

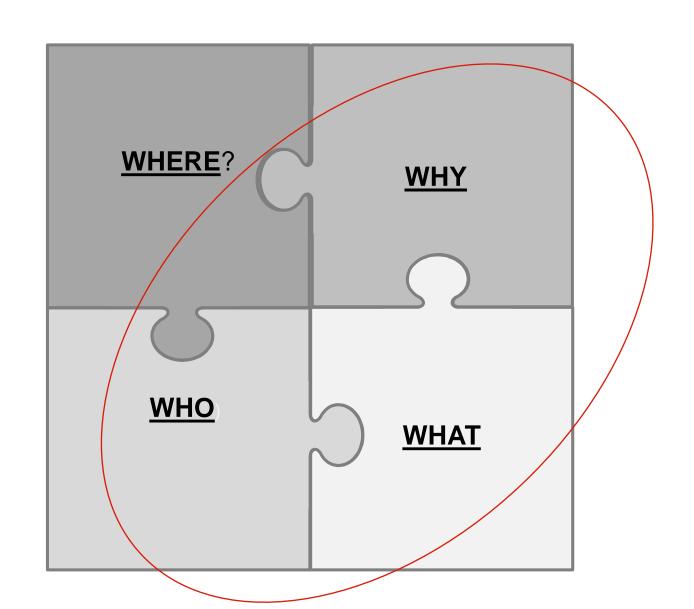
Focus for Impact Approach in responding to HIV, TB and STIs: Community Engagement/s

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

Effective Community Engagement Approach

• 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

Effective Community Engagement Approach

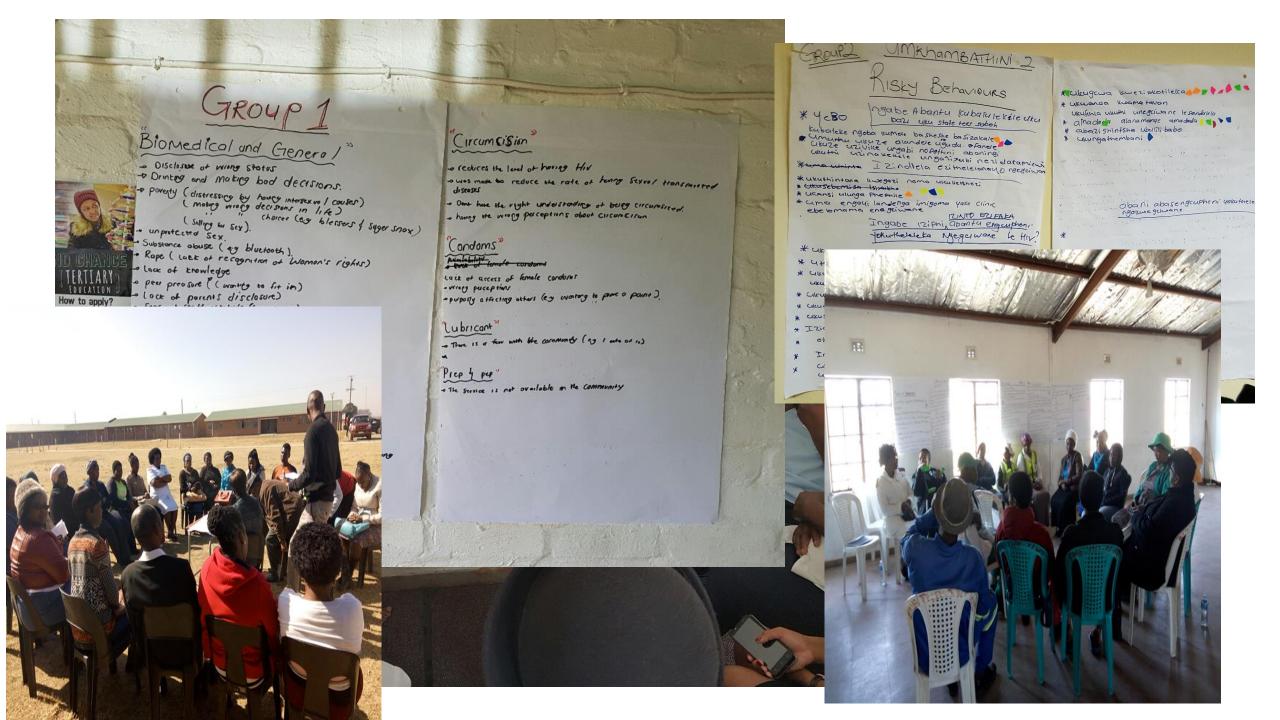
- Ensure/have leadership and support of AIDS Council and OSS structures
- Conduct training for local NGOs/CBOs on how to conduct/facilitate community engagement
- Involve the NGOs to support and use the approach
- Conduct community engagements along with trained local level facilitators
- Provide feedback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

Effective Community Engagement Approach

- 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





Community risk profiling capturing tool: Biomedical Factors:

Ris	k Factors	STATUS IN YOUR WARDS / SUB-DISTRICT?
Мо	des of Transmission and Vulnerable Populations	
•	How is HIV being mainly transmitted in your	
	community?	
•	Who is getting mainly infected in your community?	
Bic	medical interventions	
AR	V 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	
Tuk	perculosis	
•	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?	
Cir	cumcision	
"		
•	What is the status of both medical and cultural	
	circumcision?	

Community risk profiling capturing tool: Biomedical Factors

Ris	Factors	STATUS IN YOUR WARDS / SUB-DISTRICT?
Cor	doms 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	
PrE	P	
•	Is there access to PrEP?	
•	Does the community know about PrEP?	
•	Who uses PrEP?	
PEF		
•	Is there access to PEP?	
•	Does the community know about PEP?	
•	Who uses PEP?	
	er biomedical risk factors in your community not	
mer	tioned above?	
Kno	wing 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?	
	The mane community for the carrier with the control of the carrier with th	
Kno	wing 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	your 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:

То	what extent are the following key and vulnerable	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	

Community risk profiling capturing tool: Social and Structural 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?	
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 crossborder), 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

		or Impact Risk Legend	
District		Local municipality	
High-burden		Catchment Wards	
Facility			
Date			
`Colour		Risk Type	
	Brothel		
	Tavern		

		or Impact oping Legend	
District		Local municipality	
High-burden Facility		Catchment Wards	
Date			
Colour		Service Type	
	Health		
	Social		
	Legal		
	Education		
	Other		

Community risks and services capturing template: Mapping Risks and Services

Focus for Impa	act: Commu	nity Service	S			
	District		Local municipality			
High-burden Facility		Catchment \		Wards		
	Date					
Sticker colour	Name of se point (refer sticker on m	rvice (to # on pap)	Type of service Thealth, Disychological, Social, legal, Beducation, other)	Who receive ccesse service	es	Challenges in accessing services

Focus for Impact: Cor	mmunity HIV & 1	TB Risks	S			
District			Local municip	pality		
High-burden Facility		Catchment Wards				
Date						
Sticker colour	Point of increased associated HIV risk (Name where possible)		Type (e.g. brothel, tavern)	Reason		Times associated with increased HIV risk

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



Multi-Sectoral District Implementation Plan for HIV, TB and STIs for

Ugu District 2017/2018



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