

# **Focus for Impact**

Planning and conducting community  
engagement as part of developing  
community risk profiling in  
high burden areas

## **Toolkit**

October 2017

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## Introduction

The purpose of this “**Toolkit**” is to support participants who plan and conduct community engagement as part of the Focus for Impact approach. Community engagement is the foundation and a critical part of developing community risk profiling in high burden areas that forms an integral part of the approach.

The Toolkit includes all the paper-based tools used during the initial capacity building workshop as well as in the field when conducting community risk profiling. Each individual risk profiler should have a full printed set of this section and a soft copy they can adapt for their local area, without changing the intended outcome of the profiling.

## **Handout 1: Community engagement preparation and planning checklist**

Planning is essential to a successful community risk-profiling workshop. Because so much needs to take place in a short space of time. Preparing in advance ensures activities run smoothly on the day(s).

Below is a comprehensive checklist that can assist detailed planning so that risk profiling can proceed with all the necessary considerations.

It is suggested to use the following checklist in the context of a local planning team. It may be coordinated especially for this purpose or as part of routine team coordination.

It's ideal if the team includes key role-players in the risk-profiling process and convenes at suitable frequencies to support planning.

Please note that this checklist is the maximum standard for conducting a risk profiling workshop. It is quite conceivable that resources and local nuances might influence how the suggested activities roll out. Therefore, it may be necessary to adapt the checklist according to local circumstances.

#	Activity	X	Who
1	<b>Define core community risk profiling team</b>		
1.1	Determine key role-players to be part of decision-making and planning		
1.2	Convene team to determine decision-making and planning milestones		
2	<b>Determine provisional date to make sure it doesn't overlap with</b>		
2.1	Public Holidays and religious observance that influences availability of participants		
2.2	Internal meetings, reporting timelines or internal processes		
2.3	Other local role-players' schedules (e.g. field teams, councilors, partners)		
<b>4-6 weeks before</b>			
3	<b>Identify high burden area</b>		
3.1	Draw report from Focus For Impact web-application to identify catchment facilities with the highest burden		
3.2	Liaise with local decision-makers on feasibility of identified catchment area		
3.3	Finalize list of and rationale for selection		
4	<b>Identify (and where necessary, liaise with) stakeholders for community risk profiling workshop</b>		
4.1	Representatives from DAC, LAC and possibly Provincial AIDS Council		
4.2	Government Department representatives (e.g. DOH, DSD, DBE, DHE, SAPS)		
4.3	Civil society organisational (e.g. HIV, key populations, human rights, GBV)		
4.4	Clinic committee members and other community advisory boards		
4.5	Academics knowledgeable on the area		
4.6	Relevant Mayoral Committee Members, Councilors, ward committees / war rooms		
4.7	Provincial and national legislatures constituency representatives		
4.8	Municipal officials (health, social services, special projects, by-law enforcement)		
4.9	Religious leaders / fora		
4.10	Traditional leaders / fora		
4.11	Other informal leaders and community structures not detailed above		
4.12	Major employers, especially mining, freight, agriculture and construction		
5	<b>Invite stakeholders</b>		
5.1	Invitation letter with short background, objective, date, time, venue, map, directions (refer to handouts 6 & 7 for content)		
5.2	Circulate invitation pack		
6	<b>Secure Venue</b> › Accessible to public transport › Ability to host a plenary of 80 people and 3 breakaway groups of 35 people each › Catering and bathroom facilities › Adequately ventilated, running water, electricity		
7	<b>Recruit Co-facilitators and Scribes</b> (refer to Handout)		
7.1	Identify, engage and confirm availability		
7.2	Convene briefing meeting to circulate and discuss roles and responsibilities		
<b>2-3 weeks before</b>			
8	<b>Confirm RSVP</b>		
9	<b>Procure Materials and resources</b>		
9.1	<b>Stationary:</b> Flipchart, Small round stickers in six colors, Prestik, 8 permanent markers, scissors, nametag labels, stapler, concertina file, A4 lined paper and pens for participants		
9.2	<b>Catering</b> as determined by procurement standards or conventions		

#	Activity	X	Who
9.3	<b>Printed Materials:</b> <ul style="list-style-type: none"> <li>› 4 X AO street maps of high burden area ONLY with street level detail identified</li> <li>› Workshop programme X # of participants (Handout)</li> <li>› List of risk factors for 3 groups (Handout)</li> <li>› 2 X list of capturing tool for 3 groups (6) (Handout)</li> <li>› Risk and services Legend X 4 (Handout)</li> <li>› 2 X risk register (Handout)</li> <li>› 2 X services register (Handout)</li> <li>› required signage i.e. for workshop venue toilets group work</li> <li>› attendance register</li> </ul>		
<b>2 days before</b>			
10	Reconfirm/Remind participants and address risks if any		
11	Reconfirm venue and catering and address risks if any		
12	<b>Pre-prepare flipcharts and capturing tools:</b> All prepared flipcharts to include page numbering and labelling: date, catchment area, sub district, district. Below are the headings and numbers of charts that require preparation: <ul style="list-style-type: none"> <li>› Expectations (2)</li> <li>› Ground Rules (2)</li> <li>› Parking Lot (1)</li> <li>› Key and Vulnerable populations (3)</li> <li>› HIV Risk Biomedical (3)</li> <li>› HIV Risk Behavioral (3)</li> <li>› HIV Risk Social and Structural (3)</li> <li>› Complete high burden area information at the beginning of the risk capturing template (3), the legends (4, 2 of each services and risks) and the risk and service registers (2 each)</li> </ul>		
13	<b>Package Resources</b> <u>For all participants:</u> Name tag stickers, Programme, lined paper, pen <u>For Plenary:</u> flipcharts on expectations, ground rules, parking lot, Key and vulnerable population Matrix, extra blank flipchart, 2 different markers, attendance registers, signage <u>For community risk profiling groups (3):</u> three separate packages for biomedical, behavioral, structural including pre-prepared flipcharts, list of risks, extra blank flipcharts, Prestik and 2 markers <u>For community risk and service mapping groups (2):</u> Two separate packages of 2 maps, 6 colors of stickers shared equally, a legend each for risks and services, 1 each of a risk register and service register, Prestik		
<b>The day before</b>			
14	Check and Set up venue: plenary seating, registration table, group work seating, catering stations if necessary, check toilet paper, ventilation, water, and electricity		
<b>1 hour before</b>			
15	Put up signage		
16	Pin up flipcharts for plenary and group work		
17	Place facilitators and scribes' resources in group work space		
<b>During the workshop:</b>			
18	<b>Ensure collection of:</b> <ul style="list-style-type: none"> <li>› Completed attendance registers (ensure head count matches entries)</li> <li>› At least 17 flipcharts (ensure extra ones are labelled correctly)</li> <li>› Risks profiled in capturing templates (3, one for each biomedical, behavioral, social and structural)</li> <li>› 4 X Maps (2 with services mapped, 2 with risks mapped)</li> </ul>		

#	Activity	X	Who
	<ul style="list-style-type: none"> <li>› 2 risks legends (1 from each mapping group)</li> <li>› 2 services legends (1 from each group)</li> <li>› 2 services registers (1 from each group)</li> <li>› 2 risks registers (1 from each group)</li> </ul> Place in labelled concertina file		

## Tool 2: Invitation letter

(date)

Dear (Stakeholder representative)

We are pleased to invite you to participate in a multi-sectoral, multi-stakeholder workshop to develop a profile of our area that helps us to understand what the community HIV and TB risks are.

As a valued contributor to combatting HIV, TB and STIs in [the area], we believe that you will greatly assist us to understand the factors that are influencing HIV and TB. This information will be used to assist in budgeting and providing accessible and appropriate services to the people of our area so that we can work together in a unified way to prevent the spread of HIV and TB.

The development of the profile is part of the national response for HIV, TB and STI it that is being rolled out across the country.

Date:

Time:

Venue:

***(Map and Directions attached)***

Please RSVP to (administrator name, cell number and email address) by (date).



### Tool 3: Draft Community engagement workshop programme

10h00-10h15	Welcome and opening
10h15-10h30	Introduction of participants
10h30-10h35	Purpose of the workshop
10h35-10h45	Terms of engagement and expectations for the day
10h45-12h45	Associated HIV and TB risk factors in this area (in small groups and feedback)
<b>12h45-13h30</b>	<b>LUNCH</b>
13h30-14h30	Mapping: areas which contribute to associated HIV and TB risk: small groups who validate each other and consolidate into one map
	Mapping: services (governmental and non-governmental) : small groups who validate each other and consolidate into one map
14h30-14h45	Identifying community members or additional stakeholders to consult with further and plan meetings
	Identify additional secondary and programmatic data available for the community
14h45-15h00	Closure

## Tool 4: Detailed requirements for facilitators and scribes

The selection of the facilitators and scribes is an important element for the success of the workshop. Facilitators will consist of a lead facilitator that guides the discussions during the engagement. Facilitators are also sometimes referred to as moderators.

For the different group work discussions individual, skilled facilitators will be used to lead the discussions in each group. Characteristics for facilitators include:

- Have a charismatic, friendly personality and should not be timid, authoritarian, or judgmental
- Skilled facilitator with previous experience in working with large groups of more than 20 people
- Understand the content covered during the discussions and would be able to clarify some of the facts if required
- Manage time to ensure that all questions are covered during the time allocated
- Manage potential conflict and opposing views during the discussions
- Ability to speak the local language would be essential especially in rural areas where ability to speak and understand English might be limited.

The role of the lead and co-facilitator(s) will include:

- Assist to set up venue
- Facilitate the discussions of the plenary and group work by facilitating inputs, clarifying questions
- Introduces each question or activity and encourage participants to contribute to the discussion
- Ask follow up questions, a process also called probing, until a topic is exhausted or no new information is being learned
- Make sure that all voices are heard, and that the participants share and discuss a full range of information
- Remain neutral to ensure that everyone feels comfortable expressing their opinion. No nodding or shaking your head, raising eyebrows, agreeing or disagreeing with comments, or praising or denigrating participants Elicit further information from shy participants with comments like “Can you tell me more about that?” “Help me understand what you mean”, or “Can you give an example?”
- Deal with dominant participants by acknowledging their opinion and soliciting other opinions. Sentences like “Thank you. What do other people think?” can be helpful
- Paraphrase or summarize long, unclear comments by participants. This shows participants that the moderator is actively listening, and it helps the moderator to ensure he or she has understood the participant’s statement
- Act spontaneously if needed. If the conversation goes in an unexpected, but productive direction, go with it and ask questions that were not on the initial questionnaire. Probe deeper into new topics and ideas, as long as the information being gained is valuable
- Disseminate and read aloud the detail included in the materials

The facilitators will require the support of a scribe (each) that can quickly and accurately document the discussions. Ideally the individual can:

- Quickly and correctly capture the discussions in the group (preferably electronically in the group work)
- If captured by writing notes, these notes should be eligible for capturing afterwards
- Ability to capture depth and fill in detail of key words and concepts from the flipcharts
- Ability to speak and correctly write the local language would be essential; especially in rural areas where ability to speak and understand English might be limited
- Ensure all documentation is collected and stored for safekeeping and capturing afterwards
-

## **Tool 5: HIV and TB risks used to check profiling completion**

### **A) Biomedical and general**

- Presence and situation of key and vulnerable populations in the area: e.g. young women (and also discuss young people in general in the area), PWUID, MSM, transgender, sex workers, OVC, inmates, miners, people with disabilities
- Perceptions in new infection trends – how do new HIV, TB and STI infections come about and with whom? Perceptions of main modes of transmissions?
- ARV treatment (availability of, knowledge of, barriers to access), adherence and reasons for the trends (including loss to follow-up)
- TB Treatment (availability of, knowledge of, barriers to access), adherence and reasons for the trends (including loss to follow-up)
- Medical circumcision rates – why/why not?
- Injecting drugs
- Access to commodities (such as condoms, lubricant, or to PREP/PEP as needed)

### **B) Risk behaviours**

- HIV testing in the area and reasons why/why not
- HIV knowledge: about modes of HIV transmission and prevention
- Sexual risk behaviours: Multiple concurrent sexual partnerships; Transactional sex; Mixing (age) partners; Early sexual debut; Condom use; Risky sexual practices, e.g. anal sex
- Other risky behaviours, e.g. use or exposure to psychoactive substances, alcohol levels and use, hygiene practices (TB)

### **C) Social and structural**

- How the socio-economic status of the area affects HIV (poverty, employment, types of settlements and conditions of living)
- Migration patterns in the area (internal and cross-border), and how this affects HIV
- Education and literacy (focus on young women)
- Cultural and religious norms
- Gender norms and gender-based violence
- Hate crimes – xenophobic, homophobic, other
- Stigma
- Human rights violations and nature of law enforcement
- Disability
- Community systems that can aid with HIV/AIDS, TB and STI trends – including any networks that the community can access for social cohesion (e.g. sex worker movement)

## Tool 6: Community risk profiling capturing tool

Focus for Impact Community Risk Assessment			
District		Local municipality	
High-burden Facility		Catchment Wards	
Date		Facilitator	

Group 1: Biomedical Factors	
Risk Factors	STATUS IN YOUR WARDS / SUB-DISTRICT?
<b>Modes of Transmission and Vulnerable Populations</b> <ul style="list-style-type: none"> <li>• How is HIV being mainly transmitted in your community?</li> <li>• Who is getting mainly infected in your community?</li> </ul>	
<b>Biomedical interventions</b>	
<b>ARV treatment</b> <ul style="list-style-type: none"> <li>• Are ARV's available?</li> <li>• Are there gaps in knowledge about ART?</li> <li>• Are there barriers to accessing ART?</li> <li>• Is Adherence strong or not?</li> <li>• Is there loss to follow-up?</li> <li>• Has there been a change over time? Reasons for the trends</li> </ul>	
<b>Tuberculosis</b> <ul style="list-style-type: none"> <li>• Is there knowledge of TB in the community?</li> <li>• Is TB infection increasing or decreasing and why?</li> <li>• Does the community know how to prevent TB infection?</li> <li>• Is TB treatment effective?</li> </ul>	
<b>Circumcision</b> <ul style="list-style-type: none"> <li>• What is the status of both medical and cultural circumcision?</li> </ul>	
<b>Condoms and lubricants</b> <ul style="list-style-type: none"> <li>• Is there access to both male and female condoms?</li> <li>• Do people use them</li> <li>• Is there access to Lubricant and do people use them</li> </ul>	

Group 1: Biomedical Factors	
<b>PrEP</b> <ul style="list-style-type: none"> <li>• <i>Is there access to PrEP?</i></li> <li>• <i>Does the community know about PrEP?</i></li> <li>• <i>Who uses PrEP?</i></li> </ul>	
<b>PEP</b> <ul style="list-style-type: none"> <li>• <i>Is there access to PEP?</i></li> <li>• <i>Does the community know about PEP?</i></li> <li>• <i>Who uses PEP?</i></li> </ul>	
Other biomedical risk factors in your community not mentioned above?	
<b>Knowing you HIV status</b> <ul style="list-style-type: none"> <li>• <i>What is the availability of HIV testing in the area</i></li> <li>• <i>Who in the community is testing? Why?</i></li> <li>• <i>Who in the community isn't testing? Why not?</i></li> </ul>	
<b>Knowing your TB status</b> <ul style="list-style-type: none"> <li>• When do community members test to know if they could have TB?</li> <li>• Where do they test for TB?</li> </ul>	

Group 2: Behavioural Factors	
Risk Factors	STATUS IN YOUR WARDS / SUB-DISTRICT?
<b>Modes of Transmission and Vulnerable Populations</b> <ul style="list-style-type: none"> <li>• How is HIV being mainly transmitted in your community?</li> <li>• Who is getting mainly infected in your community?</li> </ul>	
<b>HIV knowledge</b> <ul style="list-style-type: none"> <li>• Does the community know enough about how HIV is transmitted?</li> <li>• Does the community know enough about Prevention of HIV?</li> <li>• Are there myths about transmission or prevention?</li> </ul>	
<b>How do following sexual risk behaviours affect HIV, TB and ST's in your community?</b>	
• 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	
<b>To what extent are the following key and vulnerable populations affected by HIV, TB and STI risks in your area?</b>	
• 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	

Group 2: Behavioural Factors	
• <i>Sex workers</i>	
• <i>Orphans and vulnerable children</i>	
• <i>Inmates</i>	
• <i>Miners and peri-mining communities</i>	
• <i>Disabled</i>	
• <i>Mobile Populations</i>	
• <i>Migrants and undocumented foreigners</i>	
• <i>LGBTI Populations</i>	



Group 3: Social and Structural Factors	
Risk Factors	STATUS IN YOUR WARDS / SUB-DISTRICT?
<b>Modes of Transmission and Vulnerable Populations</b> <ul style="list-style-type: none"> <li>• <i>How is HIV being mainly transmitted in your community?</i></li> <li>• <i>Who is getting mainly infected in your community?</i></li> </ul>	
Social and Structural Factors	STATUS IN YOUR WARDS / SUB-DISTRICT?
<b>Socio-economic status in area affects HIV e.g.</b> <ul style="list-style-type: none"> <li>• <i>Poverty</i></li> </ul>	
<ul style="list-style-type: none"> <li>• <i>Employment</i></li> </ul>	
<ul style="list-style-type: none"> <li>• <i>Types of settlements</i></li> </ul>	
<ul style="list-style-type: none"> <li>• <i>Conditions of living</i></li> </ul>	
<i>How do migration patterns in the area (internal and cross-border), affects HIV?</i>	
<i>How does Education and literacy in the area affect HIV?</i>	
<i>How do cultural and religious norms affect HIV in your area?</i>	
<i>How do gender norms and gender-based violence affect HIV in your area?</i>	
<i>How do hate crimes – xenophobic, homophobic – affect HIV in your area?</i>	
<i>How does stigma affect HIV in your area?</i>	
<i>How does human rights violations and law enforcement affect HIV in your area?</i>	
<i>How are people with disabilities' risk of HIV infection influenced in your area?</i>	
<i>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)</i>	
<i>Are there any other issues not mentioned above?</i>	

## Tool 7: Key and vulnerable populations

South Africa has generalised HIV and TB epidemics and high rates of STI infection, which underscores the critical importance of universal access to a comprehensive package of prevention and treatment services for all. However, some groups are much more heavily affected than the general population and need special attention.

Investments in research have augmented the body of strategic information on key and vulnerable populations, including size estimations for several of these groups, but this remains an area in need of greater understanding. In recent years, important strides have been made in addressing the health needs of key and vulnerable populations. Examples include the ‘She Conquers’ campaign that focuses on adolescent girls and young women and is supported by the DREAMS and Global Fund young women and girls programmes; the Sex Worker Strategy for HIV 2016–2020, the draft South African National LGBTI Framework for 2017–2022; and the NDoH Guidelines for the Management of HIV, TB and STIs in Correctional Facilities. This is supplemented by a number of small-scale programmes that are currently being implemented to address the needs of men who have sex with men (MSM), sex workers, people who inject drugs (PWID), inmates, and adolescent girls and young women (AGYW).

Key and Vulnerable Populations with service packages in the NSP 2017-2022	
Population	Priority
<i>People living with HIV</i>	
<i>HH contacts of TB Index patients</i>	
<i>Healthcare workers</i>	
<i>Pregnant Women</i>	
<i>Children &lt;5 years</i>	
<i>Diabetics</i>	
<i>People living in informal settlements</i>	
<i>Young women and adolescent girls</i>	
<i>People who use drugs (esp. share needles)</i>	
<i>Men having sex with men</i>	
<i>Transgender</i>	
<i>Sex workers</i>	
<i>Orphans and vulnerable children</i>	
<i>Inmates</i>	
<i>Miners and peri-mining communities</i>	
<i>Disabled</i>	
<i>Mobile Populations</i>	
<i>Migrants and undocumented foreigners</i>	
<i>LGBTI Populations</i>	

## Tool 8: Legends for Mapping risks and services

Focus for Impact HIV & TB Risk Legend			
District		Local municipality	
High-burden Facility		Catchment Wards	
Date			
	Risk Type		
	Brothel		
	Tavern		

Focus for Impact Service Mapping Legend			
District		Local municipality	
High-burden Facility		Catchment Wards	
Date			
Colour	Service Type		
	Health		
	Psychological		
	Social		
	Legal		
	Education		
	Other		

## Tool 9: Community risks and services capturing template

Focus for Impact Community Services			
District		Local municipality	
High-burden Facility		Catchment Wards	
Date			

Sticker number	Name of service point (refer to # on sticker on map)	Type of service (health, psychological, social, legal, education, other)	Who receives/accesses services	Challenges in accessing services

Focus for Impact Community HIV & TB Risks			
District		Local municipality	
High-burden Facility		Catchment Wards	
Date			




Sticker number	Point of increased associated HIV risk (Name where possible)	Type (e.g. brothel, tavern)	Reason	Times associated with increased HIV risk

## Tool 10: Coloured Sticker Codes

Colours will be determined by availability. It is however important that this is small enough to pin as it can reduce the accuracy of the point identified on the map if too big (scale)

- Health (all types of services – public, private and civil society, and including prevention; testing; HIV treatment and care; other services): on map already, add **RED** stickers
- Psychological: **GREEN** stickers
- Social (e.g. social grants, child protection etc): **ORANGE** stickers
- Legal/justice (incl. police – talk about human rights violations here) – **BLUE** stickers
- education (schools, HE institutions, FETs, training colleges etc): **YELLOW** stickers
- Other: **WHITE** stickers

## Tool 11: Capacity-Building Workshop evaluation

Focus for Impact Introduction Training Evaluation					
	Evaluation criteria				Please comment on your score
1	Did you know what to expect when you were coming to this workshop?				
2	Were the facilities suitable?				
3	Was the catering suitable?				
4	Were the materials useful?				
5	Did the facilitator/s know the subject matter well?				
6	Did your facilitator/s give clear explanations on the topics?				
7	Did the facilitator/s encourage participation and interaction?				
8	What have you learnt in this workshop, if anything?				
9	Do you feel able to conduct a community risk profiling workshop after this training?				
9a	If no, what more do you need?				