

Focus for Impact Approach in responding to HIV, TB and STIs: Community Engagement/s

Focus for Impact Workshop

Pietermaritzburg

Thursday 16 and 17 August 2018





Why Community Engagements

- 1. To enhance the insights provided by the data. Inputs to understand the local context.
- 2. Community identification and prioritisation of
 - risk factors-biomedical, behavioural, social, structural
 - key and vulnerable populations in the local area
 - interventions to prevent HIV, TB and STI infection
- 3. Community mapping of
 - areas of HIV and TB and STI risk
 - community services to mitigate HIV and STI infection and TB transmission
- 4. Community identification of gaps in service delivery

 Community level participatory workshops to explore reasons why the local epidemiological profile shows specific results

- Undertake early community preparations/sensitisation and mobilisation
- Ensure/have wide community participation-Government, FBOs, NGOs, youth, physically challenged, men, women, MSM, LGBTI etc etc

- Ensure/have community group representatives participation
- Ensure/have area leadership structures and community leaders involvement

- Ensure/have leadership and support of AIDS Council and OSS structures
- Conduct training for local NGOs/CBOs on how to conduct/facilitate community engagement
- Involve the NGOs to support and use the approach
- Conduct community engagements along with trained local level facilitators
- Provide feedback on findings back to the community
- Ensure a central venue, transportation, choice of dates

- Continued mentorship and support to the NGOs/people trained in the approach
- Effective small group facilitation for in-depth probing and ensuring full participation of the group members
- Have a group facilitator and two note takers (1 on the flip chart and the other to write discussion notes)
- Use of community map/s



GROUP

Biomedical and General

low to apply?

Disclosure of wing states
Dinting and Mating bad decisions.
poverty (distressing by hours interactor (auser) (matrix wing decisions in like) (subjection (auser))
unprotected Sex.
Substance abuse (ey bluetooth).
Rope (late of recognism of Women's rights)
lace of trowledge
peu preosure ((wante to fit in))
lock of porents disclosure)

Circumcision

a reduces the level of hering Hiv a was made to reduce the rate of hering Server transmission discoses

"Condoms"

Autor of access of konste condoms tait of access of konste condoms wray puseptions = pupping a friend athers (ky wanting to pune o pains)

Lubricant "

PICP 4 pep" - The service is not overlable on the community



Community risk profiling capturing tool: Biomedical Factors:

Risk Factors	STATUS IN YOUR WARDS / SUB-DISTRICT?
Modes of Transmission and Vulnerable Populations	
How is HIV being mainly transmitted in your	
community?	
Who is getting mainly infected in your community?	
Biomedical interventions	
ARV treatment	
Are ARV's available?	
Are there gaps in knowledge about ART?	
Are there barriers to accessing ART?	
Is Adherence strong or not?	
Is there loss to follow-up?	
• Has there been a change over time? Reasons for the	
trends	
Tuberculosis	
• Is there knowledge of TB in the community?	
• Is TB infection increasing or decreasing and why?	
Does the community know how to prevent TB	
infection?	
Is TB treatment effective?	
Circumcision	
• What is the status of both medical and cultural	
circumcision?	

Community risk profiling capturing tool: Biomedical Factors

Risk Factors	STATUS IN YOUR WARDS / SUB-DISTRICT?
Condoms and lubricants	
• Is there access to both male and female condoms?	
Do people use them	
• Is there access to Lubricant and do people use	
them	
PrEP	
Is there access to PrEP?	
 Does the community know about PrEP? 	
Who uses PrEP?	
PEP	
Is there access to PEP?	
Does the community know about PEP?	
Who uses PEP?	
Other biomedical risk factors in your community not	
mentioned above?	
Knowing your HIV status	
• What is the availability of HIV testing in the area	
• Who in the community is testing? Why?	
• Who in the community isn't testing? Why not?	
Knowing your TB status	
When do community members test to know if they	
could have TB?	
Where do they test for TB?	

Community risk profiling capturing tool:Behavioural Factors:

Risk Factors	STATUS IN YOUR WARDS / SUB-DISTRICT?
Modes of Transmission and Vulnerable Populations	
How is HIV being mainly transmitted in your community?	
Who is getting mainly infected in your community?	
HIV knowledge	
• Does the community know enough about how HIV is transmitted?	
Does the community know enough about Prevention of HIV?	
Are there myths about transmission or prevention?	
How do following sexual risk behaviours affect HIV, TB and ST's in ye	our community?
Multiple concurrent sexual partnerships	
Transactional sex	
Mixing (age) partners	
Early sexual debut	
Condom use (male and female)	
Lubricant esp. with condoms	
Risky sexual practices, e.g. anal sex	
Alcohol and substance abuse	

Community risk profiling capturing tool:Behavioural Factors:

To	what extent are the following key and vulnerab	le populations affected by HIV, TB and STI risks in your area?
•	PLHIV	
•	Household contacts of TB Index patients	
•	Healthcare workers	
•	Pregnant Women	
•	Children <5 years	
•	Diabetics	
•	People living in informal settlements	
•	Young women and adolescent girls	
•	Youth	
•	People who use drugs (esp. share needles)	
•	Men having sex with men	
•	Transgender	
•	Sex workers	
•	Orphans and vulnerable children	
•	Inmates	
•	Miners and peri-mining communities	
•	Disabled	
•	Mobile Populations	
•	Migrants and undocumented foreigners	
•	LGBTI Populations	

Risk Factors	STATUS IN YOUR WARDS / SUB-DISTRICT?
Modes of Transmission and Vulnerable Populations	
• How is HIV being mainly transmitted in your community?	
• Who is getting mainly infected in your community?	
Socio-economic status in area affects HIV e.g.	
Poverty	
Employment	
Types of settlements	
Conditions of living	
How do migration patterns in the area (internal and cross- border), affects HIV?	
How does Education and literacy in the area affect HIV?	
How do cultural and religious norms affect HIV in your area?	
How do gender norms and gender-based violence affect HIV	
in your area?	
How do hate crimes – xenophobic, homophobic – affect HIV in	
your area?	
How does stigma affect HIV in your area?	
How does human rights violations and law enforcement affect	
HIV in your area?	
How are people with disabilities' risk of HIV infection	
influenced in your area?	
What are the community systems that can aid with HIV and TB	
prevention? – including any networks that the community can	
access for social cohesion (e.g. sex worker movement)	
Are there any other issues not mentioned above?	

Legends for Mapping risks and services: Mapping Risks and Services

	Focus for Impact HIV & TB Risk Legend						
District	Local municipality		Focus for Impact Service Mapping Legend				
		Distric	t Local municipality				
High-burden	Catchment Wards	High-burder	n Catchment Wards				
Facility		Facility	y				
Date		Date	e				
`Colour	Risk Type	Colour	Service Type				
	Brothel		Health				
	Tavern						
			Social				
			Legal				
			Education				
			Other				

Community risks and services capturing template: Mapping Risks and Services

Focus for Impact: Community Services			Focus for Impact: Cor	mmunity HIV & 1	FR Diek	° C					
				-							
	District		Local municipality		District			Local munici			
High-bu	urden Facility		Catchment Wards		High-burden Facility	Catchment Wards					
					Date						
	Date				Sticker colour	Point of increased	Turne (e. m		Times seesisted		
Sticker colour	Name of se point (refer	to # on	n psychological, cresses	Who receives/a ccesses	In accessing		associated HIV risk (Name where possible)	Type (e.g. brothel, tavern)	-	Times associated with increased HIV risk	
	sticker on m		social, legal, education, other)	services	services						
							-		•	•	

Material to prepare for community engagement

- Maps containing key features
- Agenda
- Attendance register
- Marking pens
- Flip charts
- Flip chart stands
- Colour stickers
- Glue and bostick
- Ball Pens
- Note books/exam pads
- Name tags

Risk Profile Reports

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Completed in 10 districts (14 LMs 27 community engagements)

 Risk Profile Reports per LM and DM in place-with recommendations of service package/s for the identified vulnerable/key population

Interventions



Ugu District 2017/2018



 Multi-Sectoral HIV, TB and STIs plan reflecting focus for impact results i.e. with appropriate multi-sectoral HIV package for general prevention population, key and vulnerable populations

• The process for development and implementation of multi-sectoral HIV, TB and STI intervention packages through AIDS Councils

Group Work Process 1: Associated risk for HIV and TB

- Divide into 3 groups as follows:
 - 1. Biomedical
 - 2. Behavioural and
 - 3. Social and Structural
- Determine facilitator and the 2 note takers (flip chart and discussion notes)
- Use appropriate community risk profiling tools to direct your discussions
- Presentation/feedback to be made by way of flip-chart

Group Work Process 2: Points of increased risk and service mapping

- Divide into 3 groups
- Determine facilitator and the 2 note takers (flip chart and discussion notes)
- Use appropriate community risk profiling tools to direct your discussions
- Presentation/feedback to be made by way of flip-chart