

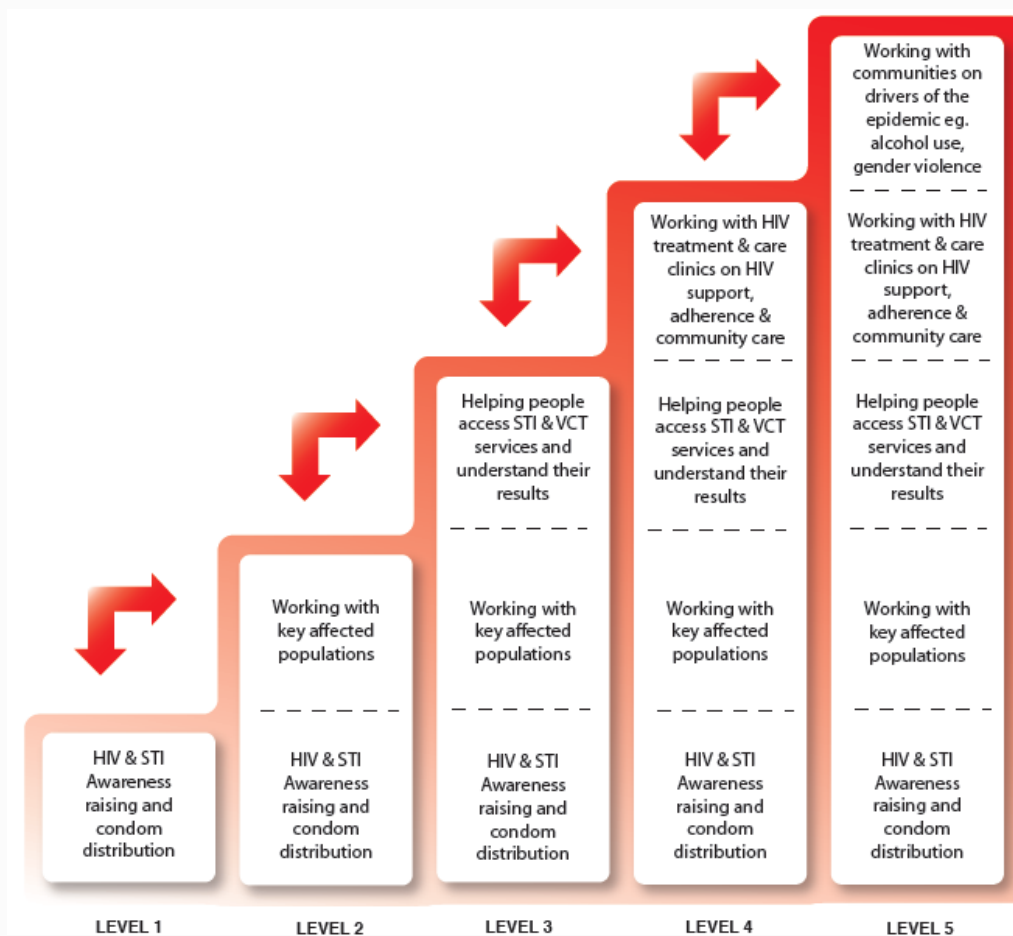
Briefing Note STEPs Model



Introduction:

At the beginning of Phase 2, the Tingim Laip team developed a model to assist Site Committees to better tailor their interventions towards the populations most at-risk of and affected by HIV. Based on the Comprehensive Package of HIV Prevention and Care Services developed in Asia and the Pacific, the STEP's model helps Site Committees place the work that they are doing, and planning to do, into a structured framework. The scan of sites carried out by Tingim Laip in early 2011 revealed that whilst all Site Committees were carrying out HIV awareness-raising and distributing condoms, there had been a general drift away from a focus on key affected populations. The aim of the STEP's Model is to assist Site Committees to design and implement a set of activities that is clearly focussed on these populations and that reaches far enough into these populations to make a difference.

The STEP's Model:



How the STEPs Model is being used in Tingim Laip:

Tingim Laip staff and short-term advisers work with Site Committees to identify where the work that they are currently doing fits into the levels identified in the STEPs Model. Many sites are carrying out some work at each level, but the nature, volume and consistency of this work varies from site to site. Most sites work effectively at Level 1, holding information nights, distributing condoms, conducting peer education with people in their community. This is a good start, but on its own is unlikely to bring about the changes in HIV prevention and care necessary to turn the epidemic around in PNG. A more multi-dimensional approach is required, that works with key affected populations, helping them to gain the knowledge, means and power they need in order to avoid acquiring HIV, or if living with HIV, avoid transmitting HIV to others and get the support and services they need to remain healthy.

Using the STEPs Model, Site Committees will gradually add or consolidate work at each level to their quarterly work program. For example, a Site Committee may be handing out condoms at the local market on Saturday afternoons, but not focussing its work on people most likely to be at-risk of or affected by HIV. They will be encouraged to move to Level 2 by continuing their awareness-raising and condom distribution activities but gradually changing the timing and venue of their activities to make sure that the people who most need the information and condoms are able to access them. They might then move to Level 3 by assisting those new populations they are now working with to access STI and VCT services and by working with these services to make sure that health workers welcome and provide high-quality services for these populations.

Site Committees are encouraged to examine their local context and the key populations in their place and design activities at each level of the STEPs Model.

Setting and maintaining standards:

To assist Site Committees to determine how they are doing at each level, Tingim Laip is in the process of developing a set of standards for each level. Site Committees will use these standards to see what an effective local response would look like at each level and to plan changes to their work to ensure that they are working towards this standard. This is not intended to be a punitive process. The standards are being developed with input from Site Committees and are intended to be used by sites to track their progress in broadening the range of activities they are conducting and their reach into key affected populations.

Using the STEPs Model and the standards, Site Committees will be able to identify which areas of their work need to be strengthened and guide Tingim Laip staff capacity development Site Committees accordingly.