

Training Module
for

Outreach Worker in MSM Interventions



National AIDS Control Organisation

India's voice against AIDS
Ministry of Health & Family Welfare, Government of India
www.naco.gov.in





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सत्यमेव जयते



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Government of India

Ministry of Health & Family Welfare

National AIDS Control Organisation

FOREWORD

The National AIDS Control Organisation (NACO) has been implementing exclusive Targeted Interventions (TI) for the high-risk group of Men having Sex with Men (MSM). There are 149 exclusive MSM TIs covering 2.38 lakh MSMs. The capacity building of the various functionaries of TIs is being carried out through the State Training Resource Centres (STRC), but has always been a challenge in absence of formal training modules for MSM TIs. To address this, NACO has come out with a set of training modules designed for different cadres involved in implementing NACP. These modules have been developed with rigorous consultation and deliberations with experts, and involvement of community members over a period of time.

The seven training modules for Doctors, Program Managers, Counselors, Out Reach Workers (ORW), and Peer Educators (PEs); and the training modules on Advocacy and Induction are developed for ensuring sensitive and quality service delivery to the target group.

I would like to acknowledge the effort that has gone into developing the modules. The contribution made by the Targeted Intervention (TI) and National Technical Support Unit (NTSU) Divisions of NACO for developing and coordinating with the various stakeholders to bring to fruition these training modules is also recognised. I am grateful to all the community leaders and members who have contributed to the development of the various chapters. I would also like to acknowledge the technical and financial support of UNDP in developing and printing these training modules. I would also like to acknowledge the State AIDS Control Societies (SACS), Technical Support Units (TSUs), State Resource and Training Centres (STRCs) for providing relevant input in the modules.

I hope that these training modules will help upgrade the skills of the frontline workers and thereby bring improvements in implementation in the TIs and in all spheres of MSM interventions.

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अपनी एचआईवी अवस्था जानें. निकटतम सरकारी अस्पताल में मुफ्त सलाह व जाँच पाएँ

Abbreviations & Acronyms

AIDS	Acquired Immuno Deficiency Syndrome
ANM	Auxiliary Nurse and Mid-Wife
ART	Anti Retroviral Therapy
CBO	Community Based Organization
DIC	Drop In Centre
FSW	Female Sex Worker
HIV	Human Immuno Deficiency Virus
HRG	High Risk Group
ICTC	Integrated Counseling and Testing Centres
IDU	Injecting Drug Users
IPC	Inter Personal Communication
MSM	Men who have Sex with Men
NACO	National AIDS Control Organization
NACP	National AIDS Control Programme



NGO	Non Government Origination
ORW	Outreach Worker
PE	Peer Educator
PLHIV	People Living with HIV
RTI	Reproductive Tract Infection
SACS	State AIDS Control Society
STI	Sexually Transmitted Infection
TB	Tuberculosis
TSU	Technical Support Unit
TG	Transgender
TI	Targeted Intervention

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Schedule of the Training

Title of the Session	Duration	Schedule
Day 1		
Session-1:Introduction and Welcome <ul style="list-style-type: none"> • Ice-Breaker • Expectations from the workshop • Sharing the agenda • Setting the Ground rules for the workshop 	1 hour	9:30 - 10:30
Session-2: Outreach' the Backbone of TI projects <ul style="list-style-type: none"> • Game-Explaining outreach • Word association exercise • Group work importance of outreach, objectives and expected Outcome • Group presentation • Summarizing discussion • Power Point presentation-Outreach planning • Discussion on outreach planning • Film on "Two Rohits" 	2 hours 30 minutes	10:30 -1:00
Lunch Break		
Session-3 Importance of Community Led Outreach <ul style="list-style-type: none"> • Game-knotty problem and discussion • Discussion –Advantages & disadvantages of community-led outreach • Presentation of Case study-Geographic & social Network • Summarizing Discussion with Power Point presentation 	1 hour 30 minutes	2:00 - 3.30
Session-4 Roles and Responsibilities of an Outreach worker <ul style="list-style-type: none"> • Exercise-Noting Roles & Responsibilities, skills/ characteristics of an Outreach worker • Presentation of exercise and discussion • Power Point presentation on Roles and responsibilities of an Outreach worker 	1 hour	3:30 - 4.30
Session-5 Co-ordination with other TI staff in TI project <ul style="list-style-type: none"> • Group Work: Role of other TI staff 'Vis a Vis' ORW • Presentation and Discussion 	1 hour	4.30 - 5.30
Session-6 Feedback of Day-1	20 minutes	5.30 - 5.50



Title of the Session	Duration	Schedule
Day 2		
Session-1: Planning Outreach <ul style="list-style-type: none">Recap of outreach planningPower Point presentation on Outreach planning toolsTool-1 Spot AnalysisGroup Work, Presentation and Discussion	1 hour 45 minutes	9:15 - 11:00
Session-2: Planning Outreach <ul style="list-style-type: none">Tool-2 Contact MappingGroup Work, Presentation and Discussion	1 hour	11:00 - 12:00
Session-3 Planning Outreach <ul style="list-style-type: none">Tool-3 Hotspot Load MappingGroup Work, Presentation and Discussion	1 hour	12:00 - 1.00
Lunch Break	1 hour	1:00 - 2.00
Session-4 Implementing Outreach <ul style="list-style-type: none">Game-Benefits of working togetherDiscussion on Game	1 hour	2:00 - 3.00
Session-5 Field visit <ul style="list-style-type: none">Practicing Tools	3 hours	3.00 - 6.00

Title of the Session	Duration	Schedule
Day 3		
Feedback of Day-2 and Recap of Day-2	30 minutes	9:00 - 9:30
Session-1: Monitoring Outreach <ul style="list-style-type: none"> • Introduction to Monitoring tools • Tool-4 Opportunity Gap Analysis • Group work, Presentation and Discussion 	1 hour 30 minutes	9:30 - 11:00
Session-2: Monitoring Outreach <ul style="list-style-type: none"> • Tool-5 Preferential ranking • Group Work, Presentation and Discussion 	1 hour	11:00-12:00
Session-3 Monitoring Outreach <ul style="list-style-type: none"> • Tool-6 Seasonality Mapping • Group Work, Presentation and Discussion 	1 hour	12:00 - 1:00
Lunch Break	1 hour	1:00 - 2:00
Session-4 Monitoring Outreach <ul style="list-style-type: none"> • Tool-7 Force field analysis • Group Work, Presentation and Discussion 	1 hour	2:00 - 3:00
Session-5 Monitoring Outreach <ul style="list-style-type: none"> • Tool-8 Condom accessibility and availability mapping • Group Work, Presentation and Discussion 	1 hour	3:00 - 4:00
Session-6 Peer Maps <ul style="list-style-type: none"> • Introduction, Group Work , Presentation and Discussion 	1 hour	4:00 - 5:00
Feedback of Day-3	30 minutes	5.00 - 5:30



Title of the Session	Duration	Schedule
Day 4		
Recap of Day-3	30 minutes	9:00 - 9:30
Session-1: Getting into action Flow of information at Outreach level <ul style="list-style-type: none"> Presentation and Discussion 	30 minutes	9:30 - 10:00
Session-2: Community member Registration Form <ul style="list-style-type: none"> Presentation 	45 minutes	10:00 - 10:45
Session-3: Form-B, PE weekly planning Sheet <ul style="list-style-type: none"> Presentation, Group Work and Discussion 	1 hour 30 minutes	10:45 - 12:15
Session-4: Form-C Individual tracking Sheet <ul style="list-style-type: none"> Form C1 Outreach worker monthly summary sheet 	1 hour	12:15 - 1:15
Lunch Break	45 minutes	1:15 - 2:00
Session-5: Form D Outreach worker Weekly Reporting format <ul style="list-style-type: none"> Presentation 	45 minutes	2:00 - 2:45
Session-6: Outreach worker Monitoring Check list <ul style="list-style-type: none"> Presentation 	45 minutes hour	2:45 - 3:30
Session-7: Core Values and Ethics <ul style="list-style-type: none"> Game on Value statements Group work and case studies Group Presentations Summarizing Discussion Game-Getting into another's shoes Discussion on Game 	1 hour 45 minutes	3.30 - 5:15
Feedback Day-4	15 minutes	5:15 - 5:30

Title of the Session	Duration	Schedule
Day 5		
Recap of Day-4	15 minutes	9:00 - 9:15
Session-1: Effective Communication Flow of information at Outreach level <ul style="list-style-type: none"> Presentation and Discussion 	1 hour 45 minutes	9:15 - 11:00
Session-1: Effective Communication Continued <ul style="list-style-type: none"> Group work-Matrix on Communication Barriers, Opportunities, and Messages Group presentation Discussion Game of Trust 	1 hour 45 minutes	11:00 - 12:45
Lunch Break	1 hour	12:45 - 1.45
Session-2: Dialogue-based Communication <ul style="list-style-type: none"> Game- Two way communication Discussion on game Power Point Presentation-IPC Group Work practicing IPC tools 	1 hour 45 minutes	1:45 - 3:30
Session-3: Crisis Management <ul style="list-style-type: none"> Form C1 Outreach worker monthly summary sheet 	45 minutes	3:30 - 4:15
Session-4: Getting beyond HIV, General Health and Social Entitlements	45 minutes	4.15 - 5.00
Session-5: Evaluation and Feedback Day-5	30 minutes	5:00 - 5:30



Introduction of the Manual

The prevention of new infections in Men who have Sex with Men (MSM) is a major thrust in NACP-IV. The most effective means of reducing HIV spread is through the implementation of Targeted Intervention (TI) projects amongst persons most vulnerable to HIV/AIDS. Both NACO and the states place a high priority on coverage of 100% saturation of MSM community.

In order to achieve a high level of coverage and to maintain quality of programme implementation, there is a need for quality learning opportunities to be made available to NGOs/CBOs working at the grass root level. This training module has been developed in order to further the understanding of the implementation partners on NACP-IV, so that the approaches and strategies of NACP-IV are realised at the field level. **This training module is applicable for those ORWs who have already attended the induction training programme** covering topics such as Basics of HIV/AIDS, STI management, Condom Promotion, Understanding the communities we work with, understanding the programme and concept of TI projects.

The objective of the training is to benefit the Outreach Workers (ORWs) of the Targeted Intervention Projects. The commitment and initiative of ORWs will go a long way in determining the quality of the implementation and Outcomes at the state level.

Planning and Monitoring are key programme management components in a Targeted Intervention programme. Both these components need to be developed early in the project to reach the desired project goals. However the challenge

is to simplify the tools used for planning and to actively involve MSM community so that the tools provided in this package and in the Operational Guidelines of NACO are implemented effectively.

Design of the Module

The module has been designed to develop and broaden the perspective of the participants on the role of Outreach Workers in implementing Targeted Intervention Projects under NACP-IV. The greater focus of this training lies on building the knowledge and skills of Outreach Workers to plan and implement effective outreach programmes, working in tandem with, and overseeing the work of a team of Peer Educators (PEs). The training includes various pedagogies of learning and a field visit to an intervention site.

Scheduling

The module has been designed for a five day training workshop. It is preferable that participants devote this time at a stretch in the training workshop along with a field visit to one of the intervention sites to orient themselves to field level issues and challenges. Every session is planned with time for open discussion and sharing of experiences of the participants. Interactive methods such as group work, brainstorming, games and simulation have been included in the training package to make for better recall of core learning and to enliven the training process itself. The participants are expected to develop a basic understanding about the sessions in advance by going through the supplementary material provided to them.

How to Facilitate

The facilitators should be familiar with experiential and participatory forms of learning. They should have the ability to ask exploratory open-ended questions and should be sensitive towards involving all the participants especially given that the group is likely to be that of a varied profile.

The facilitators should be technically competent to answer various intervention related questions. Adaptations of the various topics may be made in order to suit local needs and priorities. While a range of devices such as energisers, brainstorming, games and simulation have been provided in the manual itself, facilitators could also go beyond these and include other methods such as debates and quizzes related to the session topics. It would be helpful to review the feedback forms on a daily basis so as to be able to respond to any significant issues such as lack of comprehension of important content or perceived lack of applicability, if any, on the topics and issues.

It will be important at all stages for participants to correlate their class room teachings with field level learning and vice versa.

How to use the Module

Each session provides the following information:

Objective: What the facilitator hopes to achieve by the end of the session.

Expected Outcome: The Outcomes anticipated as a consequence of the session.

Duration: Approximate time each session will take.

Suggested Teaching Method: Teaching method and techniques that will be used.

Materials/Preparation required: Materials that are required to carry out the session, may include flip charts, marker pens, handouts, etc. and any preparation that is required.

Process: The step by step instructions on how to implement the activities and run the sessions.

Key learnings/messages: The core learning content that the facilitator will explain with the help of the Power Point presentation for the session. It is the main points participants should learn and take back from the session. The facilitator must ensure that these key learnings are understood well by the participant by encouraging a recap of the session that will elicit these points.

Evaluation of the Training: Formats for daily evaluation of the sessions are provided in the supplementary Material

Take-aways: Participants will take away the Supplementary Material containing additional reading material and handouts of Power Point Presentations. They will also take home handouts containing all the outreach planning, implementation and monitoring tools that require to be used in the field.

Key things to remember as a Facilitator

Facilitator should make sure that LCD projector, screen and laptop is available for showing Power Point presentations and videos.



Dos

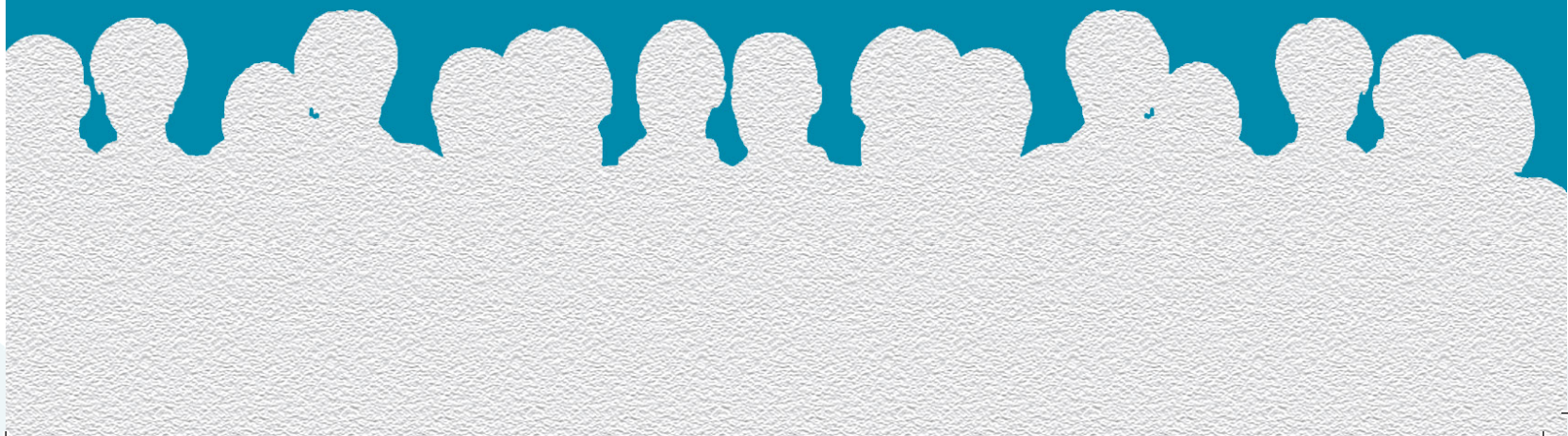
- Read the Operational Guidelines and training module completely before the workshop and prepare yourself well and use the presentation slides as cue cards to elaborate on the relevant points.
- Be flexible in scheduling of sessions as per the need of the participants.
- Use different teaching methods to enhance participation and retain interest.
- Ensure all teaching materials like handouts, charts, markers, glue sticks etc are available
- Respect participants lookout knowledge.

- Encourage participants brainstorm, discuss and make presentations.
- After the training, ensure that a follow-up plan is developed.
- Remember, this is a participatory workshop and your role is to Facilitate.

Don'ts

- Let any one person dominate the discussion.
- Speak more than the participants.
- Allow distractions like mobile phones and chatting between the participants.
- Make the training a boring experience.
- Read out from the Power Point presentations.

Day 1





Session 1: Introduction and Welcome

Objective	To welcome the participants, get introduced to the facilitators and each other and share expectations from the training.
Expected Outcome	<ul style="list-style-type: none"> • Participants get to know each other • Participants share their expectations from the training • Facilitator shares the agenda and overview of the workshop
Duration	1 hour
Ice Breaker	30 minutes
Expectations from the workshop and sharing the agenda	15 minutes
Sharing of workshop agenda	15 minutes
Suggested Method	Games, discussion
Materials and preparations required	Small slips of paper, or Post-its, Flip chart, marker, Pens and workshop agenda

Process

- Welcome the participants to the workshop and select one of the ice-breakers given below to get them to introduce themselves and know each other better.
- After the introduction distribute two slips of paper or post-its per participant and request each of them to note down two expectations from the workshop.
- Collect the filled post-its and collate the expectations on flipchart. The expectations may be grouped into 'knowledge sought' and 'skills sought'.
- Share the agenda of the training with the participants. Relate the expectations appropriately.
- Inform the participants that in order to create a facilitative learning atmosphere 'commonly agreed ground rules' need to be set and followed by the participants.
- As the participants suggest the ground rules, facilitator may list them on the chart.

Facilitator may add the missing points if any and display the same at the hall.

Ice Breakers

Ice Breakers are interactive and often fun sessions that can be used effectively before the main sessions to help participants get to know each other and the facilitators. These help participants in overcoming the inhibitions, opening up and feel closer to their fellow participants or bond quickly to work together. As a result, they become more inclined to participate with more enthusiasm and contribute to the training sessions.

The following is a list of some ice breakers that are used to introduce participants to each other and to facilitate conversation amongst the participants with instructions for conducting the same. Select any ice-breaker from this list or design your own ice-breaker which is appropriate for the participants' profile.



Adjectival names

Ask each participant to choose an adjective that begins with the first letter of their first name and one that really matches their personality. Let every participant repeat the previous adjectival names and add theirs.

The little known fact

Ask participants to share their name, department or role in the organization, length of service, and one little known fact about themselves. This “little known fact” becomes a humanising element that can help break down differences such as grade / status in future interaction.

Interviews

Ask participants to get into twos (have them pick a partner that they know the least about). Each person then interviews his or her partner for a set time while paired up. They need to learn about what each other likes about their job, past jobs, family life, hobbies, favorite sport, etc. After the interviews, reassemble the group and have each member introduce their team member to the rest of the group.

The talent show

Everyone selects one talent or special gift that they possess and can demonstrate for the group. Every member introduces him/herself explaining their special talent and then performing a small glimpse for the group.

Advertisement game

Cut as many as half the number of participants of print advertisements and tear them into two parts. Give a part to each participant. Allow participants mingle for five minutes and identify their partner who is having the remaining part of the advertisement. Ask them to know each other's name, skills etc. and introduce the partner to the group.

Three in common game

Divide participants into groups of 3s. Ask them to interact with each other and find out three things they have in common. But not normal things like age, sex or hair color. It must be three uncommon things for a set time. After the set time, they (as a group) introduce themselves to the groups sharing the three things they have in common.

Session 2: 'Outreach' the Backbone of TI Projects

Objective	<ul style="list-style-type: none"> To ensure participants understand the concept of outreach To help participants understand the components and principles of outreach To Initiate discussion on outreach planning, both micro and macro
Expected Outcome	<ul style="list-style-type: none"> Participants understand the concept of outreach for TI Projects Participants understand the different components of outreach as well as the key principles that are the basis of good outreach Participants get abroad understanding on the need for outreach planning at micro and macro levels
Duration	2:30 hours
Suggested Method	Group work, presentation and discussion
Materials/Preparation required	Power Point presentation, flipcharts and marker pens

Process

- The facilitator starts with a small game. One participant is asked to stretch her/his arms to the maximum. This is the 'outreach' of that one person.
- A second participant then stretches her/his hand touching the first person. This is continued by all participants, each one touching the other.
- The facilitator then explains to the participants that the purpose of outreach is to let no one go outside the protective circle, which includes all strategies for HIV prevention and it is they who are responsible for this outreach.
- The facilitator then undertakes a word association exercise. She/he writes the word 'Outreach' in the middle of a chart and ask participants to come up with words that they can think of when they hear this word. The facilitator notes the same on the chart paper.
- The facilitator adds words or prompts the group to try and come up with a comprehensive list to include keywords like KPs, BCC, Community, Risks, Vulnerability, ORW, PEs, Condoms, Information on STIs/ HIV/AIDS, IPC, Monitoring etc.
- The facilitator then tells the audience that this training programme will discuss most of these issues and more.
- She/he puts up this chart of words for all to see throughout the training programme as it serve as a reminder to all.
- The facilitator then moves on to discuss: Why is outreach important? What are its objectives and what are the expected Outcomes of good outreach?
- For this purpose s/he divides the participants into 3 groups and gives each group one question/issue for discussion:
 - What are the reasons for doing outreach? (Why is Outreach an important part of TI? Or more simply, why do we need to do Outreach? To address what issues?)
 - What are the important components of good Outreach?(What does the project



need to do good Outreach? Including manpower, commodities etc.)

- What are the key principles/qualities of good outreach?(What will make outreach effective? Including building trust with the community etc.)
 - Each group is given time to discuss this and then groups come back to make presentations in front of the larger group.
 - The facilitator summarises the discussion using the Power Point presentation.
 - For the project to achieve good outreach it needs to do outreach planning, thus, the facilitator initiates the topic of 'Outreach planning', at both micro and macro level. S/he discusses coverage at both levels i.e. key spots at macro level and critical networks at micro level.
 - The facilitator encourages the participants to state activities that need to be done under micro and macro level outreach planning and notes the same on a chart paper.
 - The facilitator summarises the discussion using the PowerPoint presentation stating that further discussion on outreach planning and the tools for planning will be discussed on subsequent days.
 - Show '**The Two Rohits film**' on outreach. How to be a good Outreach Worker. Sum up by generating the good qualities of an outreach worker.
- Key learning**
- An Outreach Worker ensures that the target population accesses TI project services to the KPs; ensure supply of risk reducing commodities like condoms and lubes by PEs.
 - PEs should motivate, understand and address the needs of the HRG community, and ensure risk reducing commodities to reach them on time.
 - The ORW should be a credible and trusted person from among the peers or trusted non-community members. He/She should be oriented to the community situation and its need.
 - The ORW must support the community of KPs so that they can reduce their risk and vulnerability focussing on the community will help in understanding how the programme is received and perceived by KPs.
 - The objective of Outreach Planning is to support PEs to reach out to 80%-100% of KPs on a regular basis (in a month) to prevent the spread of STIs and HIV.
 - In planning for outreach, it is important to know the size and location of the community members so that a high proportion of them can be reached.
 - Outreach is planned for both at the macro and micro levels. At the macro level, the number of KPs is estimated, important site, spots, service centres and key stakeholders are mapped initially. Once the intervention is underway, data analysis becomes important at the macro level so as to understand the trends.
 - At the micro level, the risk of each individual HRG is assessed and mapped. PEs maintain regular contacts, distribute and demonstrate condoms and solve barriers to condom use through discussion and community group support. ORWs provide referrals, follow up and provide support at the time of crisis or reduce their vulnerability and create a supportive environment.
 - Outreach programmes should be both efficient and effective. They should build accountability and responsibility toward the community and continuously reflect on the gaps and improve programming. PEs and community members should be given the opportunity to bring to attention the problems of outreach and services that the staff may not be able to recognize.
- (Handout Annexure-1 Outreach the backbone of TI projects may be provided as a reading material)**

Session 3: Importance of Community-led Outreach

Objective	<ul style="list-style-type: none"> To ensure participants understand the importance of Community-led Outreach To help participants enumerate the role of community in TI projects
Expected Outcome	<ul style="list-style-type: none"> Participants understand the importance and relevance of Community-led Outreach in TI programmes Participants enumerate the role of community members, especially Peer Educators in outreach planning, implementation and monitoring
Duration	1 hour 30 minutes
Suggested Method	Group work, presentation and discussion
Materials/Preparation required	Power Point Presentation, Flipcharts, marker pens, Situation Card (Case Study 1)

Process

- The facilitator starts the session with the 'knotty problem' game leading to discussion on the advantages and disadvantages of Community led Outreach.
 - She/he asks for 5 volunteers from the group of participants. These 5 volunteers are then asked to go outside the room so that they cannot hear the proceedings in the room.
 - The facilitator then gets the rest of the participants to join hands and form a circle. Then without letting go of each other's hands, she/he moves the people over, under and between each other to form a human knot. She/he ensures that no one leaves her/his hands.
 - She/he instructs the group that they need not say anything to the team of volunteers that will be coming in and will only follow instructions given by that team. But, at no cost should they unlock their hands.
 - Separately, the facilitators brief the volunteers outside informing them that they are the ORWs, Doctor preferred provider, PM of the project and they have to solve the problem posed inside i.e. to untie the knot.
 - The team of volunteers then goes in and tries and solves the problem in 5 minutes. In the meanwhile, the facilitator makes note of all the exchanges between the two teams.
- After 5 minutes are over the facilitator asks the team of volunteers to step aside and instructs the team holding hands to untie the knot without leaving their hands. And they surely will be able to do that on their own!
- The facilitator then discusses the following to wrap up the learnings from the game:
- Relevance of the exercise in understanding the need for involving the community to solve their problem.



Appreciating the existing knowledge of the community, believing that community can solve its own problems.

Use of words by the team of volunteers for e.g. We are here to solve your problem. "Listen to yourself" etc. thus, discussing why the problem could not be solved by external factors/agents.

Then, the facilitator generates a discussion on the advantages and disadvantages of Community-led Outreach.

By the end of this exercise the facilitator helps the group to come to consensus on the fact that Community-led Outreach is the most sustainable approach even though it has some drawbacks.

The facilitator then uses the case study (Listed below) to discuss Issues related to selection of Pes from Geographic and Social Networks-the advantages and disadvantages of each.

- She/he first reads out the case study to the participants.

Harish is a kothi who has been cruising in 'X' City for past 7 years. He is 26 years old. In his early years, he used to cruise from the bus stand with his friend Sonu. Over a period of time he developed a friendship with 15 other MSM who came to the same area. He comes from his area every day at 6 pm after work and remains here till 10.30 pm. He knows that there are around 25 to 30 MSM who also come to this bus stand. Some of them come in the morning hours (6 a.m. to 10 a.m.), some in the evening (6 p.m. to 10 p.m.) and some in the night (10 p.m. to 1 a.m.). Harish has seen many of them but not all are his close friends. He knows about 15 MSM who come to the bus stand at the same time as him i.e. (6 pm to 10.30 pm). Of the MSM who cruise at the same time as him, 5 are his

close friends and 10 are acquaintances. In last 7 years of working in City 'X', Harish has moved to different locations in the city, such as the railway station and the market, to meet partners due to various reasons. Over the years, Harish has cruised in the top 10 locations within the city. He has developed close friendships with 80 MSM in those locations (including 15 at the bus stand). He also knows 40 other MSM who operate in those locations regularly.

The SNA and spot analysis estimates 500 MSM in those 8 locations. These MSM are known to operate at different times. The project has developed a good rapport with Harish. Furthermore, he is willing to work as a PE since he understands that STI/HIV is a serious threat to the MSM community, especially to his friends whom he loves and is concerned about. The project staff recognises that Harish is an asset to the project. They are interested in involving him in the project. The staff has to decide on how to incorporate Harish into the project.

The project has two options:

Option One

Harish can be given a particular geographical area (1 or more locations) and he has to reach all the MSM who operate in that area and also identify new MSM. This would mean that he will have to build rapport with all the MSM in the assigned location, give them information and condoms and bring them to the clinic.

Option Two

He can be given the responsibility of reaching his close 15 friends on a regular basis whom he knows very well and has good rapport with in 10 different locations within the city.

The facilitator allows 5 minutes for each group to present their point of view, making note of the main points on a flipchart.

While summarising the debate, the facilitator makes sure the following is covered:

- Both networks are important to consider in selecting peers.
- Peer selection depends on the situation, and either or a combination of both the strategies may need to be used.
- In the early stage of the project, social network may be more efficient even though it is time consuming.
- The criteria for a good peer includes being of the same age group, same profile, having good rapport within the community, responsible, vocal and having knowledge about local issues and dynamics.
- The PE should ideally be selected with the consent of all community members, and if possible using a democratic voting system.
- Once all the social contacts of each peer/ volunteer is introduced to the project and the rapport is built by each peer with others in her group, the project should move to geographic networks.
- At times, depending on the situation, the project may have to use geo-social networks in order to ensure effective outreach.
- The project should decide which one to adapt and determine this based on the project needs and reach at that time.
- A PE should represent the community and so should ideally be a current MSM.
- He should have some basic qualities like commitment to the cause, willingness to learn, good communication skills and be accepted by the community.
- The facilitator summarises the session with the help of the Power Point presentation.

Key learning

- A Community – led response to HIV will help in achieving scale and coverage, assist in improving the quality of message and will provide sustainability in the community.
- Community-led Outreach can improve the quality of work by strengthening collective bargaining and can also act as a pressure group to maintain the quality of services.
- The programme can sustain as long as each member of the Community-led Outreach shares responsibility for consolidation and continuation of the intervention. They need to take the initiative in mobilising resources and in evolving innovative mechanisms to sustain the intervention.
- Peer-led Outreach is the most effective and sustainable tool for changing individual/ group behaviour.
- PEs help in building trust and in establishing credibility. They are a two way link between the project staff and the community. They provide important information from the community and help in reaching out to a large number of community members.
- PEs should be representative of the community, accepted by the community and should be familiar with the local context and setting. She/he should be sensitive to the values of the community.
- Apart from being accountable to the community, PEs should be good listeners, with good inter personal skills, tolerant and respectful of others' idea and behaviour.
- The core task of a PE is to identify new community members, meet each of her/his contacts at least once in 15 days, and build their skills in understanding and assessing high risk behaviour, condom use and negotiation, and identification of STIs.



- Usually under NACP-IV, for MSM interventions, one Peer Educator is considered for a maximum of 60 community members, while TG intervention one Peer Educator is considered for a maximum of 40 community members.
- Geographical networking is defined as networking/reaching MSM within a fixed geography.
- Using this concept, a Peer Educator is given the responsibility of reaching all the MSM that are operating in a particular geography irrespective of his/her rapport to relationship with them.
- In practical terms this means that the peer has to go and make friends with all the MSM in the particular spot {geography} irrespective of age, time of operation, etc. For this, he may have to work beyond his normal cruising/operating hours, make an effort to meet the community members or get introduced in another way.
- Social networking is defined as networking/reaching MSM within a social circuit
- Using this concept the Peer Educator/ community volunteer is given the responsibility of reaching out to his friends irrespective of a defined geographical area
- In practical terms this may mean that the Peer Educator may have to travel to a few spots, do his work and also work for the project. The project may have to appoint more than one peer in one spot/geography
- To strengthen Peer-led Outreach, ORWs should ensure the following:
 - Build the capacity of PEs to undertake various tasks
 - Convene regular weekly meetings to discuss performance, problem areas
 - Review data captured by the Pes
 - Help PEs provide field level information that will feed into programme planning

Session 4: Roles and Responsibilities of an Outreach Worker

Objective	<ul style="list-style-type: none"> To ensure participants understand the roles and responsibilities of an Outreach Worker (ORW) To help participants enumerate the skills/characteristics required in an ORW
Expected Outcome	<ul style="list-style-type: none"> Participants understand the responsibilities of an ORW and the role they play in an effective TI Projects Participants enumerate the skills/characteristics required by an ORW to be effective
Duration	1 hour
Suggested Method	Group work, Presentation and Discussion
Materials/Preparation required	Power Point presentation, Chart papers cut into small size (2 per participant), marker Pens, glue/Fevi stick

Process

The facilitator hands out 2 pre-cut small pieces of paper to each participant.

- She/he then asks each participant to write the following:
 - One ORW role/responsibility on one piece of paper and
 - One skill/characteristic that an ORW should possess on the second piece of paper.
- The facilitator needs to encourage the participants to think beyond the usual so as to ensure that varied roles, responsibilities and characteristics are covered. Participants should be reminded of the film shown the previous day that contrasted two distinct personalities and characteristic styles of Outreach Workers.

Participants are given 10 minutes to write.

- While each participant is writing, the facilitator puts up two large sheets of paper in the room. They are titled as 'ORW Roles/Responsibilities' and 'ORW Skills/Characteristics'.

After 10 minutes, the facilitator invites each participant to come up and stick their responses on the appropriately titled chart put across the room.

- Then, one by one, the facilitator reads aloud the roles/responsibilities the participants have noted. She/he encourages the participants to comment so that all agree with the role/responsibility readout.
- The facilitator then follows the same process for skills/characteristics of ORW.



- The facilitator then sums up the exercise making additions if required or summarises using the PowerPoint presentation.

Key learning

ORWs play an important role in the implementation of TI projects:

- They support and supervise PEs in planning activities and outreach.
- They also co-ordinate activities between them.
- They monitor the services provided to KPs.
- They galvanise support and resources in conducting events and programmes in the community.

They understand the problems related to performance of PEs and solve these with support from Programme Managers/SACS/TSU officers.

- They establish a system of regular contact with secondary stakeholders.
- They also visit the hotspots on a regular basis and provide field-support to the PEs.
- They disseminate information about sexual health and social welfare of the community.
- They collect data and consolidate the same from the field.

An ORW should be non-judgmental and willing to work with KPs. She/he should have experience of working with HRG populations.

An ORW should be able to understand the community mobilization process, have strong facilitation skills and understand the local language/s.

(Refer to the Annexure-2 on Role of ORW)

Session 5: Coordination with other TI Staff in Project

Objective	<ul style="list-style-type: none"> To stimulate participants to acquire and use a simple metaphor for the characteristics of effective teams and to value group effort To help participants understand the roles and responsibilities of TI functionaries
Expected Outcome	<ul style="list-style-type: none"> Participants understand the characteristics of good teams through an association game Participants identify job responsibilities of other personnel in the TI project
Duration	1 hour
Suggested Method	Game, group work, presentation and discussion
Materials/Preparation required	Charts, Power Point presentation, Flipchart, marker pens

Process

- The facilitator divides the participants to form five groups.
- She/he then gives each group one position of a TI: Program Manager, Counsellor/ANM, and Peer Educator, Doctor/Preferred Provider and Accountant cum M&E officer.
- The facilitator then asks each group to list on a chart paper the roles and responsibilities of the TI position that they were assigned for group discussion.
- Each group then makes a presentation to the larger forum.
- The facilitator then summarises the session using the Power Point presentation, emphasizing on the learnings of working as a team to achieve project goals.
- he designs and implements TI and ensures overall service delivery for the community.
- The PM designs and develops the project management plan and ensures cost effective implementation of the same.
- It is again the PM who develops the MIS to cover various aspects of TI. She/he monitors performance with appropriate checks and balances.
- The PM understands the needs of a project team and co-ordinates with the TSU, SACS, NGOs etc for quality training and capacity building.
- She/he develops the work plan for ORWs and ANM/Counsellors for the quarterly requirements of the project, and conducts regular meetings with team members to identify shortfalls on essential commodities and evolve a plan of action.
- The PM maintains relationships with key stakeholders involved in the HRG network, and undertakes regular review of the performance of the TI projects with the project staff as well as with other stakeholders.

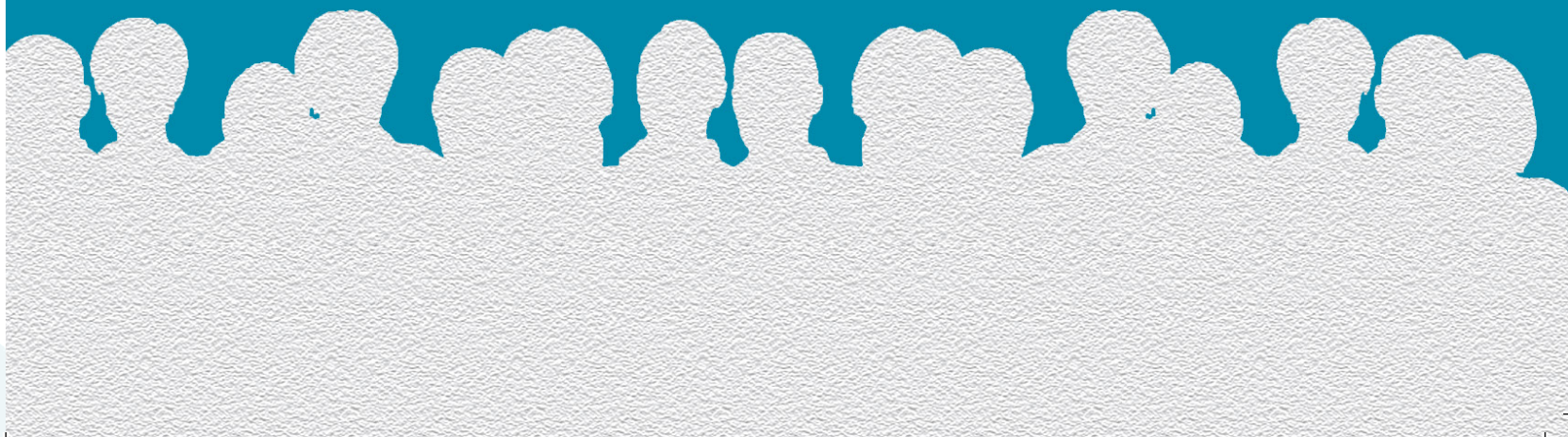
Key learning

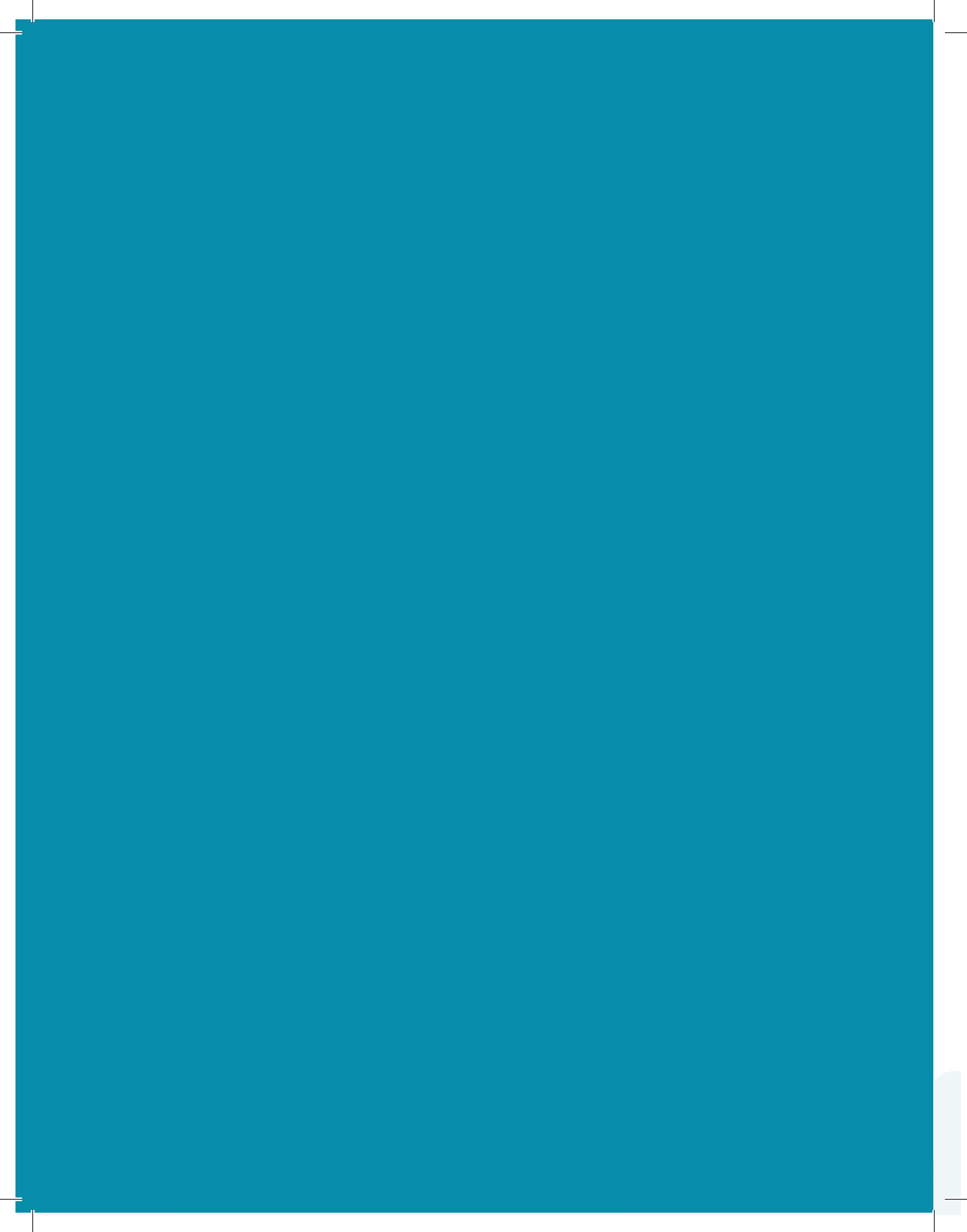
- A Programme Manager (PM) builds and leads a project team by assisting and motivating through participative management. She/



- He/ She undertakes field visits and attends hotspot level meetings to understand and facilitate problem solving for effective implementation.
- Counsellors provide preventive counselling services to the KPs. The counselling helps them to understand and perceive their risks, understand the vulnerability associated with the sexual and social network, understand and facilitate practice of safer sex and safe injecting. The counsellor also builds a network with STI clinics, ICTCs, ART centres etc. and is a part of the continuum of care and support services.
- The counsellor empowers clients to adopt new safer sexual behaviours and maintain health seeking behaviour, helps in addressing conflicts, and handles crisis situations; he/she also builds the skills for correct condom use, condom negotiation with clients and provides positive prevention and follow up counselling to the HIV infected community.
- A Doctor I Preferred Provider (part-time) provides treatment to the KPs. After taking the patient's history, the Doctor I Preferred Provider advises on investigations and referrals; she/he motivates a patient for follow-up and partner notification.
- The Doctor I Preferred Provider participates in the Clinic Management Committee and incorporates the community's feedback in providing clinical services.
- He/She provides feedback on different types of STIs prevalent among the target population, the issues related to drug adherence as well as effective means of networking with fellow health care providers in the area
- A Peer Educator conducts Behaviour Change Communication (BCC)/ Dialogue-based IPC sessions and advocacy with community members and known power structures like police and brothel madams.
- It is the PE who provides condoms to KPs. She/he facilitates and replenishes condom depots in the project area and mobilizes KPs for project related activities; the PEs maintain the DIC and also ensure compliance of treatment of STI cases.
- A PE co-ordinates with the ORW in creating appropriate strategies and advocacy for successful implementation of TI projects, and presents daily reports to the ORW.
- An Accountant cum M & E officer maintains accounts as per the standard accounting practices; maintaining transparency, she/he ensures adequate support and cross references of each transaction that has taken place.
- An Accountant cum M & E officer verifies payments, payee details and correct expenditures, and ensures all cash advances and vouchers are attached with supporting documents of original bills.
- He/ She compiles and shares information related to TI performance with SACS.
- He/She prepares analytical reports concerned with different components of the TI Projects to provide feedback on the performance of the intervention.

Day 2





Session 1: Planning Outreach

Objective	<ul style="list-style-type: none"> To ensure participants understand the need for and importance of using different tools to plan outreach To help participants get hands-on training on using specific tools for outreach planning
Expected Outcome	<ul style="list-style-type: none"> Participants understand the different tools used to plan outreach Participants learn to use the outreach planning tools
Duration	1 hour 45 minutes
Suggested Method	Group work and discussion
Materials and preparations required	Power Point presentation, Flipcharts, marker pens

Process

Note: Ideally, for the sessions on this day the facilitator should get in a group of community members who could act as key informants while the participants practice using the planning tools.

- The facilitator starts the session by taking the participants back to Session 2 of Day 1: Outreach as the backbone of TI projects.
- She/he helps participants recall the expected Outcome of Outreach planning - both micro and macro(if required, she/he recaps with the use of the slide in the PowerPoint presentation for that session or makes note of the participants responses).The main points for recap are that outreach planning leads to:
 - Maximising effective and efficient coverage
 - Building capacity and empowering peers/ mobilisers to plan for their site
 - Building accountability and responsibility of the peers/mobilizers towards the community
 - Continuously reflecting on the gaps and improving programming at the micro and macro levels
- The facilitator then uses the Power Point presentation for this session to provide the participants with an overview of the various tools used in outreach.
- She/he divides the participants into smaller groups so that they can practice exercises for each tool. She/he ensures that each participant group has 2-3 community members as key informants.
- The facilitator then makes use of the tools (Reference at the end of the session).
- For each tool, the facilitator starts by explaining the objective, frequency and the process to be followed in using the tool.
- After the brief, the facilitator encourages the groups to question the key informants and complete that tool. The participants can use flipcharts and marker pens for the same.
- After completing each tool one of the groups is encouraged to make a presentation to the larger group.



- The facilitator encourages discussions on:
 - What was the process followed by the group?
 - What is the Outcome of the exercise?
 - How does this exercise help in planning outreach?
 - What are the common mistakes while completing this tool?
 - What consequences do these mistakes have?
- The facilitator follows the same process for each tool.

Tool 1

Spot Analysis

Aim: Compile information collected during urban situation and needs assessment related to high risk spot/hotspot in project areas to facilitate planning.

Frequency: Every six months since ground realities may change

Guidelines

The following spot-specific information should be available to develop a plan for the spot:

- **Volume of sex acts:** high volume (more than 10 sex acts/week), medium volume (5-9 sex acts/ week), low volume (less than 4 sex acts/week)
- **Typology of MSM:** Kothi, Pathi, Double Decker
- **Age of MSM:** below 20 years, 20-40 years, above 40 years
- **Time of operation:** morning (6am -10am), afternoon (10am -2pm), evening (2pm -8pm) and night (8pm -6am)

- **Frequency of operation:** daily, weekly, monthly, seasonal.

The following should be kept in mind:

- **Volume of sex acts:** Planning should ensure that MSM with higher volume of clients are reached as a priority.
- **Typology:** Planning should include typology of MSM and needs to be specific to each type. Outreach workers can work with them directly or can reach them through network operators.
- **Age –MSM** needs differ with respect to age, therefore planning should address that.
- **Time/day of operation:** Understanding the time and day of operation will help plan outreach with respect to those times. For example, there are certain days in a month, like festival days, when more MSM come to a particular spot such as a market. During those days of the month, outreach needs to be strengthened. Similarly, evenings and nights may be very busy in certain spots. Hence, the project needs to ensure that outreach is planned during those times of the day.
- **Volume of client:** Planning should ensure that MSM with higher volume of clients are reached as a priority.

Distribute Handout of Spot Analysis tool for practice sessions to the participants.

Note: During this workshop, analysis of only one spot/group can be done due to time constraints. Make sure that, by end of the day, participants plan and develop a time line to complete this exercise for all spots. This analysis can be adapted for understanding characteristics of each location, each town, each site as well as each district.

Refer to Annexure-3 Spot Analysis Tool

Session 2: Planning Outreach

Objective	<ul style="list-style-type: none"> Map all the MSMs in each spot and plan for outreach based on the contacts established by PE.
Expected Outcome	<ul style="list-style-type: none"> Participants would be equipped with skills to list the PE wise contacts of respective area.
Frequency	<ul style="list-style-type: none"> Every six months to ensure both new and continuing MSM in each spot are being reached.
Duration	1 hour
Suggested Method	Group work
Materials and preparations required	Handouts, markers

Process

- The Facilitator divides the participants into four-five groups.
- Instruct them to draw a map of the town and mark all the locations (including landmarks) and spots in the map. Write the number of MSMs in each spot.
- Give a colour code to each of the ORWs and PEs.
- Using different colour codes, mark the number of MSMs each ORW and PE knows in the spot.
- Then for each spot list the names of contacts- PE and ORW wise.
- Colour code the contacts that are common in more than one list to eliminate duplication.

Discuss the following

- In which spot are the contacts limited?
- Where is outreach not happening? How do we increase outreach?
- Who are the contacts in each spot? Who is the project not reaching?

Remember

- Contacts may not be mutually exclusive-the same.
- Community member may be counted twice.
- Both geographic and social networks of PEs play an important role in planning for outreach.



Tool 2

Contact Mapping

District:		Targeted Intervention(TI)area:		Name of Town:	
Estimated Number of MSM in the town:		Contacted Number of MSM in the town:			
Sr.	Name of Spot	PE1 Number of Contacts	PE2 Number of Contacts	PE3 Number of Contacts	PE4 Number of Contacts
1					
2					
3					
4					
5					
6					
7					
8					

Session 3: Planning Outreach-Hotspot Load Mapping

Objective	<ul style="list-style-type: none"> Understand the gap between estimates of MSM, the number of unique contacts and the number of regular contacts by studying the MSMs load in a day, a week and a month in different hotspots. Obtain information on the potential regular contacts: the potential number of MSMs in a Targeted Intervention(TI) are a team can contact in a month.
Expected Outcome	<ul style="list-style-type: none"> Participants understand site wise load and get equipped to make outreach plans to improve coverage and regular contacts.
Duration	1 hour
Suggested Method	Presentation and Group Discussion
Materials and preparations required	Power Point presentation, Charts and markers

Process

- Divide the participants into four-five groups and suggest them to follow the instructions.
- Draw a map of the Targeted Intervention (TI) area clearly depicting the MSM hotspots/ cruising sites (the hotspots at which MSMs pickup/solicit their clients)in the Targeted Intervention (TI) area. Colour code the hotspots based on typology such as Kothi, Double Decker and etc.,
- Write down besides each hotspot, the number of MSM who are always available on a normal day. Next write the number of MSM available at these hotspots in a week.
- Make note of any specific days in a week when the number of MSM available peaks and reasons for the same eg. More MSM are available on a market day.
- Once the above exercise is done, mark the number of MSM available in these hotspots. On a monthly basis and specific days in a month where the turnover is high and the reasons for the same e.g. More MSM are available on pay day, festival day, Sunday.
- Add the daily, weekly and monthly turn over in all the hotspots and draw up a picture of MSM turn over in a Targeted Intervention (TI) area.
- Compare these figures with their estimate, unique contact and regular contact figures for these hot spots and analyse the following:
 - Are the total MSM available in these hotspots/Targeted Intervention (TI) area more or less than the unique contact and regular contact? Why?
 - Is high weekly and monthly turn over linked with any specific typology of Kothi e.g. is there high turnover seen in mostly street based Kothi? Why?
 - Are the MSM from outside the area?
 - Are there specific hotspots where unique contact and regular contact is less than monthly turnover? Why?

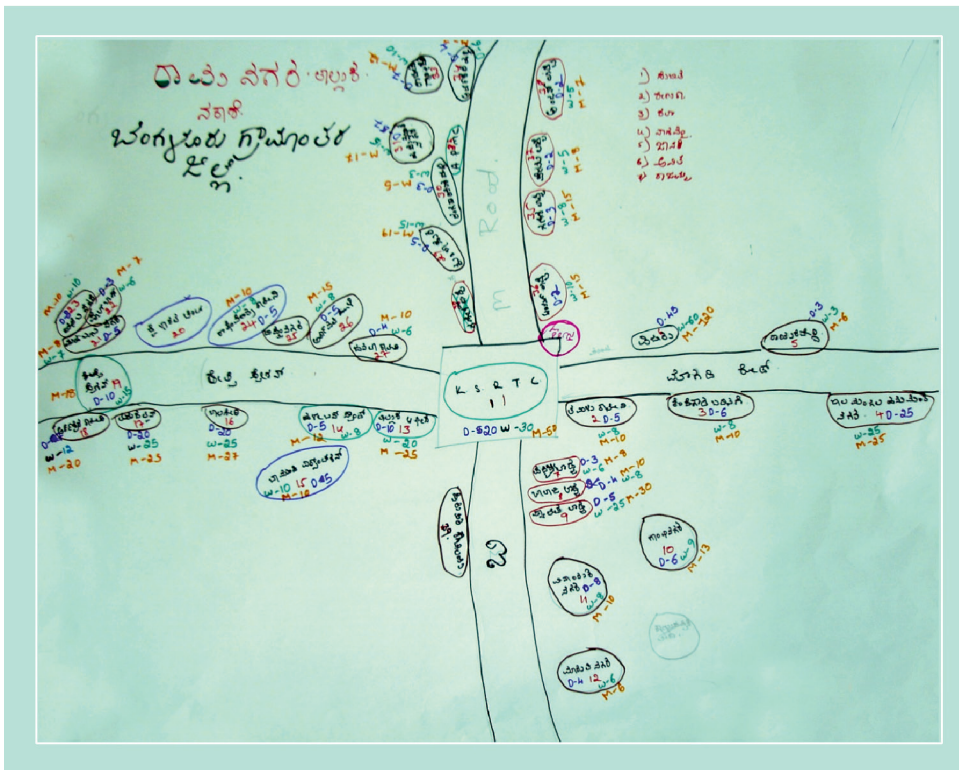


- Which are the hotspots and typology of MSM that need focused outreach in the Targeted Intervention(TI) area? Who(outreach team)

is responsible for these specific hotspots? What should they do to improve outreach to ensure higher contacts?

Hotspot Load Mapping

Date:



Session 4: Implementing Outreach

Objective	<ul style="list-style-type: none"> To ensure participants understand the need for, and importance of using different tools to implement outreach To help participants get hands-on training in using specific tools for outreach implementation
Expected Outcome	<ul style="list-style-type: none"> Participants understand the different tools used to implement outreach Participants get equipped to implement outreach planning tools
Duration	1 hour
Suggested Method	Group work, discussion
Materials and preparations required	Rope, Power Point presentation, Flip charts, marker pens, Situation card (Case study)

Process

Note: In this session the facilitator needs to follow the same process as that followed in the previous session. The facilitator can continue with the same groups or change the groups to enrich the discussion and get different points of view.

- The facilitator starts the session with a game illustrating the benefits of working together.
- She/he first divides the participants into two equal groups.
- Then, the facilitator asks the two groups to stand and hold opposite ends of the rope.
- The facilitator then marks a line in the middle of the area, and asks each group to try and pull the other over the line.
- The teams start pulling each other on the word 'go' till one team falls over the dividing

line. This is a classic tug-of-war game, but with a twist.

- Next, the facilitator asks the participants to sit in a circle on the floor or ground.
- She/he ties the same rope in a circle and asks each participant to hold the edge of the rope while they are sitting.
- Then, the facilitator encourages the participants to pull together on the rope so that they can all stand up.
- Discuss the following:
 - What was the process and Outcome of the two exercises?
 - What were the differences?
 - Can we connect this in our working environment? Especially stress on the need to work with the community to solve a problem rather than getting into a tug-of-war situation with the community.



Session 5: Field Visit

Objective	<ul style="list-style-type: none">• To help participants apply the outreach and planning tools learnt in the previous session.• To encourage participants to understand the different challenges that are encountered in the field.
Expected Outcome	<ul style="list-style-type: none">• Participants would obtain a first-hand exposure to the field and understand the different components of TI Projects• Participants would understand the challenges in planning, implementing and monitoring of TIs in the field and strategies to deal with these challenges• Participants will understand the TI deliverables in the implementation/field context
Duration	3 hour
Suggested Method	Field visit, presentation and discussion
Materials and preparations required	Transport arrangements, Handouts of B forms, Charts and markers

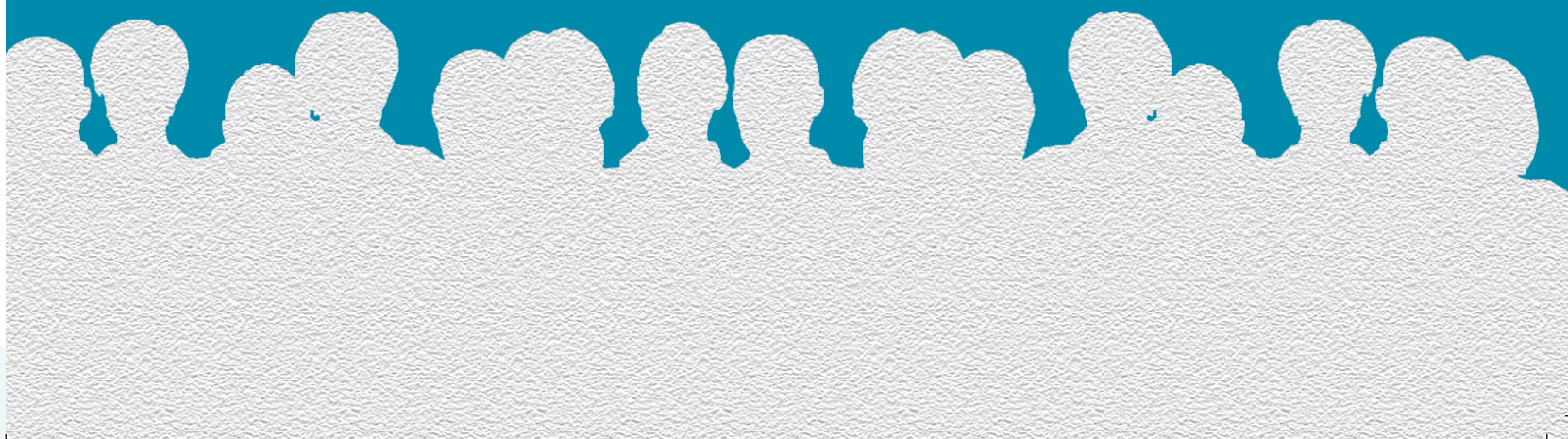
Process

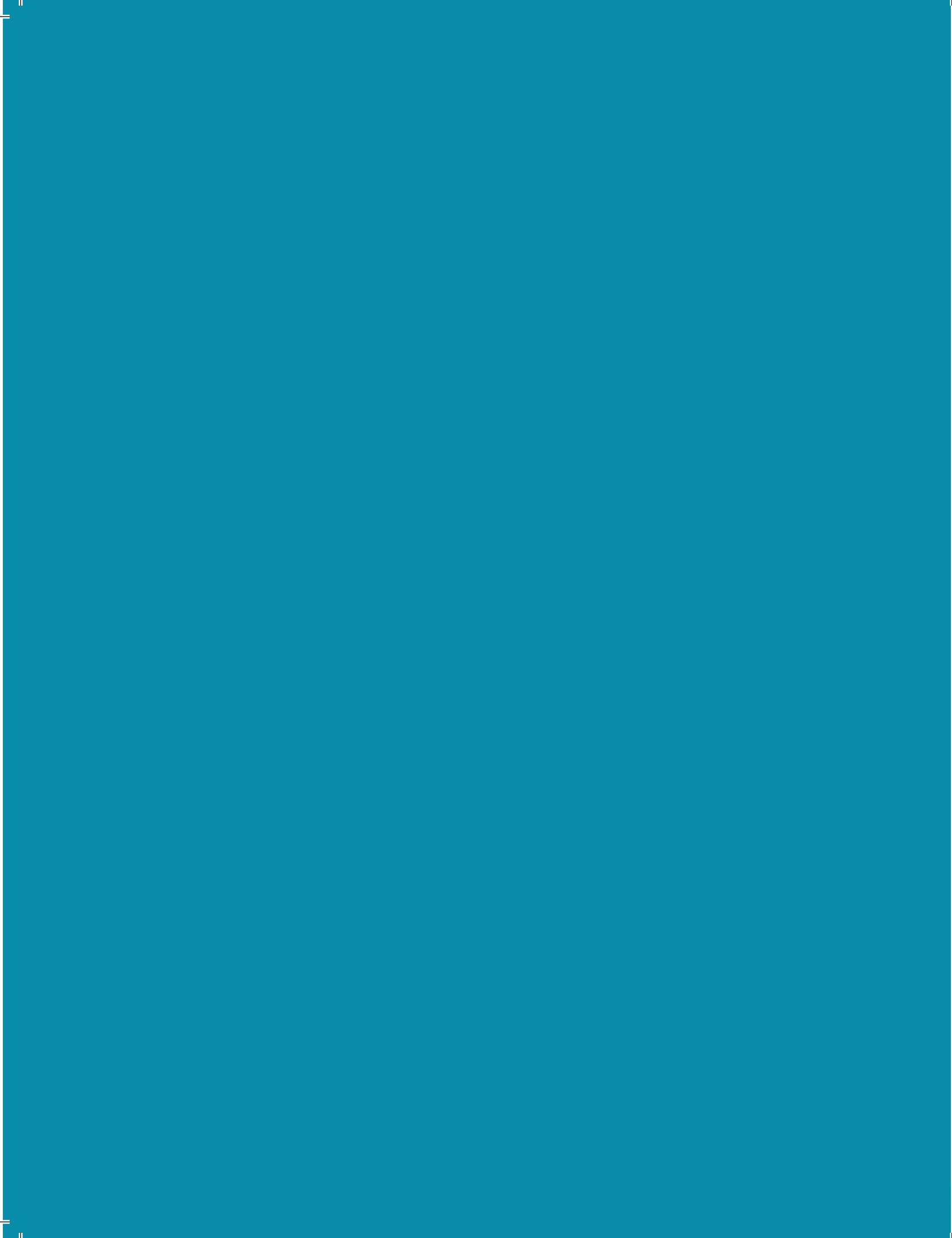
The facilitator divides the participants to form four groups.

- Each group will visit one TI Project/Site where they will also hold discussions with the community with the accompanied support of the hosting TI.
- Each group will be led by a facilitator/Senior ORW of hosting organisation for guided discussion with the community.
- The key topics for discussion should be:
 - Two groups may be given to gather all the information required for generating Spot Analysis tool.
 - Two groups may be given to interact with the community in the given site and understand services provided to them.
- The field visit will be followed by a detailed presentations of the assignment. A detailed discussion and reflection may be done with the other participants. Depending upon time availability, the session of shared experiences and learnings could either take place the same evening or the next morning.
- Facilitator may be flexible in assigning tools for applying during the field visit. Facilitator should give adequate time for sharing field experiences and learnings.
- Facilitator may sum up the session after clarifying all the questions of the participants.

Services include information to create demand for services like ICTC, Clinic visit, condoms and Referrals etc may be provided and the work done may be documented.

Day 3





Session 1: Monitoring Outreach

Objective	<ul style="list-style-type: none"> To ensure participants understand the need for and importance of using different tools to monitor outreach To help participants get hands-on training on using specific tools for outreach monitoring To understand the importance of TI deliverables and their relevance with outreach activities(e.g. converting new contacts to regular contact, further converting regular contact for regular check-up, use of condoms and ICTC visits resulting in fall in STI prevalence and Increase in use of condoms)
Expected Outcome	<ul style="list-style-type: none"> To create an understanding among the community and Outreach Workers on the importance of monitoring and its value in risk reduction Participants understand the different tools used to monitor outreach Participants get trained on the outreach monitoring tool 'Opportunity Gap Analysis'
Duration	1 hour 30 minutes
Suggested Method	Group work, Discussion
Materials required	Flip charts, marker pens

Process

Note: This session is a continuation of the previous day where the participants understood and received hands-on training on outreach planning and Implementation tools. Part 1 will have community members act as key informants. Part 2 is solely for the participants.

- The facilitator starts by telling the participants that this session will include two parts:
 - Part 1 will focus on the various participatory tools that can be used for monitoring a project
 - Part 2 will focus on the monitoring formats to be used by the outreach team of a project

Opportunity Gap Analysis Tool

- Explain the objective of the tool i.e: Analyse spot-wise "opportunity gaps".

Frequency: Every quarter in every spot to analyse and understand what is being achieved and what is not and revise plans accordingly.

Guidelines:

- Various outreach processes (contacts, registration, STI treatment) take place in the field. However during these processes in the field there are drop outs and that is what is called opportunity gaps". Explain the description of each of the indicator (Reference at the end of the session)



- Analysis to be done for district, Targeted Intervention (TI) area and spot.
- Make note of the status of each indicator in the opportunity gap analysis framework.
- For each indicator identify the gap and reasons for those gaps, making note of next steps to address the gap.
- Gaps may be due to either internal or external factors:
 - Internal factors: Where project has direct control, as in work timing of ORWs and PEs.
 - External factors: Factors not in the control of the project like mobility of MSM on daily basis.
- Other indicators that can be included are number of community members that have faced crises, number of community members who have received support from the project for these crises, number of community members who have received entitlements and have had their non-HIV needs addressed.

Example of Opportunity Gap Analysis Tool

Activities	Status	Opportunity Gaps	Reasons		What should we do?
			Internal	External	
Estimate	218				
Contact	218				
Registration	139		Lack of rapport with t79 MSM	Low volume MSM Fear of identification HRG come to town only once in 15 days	Understand the time when these come and plan accordingly Build their trust by contacting them through other ex-workers or stakeholders
Regular Contact	105	34	Have not been able to generate interest	Higher mobility of MSM Few MSM come only once in a month	Link up with other services in the taluk so that women can be offered varied services Reach through their social networks
STI Treatment	47	58	Referral clinic is new Clinic is available only on fixed days Lack of trust in the project	No symptoms MSM drink alcohol	Build trust through peers Inform the MSM about advantages of check-ups
Follow-Up	12	46	Importance of follow-up not communicated properly Staff did not have clear guidance on follow-up	MSM are mobile	Provide counselling about follow-up to along with treatment Motivate doctors to advise follow-up Continuously remind MSM about clinic day

Activities	Status	Opportunity Gaps	Reasons		What should we do?
			Internal	External	
Regular Health Check-Up	0	46	Communication gap with NGO. This service has not been started		

Facilitator may allow the participants to practice working on the tool.

Key lessons: Opportunity Gap Analysis tool helps to understand the gaps in service uptake and identifies the internal and external reasons

for the gaps in service uptake. Further the tool also helps in identifying possible strategies to minimize the gaps. The frequency can be flexible and can be done PE wise, ORW wise, TI wise, Site wise on a monthly 2 / quarterly basis.

Description of Indicators

Contact	Identification of MSM. Purposeful interaction with the HRG.
Registration with the project	After building rapport with the MSM, the MSM is registered by filling the registration form. This provides his/her a number and makes it easy for the project to track outreach provided to her. Registration process can be completed normally in 1-8 contacts by the PE/ORW in the field.
Regular contact	A MSM is receiving education regularly (once every 15 days), over a period of one year or until the MSM is no longer in that location (total 24 interactions a year). The outreach worker / PE to ensure that MSM is receiving condoms for all sex encounters of her estimated/demand reported client interaction. Condom distribution is accompanied by demonstration and training in negotiation skills. ORW to ensure that each MSM has been capacitated with negotiation skills.
Referral to clinic for STI related services	<p>Referral is done by Outreach Workers or peer. Referral should include STI information, condom information and demonstration and distribution of at least four condoms. Address of a clinic should also be shared.</p> <p>The doctor provides syndromic case treatment for STIs. STI treatment includes understanding the symptoms of the MSM, clinical examination, prescription/distribution of drugs to MSM and partner notification/ treatment.</p> <p>STI treatment also includes risk assessment and risk reduction counselling, condom demonstration and distribution. Either the doctor or the counsellor can provide counselling.</p> <p>Referral to the clinic needs to be done whenever a MSM has a symptom. Every 6 months, the MSM is referred for presumptive treatment.</p>
Follow up	MSM who have been treated in the clinic need to be followed up at home or clinic within one week.
Regular health check-up	<p>MSM receiving STI/health care services every three months from the program clinic or through referral doctors (aiming for four check-ups in a year).</p> <p>The objective is to promote regular health seeking behaviour among MSM. She should be referred every quarter even if she does not have symptoms.</p> <p>Mention about Proctoscopy</p>



Session 2: Preferential Ranking

Objective	<ul style="list-style-type: none">Identify the reasons for gaps in regular contact and clinic attendance/HIV testing and prioritise the same
Expected Outcome	<ul style="list-style-type: none">Participants will be equipped with the skill to prioritise the reasons for service gaps and identify suitable strategies
Duration	1 hour
Suggested Method	Group Work and Discussion
Materials required	markers and Charts

Process

- List the reasons why MSM in the town do not access clinical services. Pictorially depict the reasons on a flash card.
- Prioritise the reasons and select the five most important reasons for low clinic attendance/HIV testing.
- Do a preference ranking of each of these four to five reasons and prioritise the most

important reason that does not allow the community to access clinic/testing.

Discuss the following

- What are the most important reasons for MSM not coming to the clinic?
- What are the plans to address these reasons?
- How would outreach or services change based on this exercise?

Preference Ranking Tool

Reason why the community are not able to visit clinic/testing centre	Reason-1	Reason-2	Reason-3	Reason-4
Reason-1				
Reason-2				
Reason-3				
Reason-4				

Session 3: Seasonality Mapping

Objective	To understand peaks and troughs of MSM at a given place in a year and its impact on outreach planning.
Expected Outcome	The participants, through a seasonality map, attempt to understand the peaks and troughs in MSM based on typology in a taluk and reasons for the same. They learn to plan outreach based on this seasonal variation.
Duration	1 hour
Method	Presentation and discussion
Materials required	Pens, chart paper

Process

- Facilitator informs the participants that in this exercise they will attempt to understand how the sex work scene changes in a year in their town.
- Divide the participants into site-wise group and start by asking them which month of the year maximum number of MSM in the town. Ask the participants to have a group discussion and finalise the month/s.
- Next ask them to write the approximate number of MSM in those high and low months and the reasons for the same.
- Then identify the next busiest or peak month, the number of MSM and the reasons. Document results. Similarly continue doing this exercise for all the months in a year.
- Make sure that the discussions are intensive and all the participants are involved. Make the exercise visual by using chart paper, colour pens, etc.
- Finally, when the seasonal calendar is complete, verify the results with the participants to ensure that everybody agrees with what the calendar depicts.

Ask the group the following questions:

- During peak months do we find MSM from other towns coming to our town?
- Is the peak season specific to our site or is it valid in other sites, also?
- In the low season, do the MSM stop activity or do they migrate to other towns?
- How does our outreach plan change based on these seasonal variations?

Note: The seasonal calendar can also be done for a month or even a week to understand the peaks and troughs in a given period. Pay close attention to how the participants understand the different months in a year. Sometimes the participants may be more familiar with seasons in a year or different festivals in a year. In that case ask them to follow that calendar. Ensure that you check the peaks and troughs based on festivals, specific events, etc. A seasonality diagram can be also done to understand seasonal variations in other factors such as, STIs or police violence.



Session 4: Force Field Analysis

Objective	<ul style="list-style-type: none">To understand the reasons for gaps in contact and regular contact, and plan outreach to reduce the gap.
Expected Outcome	<ul style="list-style-type: none">The participants through this exercise analyse the reasons for gaps in contact and regular contact, and develop plans to address these reasons.
Duration	1 hour
Suggested Method	Group Discussion
Materials required	Pens and chart paper

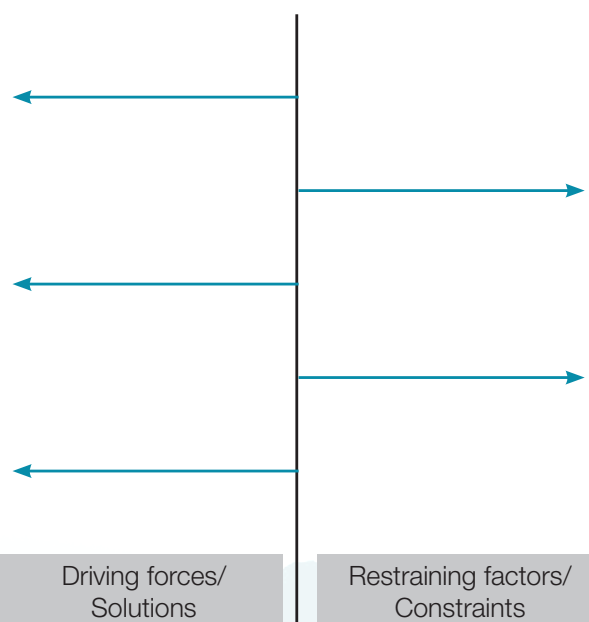
Process

- Divide the participants into Block wise groups and ask each group to identify the reasons for the difference between the unique contacts and regular contacts.
- Ask each group to pictorially depict these reasons in small charts.
- Ask the participants to rank the reasons in order of priority. Ensure that the participants enter into a lively debate and everyone participates.
- Once these reasons or constraints are identified ask the participants for ways in which these constraints can be overcome.
- Ask them to go through each constraining factor and ask the participants to list down ways to overcome each of the constraints. Discuss with the participants the various ways listed out to overcome constraints and the ways that are easily do-able.
- Finally compile all results on a chart paper and check with the group for any disagreements.
- Ask the groups to present their discussions and ask the following questions:
 - Were they aware of these constraints and the ways to overcome them?
 - How will this knowledge help them in planning outreach?

Note: This is a technique to identify and analyse the forces that restrain and facilitate a particular situation, process or Outcomes. The assumption is that for a given situation, there will be restraining factors and similarly there will also be factors that help improve the situation. When it comes to finding reasons for opportunity gaps, this exercise can be used at all levels of gaps.

Force Field Analysis

Name of the Site: Block: Date:



Session 5: Condom Accessibility and Availability Mapping

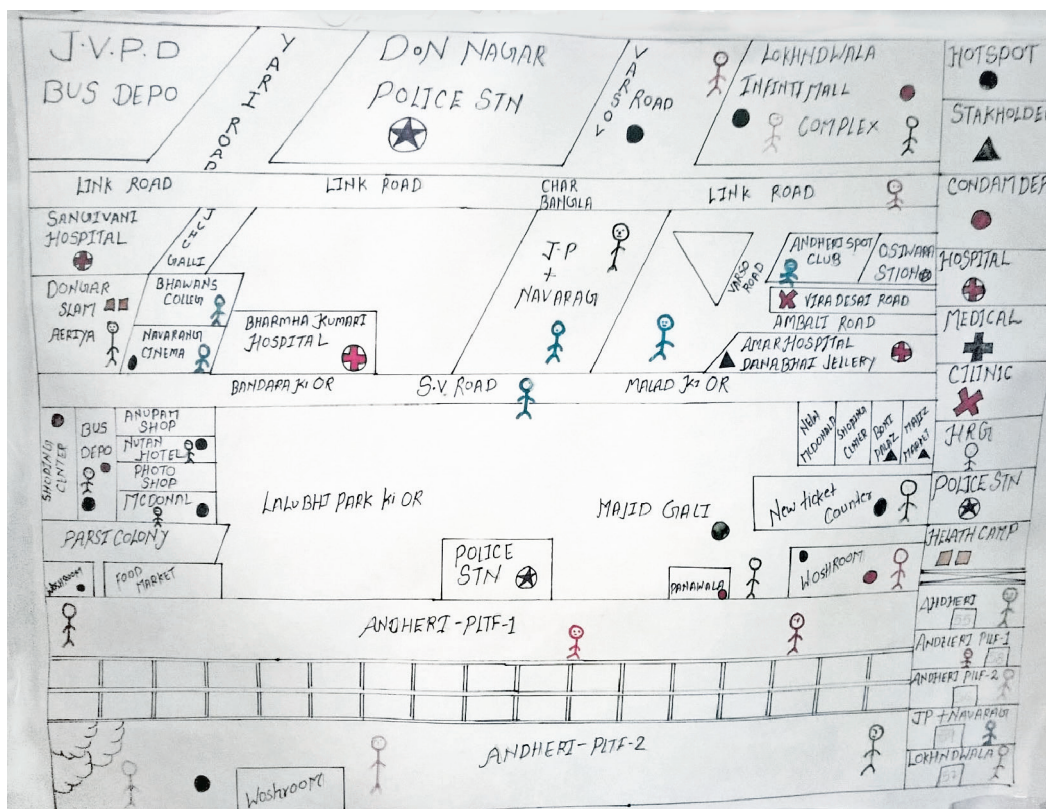
Objective	To map the condom availability points and to understand if they are easily accessible to MSM population.
Expected Outcome	The participants by using maps identify the condom availability points and analyse its accessibility to MSM population.
Duration	1 hour
Suggested method	Group Work
Materials required	Marker pens

Process

- Begin by discussing with the participants the importance of condoms to prevent HIV. Also discuss that in condom programming the first priority is to make condoms accessible and available and that this exercise is meant to do so.
- Ask the participants to mark all the places where MSM meet their partners. Also ask the participants where the sexual act takes place. Mark all these places on the map using bindis of two different colour: one to indicate sites where solicitation takes place and the other to indicate sites where the actual sexual act takes place.
- Then ask the participants to discuss and understand each site to see when it is active (soliciting and cruising) and at what time of the day. Mark with colour depicting the site as active either only in the day or at night or both the times.
- Then ask the participants to mark the condom depots in the map symbolically to indicate whether the depots are function during the day or at night or round the clock.
- Once the map is complete ask the following questions:
 - Are there condoms depots in all the sites where soliciting or sex takes place? If not what are the reasons? Do the sites, e.g. meeting spots under bridges, religious places, movie theatre halls, which do not have depots, prefer direct distribution?
 - Do all the sites that are active during the day or night or round the clock have condom depots that are open at the same time as the sites are active?
 - Are condom depots accessible to MSM?
- Conclude by stating the importance of access to condoms at the right time and place. Draw up a plan to fill the gaps if any.



Image of Condom Accessibility and Availability Map



Session 6: Peer Mapping

Objective	To understand the nature of outreach done by PEs with the MSM they work with.
Expected Outcome	The participants would understand and learn to analyse the outreach with MSM that they are accountable for.
Duration	1 hour
Suggested method	Group work
Materials required	Charts and pens

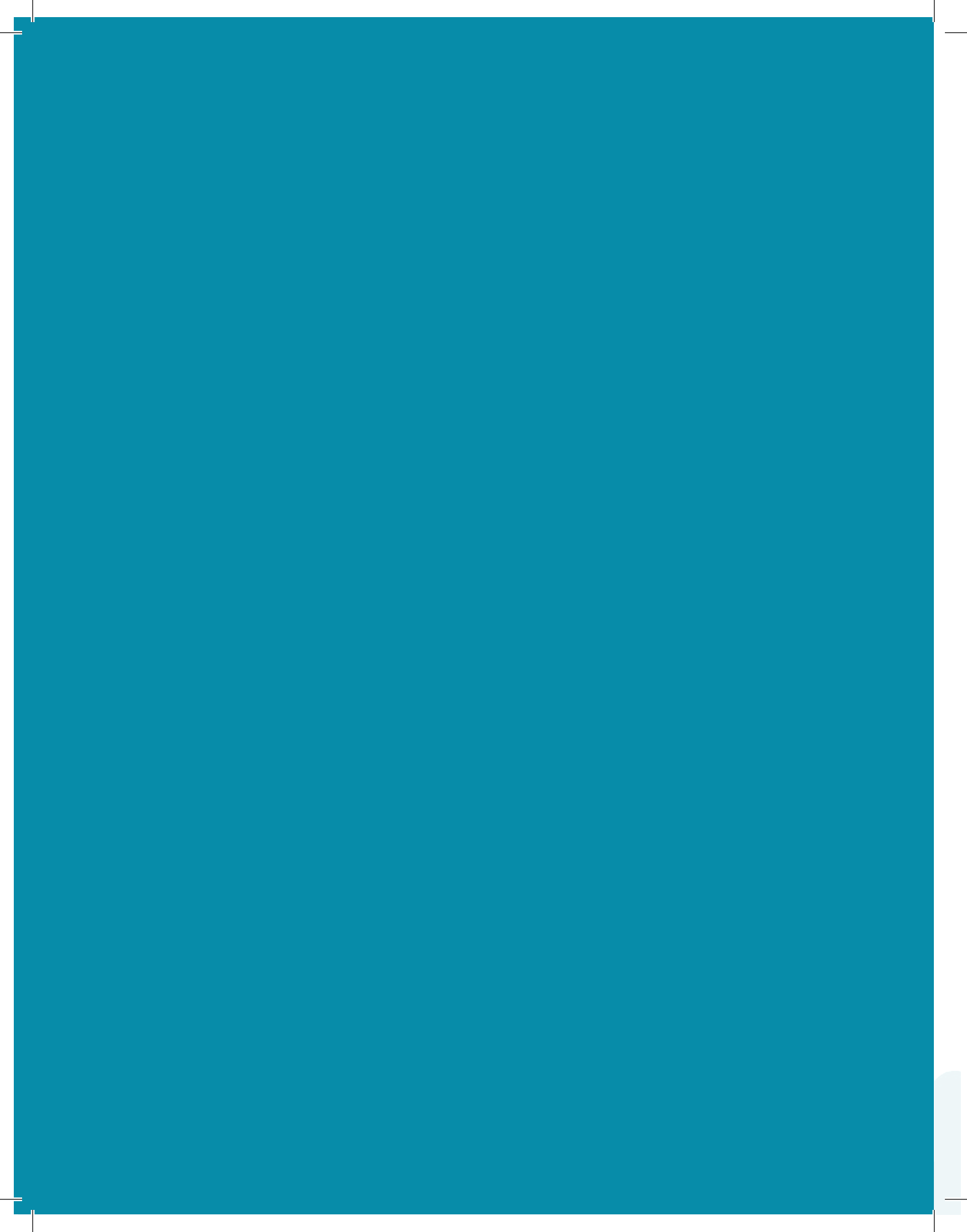
Process

- Ask the peers to map the sites in the town where they work and meet their community members.
- In these sites ask the PEs to map the MSM that they are accountable for. Ask them to depict the high volume, medium volume and low volume MSM population in these sites using different colour codes.
- Now ask the PEs to indicate the number of times each of them met the MSM they are working with, in the last month.
- Then ask each of them how many condoms were distributed to each of the MSM contacted.
- Also ask each PE to mark the condom outlet boxes in these sites.
- Now ask each of the PE to analyse the map by answering the following questions:
 - In the previous month, did the peer meet all MSM that he is working with? If not, why?
 - Based on the volume of sex, was there any difference in kind of outreach done by the peer? Did she meet high volume MSM more often and the low volume MSM less often?
 - Were the condoms distributed based on the volume of sex? Were enough condoms distributed to cover all the sexual acts of each of the MSM? Is there a shortfall? How is this shortfall in condom distribution being filled? Is it through the depots? Are the clients / partners bringing condoms?
- Conclude by saying that it is important to understand the need of each of the MSM, that a peer is accountable for planning regular contact and condom distribution accordingly. This will ensure that condoms are available with MSM whenever they are needed and at the same time will avoid dumping of condoms where there is no need.

[illegible]

Day 4





Session 1: Getting into Action

Flow of Information at Outreach level

Objective	To understand the information flow of outreach level in a TI
Expected Outcome	Participants would learn the flow of information and its importance to the programme
Duration	30 Minutes
Suggested method	Presentation
Materials required	Power Point presentation/Handout depicting flow of information

Process

- Facilitator presents the handout depicting the data flow at different levels of the TI. The flowchart in the handout depicts the following steps:
 - PEs fill daily diary formats at site/hotspot on day to day basis on all the contacts made
 - On a weekly basis, the daily diary forms from PEs are collected by the respective ORW-in charge of the area, and checked for completeness and correctness
 - During technical support/supervisory visits to the hotspots, ORWs do random checks at field level for quality of information being captured and entered in the formats; they also fill in the information on the activities conducted by them during the visit in the ORW field diary
 - Prior to the weekly meeting, ORWs collate information from their field diary and also from the PE daily diary, fill in the requisite information in the ORW weekly format, and share the same with the PM during the weekly meeting
 - The PM undertakes performance assessment based on the data submitted for the week by ORWs
 - Filled in forms for the week are handed over to the M&E Officer/Accountant(as applicable)who enters the information in the computer
 - Filled in forms(pertaining to PE and ORW) are returned(for continuing the format filling for the next/coming week) to the respective Pes and ORWs
- The facilitator encourages discussion on each step presented in the flowchart:
 - Who is responsible for the completion of this step?
 - What should the supervisor keep in mind with regards to data collection for this step?
 - What are the challenges and how can these be addressed?
- The facilitator then focuses on the various monitoring formats to be used at outreach level.



- She/he goes through each format explaining in detail:
 - What is the frequency of using this format?
 - Why is the format used?-data captured by the format
 - Guidelines/steps infilling the format
- Discussions are encouraged on:
 - Whether all required data can be captured using these formats
 - The common mistakes in filling each format

Flow of Information at Outreach Level

STEP-1

PEs fill daily formats in hotspot on day to day basis on all contacts made.

STEP-2

On Weekly basis daily diary forms from PEs collected by the respective ORW in charge of the area checked for completeness and correctness

STEP-3

PM Does performance assessment based on the data submitted for the week by ORWs

STEP-4

Prior to weekly meeting ORWs collate information from their field diary and also from the PE daily diary, fill in the requisite information in the ORW weekly format and share the same with PM during weekly meeting

STEP-5

During technical support/supervisory visit to the hotspots ORWs do random checks at field level for quality of information being captured and entered in format, also fill in the information on the activities conducted by them during the visit in the ORW field diary

STEP-6

Filled in forms for the week handed over to the M&E officer who enters the information in the computer

STEP-7

Filled in forms (pertaining to PE and ORW) returned for continuing the format filling for the next/coming week to respective PE and ORW

Session 2: Community Member Registration Form

Objective	<ul style="list-style-type: none"> Participants would understand the registration process of each Community Member identified-name, age, date of joining the project. Participants would understand the demographic details of the Community Members living/operating in a given hotspot/area/location.
Expected Outcome	The participants would understand and learn to analyse the outreach with MSM that they are accountable for.
Duration	45 minutes
Suggested method	Presentation

Process

Facilitator will inform the participants about the guidelines.

- The form is to be filled by the ORW (after PE identifies a Community Member in his hotspot)
- The forms after filling up should immediately be handed over to PM/MIS Officer/ Accountant for entering the information in the master list of Community Members register.

Code to be given

***ID number:** 15 digit code in the following breakup:

State code: 2 digit columns (Census code will be used).

District Code: 2 digit columns(In each state the district codes will be unique). Census code will be used.

Town Code: 3 digit columns (In each state the town code will be unique). Census code will be used.

TI Code: 3 digits columns(In each district, the TI code will be unique and given by SACS).

Category of HRG: 1 digit column (F"for FSW, M" for MSM, I" for IDU,T" TRUCKERS and M"MIGRANTS).

SerialNumber: 4 digit column (for each category of HRG, the number will start from 0001").

State Code	District Code	Town Code	TI Code	Category of HRG	HRG ID Code

For example (to fill in the code):

State Code		District Code		Town Code			TI Code			Category of HRG	HRG ID Code			
0	3	2	1	0	4	7	0	1	2	F	0	3	4	7

NOTE: The individual HRG code number will be provided by the M&E Officer at the TI level before entering the data into the Master Register and the same will be shared with the ORW/PE.



Legends as under

**Marital status code:

1. Never Married
2. Married
3. Widow/Widower
4. Divorced
5. Separated
6. Not known/Not revealed

***Employment Status code:

1. Never Employed
2. Currently unemployed
3. Fulltime employed
4. Part time Employed
5. Student/Housewife
6. Other(specify)
9. Not known/Not revealed

Education level code:

1. Illiterate
2. Literate (can read and write)
3. Primary education (upto 5th class schooling)
4. Middle Education (upto 8th class of schooling)
5. Matriculation/Higher Secondary (10-12 year of schooling)
6. Graduate and above
9. Not known/not revealed

- **Mobility Status:** If a HRG moves out of his/her city/town/village for more than 10 days in a month on regular basis are categorized as mobile HRG.
- **HRG Category:** If a HRG falls in more than one category, the ORW needs to probe and circle(0) the primary category which S/he identifies himself/herself.

MSM Category

Hijras

Hijras belong to a distinct socio-religious and cultural group, a “third gender”(apart from male and female).They dress in feminine attire (cross-dress) and are organised under seven main *gharanas* (clans). Among the *hijras* there are emasculated (castrated, nirvan) men, non emasculated men (not castrated, *akva/akka*) and intersexed persons (hermaphrodites).While one subset of *hijras* is involved in blessing and gracing during births, marriages and ceremonies, another is involved in begging, and a third group is involved in sexwork. For the purposes of TIs, *hijras* are covered under the term “Hijras - transgenders” or TGs. These are a separate category of KP.

Kothis

The term is used to describe males who show varying degrees of “femininity”(which maybe situational),take the “female” role in their sexual relationships with other men, and are involved mainly-though often not exclusively – in receptive anal/ oral sex with men. Some proportion of Kothis has bisexual behaviour and many may marry a woman. Self identified hijras may also identify themselves as *kothis*. Many *kothis* assume the gender identity of a woman.

Double Deckers

Kothis and *hijras* label those males who both insert and receive during penetrative sexual encounters (anal or oral sex) with other men as double deckers. These days, some proportion

of such persons also self identify as double deckers. Some equivalent terms used in different States are Double, *Dupli Kothi* (West Bengal) and Do Paratha (Maharashtra).

Panthis

The term panthi is used by kothis and hijras to refer to a masculine “insertive male partner or anyone who is masculine and seems to be a potential sexual (insertive) partner. Some equivalent terms

used in different States to denote masculine insertive partners are Gadiyo(Gujarat),Parikh (WestBengal) and Giriya (Delhi).

Bi-Sexual

- Are those males who have sex with both male and with female

Refer to the Annexure-4 for Definition on terminology used in MSM interventions



FORM A: - HRG REGISTRATION FORM

(NOTE: This form is confidential and should be kept at the NGO office.)

Information to be filled up after identifying and rapport has been established

1. Site Name: _____ Site Code: _____
2. Name of the PE: _____ PE Code: _____
3. Name of the ORW in charge: _____ ORW Code: _____
4. Date of Registration: _____
5. Name of HRG: _____
6. UID No HRG*: _____
7. Sex: M F TG _____ 8. Age in Years: _____
9. Marital status**: _____
10. Children and their ages:

	Child 1	Child 2	Child 3	Child 4	Child 5
Sex					
Age					

11. Regular Partner: Yes / No _____ Vocation of the regular Partner: _____
12. Employment status***: _____
13. Educational level: _____
14. Mobility Status: _____

In the last three months how many times moved out:	No. of times	No. of Days	Reasons for moving
Within the district			
Within the state			
Outside the state			

15. Name of the area/location where HRG normally operates:

16(a). Native State: _____ 16(b). Native District: _____

(NOTE: with PIN Code of the area).

17a. Contact Address including pin code: _____

17b. Contact numbers: _____

18. HRG Category@: **FSW | MSM | TG | IDU | Migrant | Trucker:** _____

19. HRG sub group:

(If FSW)

1. Home/secret-based
2. Street/Public Place based
3. Brothel based
4. Lodge/Hotel
5. Dhaba based
6. Slum Based
7. High way sex workers
8. Any other (specify)

(If MSM/TG)

1. Kothi
2. Panthi
3. Double Decker
4. Bi sexual
5. Hijras
6. Any other (specify)

(If IDU)

1. Daily Injectors: a) Average number of injecting acts per day (last week's recall):
2. Non Daily injector: a) Average number of injecting acts per week (last week's recall):

20. Average number of sexual acts per day: (last weeks' recall)

21. Number of years in sex work?

22. Days when S/he can be met in this site (use tick):

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

23. Time when S/he can be met in this site (use tick):

6 AM – 12 NOON	12 NOON – 6 PM	6 PM - 10 PM	10 PM – 6 AM

24. Do you consume Alcohol: 1: Yes | 2: No _____

25. If Yes, how many days in week: (answer has to be a number varying from 1 to 7): _____

Signature of ORW



Session 3: Form-B PE Weekly Planning Sheet

Objective	<ul style="list-style-type: none">Participants would learn the skills necessary to fill form 'B' and provide support to PE s for developing periodic weekly planning.
Expected Outcome	<ul style="list-style-type: none">The participants through this exercise analyse the reasons for gaps in contact and regular contact, and develop plans to address these reasons.
Duration	1 hour 30 minutes

Process

- The facilitator introduces the session on 'Implementation of outreach' and introduces them to form 'B', PE weekly planning tool.
- The sheet is used by the PE for the activities conducted at the site/hotspot level during a given week. Every week beginning fresh sheet will be used with the names generated through the computer. The sheet contains information to assess the risk for each HRG met in each week based on the parameters and also services provided to each HRG. AT the end of each week, the filled inform is to be returned to ORW.

On day-to-day basis the PE will fill in the format after each contact made with the HRG in his/her hotspot for the project services given.

- Form 'B' helps in tracking the HRG being met on day-to-day basis.
- Helps in knowing the risk profile of each HRG which is assessed on weekly basis by which the prioritisation would be done.
- Helps in knowing the referrals due, overdue for Routine Medical Check up (RMC), ICTC.
- Helps in knowing the number of condoms/lubes being distributed to each HRG.
- Helps in knowing the number of referrals made during each week.
- Helps in knowing number of newly identified HRG during the month.

Guidelines for filling the form

Display Form-B PE weekly planning tool (**Annexure-5**) on the screen and explain how the form will be used:

- This format will be used by the Peer Educator for every contact made during a given week with the KPs in his/her designated hotspot/site.
- The format will be pre-listed/printed with HRG names and UID numbers by the TI M&E cum accountant from the line list/master register available at the project office.
- The expectation from the PE is to cover all KPs listed in a given hotspot/site with project services minimum once in two weeks and identify all new HRG in the site.
- The name of the new HRG will be entered in the last row of the format.
- The filled-in format is to be shared on weekly basis with the respective ORW in-charge for performance tracking and planning for the coming week.

Each row represents information to be filled up for listed KPs contacted

Sl. No: The serial number will also be used for prioritizing the KPs, by the risk factors and vulnerability. Peer educator and outreach worker will do this prioritizing in consultation with each other every week. The prioritised serial number

will be highlighted by color to help the PE plan his/her outreach.

Name of the KPs: This column will be pre-listed/ printed by the TI office with the names of KPs registered and outreached by the respective peer educator in a given hotspot/site.

UID Numbers: Column will be pre-listed/Printed with the UID number registration assigned to the community member.

Name of the KPs: This column will be pre-listed/ printed by the TI office with the names of KPs registered and out reached by the respective peer educator in a given hotspot/site.

Referral Due/Overdue-STI/ICTC: If a HRG is due/overdue for STI follow up (asper ANM/ counselor), then with the support of ORW, the PE will tick mark. The number of tick mark will indicate the increased emphasis for the HRG to be brought to the clinic:

- 1=one tick if HRG is scheduled to visit the clinic during the current month.
- 11=two ticks if HRG is scheduled for a clinic visits once last month and has not visited the clinic as per schedule.
- 111=three ticks if HRG is scheduled for a clinic visit since last two months (three including current month)and has not visited the clinic as per schedule.

Risk and Vulnerability: Each week PE assesses the risk and vulnerability of HRG based on the seven parameters. The information will help the PE and ORW to focus on the most at risk KPs and provide services based on the needs. Brief description on each of the parameter is given below.

Risk factors

High number of encounters (>10perweek)-If the HRG client load is above 10 sex

Acts in a week, then S/he is at high risk.

Low condom use (not used condoms in more than 2 sex acts out of last 10 sex acts)-If the KPs states that s/he has not used condom in more than 20% of the acts (more than 2 outofascaleof10) then s/he is at risk.

Low condom use (not used condoms in more than 2 sex acts out of last 10 sex acts): If the KPs states that s/he has not used condom in more than 20% of the acts (more than 2 out of a scale of 10)then s/he is at risk.

First year in sex work and below the age of 25 years: If the KPs inform that s/he is in sex work from last one year only and below 20 years of age, then s/he at high risk.

STI reported in last three months: If the KPs reports of a STI in the last 3 months, then the HRG is at risk.

Vulnerability Factors

Alcohol: if the HRG takes alcohol, then as s/he is vulnerable.

Unsafe sex (more money): If the HRG is doing sex acts mainly for money(economic reasons) then s/he is vulnerable.

Violence: If the HRG has been victim to violence or harassment, then S/he is vulnerable.

- **Condom requirement as per condom gap analysis:** The information on the number of condoms required for each HRG is calculated based on their sex acts. This information will be periodically updated by the ORW in consultation with the respective peer educator.
- **Services:** In each interaction with the KPs the PE will be giving services as listed below (8 type of services).The PE can give one or



more than one service in each contact made with the HRG depending on the need and requirement of the HRG.

- **Condom distributed:** During each contact made with the HRG, the condoms are distributed as per requirement. The PE has to ensure that the number of condoms distributed to each HRG are recorded in the format are in pieces and not in packets.

Number of male condoms sold: The PE has to record the number of condoms sold to each HRG in pieces and not in “packets”.

Number of Female Condom sold: The PE has to record the number of female condoms sold to each HRG in pieces and not in packets.

The PE will mark(t!)when a HRG is provided 1:1, 1: Group or is referred

- **1:1:** When the PE meets the HRG in one contact and talk about the project services- Provides information on STI, HIV, importance of regular medical check-up, referrals to ICTC, condom usage, conducts condom demonstration.
- **1: Group:** When the PE meets more than one HRG in one contact and talk about the project services- Provides information on STI, HIV, importance of regular medical check-up, referrals to ICTC, condom usage, and conducts condom demonstration.

Referrals (STI and to other centres): Each HRG has to be referred to STI clinic(project clinic or preferred providers) linked to the project and will also refer for various other project services (referring to ICTC, ART,TB etc.).

STI: The PE has to ensure that all the KPs covered are referred to STI clinics/preferred provider for regular Medical Checkups (RMC) once in a quarter. Further, a HRG has to be referred to STI

clinics/ preferred provider for symptomatic and asymptomatic STI treatment.

ICTC: All the KPs need to be tested for HIV twice in a year at the designated ICTC centres. The PE has to motivate the KPs forgetting tested at the ICTC. PE will also ensure that a referral slip is given to the HRG through the ORW/ANM.

ART: The PE will list positive KPs in his/her hotspots. The PE will ensure that all the positive KPs are registered with the ART. The PE will motivate the HRG on the importance of drug adherence on ART.

Reported condom use during last sex: During every interaction with the HRG, the PE must probe HRG has used condom during the last sex act. If the HRG informs that:

- Condom was used during last sex act -tick (√).
- Condom not used during last sex act-mark(X).

Violence reported: During contact by the PE, the HRG informs that he was victim of violence or harassment during the week, then PE will tick(√), (The ORW will address the issue with the help of PE) else he will mark (x).

Note: On weekly basis, the site review will be jointly done with the ORW in which the form will be handed over to the ORW who in turn will check the format for its completeness. The information from the filled in format will be used for the performance tracking, prioritizing and planning for the next week.

After detailed explanation, Facilitator divides the participants into Four-five groups and engages them in practice sessions. Filled formats may be randomly checked for feedback on accuracy.

(Annexure-5 Form-B Weekly Planning of PE separately attached in excel sheet)

Session 4: Form-C Individual Service Tracking Sheet & Form C1: Outreach Worker Monthly Summary Sheet

Objective	<ul style="list-style-type: none"> Participants would be equipped with the skills to track services provided to individuals Participants equipped with the skills to track the progress of work in the TI project
Duration	1 hour

Process

Explain the frequency, where it needs to be filled up, the purpose of field diary and guidelines for filling this format

Form-C

Frequency: Monthly

Where: At the Site level

Purpose

- Helps in knowing type of services given to each HRG during the month in a given area.
- Helps in knowing the number of condoms/lubes being distributed to each HRG during a month against the demand.
- Helps in knowing the number of KPs in 1-1 and 1-group.
- Helps in knowing which HRG has been referred for STI, RMC and ICTC during the month.
- Tracks condom usage by each HRG during the month.
- Helps in documentation of the services given to each HRG.

Guidelines for filling the format

The names of the community member will be generated by PE wise on the sheet from the computer line listing. One sheet will contain names of community members belonging to one PE allocated area.

If there are 4 PEs under one ORW, then 4 such sheets will be generated from the computer (comprising list of KPs for each PE in each sheet). On weekly basis the ORW collects the filled in PE weekly planning & activity sheet from each PE.

Towards end of each month, the ORW collates the information for each HRG met and type of services provided.

The compiled information for each HRG on services provided by the PE will be entered against that HRG.

The same will be used for the monthly programme planning at the outreach level and the same will be handed over to the Programme Manager for documentation.



Form:C
Annexure-6

Form-C1
Annexure-7

Frequency: Weekly/monthly

Where: At the project level

Purpose

- To know the number of Community members met every week in all the hotspots.

- To know about the type of services given by the PEs.
- To track the number of condoms/lubes distributed during the week in all the hotspots.
- To know the number of group meetings held across the hotspots.
- To know the number of follow ups done during the week.
- To know the number of Community members referred to ICTC.

Refer to the Annexures on Form C Individual service tracking Format and Form C1 Outreach worker Monthly Summary sheet.

Session 5: Outreach Worker Weekly Report

Objective	<ul style="list-style-type: none"> Participants would learn to document the work in the prescribed format
Duration	45 minutes

Process

Explain the frequency, where it needs to be filled up, the purpose of field diary and guidelines for filling this format.

Form-D

Frequency: Monthly

Where: At the Site level

Purpose

- Helps in knowing about the interaction made with PEs.
- It helps the ORW to tune the PE weekly plan based on the performance of each PE at the site level during each site visit.
- It helps ORWs in correcting deviation happening in each site.
- Helps in identifying the issues emerging at the field level and addressing the same during the weekly meeting.
- Type of support provided to PE at the site level-Any gaps identified by the ORW in

- PE service system, the skills oriented or re-oriented.
- Number of meetings held to strengthen the linkages with the program.

Guidelines

- This is a monitoring checklist which each ORW during his field visit has to fill up. It has seven sets of activities which an ORW has to perform during his field visit activities conducted during a given week.
- The sheet is to be filled by the ORW whenever he completes field visit for a given PE area.
- The weekly report parameters focuses on the activities conducted by the ORW during the field visit made and coordination meetings conducted with various stakeholders.
- The information needs to be compiled every week and shared during each weekly meeting.
- During monthly meeting, the ORW is expected to give a brief on each site status in terms of performance and challenges.

Refer to the Annexure-5 on Weekly Reporting Format



Session 6: Outreach Worker Monitoring Checklist

Objective	Participants would be equipped the participants with knowledge required to fill the ORW filed Diary.
Duration	45 minutes

Process

Explain the frequency, where it needs to be filled up, the purpose of field diary and guidelines for filling this format

Form-D

Frequency: on every visit

Where: At the hotspots

Purpose

- To know the interaction made with PEs.
- To monitor the number of Community Members met at each hotspot by the PEs.
- To monitor the type of issues addressed at each hotspot by the PEs.

Guidelines

This format is to be filled by the ORW whenever s/he goes to each hotspot.

- On each visit this format is to be filled in, for example if an ORW visits hotspots in a week, she/he should fill in 4 such forms in that week.
- The information (observation made, input given) inform of feedback from the filled-in format needs to be shared during weekly meeting.
- During monthly meeting, the ORW is expected to give a brief on each hotspot status in term of performance and challenges being faced by the project or by the PE and issues addressed.
- The filled-in information needs to be documented at the project office for future reference.

Refer to the Annexure-9 ORW Field Diary/ Monitoring Checklist

Session 7: Core Values and Ethics

Objective	<ul style="list-style-type: none"> To help participants understand the values and ethics of working with the community To help participants understand the importance of practicing values and ethics in promoting community participation
Expected Outcome	<ul style="list-style-type: none"> Participants understand values and ethics of working with the HRG community Participants understand the importance of this in the context of community participation
Duration	1 hour 45 minutes
Suggested Method	Games and discussions
Materials and preparations required	Value statements, Illustrated Situation Cards, Flip charts, marker pens

Process

- The facilitator starts with a quick game using a set of value statements.
- A set of value statements is developed ahead of the training. Some examples that can be used are:
 - Homo sexuality is un -natural and should be nipped in the bud.
 - Supply of drugs is the main problem.
 - Stop drug supply and you can stop drug use.
 - Children of sex workers should be placed in homes for children.
 - A male sex worker cannot be raped.
 - Drug users are criminals who should be put in jail.
 - An HIV positive person should marry a negative person only after revealing her/ his status.
 - Sex work should be banned.
 - Supplying condoms to KPs encourages the profession both in females and males.
- Homosexuality can be treated.
- The facilitator then divides the participants in to two groups, each one being given a flash card to discuss.
- The points for discussion are:
 - What are the possible consequences of the ORWs attitude and behaviour?
 - What could be the underlying cause of this behaviour?
 - How can this situation be addressed?
- She/he lets the teams discuss and make presentations in front of the larger group.
- While summarizing the group presentations, the facilitator makes sure the following is covered:
 - Importance of treating the community at par and recognizing their existing beliefs, empathizing with their perspectives.



- Importance of understanding all dimensions of the project one is associated with consequences of dissonance between one's personal beliefs and demands of the profession.
- Staff recruitment, orientation and training needs assessment.
- The facilitator then moves on to a game to help participants understand the concept of empathy.
- Participants are asked to take off their shoes and pile them in the middle of the room. They then go back to their seats.
- When everybody is seated, the facilitator calls out to everyone to quickly come to the middle of the room and select a pair of shoes that is not their own, and put them on.
- When everybody has another person's shoes, the facilitator asks each one of them to walk up to the front of the classroom, and describe how they feel.
- The facilitator makes notes of the comments on a flipchart and discusses what the participants have learned from this experience:
 - Difficulty in getting into someone's shoes'
 - Each person has one shoe size and is uncomfortable in another shoe size.
 - A wrong shoe size will 'bite' the person wearing the shoe.
 - But to 'get into another person's shoes' one should first take off his/her own shoes.
- The facilitator then discusses with the participants the importance of being able to see things from the perspective of the community one is working with, and the value of a non-judgemental and empathetic attitude.

CASE STUDY-1

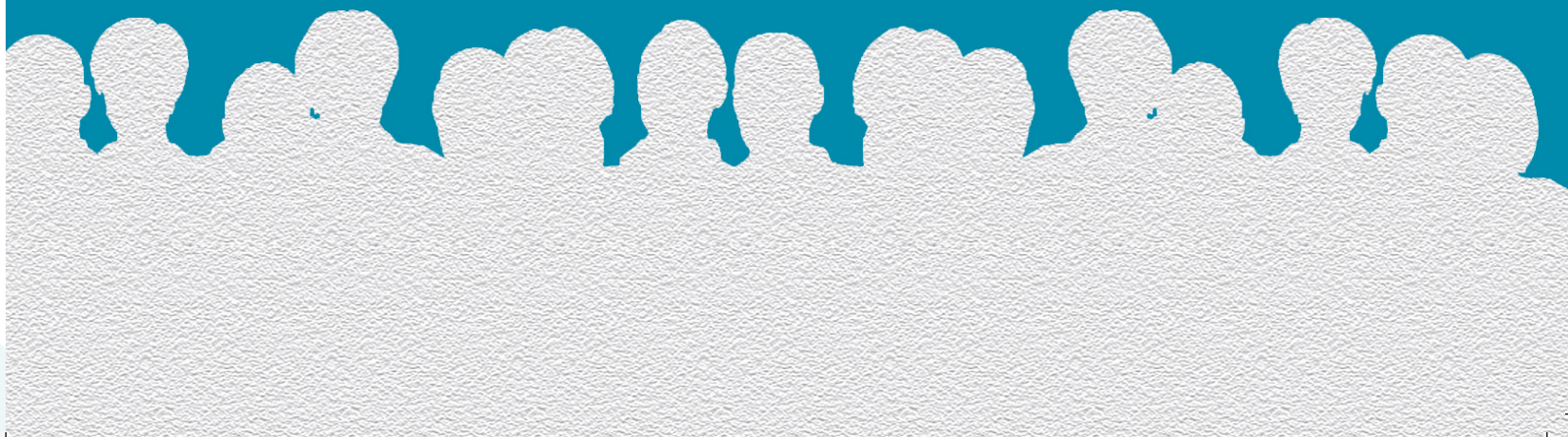
Raju, a PM, finds that of late MSM from one site have stopped visiting the DIC. Upon enquiring from the community, he is told that the ORW of the area, Ravi, has been behaving in a condescending manner with them.

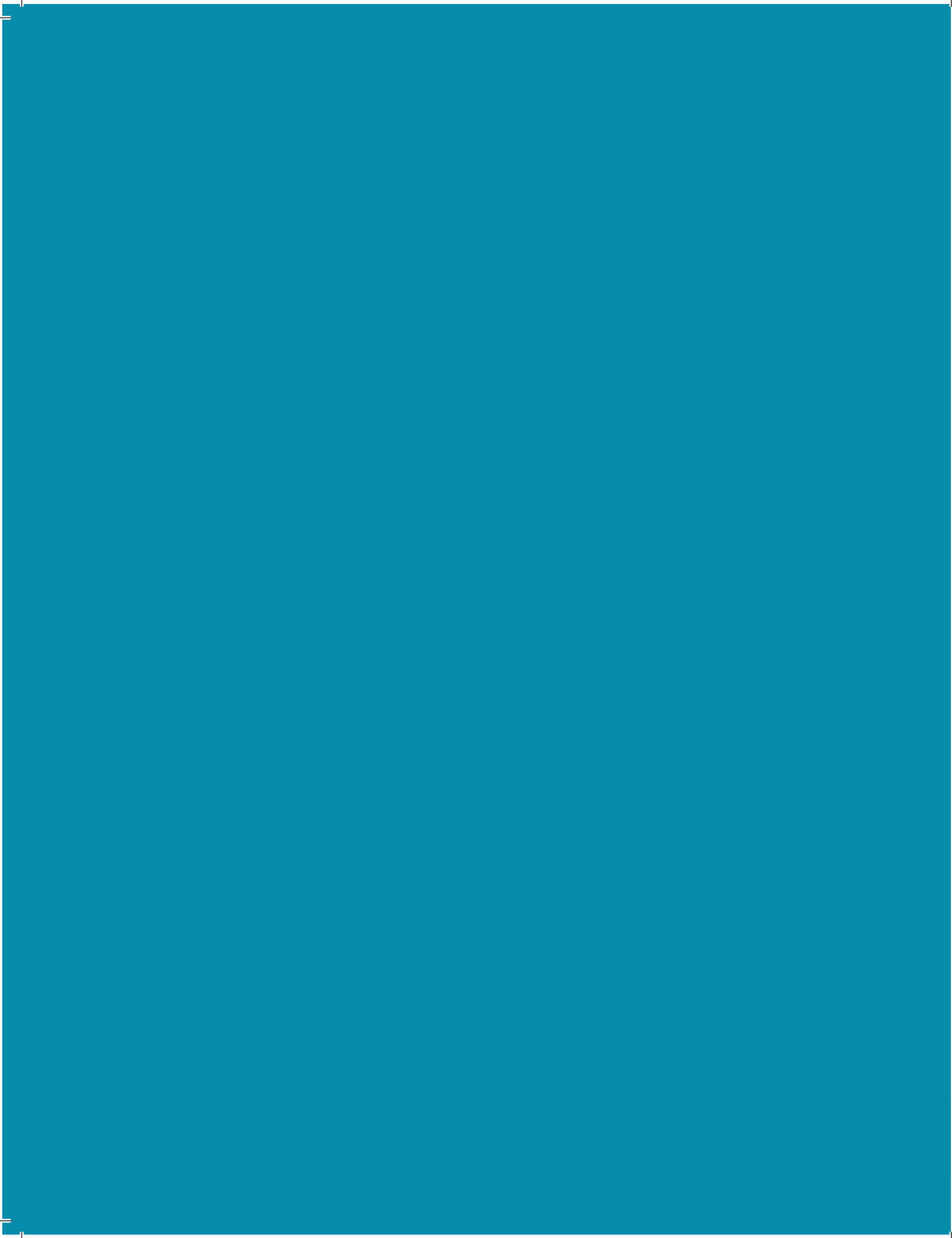
CASE STUDY-2

Amit, the ORW working in a TI, does not want to participate in an event being organised for the MSM/TG population that the project caters to. He feels uncomfortable in the company of the MSM group and in fact detests the fact some of them cross-dress. Amit doesn't want to be seen at a public event with them.

- What are the possible consequences of the ORW's attitude and behaviour?
- What could be the underlying cause of this behaviour?
- How can this situation be addressed?

Day 5





Session 1: Effective Communication

Objective	<ul style="list-style-type: none"> To help participants obtain an understanding of each sub-segment of KPs To help participants understand the communication skills, techniques, barriers, etc. for each sub-segment of KPs
Expected Outcome	<ul style="list-style-type: none"> Participants understand the nuances of each target segment Participants understand communication barriers and generate key messages for each sub segment of KPs
Duration	3 hours 30 minutes
Suggested Method	Role Play, Discussion, Group Work
Materials and preparations required	Flipcharts, marker pens

Process

- The facilitator introduces the session by informing all participants that this session will focus on understanding the nuances of each sub-segment of KPs that the ORWs work with. She/he remains the participants of the session on Day One. When they identified risks and vulnerabilities of the HR groups.
- She/he divides the participants into 4 groups.
- Each group is allotted one target audience from the following: FSWs, MSM/TG, IDUs, Truckers and Migrants.
- The facilitator also asks the group to prepare a role play to denote the basic characteristics and risk and vulnerability factors of the target group members. This needs to be done in addition to making notes in the matrix as depicted below(see box).

Basic characteristics	Barriers to communication	Opportunities for communication	Key messages



- **Example: For Kothis cruising in streets:**
The basic characteristics will include –may not be residents of the area and may be travelling from nearby villages/towns, solicit on the streets and at parks, railway stations.
- The barriers to communication will include- inter hotspot migration and thus unavailable in one area always, on the streets only for solicitation(case of male sex workers) and so no free time to interact with TI team, etc.
- The opportunities for communication will include while standing for cruising they usually stand in groups of 2-5 and solicitation a PE who is from the group can talk to them then, etc
- The key messages will include- use condoms at all times with all partners, coming together to raise their voice against harassment, etc.
- The groups are encouraged to think through the sub-segments within the broader segment allotted to them, and to generate the above matrix accordingly, indicating what would change depending upon the specific sub-segment they are working with.
 - MSM-Kothis
 - MSM-Hijras
 - MSM-Double Decker
- The groups are given time to discuss the same, make notes and prepare the role play, selecting a specific sub segment for portrayal in the role play.
- Then each group presents its role play in front of the larger group. After the role play, the group may present other points that have not been covered in the role play.
- The facilitator encourages discussions on the following:
 - What are the stereotypes in the portrayal?
 - Are there risks and vulnerability factors arising on account of any specific characteristic of the target group?
- The facilitator then moves on to the second part of this session. For this part also the same group compositions remain.
- The facilitator asks the groups to once again look at the target group assigned to them and brainstorm on the following:
 - MSM-Kothis
 - Barriers to communicate with the target group members
 - Opportunities to communicate with the target group members-time, space, method, etc.
 - Key messages for communication with the target group members
- The groups are given time to discuss each issue in detail and complete the matrix.
- Each group then makes a presentation in front of the larger group. The facilitator encourages other participants to add to the list.
- The facilitator now moves on to a group game with the introduction that effective communication with the High Risk Behaviour communities is only possible when there is an atmosphere of trust and mutual respect. This game highlights the importance of trust and mutual respect. The game highlights the importance of trust in the ORW-HRG relationship:

- Facilitator requests participants to sit in a circle and explain that this is a serious exercise about trust.
- Participants are asked to think of a secret which they would not want anyone else to know. They are requested to write it on a piece of paper, fold it and not show it to anyone.
- Now they must pass this piece of paper to the person on the left.
- Participants are asked how it feels to have their secret in someone else's possession. And, how it feels to have someone else's secret in their possession!
- They then return the secret to the person who gave it to them and the pieces may then be destroyed.
- Once participants have relaxed, reassured in the knowledge that no one has to share their secret; reflection around the points given below may be facilitated.
 - What does the game tell us about confidentiality in our work as Outreach Workers of TI projects?
 - What kinds of things might people share that we must keep confidential?
 - What are the likely consequences of breach of confidentiality?
 - What other aspects assume importance when working with vulnerable populations?



Session 2: Dialogue-based Communication

Objective	<ul style="list-style-type: none">• To help participants understand the need for dialogue based communication• To help participants get hands – on training on the dialogue based communication tools
Expected Outcome	<ul style="list-style-type: none">• Participants understand the need for dialogue based communication• Participants get trained in tools for dialogue based communication
Duration	1 hours 45 minutes
Suggested Method	Game, Power Point Presentation, Group work, Discussion
Materials and preparations required	Power Point Presentation, Flipcharts, marker pens

Process

- The facilitator starts the session with a game on the importance of two-way communication.
- She/he calls 4 volunteers and takes them outside the room. She/he then gives them the following Instructions separately:

Volunteer 1: Tell your partner about the worst film that you have ever seen. Keep on talking not allowing your partner to interrupt you in any way, especially with questions.

Volunteer 2: Your partner will tell you a story.

- Listen to him/her for the first few minutes and then look disinterested. Do not look at your partner and act bored by this whole story - telling process.

Volunteer 3: Tell your partner about the worst film that you have ever seen. Involve your partner in the story-telling process, answering his/her questions.

Volunteer 4: Your partner will tell you a story.

- Listen to him/her attentively. Ask questions. Show that you are Interested.
- The facilitator then takes back volunteers 1 and 2 in to the room where other participants are present and asks the two to perform their role play.
- After the role play, the facilitator invites volunteers 3 and 4 to come in and perform their role play.
- Then the facilitator encourages the group to discuss the following:
 - In what ways were the two role plays different?
 - How did each volunteer feel?
 - Can volunteers 2 and 4 recall what was being said by their respective partners?
- The facilitator then sums up the game by stating that effective communication occurs when both parties talk and also listen.

The next part of the session focuses on Dialogue based Communication, so the facilitator starts the session with the Power Point presentation.

- Summarising the learnings from the presentation, the facilitator informs the participants that for group work practice they will look at 2 IPC tools that can be used for outreach- 'Body Mapping' and 'Why is it so?'
- Using tool(Reference at the end of the session), the facilitator first briefs the participants on the objective and process of each of the above mentioned tools.
- She/he then divides the participants into 5 groups and gives them time to practice each of the 2 tools. During practice, one of the participants should act as a facilitator and the others as key informants.
- After completing the exercise, the facilitator encourages the participants to discuss the following for each tool:
 - What are the advantages of using this tool?
 - What are the constraints in using the tool?
Eg: takes too much time, cannot be used in street based settings etc.
- The facilitator then wraps up the session informing participants that the NACO Operational Guidelines contains many more

such tools that they can look at, practice and use at the field level.

Key learning

- IPC is face to face interaction, dialogue and critical reflection.
- It helps in identifying barriers in STI/HIV risk reductions, analysing them and planning ways to address them
- IPC works across the HIV prevention and care continuum and across all TI components.
- The IPC framework is built on various components:
 - HIV content
 - Method of stimulation
 - Facilitation skills promoting dialogue
 - Appropriate attitude while working with KPs
- There are various tools that are used in Dialogue based IPC and all of them ensure that the community is involved in discussing the risk/vulnerability and also in coming up with their own solutions to overcome the same.



Session 2: Continued

Objective	<ul style="list-style-type: none">• Enable community members to explore HIV / STI vulnerability factors relating to the body.• Discuss non-penetrative sex with community members
Duration	45 minutes
Suggested Method	Group work
Materials and preparations required	Chart paper, coloured marker pens

Process

- The facilitator divides the participants into three-four groups.
 - Suggest the participants to identify a volunteer from the group and lie down on the chart so as to draw an outline of the male body.
 - Ask them to discuss and arrive at risky behaviour for HIV (like unprotected sex, sharing needles, etc) and draw a symbol of one of the risky behaviour (based on the group's preference for discussion) in the centre of a circle in the centre of a flipchart.
 - Ask 'Why is it so?' and let community members draw or write the reasons for risky behaviour in balloons around the central circle.
- Continue this till the community members can not think of any more reasons.
 - Select one of the reasons/factors and ask 'Why is It so?' Let community members identify issues that make them more vulnerable to taking that risk.
 - Continue this till the community members cannot think of any more vulnerability factors.
 - Repeat this process for all reasons/factors for risky behaviour.

Discuss the following

- What are the most important reasons (vulnerability factors) for risky behaviour?
- What are the ways that Community Members can try and reduce risk behaviour?

Session 3: Crisis Management

Objective	To help participants understand their role in solving crisis faced by the community and to gain the trust of the community.
Duration	45 minutes
Expected Outcome	The participants will be become aware about community needs and how to help community during crisis.
Methodology	Brainstorming, Discussion, Explanation
Materials and preparations required	Chart papers, and marker pens

Process

- Start the session by asking participants to list crisis faced by the community—at individual level by community members and as a community at large.
- Make note of the crisis stated by the participants. If possible, divide the same into two—Individual crisis and Group crisis.
- Divide the group into four groups. Give each group one case study.

Case study 1

During the field visit, a PE meets some community members who tell him about a police harassment that occurred in the previous night when he was cruising at Railway station. Some of the MSM cruising there were beaten up and chased from the area. The PE realises that such harassment has become a regular feature at the hotspot.

Case study 2

During the interaction with a community member, a PE realises that the community member is tense as last night a local goonda of

the area forcefully had sex with him without using a condom. This goonda has been doing this with many other community members in the area.

Case study 3

During the interaction with a community member, a PE realises that the community member is tense as last night a local police of the area forcefully had sex with him without using a condom. The police has been doing this with many other community members in the area.

Case study 4

During the interaction with a community member, a PE realises that a positive MSM who had to undergo surgical procedure due was denied treatment at the government hospital on the grounds of HIV positivity. When the PE approached the doctor, medical staff denied the services and abused them using bad words.

- Encourage the groups to discuss the following:
 - Is this a common situation faced by community members?



- How is this currently handled at the field level?
- Let each group present their discussions to the large group.
- After the presentation initiate a discussion on current methods of dealing with other crisis stated earlier.
- Encourage participants to share their experiences.
- Refer to the four case studies discussed earlier and ask the group the following:
 - Could there be a mechanism to handle this and other crisis at the field level?
 - Would the community feel secure and trust PEs more if such a system is developed?
 - What would such a crisis management system include?
- Discuss need to develop an effective crisis management system including the need to document cases.
- Share existing crisis management systems in different projects across the country.

Harassment

Harassment and violence towards sexual minorities is common and is a significant barrier to targeted interventions towards key populations. Harassment may include verbal abuse, arrest on false charges (e.g. of solicitation or for carrying condoms), beatings and even sexual assault. Harassment and abuse may come from the general public, police, goondas, local leaders, clients, or from within the K P community itself.

Then the obstacle of violence and harassment is removed through timely and proper crisis response and regular sensitization and advocacy programs; an environment is thus created that helps members of the KP in building up their self-esteem. This in turn helps them to focus more on their health and specifically issues

relating to STI, including HIV/AIDS. As part of a TI, crisis response interventions increase outreach to MSM, thereby strengthening the NGO's or CBO's relationship with them and gaining their trust. Crisis response also facilitates the establishment of a good rapport between field workers and members of the HRG, which helps communication about prevention and treatments of STI.

Essential Ingredients of Effective Crisis Management

- Trained and committed members who are willing to be "on call" 24 hours a day and to respond immediately when a crisis happens.
- Effective communication mechanisms (i.e. crisis phones) that the community can contact.
- Availability of information about crisis response to community members.
- Experienced and committed lawyers who are willing to provide assistance 24 hours a day.
- Networking, alliance building, and sensitization work with local stakeholders (especially the HRG) through regular meetings and education as appropriate. This includes community level legal literacy sessions.
- Close alliances with other civil society organizations, activists and local media contacts who can advocate on behalf of the community when necessary.
- Reflections on crisis management cases to improve and build internal capacities.

Establishing a Crisis Response System

The following steps can be taken to establish a crisis response system:

- **A crisis management team is established.** This should consist of Peer Educators, Outreach Workers, senior project staff, and

legal resource persons familiar with the legal issues surrounding harassment of MSM. The team establishes detailed protocols for staffing and procedures of the crisis response system, and is responsible for implementing these.

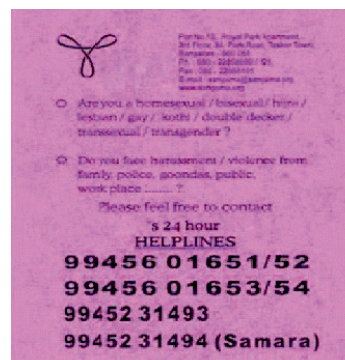
- **Mobile phones are obtained** to be used exclusively for community members to call in case of a crisis.
- **Nominated community members** volunteer to **manage these phones** for crisis management.

These members may change every month so that a pool of crisis managers develops and no volunteers are overburdened.

- **Crisis mobiles are never switched off.** Volunteers undertake to be available 24 hours a day to respond to a crisis. Many crises happen at night, and the crisis team and project staff should be ready to respond even at odd hours.
- All **crisis mobile numbers are widely circulated within the community** through practical, pocket-sized crisis cards printed in the local language as well as English. The card lists the mobile phone numbers and describes the kind of crisis management that the NGO/CBO offers to the community.

Examples of Crisis Intervention Materials

Below is an information card for a crisis intervention programme targeting MSM and TGs.



Summarise the Session:

- Crisis response interventions increase outreach to KPs, thereby strengthening the NGO's or CBO's relationship with them and gaining their trust.
- There can be many ways to establish a crisis response system and it depends upon the availability of resources and requirement of community members.
- PEs should discuss formation of crisis management systems at project levels and with community members and come up with appropriate systems.



Session 4: Going Beyond HIV (General Health and Social Entitlements)

Objective	To help participants understand their role in helping community members beyond HIV.
Expected Outcome	<ul style="list-style-type: none">• The participants will be able to identify and help community members during other health, social and economical needs.• The participants will include issues like general health, and collectivization in their one-to-one communication with the community members.
Methodology	Group work, Discussion, Presentation, Explanation
Material/Preparation required	Chart papers, marker pens, Talking Points Visual Aid (2 flipbooks) <i>For the last part of session a resource person can be invited who knows about the various social entitlements and how to avail the same. This could be someone from the government department or someone from the NGO who has experience working on this issue.</i>

Process

- As this is the last main session before the end of the workshop, encourage the PEs to recap the role of PEs discussed so far.
- Introduce two important components of work beyond HIV that need to be part of the PE's tasks.
- Talking about General Health

Talking Points

a. Health and hygiene:

- Collect your drinking water from a safe source.
- If you doubt the safety of water, boil the water for 20 minutes before use.
- Eat home-cooked food as far as possible. Outside food is not always prepared in

hygienic conditions. Eating unhygienic food can make us sick. One can get stomach infection and vomiting which can sometimes be serious.

- Stay away from alcohol and tobacco. Using these can cause diseases such as cancer, insomnia, jaundice etc. Besides, if we are intoxicated before having sex, we may not always be able to insist the partner to wear a condom. This can put our lives in danger.
- Introduce the Talking Points Visual Aid on general health and SHGs to the participants.

b. Individual cleanliness:

A person can maintain personal hygiene by:

- Taking bath every day
- Changing clothes and undergarments every day

- Using freshly washed clothes everyday
- Washing hands with soap before and after a meal
- Washing private parts after every sexual intercourse
- Keeping the nails cut and clean

c. Cleanliness of surroundings:

- Keep your surroundings clean by disposing household waste and garbage in bins
- Avoid having pools of stagnant water collected in your area. This can lead to breeding of mosquitoes and as a result diseases like malaria can spread
- Do not spit in open and public places. Use spittoons.
- Always dispose used condoms in garbage after wrapping it in a piece of paper

d. Getting social entitlements:

- Besides the above, ORWs with help of PEs can help the community members in meeting other needs like –
- Getting ration card
- Getting children of KPs admitted to school
- Opening bank accounts
- Any other applicable benefit from state or central government
- Divide the participants in 3- 4 small groups and provide each participant with the visual aid (available with the training package).
- Together, each group memorizes the talking points and practices the same within the group.
- After the group work, ask participants to come forward at random and enact how they will talk about a particular issue with a community member (the participant is asked

to use the learnings from the visual aid).

- At the end introduce the resource person and inform the participants that they would now discuss about social entitlements.
- Ensure the resource person covers the following:

- Various social entitlements that can be accessed by KPs.
- Support required by PEs from the NGO and other support structures like DAPCU and SACS to meet these needs.
- Wrap up the session and training programme by stating the following points:
 - An ORW is the key staff of the TI project.
 - She/he has many roles to play as has been discussed over the past 4 days.
 - As a PE is part of the community it is important that she/he acts as a link between the community members and the project.
 - Apart from providing useful information on STI and HIV/AIDS, including information on condom usage, the PE has to provide information on other issues like general health and hygiene, government services available, etc.
 - A PE has to ensure that she/he documents her work as that has a dual purpose:
 - It helps her/him keep track of work she/he has done and plan accordingly.
 - It helps the project plan and strategise to reach out to maximum community members.
 - A PE should not only provide information on key issues (using the flipbooks she/he has learnt about during this training) but also encourage discussions and participation using IPC tools.



Session 5: Training Evaluation

Objective	To understand the response of participants to the training workshop
Duration	30 minutes
Expected Outcome	Participants share their opinion about the training workshop and provide feedback to the trainer.
Methodology	Exercise
Materials and preparations required	<p>A set of 18 tokens (6 red, 6 green, 6 yellow) for each participant, list of questions, 6 boxes.</p> <p>If tokens are not available the facilitator can use locally available materials like gram, peas or stones.</p>

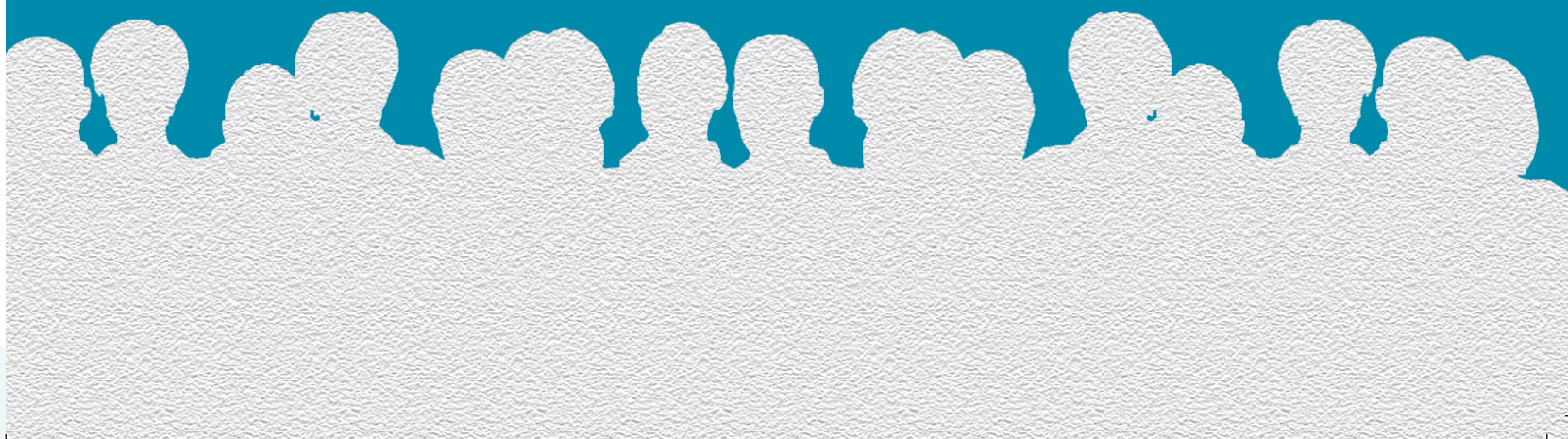
Process

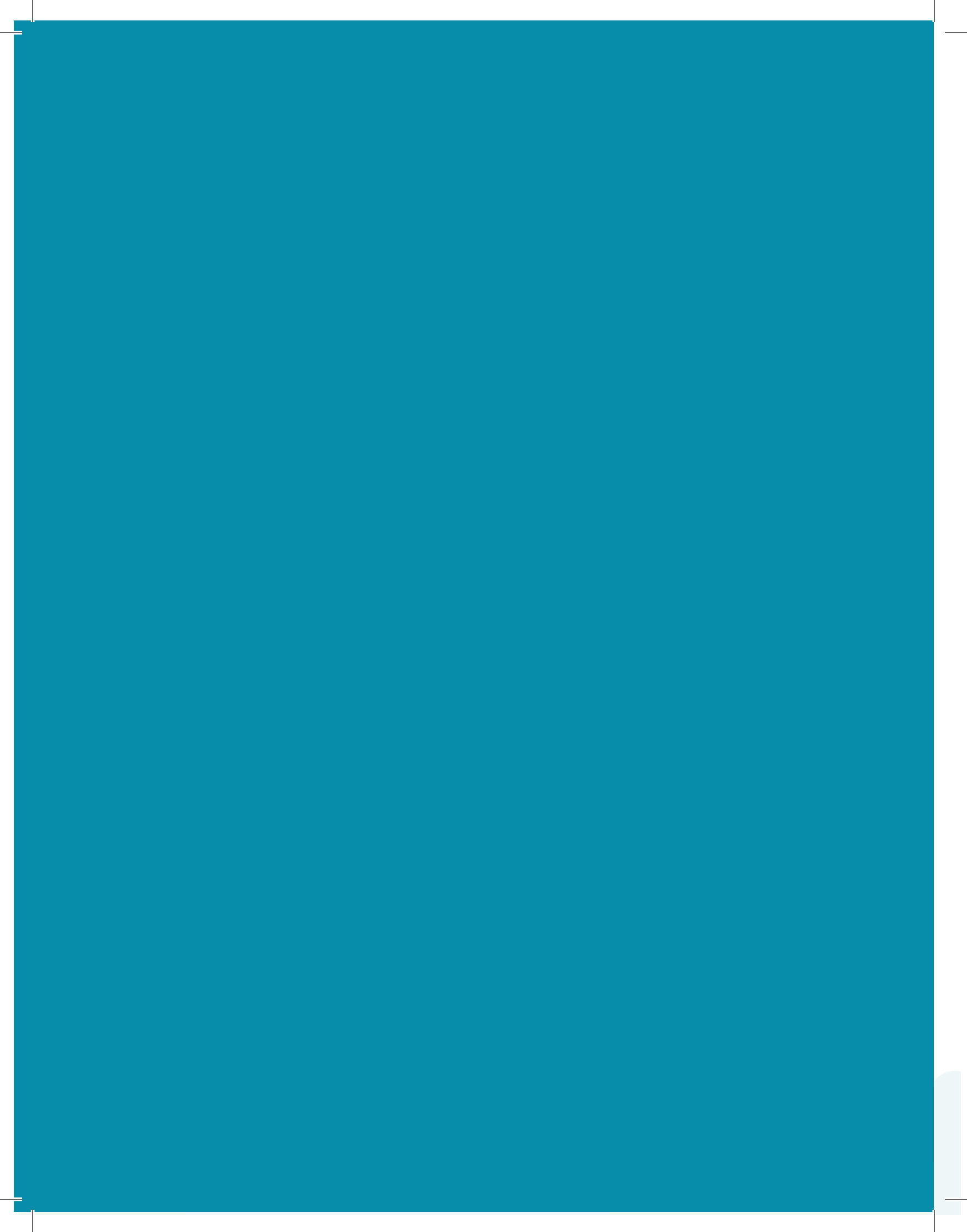
- Request the participants to give their honest feedback about what they felt about the training workshop.
- Handout a set of 18 tokens to each participant. Each participant will get 6 red, 6 yellow and 6 green tokens. In the meanwhile, the facilitator will keep 6 boxes ready (these boxes should have a slit so that the tokens can be put in).
- The facilitator will then explain to the participants that she/he will read out a question. The participant should decide which token is the appropriate answer for that question and put that token in the box for that question. So, if the answer is:
 - 'Very Good' or 'very useful' then a green token is to be put in.
 - 'Ok' then a yellow token is to be put in.
 - 'Not So Good' or 'not so useful' then a red token is to be put in.
- For each question, the facilitator will use a different box.

Questions for feedback

1. Whether the content covered in the training workshop would be useful for the participants in the work which they are doing?
2. How were the methodologies used in the training workshop?
3. How was the time management?
4. were the accommodation arrangements?
5. How were the food arrangements?
6. How will they rate the overall training?

Annexures





Annexure I: 'Outreach' the Backbone of TI Projects

1. Overview of Outreach Planning for Peer Educators

Outreach planning is a tool that facilitates a peer educator's individual-level planning and follow-up of prevention service uptake, based on individual risk and vulnerability profiles of - and their partners.

Outreach planning at each site is done by PEs. An outreach plan gives a visual picture of the site that a PE is managing including number KPs. It helps the PE to understand the extent to which programme services have reached the - and to identify and monitor problem areas.

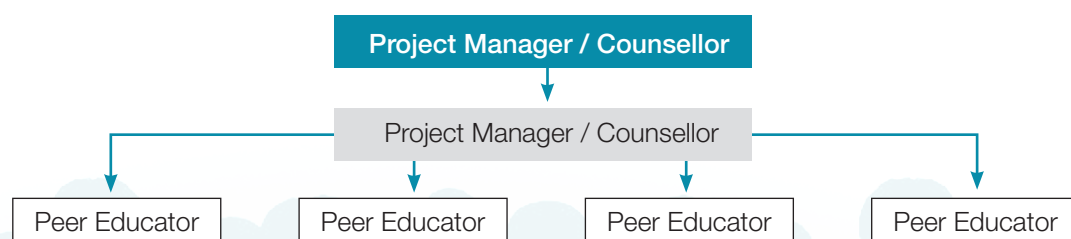
2. Benefits of Outreach Planning

- Defined area of operation for PE – Duplication of effort and diffusion of responsibility is avoided when a site is demarcated and responsibility for that site rests with an individual PE.
- Repeat visits for monthly screening – The PE is able to monitor clinic visits for monthly screening of the FSWs in the given site.
- Individual Tracking – The PE can track how many MSM are being reached during a given month for various services (clinic/camp attendance, one-on-one sessions, contacts, group sessions, and condom distribution).

- Prioritisation of KPs: Tracking of KPs with high vulnerability and ensuring their services.
- PE is able to collect, analyse and act upon data – Using the PE daily activity report, the PE is able to generate data and use it to provide minimum services to all in her site.
- PE becomes the site manager – PEs decide and budget for activities to be conducted in their site and take responsibility to ensure service provision to all - s in their site.
- Community ownership – By addressing felt needs of the community and encouraging active involvement and decision making by the - in all aspects of the program, a sense of belongingness and ownership is cultivated.
- Shift from delivering services (push) to meeting community's demand for services (pull) – Ownership by the community generates demand for services. The project services will be community-driven rather than IP-driven.

3. Outreach Planning in the Organisational Context

To ensure effective implementation of outreach planning, a particular flow system to manage the outreach activities should be put in place, with defined responsibilities for each member. Following is the structure for a typical outreach worker's area:





Through the outreach planning exercises, PEs plan their outreach services, including health camps, events, communication sessions, condom distribution and crisis management for the in their zone. As managers, these PEs monitor their own performance and the delivery of monthly services in consultation with project staff to ensure that the minimum package of health, communication and HIV prevention services reach all in their respective zone. This approach has demonstrated that from low literate and economically challenged backgrounds have the capacity to take up various challenging tasks including managing HIV/STI prevention services.

4. Elements of the Outreach Plan

A PE creates an outreach plan for his own site and updates and analyses it every month. The essential elements of an outreach plan include:

- Pictorial depiction of the site
- Number of registered MSM in the site
- Number of new and dropout MSM
- Number of MSM accessing services
- Number of MSM who are members of the NGO/CBO
- Key stakeholders
- Location of condom depots, clinic and health camp areas and location of other relevant local resources

Annexure 2: Role of Outreach Workers

1. Outreach Workers

Recruitment Qualifications	
Education and Experience	<ul style="list-style-type: none"> • Should be at least educated up to 8th standard with good knowledge of the local community and local language. • ORWs should preferably be from the community in case of FSW, MSM, TG, Migrants and Truckers Project. • In case of candidates from the community, Peer Educators who have performed well during last 3 years and with ability to read and write may also be considered for the post of ORW.
Knowledge and Skills	<ul style="list-style-type: none"> • Should have strong communication skills. • Ability to work in small teams, and flexible ways of working. • Proficiency in data analysis, report writing, case study compilation. • At least 20 days of field visit is required. • Capacity to monitor report and guide the team under him/her.
Functions / Key Results Expected	
<p>Summary of Key Functions:</p> <p>The ORW will be responsible for overall planning of service delivery at the field for behaviour change or service uptake. With PE an ORW has to plan counselling sessions by counsellor, clinic services by visiting physician or preferred providers, advocacy and networking with stakeholders. Supporting the peer educators and facilitating their work for efficient and effective coverage of KPs. Maintenance of records of the outreach team and report to the project. Rapport building with the target population and mobilise them for various services. Work with M&E assistant for data recording. Ensure field training of PEs.</p>	
<p>Duties and Responsibilities: will be responsible for performing the following functions:</p> <p>Planning and Management</p> <ol style="list-style-type: none"> 1. The ORW will be responsible for preparing micro-plans for each hotspot, monitoring the implementation of the plans and review of the plans. 2. Facilitate and build capacity of the peer educators to implement the outreach activities as per the required norms of the project. 3. Ensure micro plans and line listing is updated on quarterly basis and the same is shared with project for KPs and in case of migrants and truckers the micro plan and site assessment is completed every quarter. 4. Prepare monthly action plan for each hotspot, ensure supply of needles/syringes, condoms, lubricants, BCC materials adequately for each hotspot. 5. Should discuss with the counsellor on a monthly basis to understand the hotspots or sites with poor service uptake, increasing number of due and overdue so that necessary follow up and micro plans can be updated. 6. Should discuss with the community members and other stakeholders in preparing micro plan ensuring that field level support is ensured for smooth implementation of the project. 7. The ORW will identify potential volunteers and would use their services for the programme 	



Supervision and Monitoring

1. The ORW will be In-charge of outreach and supportive supervision of PEs, counselling, linkages etc.
2. Should ensure at least 20 days of field visits in a month to assigned areas and to the nearest preferred providers, ICTCs/FICTCs where the referrals are made.
3. ORW will ensure preparation of micro plans, risk & vulnerability analysis, stakeholder analysis in coordination with PE and Project Manager / MEA officer.
4. Should ensure weekly peer diaries are maintained, monthly report collection from PEs, submission of own reports to the project office.
5. Should facilitate the crisis response activities.
6. Ensure all new contacts of each peer educators should be covered by him/her.

Advocacy and Networking

1. The ORW will be In-charge of stakeholder management to discuss and rope in support of the stakeholders in smooth implementation of the programme in the area.
2. The ORW will be working with various power structures within and outside the community and would ensure their effective participation in the programme.
3. The ORW will identify and use preferred providers for delivering the project services after due training by SACS or DAPCU or TSU.

Commodity Supplies and Management

1. The ORW will be responsible for demand analysis of condoms, lubes in the field and would ensure distribution by the peers or through social marketing outlets in the field.
2. The ORW will maintain records of free condoms or lubes received from the project and distributed by self or peer educators or out lets.
3. Identify and manage condom social marketing outlets as per the guidelines.
4. Ensure supply and management of IEC materials for use in the outreach sessions.
5. Prepare the clinic site or health camp sites by mobilising community for health check up or HIV testing and counselling.
6. Any other TI related work assigned by the Project Manager as required by the project.

Reporting

- Report to PM.
- Provide data / information required for preparation of reports.
- Maintain records on referrals to other services, follow up register, reconciliation of referral cards, patient cards if required, condom & lubes stock and issue register for distribution in the field, lubes stock and issue register for distribution in the field, medicine stock and issue register if required, list of social marketing outlets and their follow up or any other documents as per requirements.

Training Requirements

- Supervision and Monitoring Skills, Team Building Skills, Good listening skills, Condom demo-re-demo, Basics of STI and HIV/AIDS, Advocacy and Networking, Clinical Record maintenance, Crisis Management and Outreach Planning.

Annexure 3: Spot Analysis Tool

Spot analysis Tool

Spot:

Typology

Location:

TI area:

Date of Analysis:

H i g h		Kothi		Double Decker															
		20-40		40<				>20				20-40				40<			
V o l u m e		D		W		D		W		D		W		D		W			
Time		Time		Time		Time		Time		Time		Time		Time		Time			
M A E N M A E N M A E N M A E N M A E N M A E N M A E N		M A E N M A E N M A E N M A E N M A E N M A E N M A E N M A E N		M A E N M A E N M A E N M A E N M A E N M A E N M A E N M A E N		M A E N M A E N M A E N M A E N M A E N M A E N M A E N M A E N		M A E N M A E N M A E N M A E N M A E N M A E N M A E N M A E N		M A E N M A E N M A E N M A E N M A E N M A E N M A E N M A E N		M A E N M A E N M A E N M A E N M A E N M A E N M A E N M A E N		M A E N M A E N M A E N M A E N M A E N M A E N M A E N M A E N					
M e d i u m		Kothi		Double Decker															
		20-40		40<				>20				20-40				40<			
V o l u m e		D		W		D		W		D		W		D		W			
Time		Time		Time		Time		Time		Time		Time		Time		Time			
M A E N M A E N M A E N M A E N M A E N M A E N M A E N M A E N		M A E N M A E N M A E N M A E N M A E N M A E N M A E N M A E N		M A E N M A E N M A E N M A E N M A E N M A E N M A E N M A E N		M A E N M A E N M A E N M A E N M A E N M A E N M A E N M A E N		M A E N M A E N M A E N M A E N M A E N M A E N M A E N M A E N		M A E N M A E N M A E N M A E N M A E N M A E N M A E N M A E N		M A E N M A E N M A E N M A E N M A E N M A E N M A E N M A E N		M A E N M A E N M A E N M A E N M A E N M A E N M A E N M A E N					
L o w		Kothi		Double Decker															
		20-40		40<				>20				20-40				40<			
V o l u m e		D		W		D		W		D		W		D		W			
Time		Time		Time		Time		Time		Time		Time		Time		Time			
M A E N M A E N M A E N M A E N M A E N M A E N M A E N M A E N		M A E N M A E N M A E N M A E N M A E N M A E N M A E N M A E N		M A E N M A E N M A E N M A E N M A E N M A E N M A E N M A E N		M A E N M A E N M A E N M A E N M A E N M A E N M A E N M A E N		M A E N M A E N M A E N M A E N M A E N M A E N M A E N M A E N		M A E N M A E N M A E N M A E N M A E N M A E N M A E N M A E N		M A E N M A E N M A E N M A E N M A E N M A E N M A E N M A E N		M A E N M A E N M A E N M A E N M A E N M A E N M A E N M A E N					
D = Daily		W = Weekly		M = Morning (6 AM-10 AM)		A = After noon (10 AM-2 PM)		E = Evening (2 PM- 8 PM)		N = Night (8 PM- 6 AM)									



Annexure-4: Understanding the Communities We Work With

Men who have Sex with Men

Referred to as MSM, this is an umbrella term to include all men who have sex with other men irrespective of their sexual identity. This definition is based on behaviour. This term was coined by public health professionals in the 1990s to understand transmission of HIV and other STIs among men who have sex with men, regardless of identity. So it is important to know that a man who self-identifies as gay or bisexual may not be necessarily sexually active with men, and someone who identifies as heterosexual or 'straight' may be sexually active with men. For many, MSM has become synonymous with "homosexuals", or of "gay" men though it is essentially a term that denotes a form of behaviour. So to summarise, one could refer MSM to sexual activities between men, regardless of how they identify, whereas gay though encompasses those activities is more broadly seen as social or cultural identity. Specifically in certain areas of the country like Manipur terms such as B MSM and A MSM are used (signifies receptive and penetrative sexual partners). Many Kothi or gay identified men may also identify themselves as MSM.

Transgender

A term used to describe those who transgress social gender norms; often used as an umbrella term to mean those who defy rigid, binary gender constructions, and who express or present a breaking and/or blurring of culturally prevalent/stereotypical gender roles. Transgender persons usually live in the gender role opposite to the one in which they were born for whole or part of their lives. In contemporary usage, 'transgender' has become an umbrella term that is used to describe a wide range of identities and experiences, including but not limited to: pre-operative, post-

operative and non-operative transsexual people; and male or female cross-dressers (sometimes referred to as 'transvestites', 'drag queens' or 'drag king'). A male-to-female transgender person is referred to as 'transgender woman' and a female-to-male transgender person is referred to as 'transgender man'.

Transsexual

Individuals whose gender identity is that of the opposite biological sex. There are male-to-female and female-to-male transsexuals. A transsexual may or may not have had sex reassignment surgery and thus could be 'pre-operative' transsexual, 'postoperative' transsexual and 'non-operative' transsexual. (A male-to-female transsexual person is referred to as 'transsexual woman' and a female-to-male transsexual person is referred to as 'transsexual man').

Intersex

When an individual is born with external genitalia or reproductive organs that do not correspond with any specific definition of being a biological male or female. There may be ambiguous genitals, both types of differences in the internal and external organs. For example a girl may have large clitoris or a child with small penis may have ovaries and uterus internally.

Kothis

Traditionally, a 'Kothi' is defined as a male who show obvious feminine features including mannerisms and who are thought to be mainly, if not only, involved in receptive anal/oral intercourse with men". However, these kothis may also penetrate other men and are referred to as 'dhorukotis'. In addition, they may also get married to women and may also be behaviorally

bisexual. These married effeminate men are also referred to as pav-bata-wali-kothis. Thus, Kothis' are a heterogeneous group and a single definition or identity does not describe the heterogeneity. The meanings attached to Kothi-identity vary according to the region, language, age group, socioeconomic status, and educational status, degree of involvement in the Kothi community and even from one Kothi-identified person to another. For example, in Manipur, the term used for them is 'B MSM'. The Kothi identified men may often have varying degrees of feminine mannerisms/behaviour. Some may cross dress in specific situations such as parties/dances/or for a sexual partner. They may not cross-dress otherwise publically and also don't let their birth families know that they cross dress. It has been argued that the kothi identified men may want to differentiate themselves from hijras. Further, they may not want to include kothis as a part of Hijras or the transgender umbrella.

Gay

The identity 'gay' is often associated with social class, education, and media exposure. In addition, some self-identified kothis may also identify themselves as gay due to their association with organisations working with HIV prevention and their friends.

Panthis or Ghadiya or Giriya

This is the identity given to seemingly 'masculine' looking men by kothis. These are usually considered to be 'the real men' who penetrate. These men may not self identify themselves, although there are some who know about the kothi language and may call themselves panthis. Some kothis may have steady panthis who are referred to as the partners, boyfriends or mard (Hindi for Macho men). These are also referred to as 'A' MSM in Manipur. Though they are usually the penetrative partners, it is possible that some might also get penetrated in certain situations. A panthi may not necessarily identify with the kothi

culture and consider himself as a heterosexual who 'just has sex 'with other men. It is also possible that the kothis may not urge the panthis to have some sort of a homosexual identity. Though an apparent reference is made to the 'top' and 'bottom' dichotomy seen in the western literature, these are not exactly congruent with the 'kothi' and 'panthi' identities. Since a 'gay' identified man may call himself a 'top', 'bottom', or 'versatile' based on his sexual behaviour.

Double Deckers or DDs

This term is used individuals who get penetrated as well as penetrate. It is quite possible that they might not be as overtly effeminate as kothis, or some kothis may call themselves double-deckers if they have been the penetrative partner in the past. Often it may be a label rather than a self-imposed identity.

Bi-sexual Men

This group includes those that are behaviourally bisexual but may not have any identity associated with it. It may also include a group of self-identified bisexual men. The sexual behaviour (penetrative or penetrated) does not necessarily form a part of this identity. For example, man proclaimed to be bisexual means that he has sex with men and women. However, it may not be instantly clear as to what sort of sexual role he plays while having sex with other men.

Men who are vulnerable due to their occupation/profession

This group includes multiple categories that may be 'situational' homosexuals or engage in sex for monetary reasons. This group includes maalish-waalas or masseurs. They include vocational groups like male film extras, room boys, beer-parlour boys, room boys, or truck cleaner boys. These may also be temporary situations that may change with passage of time.



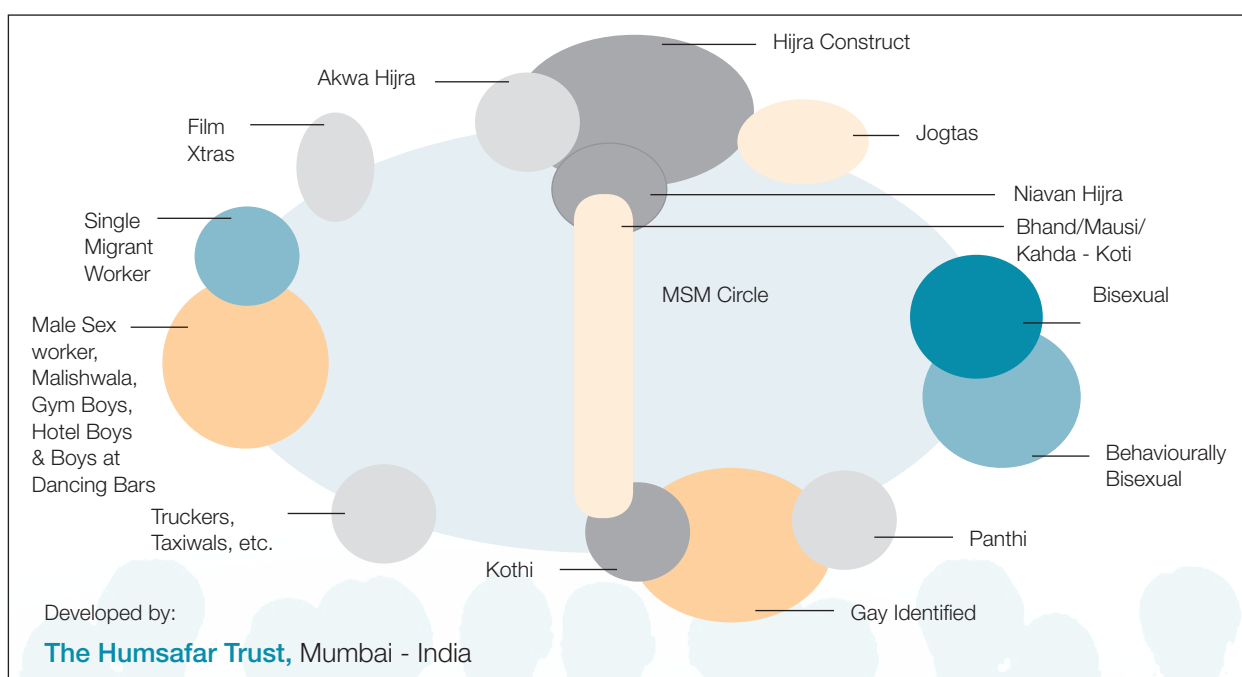
Hijras/Kinnars (Hijras-Urdu, for “leaving one’s tribe”)

Hijras have a distinct socio- cultural identity and is unique to subculture of Indian subcontinent. They are seen as different group of male-to-female transgenders. They are biological males who have feminine gender identity, wear women’s attire and play a feminine gender role. The Akwa Hijras are ones who are not castrated and therefore may also have penetrative sex with other men or women. The Nirwan Hijras are ones who are ritually castrated. Sometimes, they may also undergo a surgical procedure for emasculation. Many of them do not live with their biological families. Hijra communities are organized into seven major ‘Gharanas’ (means ‘houses’) and each Gharana are owned by key person called Nayak, a senior Hijra. Under each Nayak, there are many Gurus (Master or Teacher), and under each Guru there are many ‘Chelas’(Disciples).A person can be Chela of a particular Guru as well as Guru for some other persons (i.e., have their own Chelas). In India, the term kinnar is used to describe Hijras and is seen as a more respectable and formal term. A number of terms are used across the country. In

Telugu, a hijra is referred to as napunsakudu, kojja or maada. In Tamil Nadu, the equivalent term is Thirunangai (daughter of god), Ali, aravanni. In Punjabi the terms khusra and jankha are used. In Gujarati they are called pavaiyaa. In south India, Male devotees in female clothing are known as Jogappa. Hindu temple hijras are often referred to as Jogtas. The term “eunuch” was in used in English to once commonly describe Hijras; though now the experts have sought to include them as being transgenders.

Male-to-female transgenders are a separate group socially, culturally, and behaviourally. Thus HIV prevention programmes and activities should be specific for this group and they should not be grouped together with the other MSM sub-populations. This is by no means an exhaustive list of all identities. Each local area may multiple other names or groups that can be added to this list. Also, the identity categories are fluid and there can be movements across these various groups.

MSM circle developed by Humsafar Trust¹ is also useful in capturing all the different identities described above. If need be, seek help from the trainer or others who are well versed with the picture.



Annexure 5: Form-B, Weekly Planning and Reporting Formats for PE s

Form B: PE Weekly Planning & Activity sheet (FSW, MSM)

Name of the PE		District		Name of the hot spot/s		Week		1		2		3		4	
Name of the Supervising ORW		For the month				Date (end of the week)									
SI No	Name of the HRG	000000 000	PE's Symbol for Identifying HRGs	Referral due/ over due	Risk Assessment				Services				Violence reported		
					Risk		Vulnerability		Condom Requirement per week	No. of condom distributed	No. of Male condom sold	No. of Female condom sold		Type of Contacts	Referrals (STI & to others centers)
STI	ICTC	High number of sexual encounters (> 15 per week)	Low condom use (not used more than 2 sex acts out of last 10 sex acts)	First year in sex work and/or below age of 25 years	STI reported in last three months	Alcohol	Un-safe sex (more money)	Violence					1-1		1- Group
1															
2															
3															
4															
5															
6															
7															
8															
9															
10															
11															
12															
13															
14															
15															
16															
17															
18															
19															
20															
21															
22															
23															
24															
25															
Total															

*on monthly basis the ORW will compile the information from each PE weekly sheet (4 weeks sheet) and enter the compiled information against each HRG



Annexure 6: Form-C, Individual Service Tracking Sheet

Form C: PE wise Individual HRG compiled Monthly sheet for FSW, MSM (by ORW)*

Name of the PE		District	Risk Assessment		Name of the PE				For the Month		Monthly Tracking on core parameters						
Sl No	Name of the HRG	UID Number	Referral due/over due		Risk		Vulnerability		Condom Requirement per month (condom gap analysis)	Services		Violence reported	Monthly individual met	Regular monthly contacts (yes / No)	Condoms distributed as per requirement	Referred ICTC and tested	
			STI	ICTC	High number of sexual encounters (> 15 per week)	Low condom use (not used, condoms in more 2 sex acts out of last 10 sex acts)	First year in sex work and below age of 25	STI reported in last three months		Alcohol	Unsafe sex (more money)						Violence
1																	
2																	
3																	
4																	
5																	
6																	
7																	
8																	
9																	
10																	
11																	
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16																	
17																	
18																	
19																	
20																	
21																	
22																	
23																	
24																	
25																	
Total																	

*on monthly basis the ORW will compile the information from each PE weekly sheet (4 weeks sheet) and enter the compiled information against each HRG

Annexure 7: Form-C1, Monthly Summary Sheet

Sl No.	Name of the PE	Week	Condom requirement per week (as per condom gap analysis)	Services							No. of individuals is reported condom use during last sex	No. of new community registered		
				No of condom distributed	Type of contacts		Lubes requirement per week	No. of lubes distributed	Referrals (STI & others centers)					
					1-1	1-Group			STI	ICTC	ART			
1	PE1	Week 1												
		Week 2												
		Week 3												
		Week 4												
		Total												
2	PE2	Week 1												
		Week 2												
		Week 3												
		Week 4												
		Total												
3	PE3	Week 1												
		Week 2												
		Week 3												
		Week 4												
		Total												
4	PE4	Week 1												
		Week 2												
		Week 3												
		Week 4												
		Total												
5	PE5	Week 1												
		Week 2												
		Week 3												
		Week 4												
		Total												
		Grand Total												



Annexure 8: Form-D ORW Weekly Reporting Format

Name of ORW				Date:	Reporting for the Week:		For the Month:
Number of PE working with ORW:				No. of ICTCs in ORW area		No. of police stations in ORW area	
SI No	Activities	PE1	PE2	PE3	PE4	PE5	Guidance
1	PEs met to review outreach for week ended; and to plan outreach for next week by prioritizing KPs to be given services						For each PE, pls write if PE was met. If yes, pls write a paragraph about the outreach / referral challenges faced by the PE and the support you will provide him/her for the next week. Pls also indicate if a clear risk based outreach plan has been prepared for next week (which lists the HRGs to be prioritized for outreach next week).
2	PEs met to review condom distribution and condom sold						Pls review condom distribution / sold for each PE last week against requirement, and strategy / support you will provide to the peer to ensure adequate condoms are available and distributed.
3	Sites were visited during the week for supportive supervision.						Pls indicate the nature of site visited, and the support provided to resolve any problem (e.g. in explaining MIS system, in improving skills of peers in IPC, in building rapport with stakeholders (e.g. gatekeepers, local leaders etc). The ORW during the visit meets 10% of the HRGs in a given site to know on the feedback on the services given by the project for improving.
4	Number of new HRGs registered						Indicate whether all the HRGs estimated/mapped are being registered with the program.

SI No	Activities	PE1	PE2	PE3	PE4	PE5	Guidance
5	Number of HRGs declared as dropped out during the month						For any KP that has not received program services for 6 months, pls understand from the peer the reason (e.g. migration) and make “inactive” after adequate efforts made to trace her. This has to be documented in the weekly minutes and shared with the.
6	Coordination meeting with ANM/Counselor to list STI/ICTC visits made during the last week and due next month						Pls report the no. of STI/ICTC visits made by HRGs during the previous week and ensure that peers have a list of KPs due or overdue for clinic/ ICTC visits. Pls also report no. of ICTC.
7	Group meetings with HRGs in DIC (For review and community issues)						Pls, summarise key issues faced by community and action proposed to address their issues.
8	Meeting ro developing linkages						Pls summarise nature of the meeting and action taken to develop linkages and improve coordination.
	ICTC						
	ART						
	Police						
	Gate Keepers						
	Other Stakeholder						



Annexure 9: ORW Monitoring Visit Check List

ORW Field Diary/Monitoring Checklist			
Name of the ORW:		ORW Code	
Date of Visit:		Name of the hotspot	
Sl. No.	Issues	Status / Number	Observations made / Action taken / Comments of ORW
Monitoring of PE Activities			
1	Number of registered community members that have been contacted by PE during the week as per weekly/micro plan		
2	Number of new community members identified during the week by PE		
3	Number of condoms distributed by PE during the week as per the demand analysis		
4	Number of condoms used during the week for each community member as per PE diary		
5	Number of lubes distributed during the week as per the demand analysis		
6	Number of Community members referred to ICTC centres during the week by PE		
7	Number of community members referred to the project clinics (including DIC for Regular medical check up-RMC)		
8	Number of commodities (condoms/Lubes) available with PE for distribution for next one week as per demand analysis		
9	PE has the basic skills for conducting outreach (knowledge and skills on STI / HI / AIDS / Condom Promotion)		
10	PE dialy diaryies updated by PE		
Feedback/Information from community members on outreach services provided by PE at the hotspot level by random check of at least 10% of the community member in each hotspot			
1	PE visits hotspots regularly for providing project services		
2	PE has the knowledge of local settings (hotspot level community member dynamics/Stakeholder at the hotspot level)		
3	PE distributes commodities (condoms/lubes) as per requirement and on time		
4	PE provides information on project services (STI/ HIV/Condom usage/Regerrals/STI clinics)		
5	PE ensures to track community members for ICTC referrals and for RMCS at the project clinic)		

Sl. No.	Issues	Status / Number	Observations made / Action taken / Comments of ORW
Support provided to PE at the hotspot level			
1	Oriented PE in improving the basic skills for conducting outreach (if oriented, mention the areas)		
2	Barriers faced by community member in the area to access services provided by the project, and steps taken to resolve		
3	Issues arising during the field visit flagged for discussion during weekly/monthly staff meeting for discussion		
Services provided by the ORW to community members during the visits			
1	Number of community members met during the visit at the hotspot		
2	Number of community members met in group meeting at the hotspot		
3	Number of condoms distributed to the community members in area where PE has not given this service		
4	Number of condoms/lubes distributed to the community members in area where PE has not given this service		

Annexure 10: Feedback Form

To be used on all the days of the training

Date: _____ Participants name (optional) _____

S. No	Title of the session	Feedback			Remarks*
		Good	Ok	Poor	
1					
2					
3					
4					
5					
6					

Most useful topics:

Topics not found very useful:

Any other suggestions

- Please comment on duration, content, method and visual aids

Note: Facilitator may give the handouts of feedback with day wise sessions listed



