

Case Study 1: Peer Based Outreach Targeting Key Populations at Risk of, or Affected by HIV

Key Messages:

- Understanding the environment of risk in your location
- Understanding key populations in your location
- Increased participation of key populations in project design, delivery and monitoring
- Comprehensive package of peer-led outreach services

Insert graphic of spotlight, shining to key messages

Background

By the end of 2010, Tingim Laip's focus had drifted away from key populations to general populations. Most volunteers were community leaders, rather than members of key populations. Most activities were conducted for large community audiences, rather than small targeted peer interactions.

From late 2012 to early 2013 Tingim Laip returned the focus of its HIV prevention and care interventions to key populations. To make this shift, Tingim Laip used a range of strategies. The most important strategy was increasing the participation of key populations at all levels of the project including project design, delivery and monitoring.

Rationale

Evidence shows that including key populations is essential for successful HIV prevention and broader health projects. Involving key populations in the response and supporting their participation is key to their success.

The 2014 WHO Consolidated Guidelines on HIV Prevention, Diagnosis, Treatment and Care for Key Populations recommends that 'programmes should work toward implementing a package of interventions to enhance community empowerment among key populations'.



Methodology and Outcomes

Know the environment of risk, know the key populations:

Tingim Laip aimed to learn more about the whole environment where risk for HIV was greater. This meant expanding the idea of 'hot spots' to learn more about the men and women who go to the 'hot spots'. This is important because, 'hot spots' change regularly for many reasons: venue management, theft, fire, security, client preference and popularity.

Transactional sex is often negotiated through a series of complicated steps that may involve several different people at different locations and at different times of the day. Understanding the whole process presents opportunities for multiple intervention points: with clients, with gatekeepers, and relevant stakeholders. The timing of these interventions can be done at key stages of the transaction: contacting a sexual partner, negotiation, socialising before transactional sex, after transactional sex.

Many of these actions take place outside of 'hotspots'. The environment of risk describes the network of connected settings and people where there is increased risk of HIV transmission.

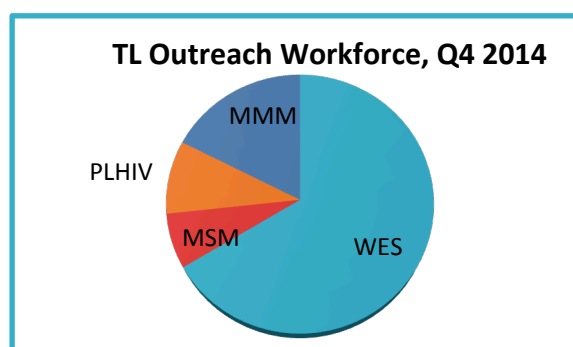
Tingim Laip used the following strategies to get a better understanding of the environment of risk, and key populations:

- Social Mapping
- Stakeholder Mapping
- Micro mapping of locations to gain detailed understanding of risk in each environment and to inform the development of location strategies
- Agreement on the key populations TL would work with: Women Exchanging Sex (WES), Men who have Sex with Men (MSM), People Living with HIV (PLHIV), and Mobile Men with Money (MMM)¹.

Increased participation of key populations in project design, delivery and monitoring:

- In 2013, TL introduced a new workforce position: formally employed casual Field Officers (FO) in addition to volunteers. All Field Officers and volunteers were members of key populations.

By the end of 2014 TL was working with 180 FOs and volunteers: 126 WES; 15 MSM; 16 PLHIV; and, 23 MMM.²



- Training and support to ensure the field workforce had the information, skills and attitudes key population outreach. Many of the men and women TL worked with did not have the necessary knowledge and skills to do outreach. Many of the men and women could not read or write. TL found ways to make sure that this did not act as a barrier to their participation in the project.

All members of the TL workforce received training in: Peer Education, HIV and STIs, monitoring and evaluation, finance and administration, safety and security and basic First Aid.

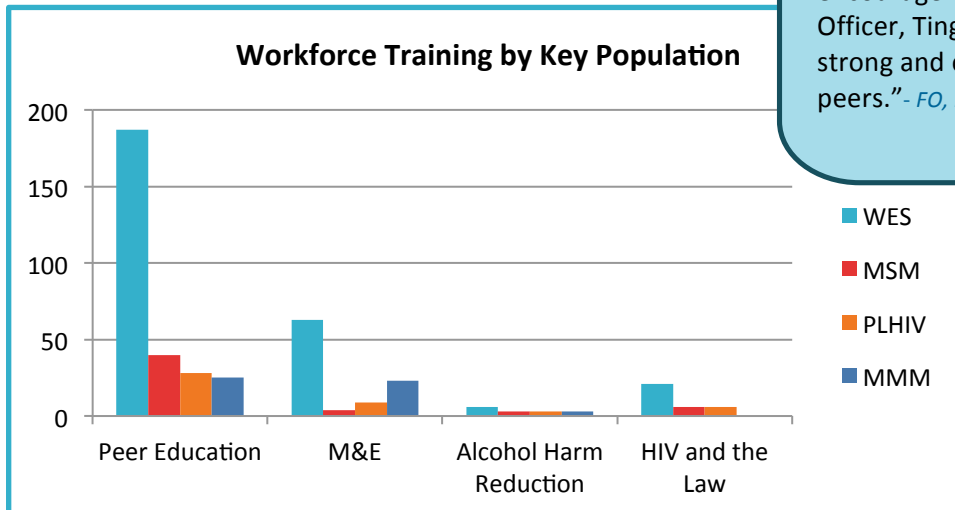
¹ For more information about the research that informed Tingim Laip's decision to work with these populations please see [Tingim Laip Social Mapping Report](#) and [Micro mapping Reports for each Location](#).

² For more information about the Field Officers, please see [Case Study 9](#).

Other trainings included: Alcohol Harm Reduction, Condom Promotion, Referrals, Gender Based Violence Harm Reduction, HIV and the Law and Love Patrol Facilitation.

TL trainings ensured that TL workforce received knowledge and skills to deliver messaging and conduct activities.

“Before, I didn’t know anything about HIV and AIDS, but through training and through encouragement by the Project Officer, Tingim Laip has made me strong and confident to reach my peers.” - *FO, Hagen*



Table

Many volunteers and Field Officers reported feeling more respected by their community after the transition because they had better knowledge of HIV and related subjects, and the had stronger skills.

They were also respected for taking people to clinics.

“In the past, customs made it difficult to communicate about HIV. People’s thinking in Jiwaka is starting to open up as we target populations and educate them about HIV, and alcohol and drug harm reduction. People share what they learn with their friends, the messages spread like wildfire.” - *Field Officer, Jiwaka*

“If someone can’t read, we work as a group, one person reads and another helps to write, and some of them [who cannot read or write] have really good thinking and we learn from them.”

- *Volunteer, Markham*

Comprehensive peer-led outreach package

Tingim Laip redesigned its outreach package to meet the needs of the key populations it was working with. The new package:

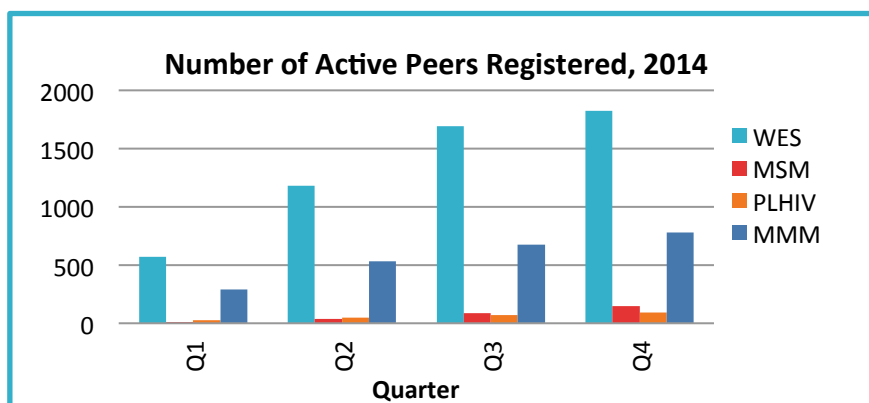
- Promotes 1-to-1 and small group peer interactions
- Includes a wider range of topics relating to HIV: STIs, SRH, Alcohol Harm Reduction, Gender Based Violence Harm Reduction, condom use and negotiation

- Promotes and supports greater access to relevant clinical services (STI, VCT, legal and protective)
- Offers accompanied and unaccompanied referrals

To support consistent delivery of peer-led outreach activities, TL worked with volunteers and Field Officers to develop outreach targets.

- Volunteers worked with 15 peers on a regular basis
- Field Officers worked with 20 peers on a regular basis

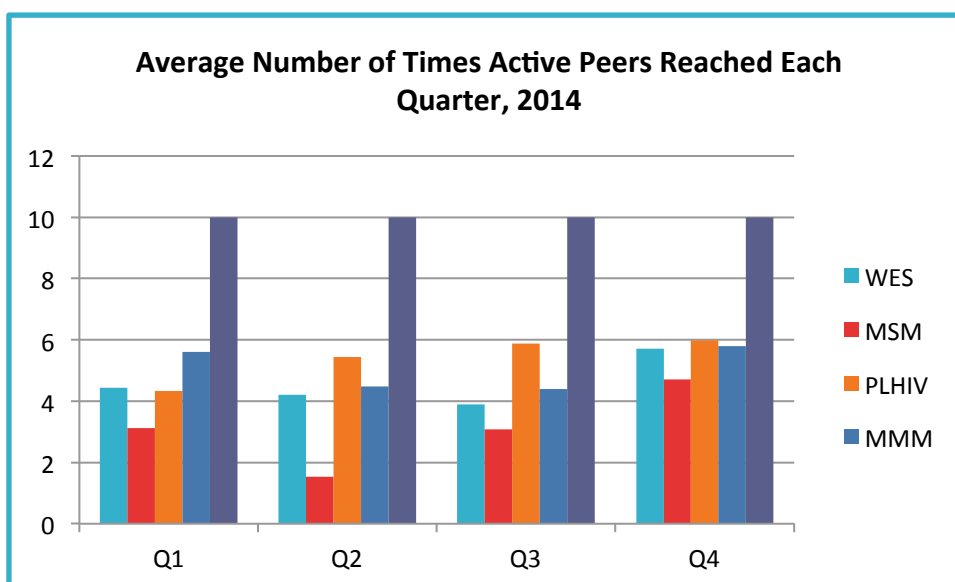
- In 2014, Tingim Laip increased the number of active beneficiaries the project worked with in each quarter. By the end of 2014 TL was working with:
 - 1,824 WES peers
 - 148 MSM peers
 - 95 PLHIV peers
 - 781 MMM peers



TL's workforce aimed to contact each peer at least ten times each quarter. This helped to build trust, reinforce messages, provide access to condoms and help peers to access referral services.

Outreach targets (see table) guided volunteers and Field Officers.

Education	Commodities	Referral
3 HIV & AIDS	168 Male condom	3 STI
1 VCT	24 Female condom	1 VCT
1 STI	12 Lubricant	1 HIV care & support
3 HIV care & support		1SRH
1 Male Condom demo		1 GBV
1 Female Condom demo		
1 Condom Negotiation		
1 Alcohol Harm Reduction		
1SRH		
1 GBV		



“... [Before the transition] we were not giving the right messages to people, we were not equipped to give HIV information and all that to the people that we were working with. We were just talking about targeting all key populations but we weren't really doing it....So what I have experienced is that the message that I was giving to the general population was just wasting my time because I was just screaming it out anyway, talking to anybody. They were not capturing it, they weren't really interested. I was talking to them in the wrong place, the wrong time. – Field Officer, Milne Bay

Tingim Laip strengthened referral pathways to STI, VCT and other service providers. TL worked with service providers to help them understand the key populations that TL worked with³.

The accompanied and unaccompanied referrals increased demand for these services.

“Tingim Laip workers go into night clubs and other locations that we cannot go and talk to the women about coming to the clinic, they use language to talk to women that make them feel comfortable”. – *Nursing Officer,*



Challenges

There is still a lot of stigma and misinformation about HIV in Papua New Guinea. Some TL staff and volunteers reported being treated poorly because people assumed they were HIV positive or from a key population.

This can be a barrier to reaching peers because volunteers and Field officers may become the target of discrimination.

To reduce this, Tingim Laip supported the participation of Field Officers and volunteers (all members of key populations) in all planning sessions. Their participation helped to ensure that activities were conducted at suitable times and in locations they considered safe.

“People know the kind of work we’re doing so when we talk to a girl, people will label those we’re talking to, ‘oh that’s a sex worker’. So when we want to work with girls they distance themselves from us. But we really try our best to reach them, to advocate with them because we want them to change their behaviours.” -

Field Officer, Central

³ For further information on TL work with service providers, please refer to Case Studies 2 and 7

Lessons Learned

- Have a good understanding of the environment of risk. If you limit your understanding of key populations and factors that contribute to HIV risk to 'hot spots', this can restrict interventions to these locations.

'Hot spots' change regularly for many reasons and it may be difficult to monitor this in a timely manner.

Transactional sex is often negotiated through a series of complicated steps that may involve several different people at different locations and at different times of day.

Understanding the whole process presents opportunities for multiple intervention points: with clients, with gatekeepers, and relevant stakeholders. The timing of these interventions can be done to ensure safety and security of outreach workers.

- Create opportunities for members of key populations to contribute and participate meaningfully in all aspects of project design, implementation and monitoring.

Engaging key populations as volunteers, casual employees or full time employees supports a peer approach. Key population participation in project planning, implementation and monitoring ensures that activities reflect the needs of project beneficiaries.

Recognise that members of key populations may not have necessary knowledge, skills or even literacy levels – it is up to the organization to create opportunities and find alternative ways for key populations to contribute. This should not be a barrier to participation.

A peer approach targeting members of key populations requires ongoing support and capacity building of key population workforce.

- Outreach activities should be peer-led and reflect the needs of the key populations that are being targeted

Including a wider range of messages helps to keep peers interested in the project and helps them to learn more about issues that are important to them. This supports longer participation with the project.

Supporting men and women to access services is an important element of HIV prevention programming. Accompanied and unaccompanied referrals promote health seeking behaviours.

Setting clear outreach targets for volunteers and Field Officers helps ensure regular contact with peers, and that peers receive a range of prevention messages, commodities and services. Outreach targets also provide a framework for monitoring outreach activities and managing performance.