered
- Participants are informed that the subsequent days will focus on some of the key issues raised in the film
- As this is the last session of the day, participants are requested to complete the evaluation forms for the first day of the training.





Day 2

Session Plan

Recap of Day One		15 mins
Session One - Importance of Community – led Outreach <ul style="list-style-type: none"> ■ Game – Knotty Problem ■ Discussion on Game ■ Discussion-Advantages & Disadvantages of Community-Led Outreach ■ Presentation of Case Study – Geographic & Social Networks ■ Debate ■ Summarizing Discussion with Power Point presentation 	9:30 -10:45 10 mins 10 mins 15 mins 20 mins 10 mins 10 mins	1 hr 15 mins
Tea/Coffee Break	10:45- 11:00	15 mins
Session Two: Roles & Responsibilities of an Outreach Worker <ul style="list-style-type: none"> ■ Exercise - Noting Roles/Responsibilities and Skills/Characteristics ■ Presentation of Exercise and Discussion ■ Power Point Presentation on Roles and Responsibilities of an Outreach Worker 	11:00 – 12:00 15 mins 30 mins 15 mins	1 hr
Session Three – Human Resource in TI Projects – Roles & Responsibilities <ul style="list-style-type: none"> ■ Game – Jigsaw Puzzle ■ Discussion on Game ■ Group Work – Roles/Responsibilities & Skills of TI Project staff ■ Group Presentation / Discussion 	12:00 – 1:15 15 mins 15 mins 20 mins 25 mins	1 hr 15 mins
Lunch	1:15 – 2:15	1 hr
Post lunch session – Field visit		

Session One

Importance of Community-led Outreach

Objective

- To ensure participants understand the importance of Community-led Outreach
- To help participants enumerate the role of community in TI Projects

Expected Outcome

- Participants understand the importance and relevance of Community-led Outreach in TI programmes
- Participants enumerate the role of community members, especially Peer Educators, in outreach planning, implementation and monitoring

Duration

1 hr 15 min

Suggested Teaching Method

Group work, presentation and discussion

Materials/Preparation required

Power Point presentation, Flipcharts, Marker pens, Situation Card (Case Study 1)

Process

- The facilitator starts the session with the 'knotty problem' game leading to discussion on the advantages and disadvantages of Community-led Outreach.
- She/he asks for 5 volunteers from the group of participants. These 5 volunteers are then asked to go outside the room so that they cannot hear the proceedings in the room.
- The facilitator then gets the rest of the participants to join hands and form a circle. Then without letting go of each other's hands, she/he moves the people over, under and between each other to form a human knot. She/he ensures that no one leaves her/his hands.
- She/he instructs the group that they need not say anything to the team of volunteers that will be coming in and will only follow instructions given by

that team. But, at no cost should they unlock their hands.

- Separately, the facilitators brief the volunteers outside informing them that they are the ORWs, Doctor / preferred provider, PM of the project and they have to solve the problem posed inside i.e. to untie the knot.
- The team of volunteers then goes in and tries and solves the problem in 5 minutes. In the meanwhile, the facilitator makes note of all the exchanges between the two teams.
- After 5 minutes are over the facilitator asks the team of volunteers to step aside and instructs the team holding hands to untie the knot without leaving their hands. And they surely will be able to do that on their own!
- The facilitator then discusses the following to wrap-up the learnings from the game:
 - Relevance of the exercise in understanding the need for involving the community to solve their problem.
 - Appreciating the existing knowledge of the community, believing that community can solve its own problems
 - Use of words by the team of volunteers for eg. 'We are here to solve your problem.' 'Listen to us!' etc thus, discussing why the problem could not be solved by external factors/agents.
- Then, the facilitator generates a discussion on the advantages and disadvantages of Community-led Outreach
- By the end of this exercise the facilitator helps the group to come to consensus on the fact that Community-led Outreach is the most sustainable approach even though it has some drawbacks.
- The facilitator then uses the case study (See Box 4) to discuss issues related to selection of PEs from Geographic and Social Networks – the advantages and disadvantages of each.
- She/he first reads out the case study to the participants.

Box 4

Case Study 1

Shalini is a sex worker who has been operating in City X for past six years. She is twenty three years old. In her early years, she used to operate from the bus stand with her friend Seema. Over a period of time she developed friendship with 15 other sex workers who operate from the same area. She comes from her village every day. She arrives at 11 am and works until 6 pm.

She knows that there are around 100 women who operate in the bus stand. Some of them operate in the morning hours, some in the evening and some in the night. Shalini has seen many of them but not all are her close friends. She knows about 70 women who operate in the bus stand at the same time as her. Of the women who operate at the same time as her, 15 are her close friends and 30 are her acquaintances.

In the last six years of working in City X, Shalini has moved to different locations in the city such as the railway station and the market to solicit clients. Over the years, she has operated in the top ten locations within the city. She has developed close friendships with 80 sex workers in those locations (including 30 women in the bus stand). She also knows 140 other sex workers who operate in those locations regularly.

The SNA and spot analysis estimates 1,500 sex workers in those 10 locations. These women are known to operate at different times.

The project has developed good rapport with Shalini. Furthermore, Shalini is willing to work as a Peer Educator since she understands that STI/HIV is a serious threat to her community, especially to her friends whom she loves and is concerned about.

The project staff recognizes that Shalini is an asset to the project. They are interested to involve her in the project. The staff has to decide on how to incorporate Shalini into the project.

The project has two options:

Option One:

Shalini can be given a particular geographical area (1 or more locations) and she has to reach all the sex workers who operate in that area and also identify new sex workers. This would mean that she will have to build rapport with all the sex workers in the allocated location, give them information and condoms and bring them to the clinic.

Option Two:

Shalini can be given the responsibility of reaching her close 80 friends on a regular basis whom she knows very well and has good rapport with at the 10 different locations within the city.

- The facilitator allows 5 minutes for each group to present their point of view, making note of the main points on a flipchart.
- While summarizing the debate, the facilitator makes sure the following is covered:
 - Both networks are important to consider in selecting peers.
 - Peer selection depends on the situation, and either or a combination of both strategies may need to be used.
 - In the early stage of the project, social network may be more efficient even though it is time consuming.
 - The criteria for a good peer includes being of the same age group, same profile, having good rapport within the community, responsible, vocal and having knowledge about local issues and dynamics.
 - The PE should ideally be selected with the consent of all community members, and if

possible using a democratic voting system.

- Once all the social contacts of each peer/volunteer is introduced to the project and the rapport is built by each peer with others in her group, the project should move to geographic networks.
- At times, depending on the situation, the project may have to use geo-social networks in order to ensure effective outreach.
- The project should decide which one to adapt and determine this based on the project needs and reach at that time.
- A PE should represent the community and so should ideally be a current FSW/MSM/TG/IDU.
- She/he should have some basic qualities like commitment to the cause, willingness to learn, good communication skills and be accepted by the community.
- . The facilitator summarizes the session with the help of the Power Point presentation.





Key Learning

- A Community- led response to HIV will help in achieving scale and coverage, assist in improving the quality of message and will provide sustainability in the community
- Community- led Outreach can improve the quality of work by strengthening collective bargaining and can also act as a pressure group to maintain the quality of services
- The programme can sustain as long as each member of the Community-led Outreach shares responsibility for consolidation and continuation of the intervention. They need to take the initiative in mobilizing resources and in evolving innovative mechanisms to sustain the intervention
- Peer-led Outreach is the most effective and sustainable tool for changing individual/group behaviour
- PEs help in building trust and in establishing credibility. They are a two way link between the project staff and the community. They provide important information from the community and help in reaching out to a large number of community members
- PEs should be representative of the community, accepted by the community and should be familiar with the local context and setting. She/he should be sensitive to the values of the community
- Apart from being accountable to the community, PEs should be good listeners, with good interpersonal skills, tolerant and respectful of others' ideas and behaviour
- The core task of a PE is to identify new community members, meet each of her/his contacts at least once in 15 days, and build their skills in understanding and assessing high risk behaviour, condom use and negotiation, and identification of STIs
- Usually under NACP-III, for FSW and MSM/TG interventions, one Peer Educator is considered for a maximum of 60 community members, while for IDU intervention 1:40 is the ratio followed, for Migrants 1 Voluntary Peer Leader is for 500 migrants
- Geographical networking is defined as networking/reaching sex workers within a fixed geography
- Using this concept, a Peer Educator is given the responsibility of reaching all the sex workers that are operating in a particular geography irrespective of her rapport or relationship with them
- In practical terms this means that the peer has to go and make friends with all the sex workers in the particular spot (geography) irrespective of age, time of operation, etc. For this, she may have to work beyond her normal sex work times, make an effort to meet the women or get introduced in another way
- Social networking is defined as networking/ reaching sex workers within a social circuit
- Using this concept, the Peer Educator/community volunteer is given the responsibility of reaching out to her friends irrespective of a defined geographical area
- In practical terms this may mean that the Peer Educator may have to travel to a few spots, do her work and also work for the project. The project may have to appoint more than one peer in one spot/geography
 - To strengthen Peer-led Outreach, ORWs should ensure the following:
 - Build the capacity of PEs to undertake various tasks
 - Convene regular weekly meetings to discuss performance, problem areas
 - Review data captured by the PEs
 - Help PEs provide field level information that will feed into programme planning

Session Two

Roles and Responsibilities of an Outreach Worker

Objective

- To ensure participants understand the roles and responsibilities of an Outreach Worker (ORW)
- To help participants enumerate the skills/characteristics required in an ORW

Expected Outcome

- Participants understand the responsibilities of an ORW and the role they play in an effective TI Projects
- Participants enumerate the skills/characteristics required by an ORW to be effective

Duration

1 hr

Suggested Teaching Method

Group Work, Presentation and Discussion

Materials/Preparation required

Power Point presentation, chart papers cut into small size (2 per participant), marker pens, glue/fevistic

Process

- The facilitator hands out 2 pre-cut small pieces of paper to each participant.
- She/he then asks each participant to write the following:
 - One ORW role/responsibility on one piece of paper and
 - One skill/characteristic that an ORW should possess on the second piece of paper.
- The facilitator needs to encourage the participants to think beyond the usual so as to ensure that varied roles, responsibilities and characteristics are covered. Participants should be reminded of the film shown the previous day that contrasted two distinct personalities and characteristic styles of Outreach Workers.
- Participants are given 10 minutes to write.
- While each participant is writing, the facilitator

puts up two large sheets of paper in the room. They are titled as 'ORW Roles/Responsibilities' and 'ORW Skills/Characteristics'.

- After 10 minutes, the facilitator invites each participant to come up and stick their responses on the appropriately titled chart put across the room.
- Then, one by one, the facilitator reads aloud the roles/responsibilities the participants have noted. She/he encourages the participants to comment so that all agree with the role/responsibility read out.
- The facilitator then follows the same process for skills/characteristics of ORW.
- The facilitator then sums up the exercise making additions if required or summarizes using the Power Point presentation.

Key Learning

- ORWs play an important role in the implementation of TI Projects:
 - They support and supervise PEs in planning activities and outreach
 - They also co-ordinate activities between them
 - They monitor the services provided to HRGs
 - They galvanize support and resources in conducting events and programmes in the community
- They understand the problems related to performance of PEs and solve these with support from Programme Managers /SACS/TSU officers
 - They establish a system of regular contact with secondary stakeholders
 - They also visit the hotspots on a regular basis and provide field-support to the PEs
 - They disseminate information about sexual health and social welfare of the community
 - They collect data and consolidate the same from the field
- An ORW should be non-judgmental and willing to work with HRGs. She/he should have experience of working with HRG populations
- ORWs should be able to understand the community mobilization process, have strong facilitation skills and understand the local language/s



Session Three

Human Resources in TI Projects - Roles and Responsibilities

Objective

- To stimulate participants to acquire and use a simple metaphor for the characteristics of effective teams and to value group effort
- To help participants understand the roles and responsibilities of TI functionaries

Expected Outcome

- Participants understand the characteristics of good teams through an association game
- Participants identify job responsibilities of other personnel in the TI project

Duration

1 hr 15 mins

Suggested Teaching Method

Game, Group Work, Presentation and Discussion

Materials/Preparation required

Six sets of jigsaw puzzles provided with the training kit, Power Point presentation, Flipchart, Marker pens


Process

- The facilitator divides the participants to form six groups.
- She/he then gives each group one of the six sets of jigsaw puzzles available with the training kit.
- Groups work for 10 minutes to complete the puzzles and the winning team is cheered.
- The final completed puzzles will be figures of staff positions in the TI: Programme Manager, Counsellor, Peer Educator, Outreach Worker, Doctor / preferred provider and Accountant.
- The facilitator then asks the participants to think about how the jigsaw puzzle they have just completed is similar to a team that performs well. Are there any attributes that come to their mind?
- The facilitator then takes them through the following similarities, after they have expressed their own ideas:
 - There are always boundaries

- Each piece has a role to play in the final puzzle
- Pieces are all inter-connected
- Each piece is a unique one
- The solution is fragile
- The whole is better than the sum of its parts
- Some pieces are central, some are peripheral
- The facilitator then asks each group to list on a chart paper the roles and responsibilities of the TI staff position that they worked on in the puzzle game.
(However, the group that has the puzzle of an ORW writes down the responsibilities of an M&E Officer, as the roles & responsibilities of an ORW have already been discussed in the earlier session).
- Each group then makes a presentation to the larger forum.
- The facilitator then summarizes the session using the Power Point presentation, emphasizing on the learnings of working as a team to achieve project goals.

Key Learning

- A Programme Manager (PM) builds and leads a project team by assisting and motivating through participative management. She/he designs and implements TI and ensures overall service delivery for the community
- The PM designs and develops the project management plan and ensures cost effective implementation of the same
- It is again the PM who develops the MIS to cover various aspects of TI. She/he monitors performance with appropriate checks and balances
- The PM understands the needs of a project team and co-ordinates with the TSU, SACS, NGOs etc for quality training and capacity building
- She/he develops the work plan for ORWs and ANM /Counsellors for the quarterly requirements of the project, and conducts regular meetings with team members to identify shortfalls on essential commodities and evolve a plan of action
- The PM maintains relationships with key



stakeholders involved in the HRG network, and undertakes regular review of the performance of the TI Projects with the project staff as well as with other stakeholders

- He/ She undertakes field visits and attends hotspot level meetings to understand and facilitate problem solving for effective implementation
- Counsellors provide preventive counselling services to the HRGs. The counselling helps them to understand and perceive their risks, understand the vulnerability associated with the sexual and social network, understand and facilitate practice of safe sex and safe injecting. The counsellor also builds a network with STI clinics, ICTCs, ART centers etc and is a part of the continuum of care and support services
- The counsellor empowers clients to adopt new safe sexual behaviours and maintain health seeking behaviour, helps in addressing conflicts, and handles crisis situations; he/she also builds the skills for correct condom use, condom negotiation with clients, safe disposal of used needles and syringes
- A Doctor / preferred provider (part - time) provides treatment to the HRGs. After taking the patient's history, the Doctor / preferred provider advises on investigations and referrals; she/he motivates a patient for follow-up and partner notification
- The Doctor / preferred provider participates in the Clinic Management Committee and incorporates the community's feedback in providing clinical services.
- He/ She provides feedback on different types of STIs prevalent among the target population, the issues related to drug adherence as well as effective means of networking with fellow health care providers in the area
- A Peer Educator conducts Behaviour Change Communication (BCC)/ Dialogue-based IPC

sessions and advocacy with community members and known power structures like police and brothel madams

- It is the PE who provides condoms to HRGs. She/he facilitates and replenishes condom depots in the project area and mobilizes HRGs for project related activities; the PEs maintain the DIC and also ensure compliance of treatment for STI cases
- A PE co-ordinates with the ORW in creating appropriate strategies and advocacy for successful implementation of TI Projects, and presents daily reports to the ORW
- An Accountant maintains accounts as per the standard accounting practices; maintaining transparency, she/he ensures adequate support and cross references of each transaction that has taken place
- An Accountant verifies payments, payee details and correct expenditures, and ensures all cash advances and vouchers are attached with supporting documents/'pucca' bills
- In case of FSW and MSM/TG, TI Projects covering less than 800 population, the Accountant plays the role of M&E officer also
- The M&E officer compiles and shares information related to TI performance with SACS
- He/ She prepares analytical reports concerned with different components of the TI Projects to provide feedback on the performance of the intervention



Session Four Field Visit

Objective

- To help participants understand the implementation of TI through a visit to the field
- To encourage participants to understand the different challenges that are encountered in the field
- To help participants experience the translation of the Operational Guidelines into field reality

Expected Outcome

- Participants would obtain a first-hand exposure to the field and understand the different components of TI Projects
- Participants would understand the challenges in planning, implementing and monitoring of TIs in the field and strategies to deal with these challenges
- Participants will understand the TI deliverables in the implementation/field context

Suggested Teaching Method

Field visit, Presentation and Discussion

Materials/Preparation required

Flipchart, Marker pens

Process

- The facilitator divides the participants to form four groups.
- Each group will visit one TI Project where they will also hold discussions with the TI Project staff.
- The key topics for discussion should be:
 - The different components of the TI Projects
 - Role of the different stakeholders and staff in the implementation of the programme, like the ORWs, PEs etc.
 - The different challenges and issues that have been encountered and how these have been addressed
 - The involvement of the community in implementation of the programme
 - The creation of demand for services like ICTC, STI clinic etc

- The quality of outreach, condom promotion and STI referrals
- The barriers that the HRG population experiences in utilizing the services
- The strategy of the organization for creating an enabling environment and dealing with structural issues

The field visit will be followed by a detailed discussion and reflection with the other participants. Depending upon time availability, the session of shared experiences and learnings could either take place the same evening or the next morning.



Day 3

Session Plan

Feedback of Day Two (Participants to fill up evaluation forms)	9:30-10:00	30 mins
Recap of Day Two	10:00-10:15	15 mins
Session One - Planning Outreach <ul style="list-style-type: none"> Recap of Outreach Planning Power Point presentation on Outreach Planning Tools Group Work - Practising Planning Tools 	10:15-11:45 10 mins 10 mins 1 hr 10 mins	1 hr 30 mins
Tea/Coffee Break	11:45-12:00	15 mins
Session One Contd.	12:00-01:15	1 hr 15 mins
Session Two - Implementing Outreach <ul style="list-style-type: none"> Game - Benefits of Working Together Discussion on Game 	01:15-01:45 15 mins 15 mins	30 mins
Lunch Break	01:45-02:45	1 hr
Session Two Contd. <ul style="list-style-type: none"> Group Work - Practicing Implementation Tools 	02:45-04:15 1 hr 15 mins	1 hr 15 mins
Tea/Coffee Break	04:15-04:30	15 mins
Session Two Contd. <ul style="list-style-type: none"> Group Work on Practicing Tools Contd. Presentation of Case Study - Advocacy Group Work on Case Study Group Presentation Summarizing Discussion 	04:30-06:00 45 mins 5 mins 15 mins 15 mins 10 mins	1 hr 30 mins
Feedback of Day Three	06:00-06:15	15 mins

Session One

Planning Outreach

Objective

- To ensure participants understand the need for and importance of using different tools to plan outreach
- To help participants get hands-on training on using specific tools for outreach planning

Expected Outcome

- Participants understand the different tools used to plan outreach
- Participants get trained on the outreach planning tools

Duration

2 hrs 45 mins

Suggested Teaching Method

Group Work (Reference at the end of the session), Discussion

Materials/Preparation required

Power Point presentation, Flipcharts, Marker pens

Process

- As the previous day ended with a field visit, the facilitator makes sure the feedback/evaluation forms for Day 2 are filled at the commencement of Day 3. (Refer to Annexure)
- Also the facilitator should encourage the participants to talk about their experiences from the field visit in relation to the key topics for discussion stated earlier.

Note: Ideally, for the sessions on this day the facilitator should get in a group of community members who could act as key informants while the participants practice using the planning tools.

- The facilitator starts the session by taking the participants back to Session 4 of Day 1: Outreach

as a backbone of TI Projects.

- She/he helps participants recall the expected outcome of Outreach planning - both micro and macro (if required, she/he recaps with the use of the slide in the Power Point presentation for that session or makes note of the participants responses). The main points for recap are that outreach planning leads to:
 - Maximizing effective and efficient coverage
 - Building capacity and empowering peers/mobilizers to plan for their site
 - Building accountability and responsibility of the peers/mobilizers towards the community
 - Continuously reflecting on the gaps and improving programming at the micro and macro levels
- The facilitator then uses the Power Point presentation for this session to provide the participants with an overview of the various tools used in outreach.
- She/ he divides the participants into smaller groups so that they can complete the group practice exercises for each tool. She/he ensures that each participant group has 2-3 community members as key informants.
- The facilitator then makes use of the tools (Reference at the end of the session)
- For each tool, the facilitator starts by explaining the objective, frequency and the process to be followed in using the tool.
- After the brief, the facilitator encourages the groups to question the key informants and complete that tool. The participants can use flipcharts and marker pens for the same.
- After completing each tool one of the groups is encouraged to make a presentation to the larger group.
- The facilitator encourages discussions on:
 - What was the process followed by the group?

- What is the outcome of the exercise?
- How does this exercise help in planning outreach?
- What are the common mistakes while completing this tool?
- What consequences do these mistakes have?
- The facilitator follows the same process for each tool in.



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.

Tool 1
Spot Analysis

District :	Targeted Intervention (TI) area :	Location :	Spot :	Date of analysis :																
High Volume	Typology																			
	Street	Home	Brothel	Lodge																
	Age																			
	>20	20-30	30-40	>20	20-30	30-40														
	Daily				Weekly	Daily	Weekly	Daily	Weekly											
	Time				Time	Time	Time	Time	Time											
	M	A	E	N	M	A	E	N	M	A	E	N	M	A	E	N	M	A	E	N
	Medium Volume																			
	Typology																			
	Street	Home	Brothel	Lodge																
Age																				
>20	20-30	30-40	>20	20-30	30-40	>20	20-30	30-40												
Daily				Weekly	Daily	Weekly	Daily	Weekly	Daily	Weekly										
Time				Time	Time	Time	Time	Time	Time											
M	A	E	N	M	A	E	N	M	A	E	N	M	A	E	N	M	A	E	N	
Low Volume	Typology																			
	Street	Home	Brothel	Lodge																
	Age																			
	>20	20-30	30-40	>20	20-30	30-40	>20	20-30	30-40											
	Daily				Weekly	Daily	Weekly	Daily	Weekly	Daily	Weekly									
	Time				Time	Time	Time	Time	Time	Time										
	M	A	E	N	M	A	E	N	M	A	E	N	M	A	E	N	M	A	E	N
	M - Morning				A - Afternoon				E - Evening				N - Night							

Tool 2 (Planning Outreach)

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.					
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Session Two

Implementing Outreach

Objective

- To ensure participants understand the need for, and importance of using different tools to implement outreach
- To help participants get hands-on training in using specific tools for outreach implementation

Expected Outcome

- Participants understand the different tools used to implement outreach
- Participants get trained on the outreach implementation tools

Duration

3 hrs 30 mins

Suggested Teaching Method

Group Work (Reference at the end of the session), Discussion

Materials/Preparation required

Rope, Power Point presentation, Flipcharts, Marker pens, Situation Card (Case Study)

Process

Note: In this session the facilitator needs to follow the same process as that followed in the previous session. The facilitator can continue with the same groups or change the groups to enrich the discussion and get different points of view.

- The facilitator starts the session with a game 1

illustrating the benefits of working together.

- She/ he first divides the participants into two equal groups.
- Then, the facilitator asks the two groups to stand and hold opposite ends of the rope.

1 Adapted from 'Games and Exercises' UNICEF, 1998

- The facilitator then marks a line in the middle of the area, and asks each group to try and pull the other over the line.
- The teams start pulling each other on the word 'go' till one team falls over the dividing line. This is a classic tug-of-war game! But with a twist.
- Next, the facilitator asks the participants to sit in a circle on the floor or ground.
- She/he ties the same rope in a circle and asks each participant to hold the edge of the rope while they are sitting.
- Then, the facilitator encourages the participants to pull together on the rope so that they can all stand up.
- Discuss the following:
 - What was the process and outcome of the two exercises?
 - What were the differences?
 - Can we connect this in our working environment? Especially stress on the need to work with the community to solve a problem rather than getting into a tug-of-war situation with the community.
- The facilitator then introduces the session and

divides the participants into groups as done in the previous session.

- The same process, as followed in Session 1, is followed for this session too.
- In this session, the facilitator uses tools (Reference at the end of the session)
- After completing the practice session on tools for implementing outreach, the facilitator ends the session with a case study (See Box 5).
- The facilitator uses the case study flash card to discuss issues related to advocacy with stakeholders to strengthen outreach.
- She/he first reads out the case study while displaying the illustration on the flash card to the participants.
- Then, she/he divides the participants into 3 groups; each group is given a card depicting the above situation highlighting one key issue:
 - What is the importance of working with the brothel manager? How does she affect the project work?
 - What steps does the project need to take to change the situation?
 - AT PE level
 - At ORW level
 - At PM level
 - Besides the brothel manager, which other stakeholders does the project need to interact with on a regular basis? Why and How?
- Each of the 3 teams discusses the specific issue allotted to them and then one member of each team makes a presentation of their team's work in front of the larger group.
- While summarizing the group presentations, the facilitator makes sure the following is covered:
 - Working with various stakeholders involves identifying the stakeholders, doing a relationship analysis and following up with the stakeholders with a time-bound action plan
 - Each staff in the TI project needs to be conscious of the need to complement each other while working with stakeholders - the ORW should take up the issue if the PE is unable to resolve it, and so on.
- As this is the last session of the day, the facilitator asks the participants to complete the feedback/evaluation form. (Refer to Annexure)



Box 5



Case Study: 2

The TI project in Naveenpura caters to FSWs and MSM. One of the PEs, Sudha, is facing problems at her hotspot! The brothel manager in that area does not believe that the project can benefit the FSWs. She prevents the sex workers in her brothel from going to the project clinic.

- What is the importance of working with the brothel manager? How does she affect the project work?
- What steps does the project need to take to change the situation?



AT PE LEVEL



AT ORW LEVEL



AT PM LEVEL

- Besides the brothel manager, which other stakeholders does the project need to interact with on a regular basis? Why and How?





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.
- Obtain information on the potential regular contacts: the potential number of sex workers a Targeted Intervention (TI) area team can contact in a month.

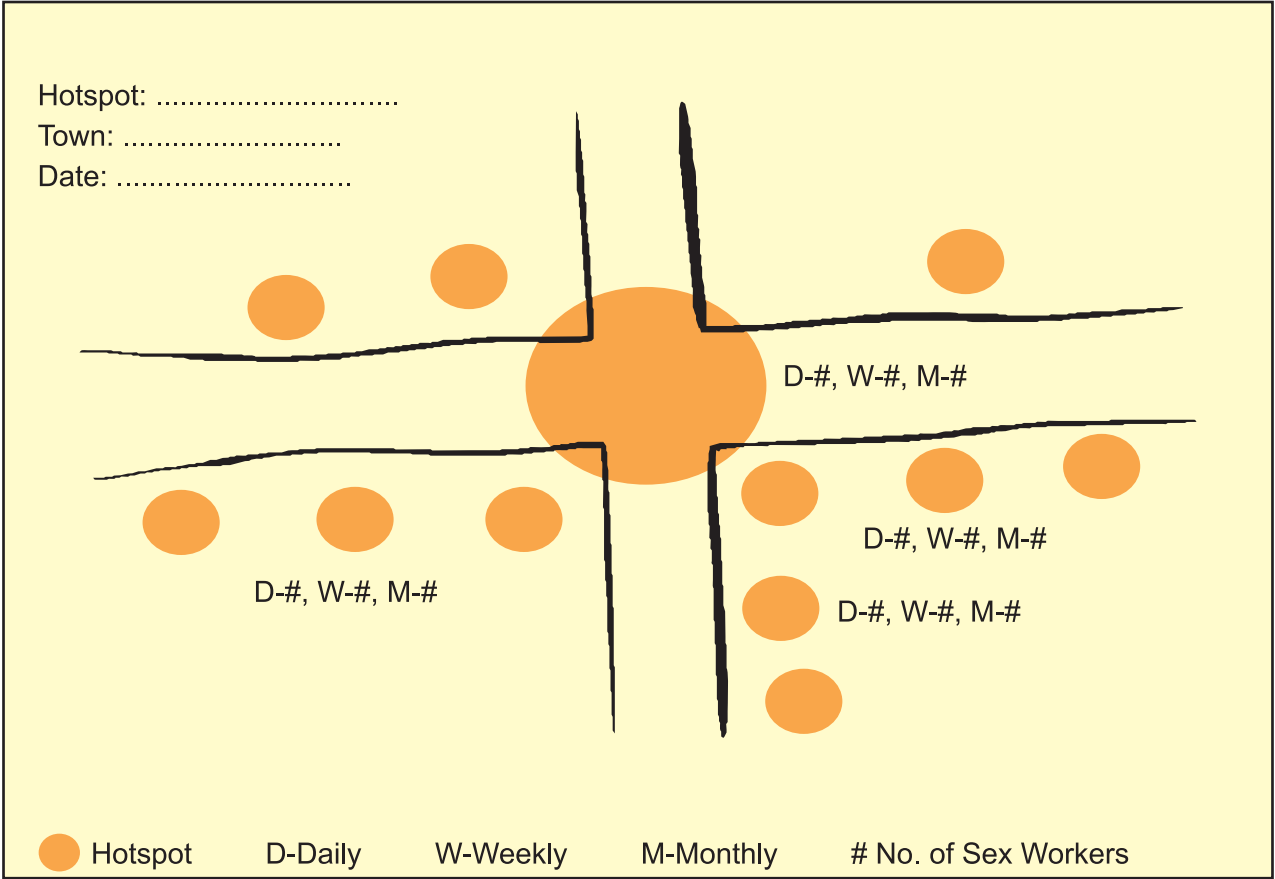
■ Guidelines:

- 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



Tool 4

Preference Ranking

■ **Aim:** Identify the reasons for gaps in regular contact and clinic attendance and prioritize the same.

■ **Guidelines:**

- List 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?



















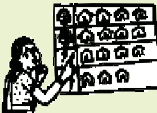




Tool 4

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 				

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

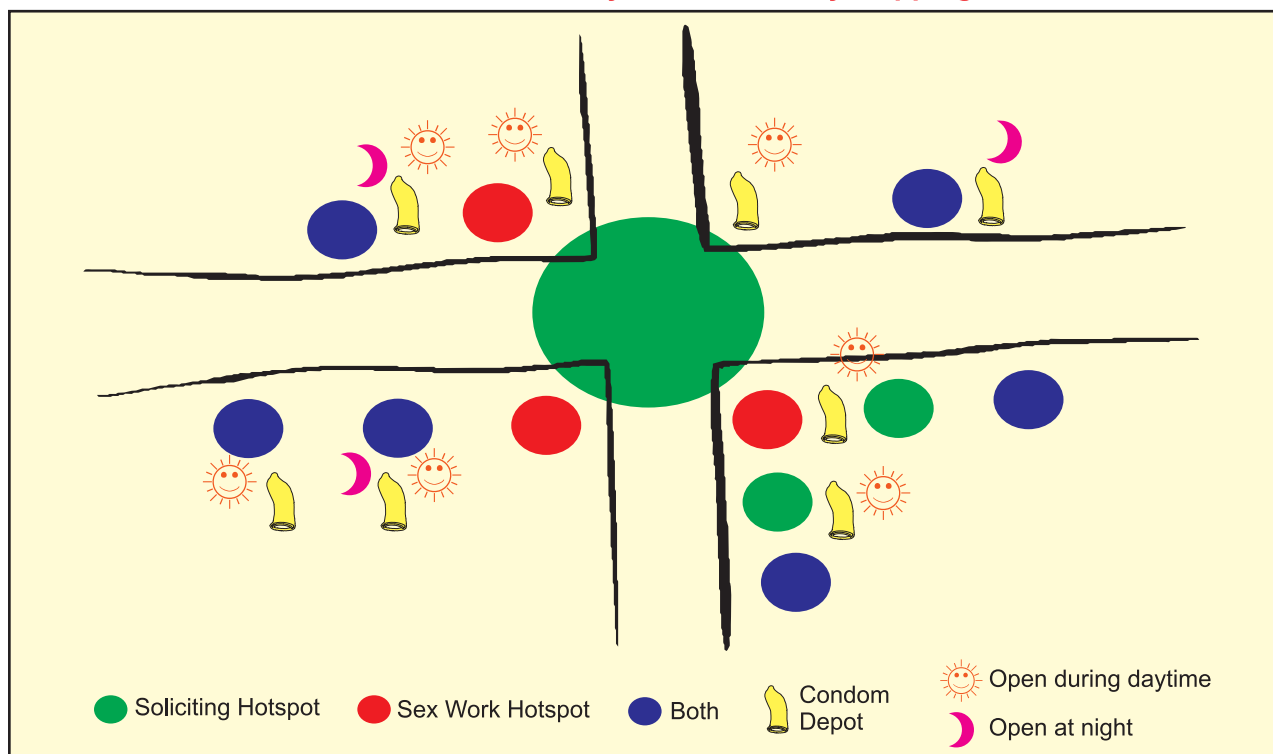
what time of the day. Mark with color depicting the hotspot as active either only in the day or at night or both the times.

- Then mark the condom depots in the map also symbolically indicating whether the depots 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 HRB population?

Tool 5 Condom Accessibility and Availability Mapping



Day 4

Session Plan

Recap of Day Three	9:30-9:45	15 mins
Session One - Monitoring Outreach <ul style="list-style-type: none"> Group Work - Practising Monitoring Tools 	9:45-11:30 1 hr 45 mins	1 hr 45 mins
Tea/Coffee Break	11:30-11:45	15 mins
Session One Contd. <ul style="list-style-type: none"> Group Work on Practising Tools Contd. Exercise - Flow of Information/Monitoring Discussion on Exercise 	11:45-01:45 1 hr 30 mins 15 mins 15 mins	2 hrs
Lunch Break	01:45-02:45	1 hr
Session One Contd. <ul style="list-style-type: none"> Group Work - Practicing Formats for Monitoring 	02:45-04:15 1 hr 30 mins	1 hr 30 mins
Tea/Coffee Break	04:15-04:30	15 mins
Session Two - Core Values and Ethics <ul style="list-style-type: none"> A game on value statements Group Work on Case Studies Group Presentations Summarizing Discussion Game - Getting into Another's Shoes Discussion on Game 	04:30-06:15 15 mins 15 mins 30 mins 15 mins 15 mins 15 mins	1 hr 45 mins
Feedback of Day Four	06:15-06:30	15 mins

Session One

Monitoring Outreach

Objective

- To ensure participants understand the need for, and importance of using different tools to monitor outreach
- To help participants get hands-on training on using specific tools for outreach monitoring
- To understand the importance of TI deliverables and their relevance with outreach activities (e.g. converting new contacts to regular contact, further converting regular contact for regular check up, use of condoms and ICTC visits resulting in fall in STI prevalence and increase in use of condoms)
- To create an understanding among the community and Peer Educators on the importance of monitoring and its value in risk reduction

Expected Outcome

- Participants understand the different tools used to monitor outreach
- Participants get trained on the outreach monitoring tools

Duration

5 hrs 15 mins

Suggested Teaching Method

Exercise, Group Work (Reference at the end of the session), Discussion

Materials/Preparation required

Flipcharts, Marker pens

Process

Note: This session is a continuation of the previous day where the participants understood and received hands-on training on outreach planning and implementation tools. Part 1 will have community members act as key informants. Part 2 is solely for the participants.

- The facilitator starts by telling the participants that this session will include two parts:
 - Part 1 will focus on the various participatory tools that can be used for monitoring a project
 - Part 2 will focus on the monitoring formats to be used by the outreach team of a project
- The facilitator then introduces Part 1 of the session and divides the participants into groups as done for the sessions the previous day.
- The same process, as followed in Sessions 1 and 2 of Day 3, is followed for this session too.

Tool 7

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 is 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 control 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.

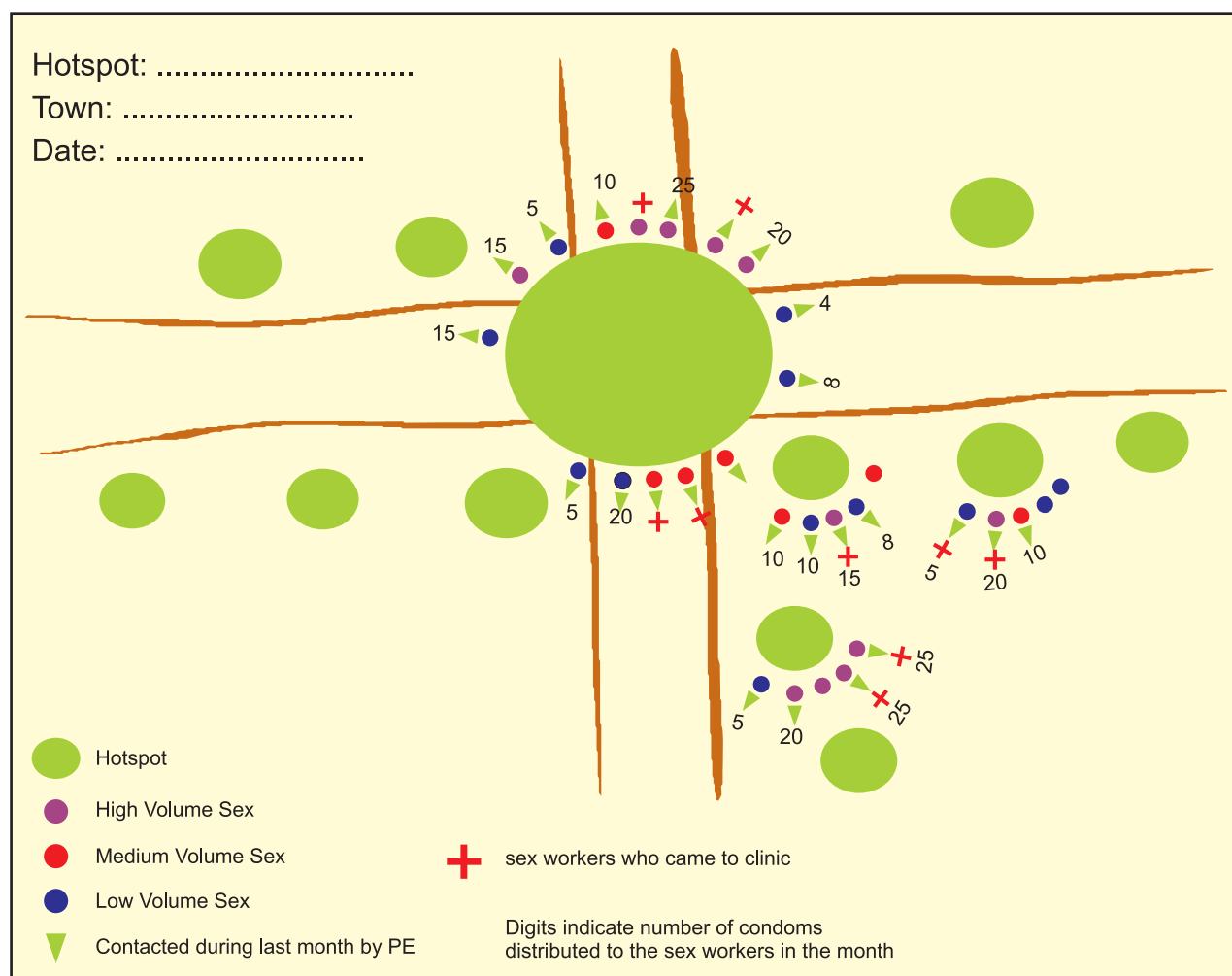
- PEs to then indicate the following:
 - Number of times each of them met the sex workers they are working with, in the last month?
 - How many condoms were distributed to each of the sex workers contacted?
 - Condom outlet boxes in these hotspots?


- 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



- 
- The facilitator then moves on to Part 2 of this session and distributes the information flow handouts.
 - She/he refers to the handout depicting the data flow at different levels of the TI. The flowchart in the handout depicts the following steps:
 - PEs fill daily diary formats at site/hotspot on day to day basis on all the contacts made
 - On a weekly basis, the daily diary forms from PEs are collected by the respective ORW- in - charge of the area, and checked for completeness and correctness
 - During technical support/supervisory visits to the hotspots, ORWs do random checks at field level for quality of information being captured and entered in the formats; they also fill in the information on the activities conducted by them during the visit in the ORW field diary
 - Prior to the 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 the weekly meeting
 - The PM undertakes performance assessment based on the data submitted for the week by ORWs
 - Filled in forms for the week are handed over to the M&E Officer/Accountant (as applicable) who enters the information in the computer
 - Filled in forms (pertaining to PE and ORW) are returned (for continuing the format filling for the next/coming week) to the respective PEs and ORWs
 - The facilitator encourages discussion on each step presented in the flowchart:
 - Who is responsible for the completion of this step?
 - What should the supervisor keep in mind with regard to data collection for this step?
 - What are the challenges and how can these be addressed?
 - The facilitator then focuses on the various monitoring formats to be used at outreach level.
 - She/he goes through each format explaining in detail:
 - What is the frequency of using this format?
 - Why is the format used? - data captured by the format
 - Guidelines/Steps in filling the format
 - Discussions are encouraged on:
 - Whether all required data can be captured using these formats
 - The common mistakes in filling each format

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 Registration Form

- **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 her/his 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).

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).

Sr. 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:

- Hotspot Name:
- Hotspot Code:
- Name of the PE:
- PE Code:
- Name of ORW-in-charge:
- ORW Code:
- Date of Registration:
- Name of Community Member:
- ID No*:
- Date of issue of Health Card:
- Sex: ☐ M ☐ F ☐ TG
- Age in Years _____ (as given by the Community Member)
- Marital Status**:
- Employment status***:
- Educational Level[#]:
- Name of the area where Community Member normally operates from (with Pin Code of the area):
- Contact Address including Pin Code and Contact Numbers (as given by Community Member):
- Community Member Category: ☐ FSW ☐ MSM ☐ TG ☐ IDU ☐ Migrant ☐ Trucker
- 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
- Average number of sexual acts per week (last week's recall):
- Average number of injecting acts per week (applicable for IDUs) (on the basis of last week's recall):
- 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 she/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, she/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		
7	Number of Community Members referred to the project clinics (including DIC) for regular check up (RMC)		
8	Number of commodities (condoms/needles/syringes) available with PE for distribution for next one week as per demand analysis		
9	PE has the basic skills for conducting outreach (knowledge and skills on STI/HIV/AIDS/Condom promotion)	Yes / No	
10	PE daily diaries updated by PE	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 visits the hotspots regularly for providing project services	Yes / No	
2	PE has the knowledge of local settings (hotspot level Community Member dynamics/stakeholder at the hotspot level)	Yes / No	
3	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	
5	PE ensures to track Community Members sent for ICTC referrals and for RMCs at the project clinic	Yes / No	
Support provided to PE at the hotspot level			
1	Oriented PE in improving the basic skills for conducting outreach (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/ monthly staff meeting for discussion	Yes / No	
Services provided by the ORW to Community Members during the visits			
1	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.
 - To know the number of follow ups done during the week.
 - To know the number of Community Members referred to ICTC.

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				
	W 1	W 2	W 3	W 4	W 5	Total for Month	W 1	W 2	W 3	W 4	W 5	Total for Month	W 1	W 2	W 3	W 4	W 5	Total for Month	W 1	W 2	W 3	W 4	W 5	Total for Month	W 1	W 2	W 3	W 4	W 5	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																														



Drop-in-Center Register

- **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 established).

[illegible]

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:



Session Two

Core Values and Ethics

Objective

- To help participants understand the values and ethics of working with the community
- To help participants understand the importance of practicing values and ethics in promoting community participation

Expected Outcome

- Participants understand values and ethics of working with the HRG community
- Participants understand the importance of this in the context of community participation

Duration

1 hr 45 mins

Suggested Teaching Method

Games and Discussions

Materials/Preparation required

Value statements, Illustrated Situation Cards, Flipcharts, Marker pens

Process

- The facilitator starts with a quick game using a set of value statements.
- A set of value statements is developed ahead of the training. Some examples that can be used are:
 - The presence of sex workers makes the environment safe for other women.
 - Homosexuality is unnatural and should be nipped in the bud.
 - Supply of drugs is the main problem – Stop drug supply and you can stop drug use.
 - Children of sex workers should be placed in homes for children.
 - A sex worker cannot be raped.
 - Drug users are criminals who should be put in jail.
 - An HIV positive person should marry a negative person only after revealing her/his status.

- Sex work should be banned!
- Supplying condoms to HRGs encourages the profession of sex work, both in females and males.
- The facilitator reads out each statement and asks the participants whether they agree or disagree with each. Conflicting views are brought out in the open and reasons for holding these views are discussed and debated with the participants.
- The facilitator then divides the participants into two groups, each one being given a flash card to discuss (see Box 6 & 7).
- The points for discussion are:
 - What are the possible consequences of the ORW's attitude and behaviour?
 - What could be the underlying cause of this behaviour?
 - How can this situation be addressed?
- She/he lets the teams discuss and make presentations in front of the larger group.
- While summarizing the group presentations, the facilitator makes sure the following is covered:
 - Importance of treating the community at par and recognizing their existing beliefs, empathizing with their perspectives.
 - Importance of understanding all dimensions of the project one is associated with; consequences of dissonance between one's personal beliefs and demands of the profession.
 - Staff recruitment, orientation and training needs assessment
- The facilitator then moves on to a game to help participants understand the concept of empathy.
- Participants are asked to take off their shoes and pile them in the middle of the room. They then go back to their seats.
- When everybody is seated, the facilitator calls out to everyone to quickly come to the middle of the room and select a pair of shoes that is not their own, and put them on.

- When everybody has another person's shoes, the facilitator asks each one of them to walk up to the front of the classroom, and describe how they feel.
- The facilitator makes notes of the comments on a flipchart and discusses what the participants have learned from this experience:
 - difficulty in 'getting into someone's shoes'
 - each person has one shoe size and is uncomfortable in another shoe size
 - a wrong shoe size will 'bite' the person wearing the shoe
- but, to 'get into another person's shoes' one should first take off his/her own shoes
- The facilitator then discusses with the participants the importance of being able to see things from the perspective of the community one is working with, and the value of a non-judgmental and empathetic attitude.
- As this is the last session of the day, the facilitator finally asks the participants to fill the feedback/evaluation forms. (Refer to Annexure)

2 Adapted from 'Games and Exercises' UNICEF, 1998

Box 6



Case Study: 3

Neel, a PM, finds that of late IDUs from one site have stopped visiting the DIC. Upon enquiring from the IDU community, he is told that the ORW of the area, Dipankar, has been behaving in a condescending manner with them.

- What are the possible consequences of the ORW's attitude and behaviour?
- What could be the underlying cause of this behaviour?
- How can this situation be addressed?

Box 7



Case Study: 4

Amit, the ORW working in a TI, does not want to participate in an event being organized for the MSM/TG population that the project caters to. He feels uncomfortable in the company of the MSM group and in fact detests the fact some of them cross-dress. Amit doesn't want to be seen at a public event with them.

- What are the possible consequences of the ORW's attitude and behaviour?
- What could be the underlying cause of this behaviour?
- How can this situation be addressed?



Day 5

Session Plan

Recap of Day Four	9:30-9:45	15 mins
Session One - Effective Communication <ul style="list-style-type: none"> ■ Group Work - Matrix on Characteristics, Risks & Vulnerabilities of HRGs ■ Group Presentation & Discussion 	9:45-11:30 45 mins 1 hr	1 hr 45 mins
Tea/Coffee Break	11.30-11:45	15 mins
Session One Contd. <ul style="list-style-type: none"> ■ Group Work - Matrix on Communication Barriers, Opportunities and Messages ■ Group Presentation ■ Discussion ■ Game on trust 	11:45-01:45 45 mins 45 mins 15 mins 15 mins	2 hrs
Lunch Break	01:45-02:45	1 hr
Session Two - Dialogue-based Communication <ul style="list-style-type: none"> ■ Game - Two-way Communication ■ Discussion on Game ■ Power Point Presentation - IPC ■ Group Work - Practising IPC Tools 	02:45-04:30 20 mins 10 mins 30 mins 45 mins	1 hr 45 mins
Tea/Coffee Break	04:30-04:45	15 mins
Session Two Contd. <ul style="list-style-type: none"> ■ Group Work on Practicing Tools Contd. 	04:45-05:30 45 mins	45 mins
Evaluation of Day Five	05:30-05:45	15 mins
Closing of Workshop		

Session 1

Effective Communication

Objective

- To help participants obtain an understanding of each sub-segment of HRGs
- To help participants understand the communication skills, techniques, barriers, etc. for each sub-segment of HRGs

Expected Outcome

- Participants understand the nuances of each target segment
- Participants understand communication barriers and generate key messages for each sub-segment of HRGs

Duration

3 hrs 45 mins

Suggested Teaching Method

Role Play, Discussion, Group Work

Materials/Preparation required

Flipcharts, Marker pens

Process

- The facilitator introduces the session by informing all participants that this session will focus on understanding the nuances of each sub-segment of HRGs that the ORWs work with. She/he remains the participants of the session on Day One. When they identified risks and vulnerabilities of the HRB groups.
- She/he divides the participants into 4 groups.
- Each group is allotted one target audience from the following : FSWs, MSM/TG, IDUs, Truckers and Migrants
- The facilitator also asks the group to prepare a role play to denote the basic characteristics and risk and vulnerability factors of the target group members. This needs to be done in addition to making notes in the matrix as depicted below (see Box 8).

[Example: For Street based FSWs:

- *The basic characteristics will include - may not be residents of the area and may be travelling from nearby villages/towns, solicit on the streets and at*

Box 8

Target Group:

Basic Characteristics	Barriers to Communication	Opportunities for Communication	Key Messages



key points on the street like bus stands, etc

- *The barriers to communication will include - inter-hotspot migration and thus unavailable in one area always, on the streets only for solicitation and so no free time to interact with TI team, etc*
- *The opportunities for communication will include - while standing for solicitation they usually stand in groups of 2-5 and so a PE who is from the group can talk to them then, etc*
- *The key messages will include - use condoms at all times with all partners, coming together to raise their voice against harassment, etc]*
- The groups are encouraged to think through the sub-segments within the broader segment allotted to them, and to generate the above matrix accordingly, indicating what would change depending upon the specific sub-segment they are working with.

For FSWs, the following sub-segments would need to be addressed:

- Female Sex Workers - Brothel based
- Female Sex Workers - Street based
- Female Sex Workers - Lodge based
- Female Sex Workers - Home/Private based

For MSM:

- MSM - Kothis
- MSM - Hijras
- MSM - Panthis
- MSM - Double Decker

For TGs:

- Akwa
- Nirvana

For IDUs:

- IDUs - Current Users
- IDUs - Shadow Users

For Truckers:

- Truckers
- Cleaners/Helpers

For Migrants:

- Mobile population
- Short stay single male migrants who buy sex

- The groups are given time to discuss the same, make notes and prepare the role play, selecting a specific sub segment for portrayal in the role play.
- Then each group presents its role play in front of the larger group. After the role play, the group may present other points that have not been covered in the role play.
- The facilitator encourages discussions on the following:
 - What are the stereotypes in the portrayal?
 - Are there risks and vulnerability factors arising on account of any specific characteristic of the target group?
- The facilitator then moves on to the second part of this session. For this part also the same group compositions remain.
- The facilitator asks the groups to once again look at the target group assigned to them and brainstorm on the following:
 - Barriers to communicate with the target group members
 - Opportunities to communicate with the target group members - time, space, method, etc
 - Key messages for communication with the target group members
- The groups are given time to discuss each issue in detail and complete the matrix.
- Each group then makes a presentation in front of the larger group. The facilitator encourages other participants to add to the list.
- The facilitator now moves on to a group game (Adapted from 'Tools Together Now!' - International

HIV/AIDS Alliance-Frontiers Prevention Project), with the introduction that effective communication with the High Risk Behaviour Group communities is only possible when there's an atmosphere of trust and mutual respect. This game highlights the importance of trust in the ORW-HRG relationship.

- She/he requests participants to sit in a circle and explain that this is a serious exercise about trust.
- Participants are asked to think of a secret which they would not want anyone else to know. They are requested to write it on a piece of paper, fold it and not show it to anyone.
- Now they must pass this piece of paper to the person on the left.
- Participants are asked how it feels to have their secret in someone else's possession. And, how it

feels to have someone else's secret in their possession!

- They then return the secret to the person who gave it to them and the pieces of paper may then be destroyed.
- Once participants have relaxed, reassured in the knowledge that no one has to share their secret, reflection around the points given below may be facilitated:
 - What does the game tell us about confidentiality in our work as Outreach Workers of TI projects?
 - What kinds of things might people share that we must keep confidential?
 - What are the likely consequences of breach of confidentiality?
 - What other aspects assume importance when working with vulnerable populations?



Session Two

Dialogue-based Communication

Objective

- To help participants understand the need for dialogue based communication
- To help participants get hands-on training on the dialogue based communication tools

Expected Outcome

- Participants understand the need for dialogue based communication
- Participants get trained in tools for dialogue based communication

Duration

2 hrs 30 mins

Suggested Teaching Method

Game, Power Point presentation, Group Work (Reference at the end of the session), Discussion

Materials/Preparation required

Power Point presentation, Flipcharts, Marker pens

Process

- The facilitator starts the session with a game (adapted from 'Building Communication Skills of ORWs - Training Manual' Healthy Highways Project) on the importance of two-way communication.
- She/he calls 4 volunteers and takes them outside the room. She/he then gives them the following instructions separately:
 - Volunteer 1: Tell your partner about the worst film that you have ever seen. Keep on talking not allowing your partner to interrupt you in any way, especially with questions.
 - Volunteer 2: Your partner will tell you a story. Listen to him/her for the first few minutes and then look disinterested. Do not look at your partner and act bored by this whole story-telling

process.

- Volunteer 3: Tell your partner about the worst film that you have ever seen. Involve your partner in the story-telling process, answering his/her questions.
- Volunteer 4: Your partner will tell you a story. Listen to him/her attentively. Ask questions. Show that you are interested.
- The facilitator then takes back volunteers 1 and 2 into the room where other participants are present and asks the two to perform their role play.
- After the role play, the facilitator invites volunteers 3 and 4 to come in and perform their role play.
- Then the facilitator encourages the group to discuss the following:
 - In what ways were the two role plays different?
 - How did each volunteer feel?
 - Can volunteers 2 and 4 recall what was being said by their respective partners?
- The facilitator then sums up the game by stating that effective communication occurs when both parties talk and also listen.
- The next part of the session focuses on Dialogue - based Communication, so the facilitator starts the session with the Power Point presentation.
- Summarizing the learnings from the presentation, the facilitator informs the participants that for group work practice they will look at 2 IPC tools that can be used for outreach - 'Body Mapping' and 'Why is it so?'
- Using tool (Reference at the end of the session), the facilitator first briefs the participants on the objective and process of each of the above-mentioned tools.
- She/he then divides the participants into 5 groups and gives them time to practice each of the 2 tools. During practice, one of the participants should act as a facilitator and the others as key informants.
- After completing the exercise, the facilitator

encourages the participants to discuss the following for each tool:

- What are the advantages of using this tool?
- What are the constraints in using the tool? - eg. takes too much time, cannot be used in street

based settings etc

- The facilitator then wraps up the session informing participants that the NACO Operational Guidelines contains many more such tools that they can look at, practice and use at the field level.



Key Learning

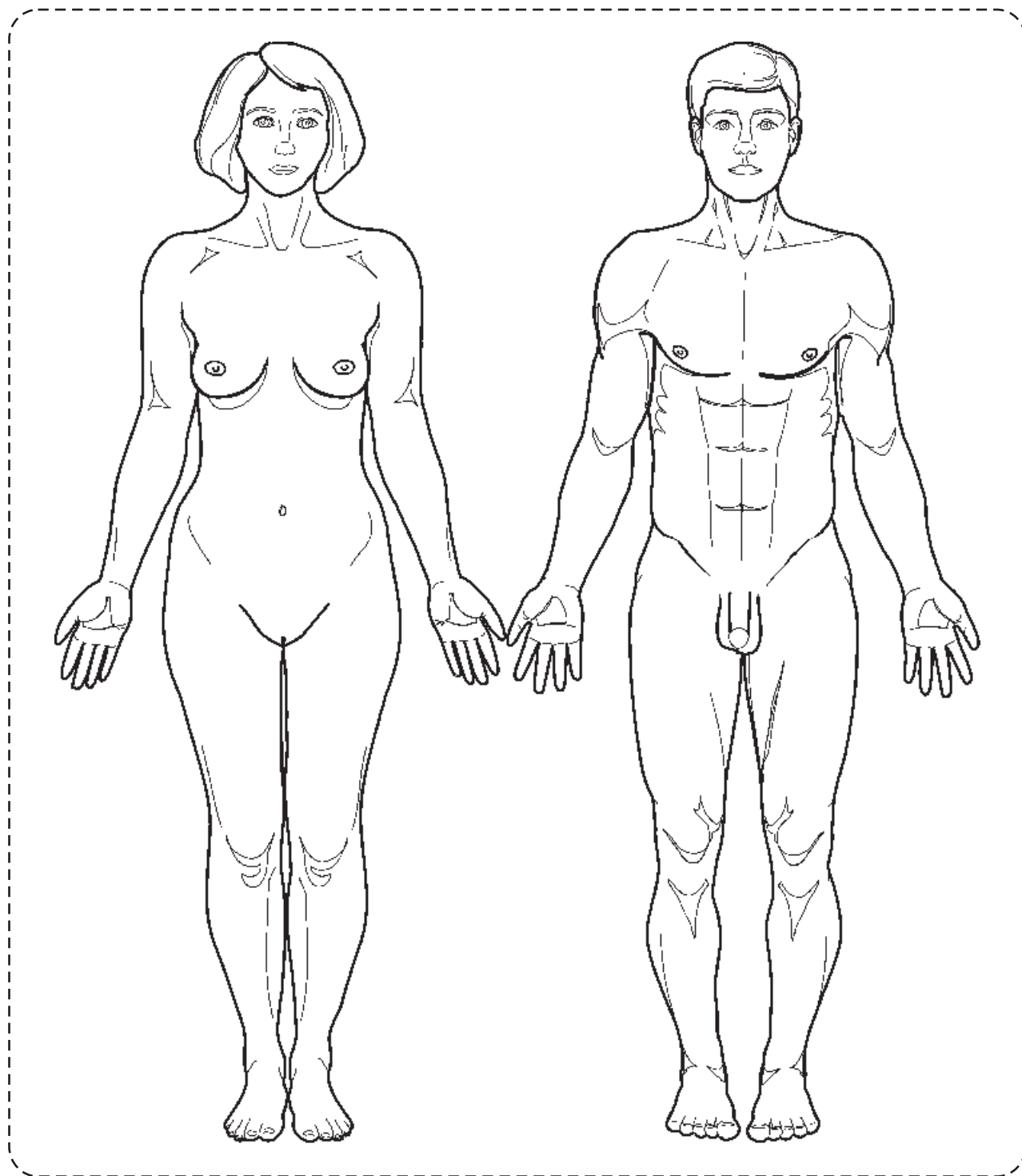
- IPC is face to face interaction, dialogue and critical reflection.
- It helps in identifying barriers in STI/HIV risk reductions, analyzing them and planning ways to address them
- IPC works across the HIV prevention and care continuum and across all TI components.
- The IPC framework is built on various components:
 - HIV content
 - Methodology of stimulation
 - Facilitation skills promoting dialogue
 - Appropriate attitude while working with HRGs
- There are various tools that are used in Dialogue-based IPC and all of them ensure that the community is involved in discussing the risk/vulnerability and also in coming up with their own solutions to overcome the same




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:**
 - 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?

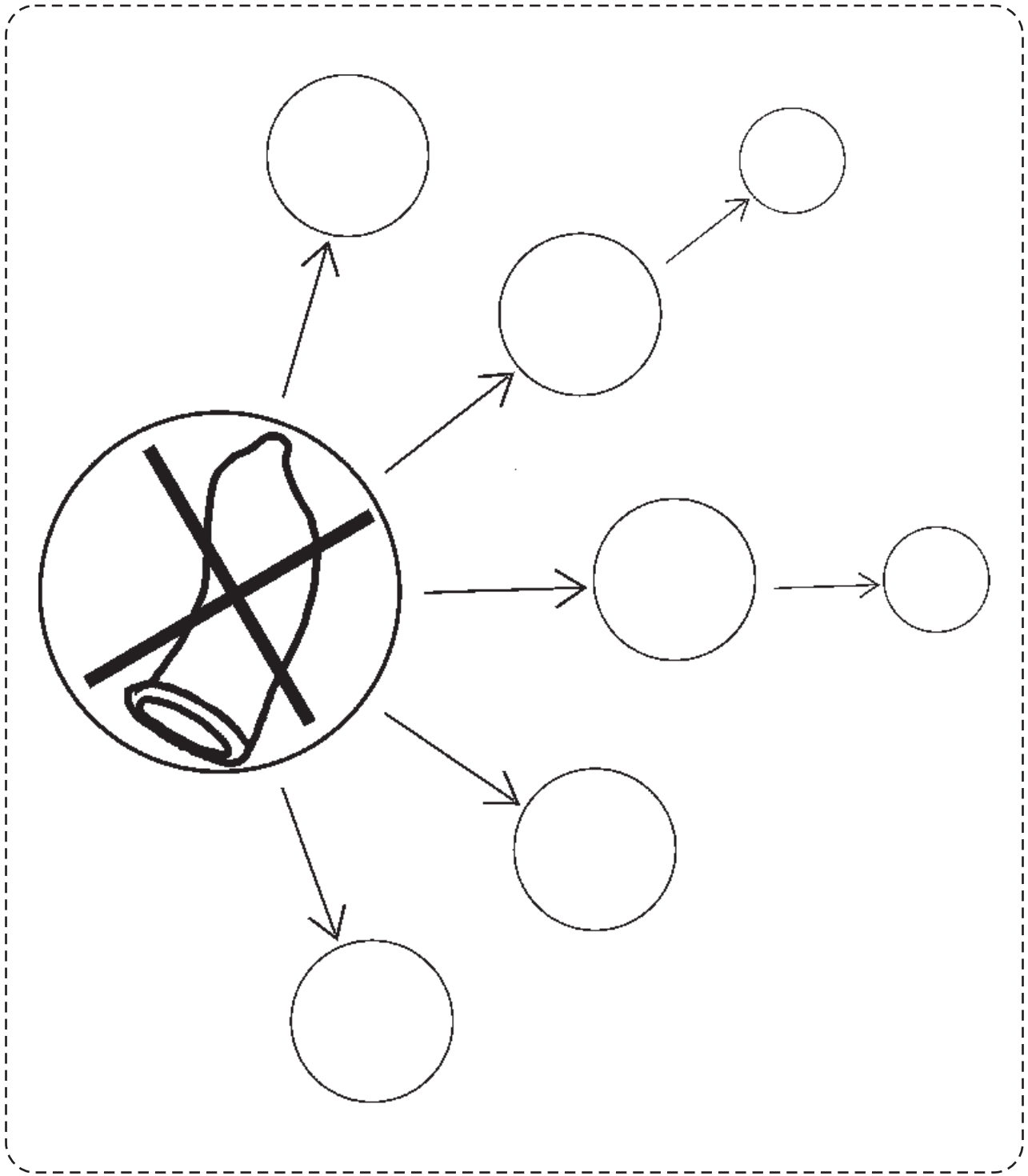




Tool 9

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?








Annexures

Feedback Form - Day One

Date:

Participant's name (optional):

Sr. No	Particulars	Feedback			Remarks*
					
		Good	OK	Poor	
Overall response to today's sessions					
1	Introduction and Welcome				
2	Understanding the Communities we work for				
3	Understanding the Programme and Concepts of TI Projects				
4	Outreach as a Backbone of TI Projects				
5	Screening of Animation Film				

Most useful topics

Topics not found very useful




Any other comments

* Please comment on duration, content, methodology and visual aids

Feedback Form - Day Two

Date:

Participant's name (optional):

Sr. No	Particulars	Feedback			Remarks*
					
		Good	OK	Poor	
Overall response to today's sessions					
1	Importance of Community - led Outreach				
2	Roles & Responsibilities of Outreach Worker				
3	Human Resources in TI Projects - Roles & Responsibilities				
4	Field Visit				

Most useful topics

Topics not found very useful


Any other comments

* Please comment on duration, content, methodology and visual aids

Feedback Form - Day Three

Date:

Participant's name (optional):

Sr. No	Particulars	Feedback			Remarks*
					
		Good	OK	Poor	
Overall response to today's sessions					
1	Planning Outreach				
2	Implementing Outreach				

Most useful topics

Topics not found very useful


Any other comments

* Please comment on duration, content, methodology and visual aids

Feedback Form - Day Four

Date:

Participant's name (optional):

Sr. No	Particulars	Feedback			Remarks*
					
		Good	OK	Poor	
Overall response to today's sessions					
1	Monitoring Outreach				
2	Core Values & Ethics				

Most useful topics

Topics not found very useful




Any other comments

* Please comment on duration, content, methodology and visual aids

Feedback Form - Day Five

Date:

Participant's name (optional):

Sr. No	Particulars	Feedback			Remarks*
					
		Good	OK	Poor	
Overall response to today's sessions					
1	Effective Communication				
2	Dialogue-based Communication				

Most useful topics

Topics not found very useful

Any other comments

* Please comment on duration, content, methodology and visual aids

Glossary

AIDS :	Acquired Immuno Deficiency Syndrome
ART :	Anti Retroviral Therapy
BCC :	Behaviour Change Communication
CBO :	Community-based Organisation
DIC :	Drop-In-Center
FSW :	Female Sex Worker
HIV :	Human Immuno-deficiency Virus
HRG :	High Risk Group
ICTC :	Integrated Counselling and Testing Center
IDU :	Injecting Drug User
IPC :	Inter-Personal Communication
MIS :	Management Information System
MSM :	Men who have sex with Men
NACO :	National AIDS Control Organisation
NACP II :	National AIDS Control Programme Phase 2
NACP III :	National AIDS Control Programme Phase 3
NGO :	Non-Government Organisation
ORW :	Outreach Worker
PE :	Peer Educator
PLHA :	People Living with HIV/AIDS
PM :	Programme Manager
SACS :	State AIDS Control Society
SNA :	Site Need Assessment
STD :	Sexually Transmitted Disease
STI :	Sexually Transmitted Infection
TG :	Transgender
TI :	Targeted Intervention
TSU :	Technical Support Unit
UNICEF :	United Nations Children's Fund
VCTC :	Voluntary Counselling and Testing Center







Designed & Developed by

