# Focus for Impact

## Some notes for development of community risk profiles in high burden areas

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# INTRODUCTION

## Background

Gathering spatially referenced data provides us with an opportunity for assimilation of multiple layers of information which can be analysed and visualized at different layers. Geographic mapping of health data can assist stakeholders in understanding epidemic trends and the burden at the different levels, identify gaps in services coverage, help to streamline information needed for improved programme efficiency and understand the vulnerability and context of at risk populations (Cunningham, 2015).

## Focus for Impact approach

To target HIV and TB prevention interventions, community profiling optimises a prevention package (Figure 1) that is population sensitive, location specific, and takes into account the profile of HIV and TB associated risk among the population in specific locations. The approach proceeds by identifying "Where (Place)", "Who (Population)" and corresponding "Why (Profile)" to develop an appropriate "What (Package)" of intervention. This approach is referred to as Focus for Impact.
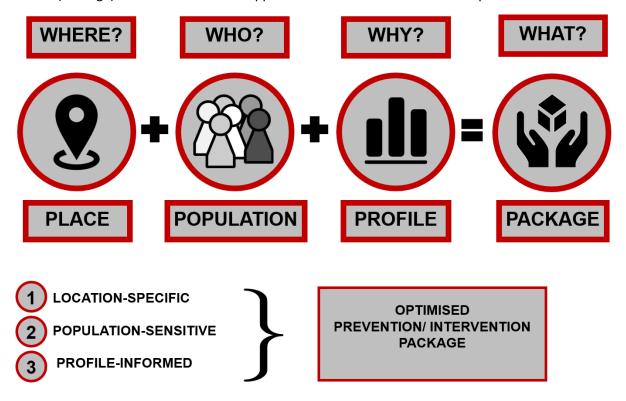


Figure 1: Focus for Impact approach

## Defining a HIV and TB associated risk profile

A HIV and TB associated risk profile documents knowledge about HIV and TB transmission and prevention amongst a specific population in a given location. The risk profile incorporates sexual risk behaviours e.g. condom use, multiple sexual partnerships and transactional sex; and risky sexual practices e.g. oral, anal and vaginal sex; and behaviours such as sharing needles. The HIV and TB risk profile is a tool to assist planners and decision-makers to design appropriate and sustainable interventions for HIV and TB prevention.

## Community risk profiling

To enhance the insight provided by the data referred to above, community engagement can provide textural inputs to understand the local context. Community risk profiling involves participatory workshops conducted at community level to explore the reasons why the local epidemiological profile shows specific results. Community participants include but are not limited to: community members, members of the local clinic committee, ward committee members, the local, district and provincial AIDS Councils, NPO's and CBO's in the local area, service providers in the area such as the Clinic, SAPS, DSD, DoE and other government departments that are relevant to the specific community. The methodology of the community workshops includes:

- Community inputs into biomedical, behavioural, as well social and structural factors that influence HIV, TB and STI risks in the local community;
- Prioritisation of key and vulnerable populations in the local area; as well as prioritisation of interventions to prevent HIV and STI infection, and TB transmission in the local community; and
- Community mapping of areas of HIV and TB and STI risk as well as services to mitigate HIV and STI infection and TB transmission in the local community.

## PUTTING THE PIECES OF THE PUZZLE TOGETHER

Proper compilation of the risk profile report (template in Annexure 1 hereto) depends to some extent on the preparation for the risk profiling workshop:

- Advance labelling of the flipcharts and all capturing tools (factors, legend, risks and services) used during community profiling will ensure that the inputs from the community are properly recorded. It is proposed that the flipcharts labelled in the following way:
  - Flipcharts for biomedical, behavioural, social and structural factors, and pages numbered sequent for each category (subsequent flipcharts to follow this pattern); and
  - Each flipchart tagged in the following way: [High burden facility, Health District, Date];
- Where necessary document inputs from the community during the risk profiling feedback not reflected on the flipcharts, either in another colour on the flipchart (during feedback) or on a separate capturing sheet during feedback, so that the voice-over during feedback, which is rich in description and texture, is also recorded;
- Before the workshop, reflect on the secondary data provided in the template report for the risk profile, to highlight these results to the community where appropriate;
- Review the secondary data again before writing begins to determine the extent to which the community inputs correlate to the secondary data, to bring attention to this as required;
- If not captured during the workshop, transpose the flipcharts on to the capturing tool making sure that where necessary, inputs are reflected in every question and where there are similarities, overlaps and repetitions, these are synthesised to make sense;
- Add your own points from the voice-over.

To ensure that the template conforms to the specific risk profile being compiled, perform the following checks and changes:

- Review all the captions for the figures and tables and ensure they follow numerically and reflect the correct category – either table/figure. high-burden facility, district, province etc.;
- Ensure the secondary data reflects the official place names;
- Remove any place holders that do not apply to the specific profile being compiled;
- Read through all the text and ensure that the text references the specific profile being compiled (high burden area, location, date, participants), particularly in the introduction; and
- Ensure that the formatting has remained consistent between the text and images and to each other.

To begin compilation, implement the following tasks:

- Update the priority populations and prioritised interventions in the introduction;
- Drop in the text already captured in the capturing tool in bullet form where appropriate and in paragraph form where appropriate (usually less than three bullet points);
- Where there are no inputs, indicate the community could not reflect on the factor in question;
- While trying to keep as much to the verbatim record of the community engagement as is possible, massage the text for sense, meaning and emphasis if it's necessary;
- When all the text is dropped in and edited, perform a spell and grammar check;
- Reflect on the concluding sections to ensure that they conform to the specific profile being compiled;
- Depending on the terms of the profile being compiled, either delete unnecessary interventions in the package table or highlight the interventions most relevant interventions for the specific profile being compiled;
- Do a thorough run through the document, screening for spelling, grammar, spacing, paragraph, formatting, irregularities in font etc.;
- Have a peer read through the completed profile to identify any gremlins or inconsistencies you make have missed; and
- After all the changes have been made, update the table of contents, list of figures and list of tables