

## Outreach as a backbone of TI Projects

### Why is Outreach important for vulnerable populations?

- ▶ Stigma and discrimination often prevent vulnerable groups from **accessing programs and services directly**
- ▶ **Programs and services** are not always accessible to vulnerable populations **at the right time and place**
- ▶ Vulnerable populations are often new to an environment (turnover, migration), so they are **unaware of local programs and services**
- ▶ It is often necessary to **provide risk-reducing commodities** (e.g. condoms, clean injecting equipment) **within a risky context** (time and place)

### Components

Outreach Workers should:

- ▶ Help PEs identify new HRG members
- ▶ Help PEs to identify needs of HRG and address them
- ▶ PEs motivate HRG members towards safe practices
- ▶ Ensure delivery of services to HRGs – including condoms, clinic facilities
- ▶ Enable HRGs to perceive their risk, and the ways and means of reducing the same

### Key Principles

- ▶ **Credible, trusted outreach personnel:**
  - Peers
  - Trusted non-community members
- ▶ **Oriented to community situation and needs:**
  - Right time, right location
- ▶ **Have clear objectives:**
  - Reducing risk and vulnerability
  - Building community strengths

### Program Achievement – Different Perspectives?

	Program Delivery Perspective	Community Perspective
Basic Outreach	"How many people did I reach?"	"Was I reached?"
Establishing Rapport	"Have I established rapport?"	"Do I trust this person and program?"
Service links and delivery	"Did I provide Programs/services?"	"Are those services suitable for <i>me</i> ?"
Prevention Education	"Have I educated about prevention?"	"How will I reduce <i>my</i> risk?"

Focus on the community will help understand how the programme has been received and perceived by HRGs.

## Outreach Planning

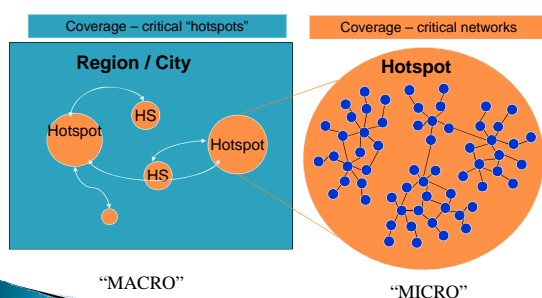
### Objective of Outreach Planning

- ▶ Enable outreach (by PEs) to 80%-100% of the mapped FSW/MSM/TG population
- ▶ on a regular basis (in a month)
- ▶ in order to have maximum coverage and to prevent the spread of STIs and HIV

### Implications for Planning Outreach

- ▶ Know the size and location of key community members
- ▶ Macro level design to ensure that outreach programs are situated in **places** to reach a high proportion of community members
- ▶ Micro level outreach processes to ensure that a high proportion of the **population** is reached within each area

### Outreach Coverage at the Macro and Micro Levels



### Planning at Macro Level

#### Initially,

- ▶ Mapping the "hotspots"
- ▶ Estimating HRG population in the sites
- ▶ Mapping services points in the sites
- ▶ Listing/mapping key stakeholders

#### Once intervention is set:

- ▶ Data analyzing so as to understand the trends
- ▶ PEs supported through trainings

### Planning at Micro Level

- ▶ Understanding characteristics of the population
- ▶ Profiling each target population - risk of each individual HRG is assessed and mapped
- ▶ Contacting, giving the right message and maintaining regular contact
- ▶ Distributing and demonstrating condoms as per the need and solving barriers to condom use through discussion and community group support
- ▶ Providing referral to services and follow up (STI, Syphilis, TB, HIV care)
- ▶ Providing services at the time of crisis to reduce their vulnerability and create a supportive environment
- ▶ Regularly identifying new HRGs at each hotspot

### Expected Outcome

- ▶ Maximize effective and efficient coverage
- ▶ Build capacity and empower peers to plan for their site
- ▶ Build accountability and responsibility of the peers towards the community
- ▶ Continuously reflect on the gaps and improve programming at the micro and macro level
- ▶ PEs and community members given the opportunity to bring to attention the problems of outreach and services that the staff may not be able to recognize