Outreach Planning
For
Migrants Project

Definitions

- Census: Change in residence (30.1%-)

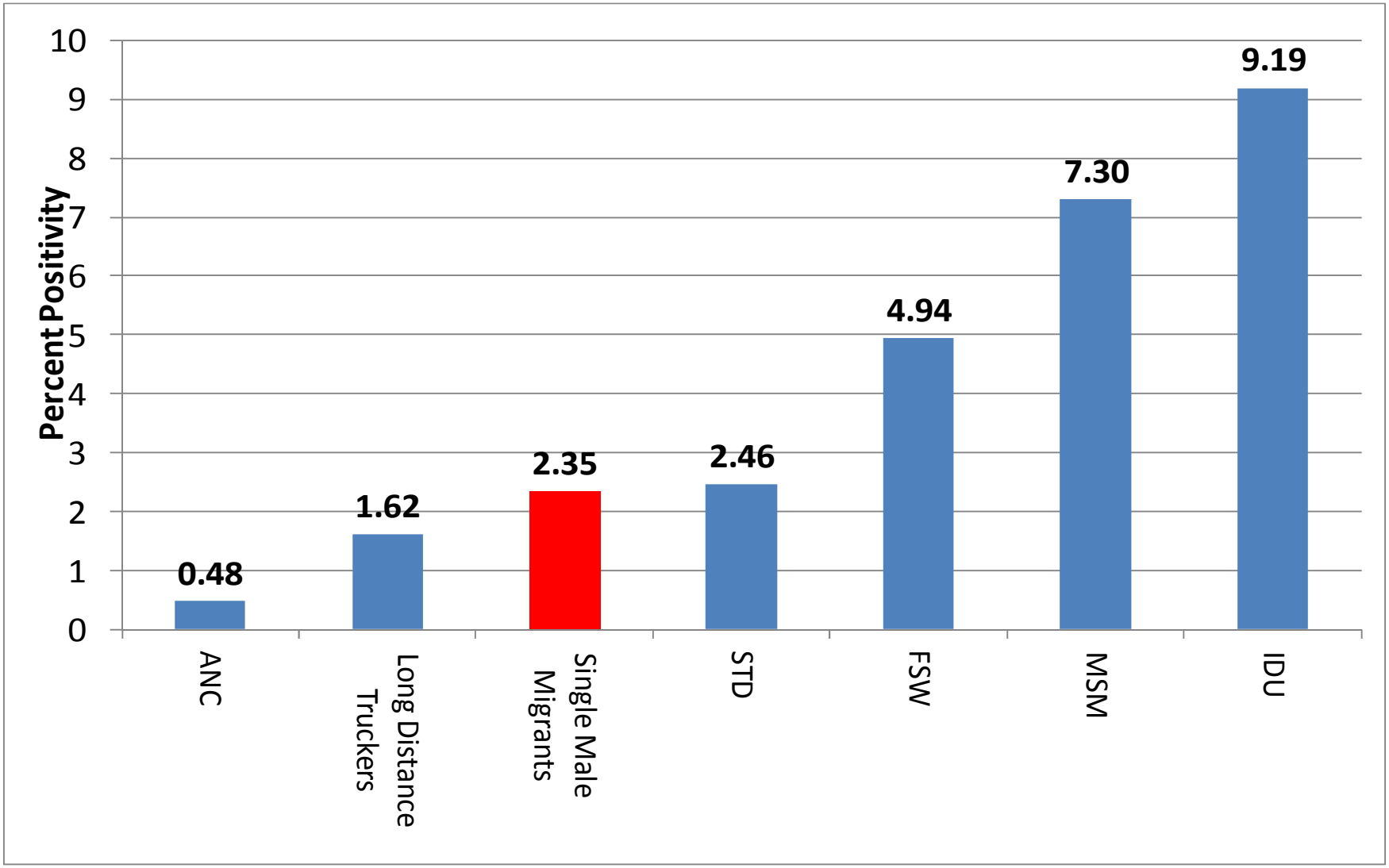
- ILO:
  - A person who migrates from one country to another (or who has migrated) with a view to being employed

- UNAIDS:
  - A migrant worker is a person who migrated from one country /area to another in pursuit of opportunities.
  - This includes any person regularly admitted as a migrant for employment, as reflected in the Migration for Employment Convention (Revised) 1949,No.97

Definitions

- NACO:
  - For the purposes of HIV and Migration, people who seek better livelihood and move from their place of origin in rural areas (source) to a town or city (destination),
  - with the intention of settling temporarily or semi-permanently and return back to their origin for upto 3-6 months
  - Risk profile of migrants should include their
    period of stay,
    mobility,
    risk exposure,
    risk pattern

HIV Prevalence: India, 2008-09 (A Concentrated Epidemic)



Are Migrants Really at Risk?

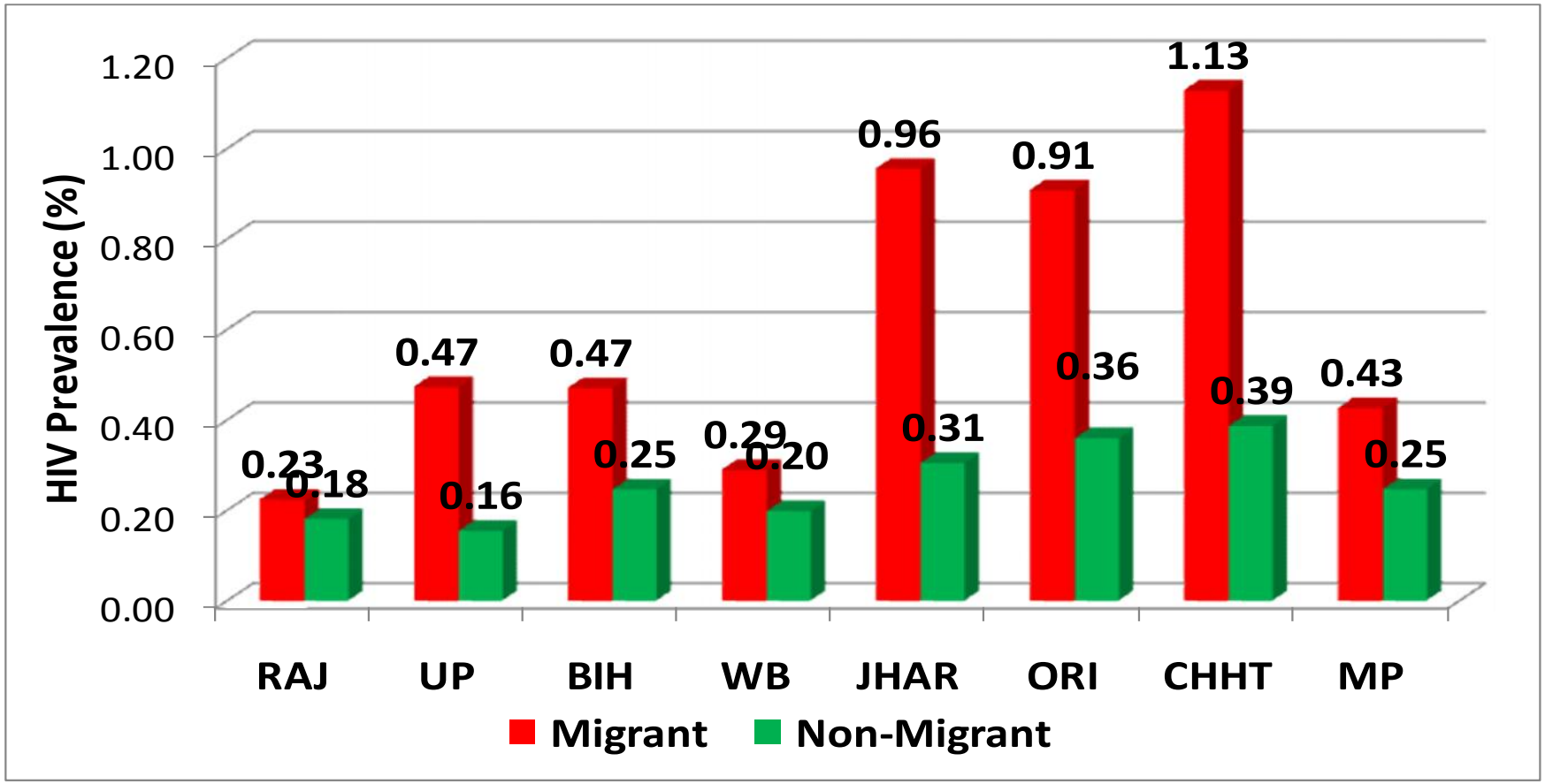
- Eight times higher prevalence rates than Gen Pop; Highest prevalence after the MARPs – 2.35 %

- Migration and/or mobility represents a critical context for HIV transmission
  - Couples in which men had a history of migration and mobility have **three times** greater likelihood of HIV infection,
  - and **five times more likely of being HIV sero-discordant**

- 2-4 times more number of Migrants have non-regular partners or visit sex workers
  - Only 19 % report consistent condom use (42 percent by others)

- 13 % Females report STI symptoms (double the national average)
  - 2/3rd of the construction sites and women informal workers reported to work as part-time sex workers.
- Myth of ‘Single male migrant’ as the sole buyer of sex
  - 13 % of migrant men report engaging in transactional sex are married
- 34% of married returnee migrants engaged in non spousal sex in last 12 months

HIV Prevalence among ANC Attendees by Migration Status of Spouse in source states



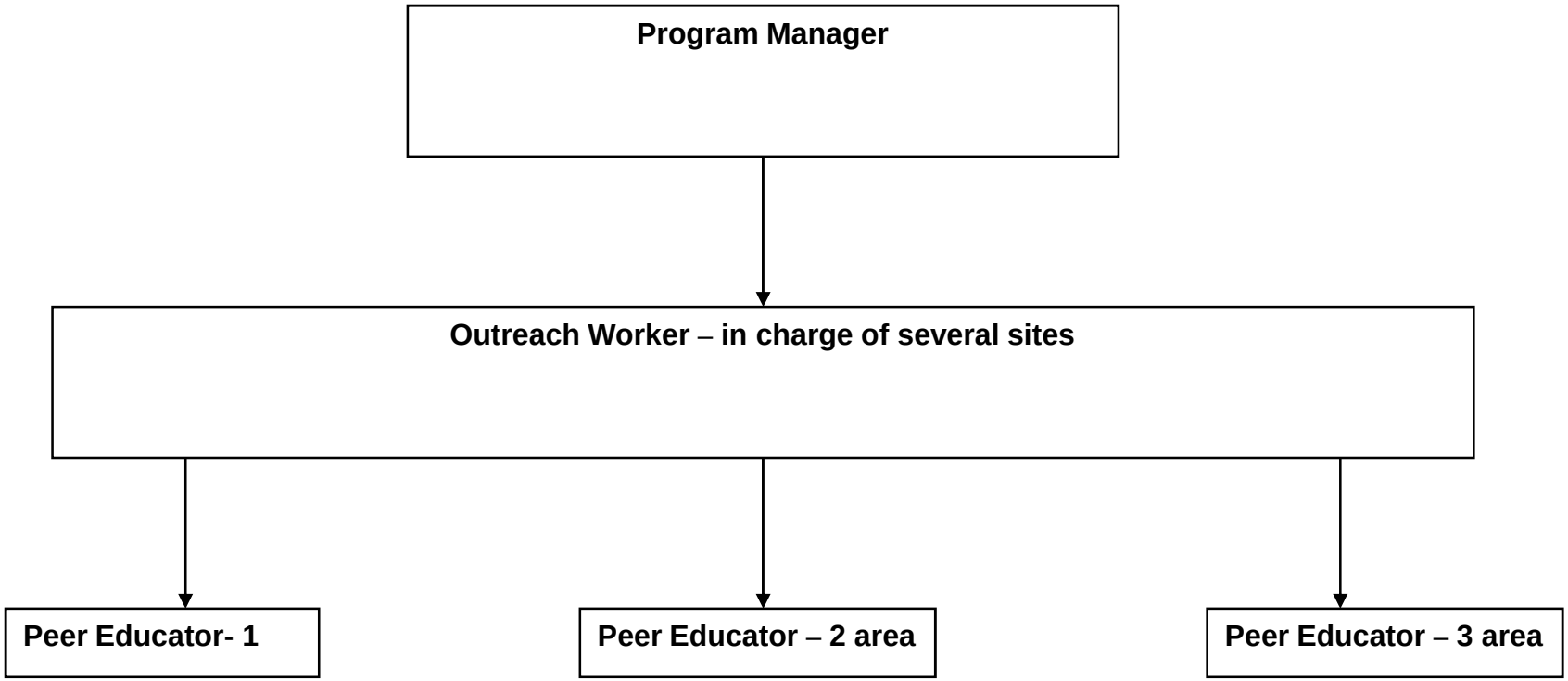
(Source: HSS, 2008-09; N= 1881)

Higher HIV Prevalence among spouses of migrants indicate the likely role of Migration

Outreach –
is a systematic attempt to provide series beyond conventional limits, including particular segments of a community. It is the act of reaching out, an effort to build connections from one person or group to another.

Outreach Planning

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:


Program Manager
Outreach Worker – in charge of several sites
Peer Educator- 1
Peer Educator – 2 area
Peer Educator – 3 area

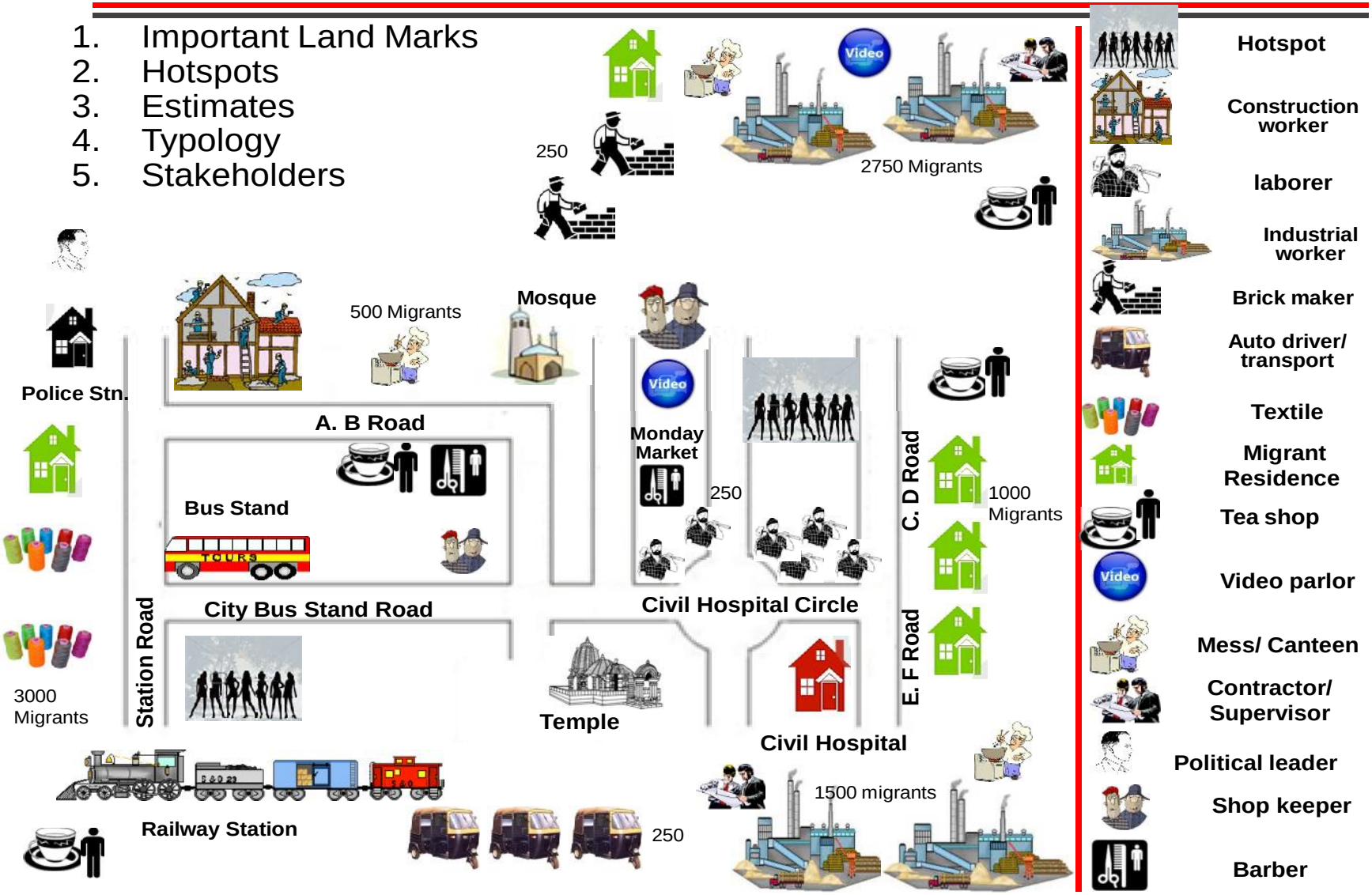
Planning in a Migrant Intervention
Out reach tools:

- **Broad Mapping**
- **Rapid Assessment**
- **Site Mapping**
- **Resource Mapping**
- **Seasonal Map**
- **Stake holder Mapping**
- **Risk mapping**
- **Micro plan**

Planning in a Migrant Intervention

Broad Mapping

1. Important Land Marks
2. Hotspots
3. Estimates
4. Typology
5. Stakeholders



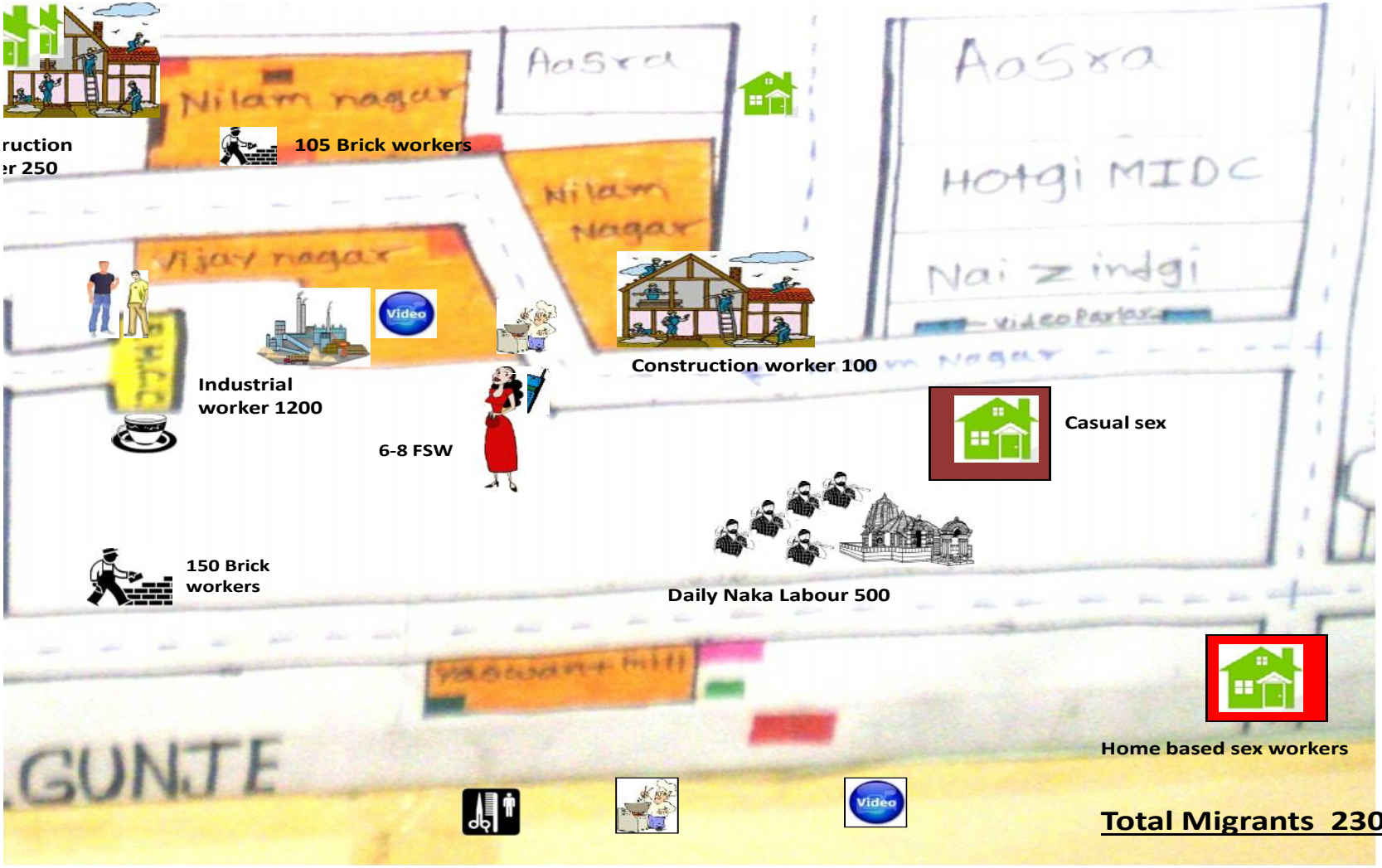
Planning in a Migrant Intervention

Rapid Assessment

- **To identify locations**
- **To identify the occupation categories at risk**
- **To understand the social and sexual networks**
- **To understand the different needs**
- **To identify health care providers and stakeholders**
- **To identify community resources**
- **To identify potential peer leaders**
- **To identify the role of gate keepers on migrants.**
- **Can be an entry level activity to build rapport**

Planning in a Migrant Intervention

Site Mapping

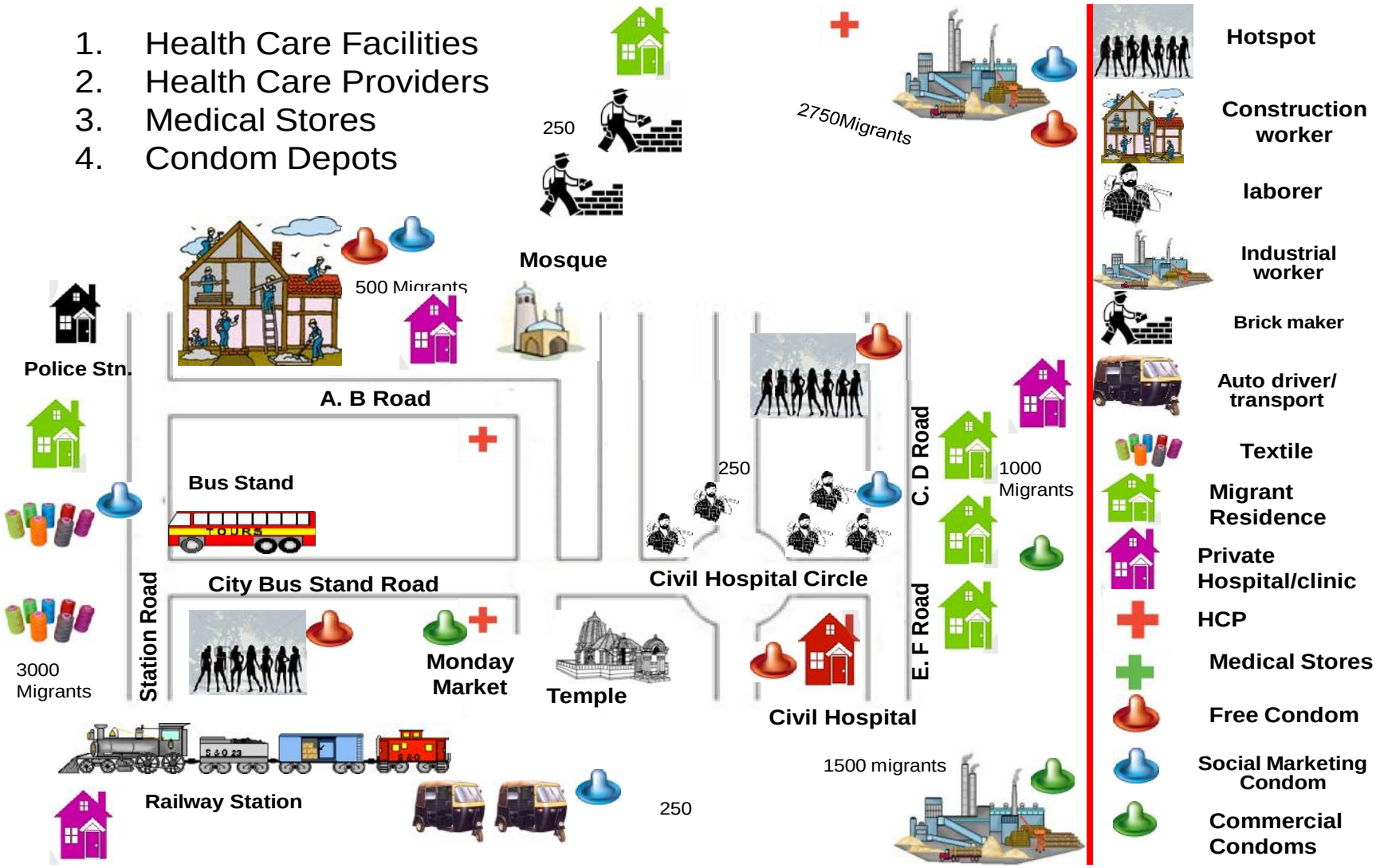


Total Migrants 2305

Planning in a Migrant Intervention

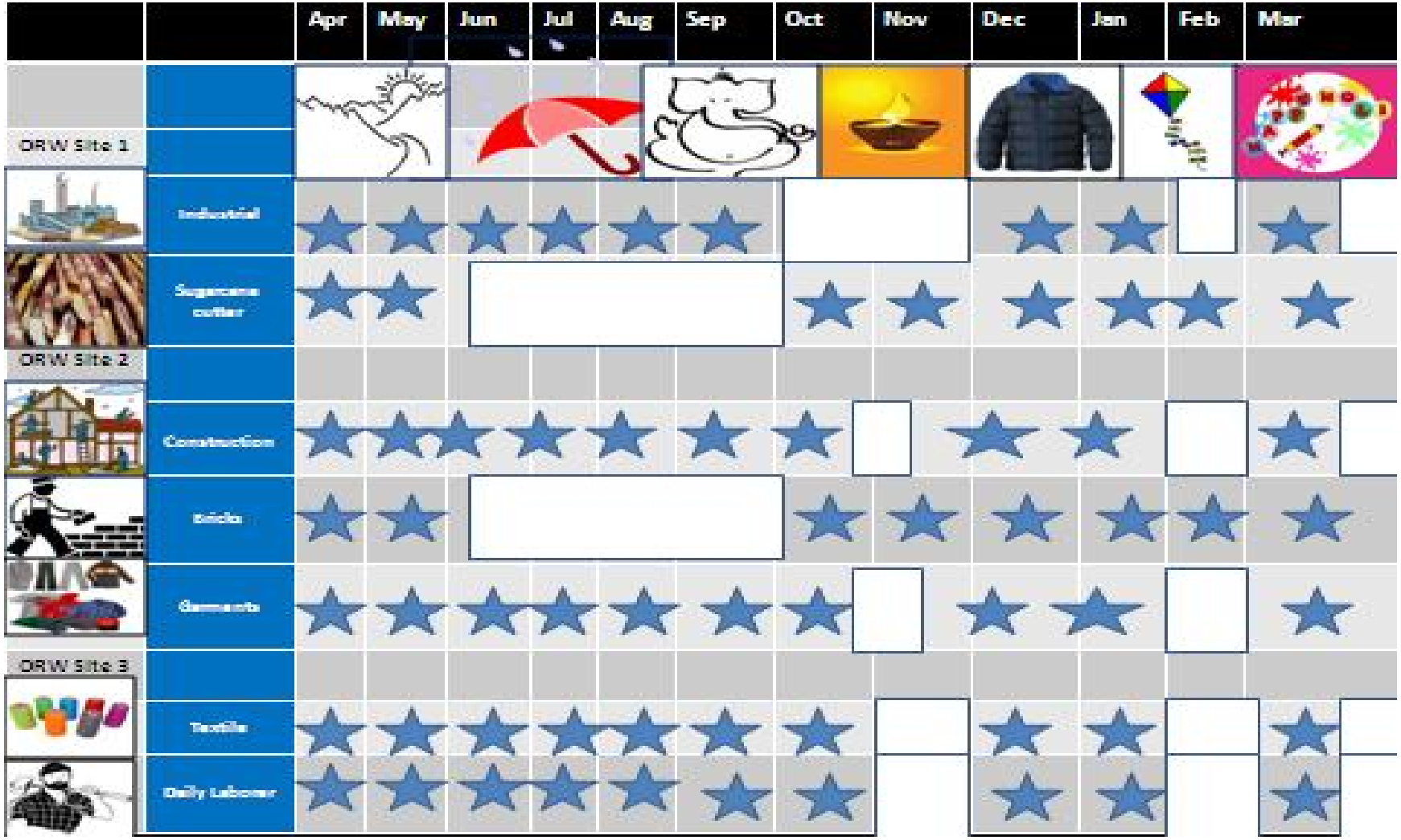
Resource Mapping

1. Health Care Facilities
2. Health Care Providers
3. Medical Stores
4. Condom Depots



Planning in a Migrant Intervention

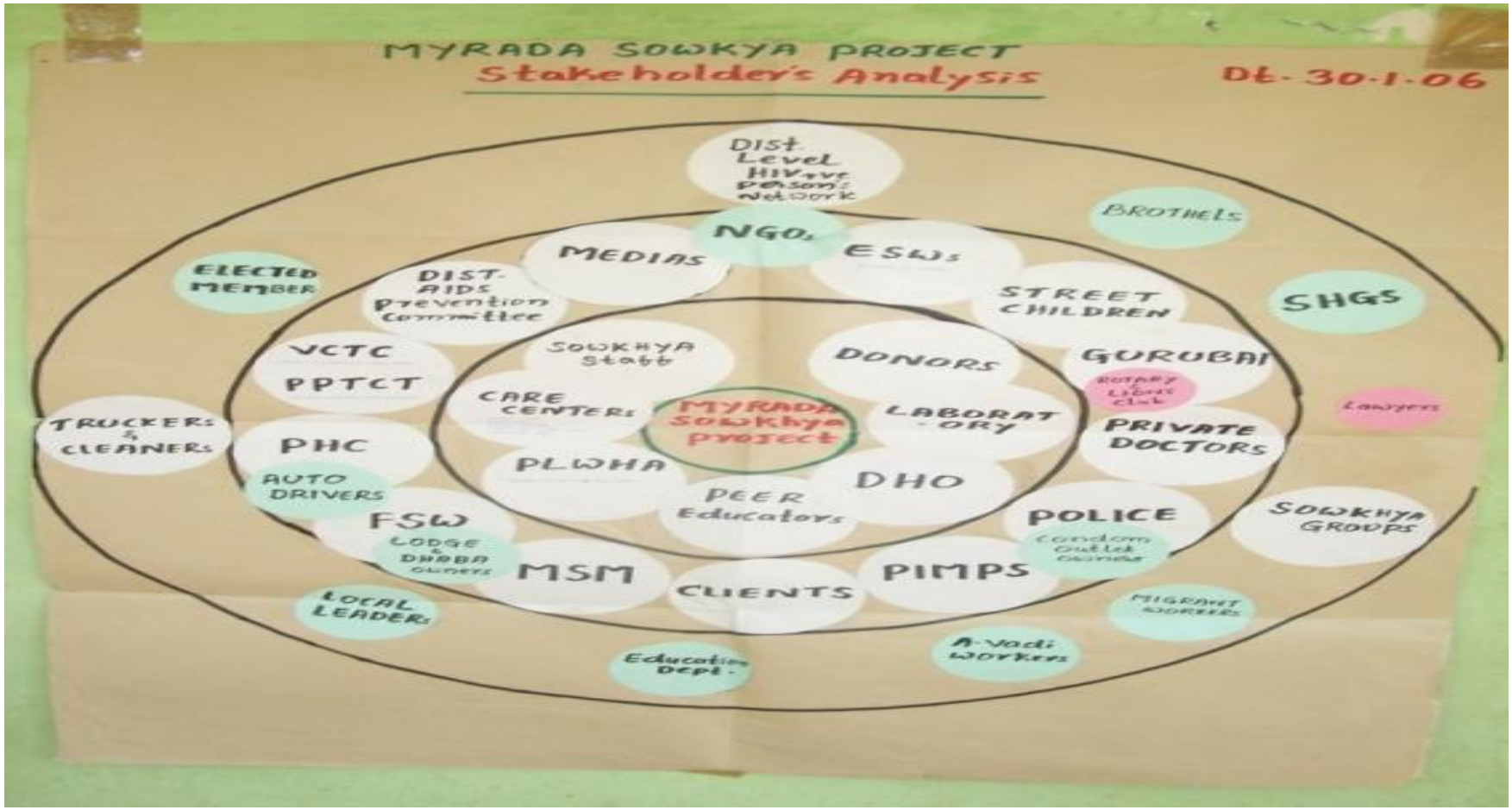
Seasonal Map



Typology	Migrant State	Season	Duration of stay in Months
1.Construction Worker	Rajasthan , U.P., Bihar, Jarkhand, A.P, Kolkata.	Summer , Winter	1 month To 3 months 1month To 6 Months 1 month To 12 months
2.Brick Worker	Karnataka, Maharashtra	Summer , Winter	1month To 9 months (Nov. To Jun)
3. Hawker	U.P., A.P., Rajasthan	Summer , Winter	1 month To 3 months 1month To 6 Months 1 month To 12 months
4. Ice -cream, Bhelwale, Panipuriwale, Chinese	Rajasthan , U.P., A.P. Bihar. Nepal	Summer , Winter Rainy Season	1 month To 12 months
5. Hotel/ Dhaba Workers	Karnataka ,U.P., Maharashtra	Summer , Winter Rainy Season	1 month To 3 months 1month To 6 Months 1 month To 12 months
6. Farm Worker	U.P., Bihar,	Rainy Season, Winter	1monthTo 6 months

Planning in a Migrant Intervention

Stakeholder Mapping



Stakeholder	Importance	Relationship

Primary stakeholder	Secondary stakeholder	External stakeholder
High risk men and women	Placement agencies, contractors, brokers	Industrial centers, employer association
Part of sexual network	Families of high risk migrant men and women	Clubs (rotary, giants)
Spouse / sexual partner of migrants	Families living and affected with HIV	Youth forum, Mandals
Migrant living or affected by HIV	HCP	Political leaders , Municipalities, Health department
	NGOs/networks	
	Workers association, Trade union	

Planning in a Migrant Intervention

Risk Mapping

Sample of 10% of the estimated migrants

Use existing questionnaire to collect information on

- Migrant profile
- Migration process & trends
- Living and working conditions
- Marital status and sexual behavior
- Knowledge, attitude, practice and opinion about condom use & HIV/AIDS
- Exposure to interventions
- Risk perception
- Stigma & Discrimination

- What are the outcomes of Rapid Assessment and Risk Mapping:

  - Potential locations identified
  - Risk profile of migrants are assessed
  - Peer leaders and zones are identified
  - Potential stake holders and stakeholder engagement plan
  - Helps to prepare micro plan

Microplanning

	Peak Day		Peak Week		Peak Month		Peak Season		Lean Season		Which Source	Which destination
	Day	Average Number	Week	Average Number	Month	Average Number	Season	Average Number	Season	Average Number		
Site 1												
Site 2												

	5:00 – 9:00 am	9:00 – 1:00 pm	1:00 – 5:00 pm	5:00 – 9:00 pm	9:00 – 1:00 am	1:00 – 5:00 am
On week day						
On holiday						

Format for an ORW weekly plan

Location	Timing and volume	Mon	Tue	Wed	Thur	Fri	Sat	Sun
Place of residence	Timing	3-4pm						
	Volume	100						
Places of Work	Timing	2-3pm						
	Volume	60						
Places of HRB	Timing	3-4 pm						
	Volume	20						
Congregation	Timing	3-4 pm						
	Volume	20						
DIC	Timing	2-3 pm						
	Volume	20						
Hotspot	Timing							
	Volume							
Stakeholder								
Service outlets : ICTC								

How Out reach happens

- Out reach sessions are important for motivating migrants for clinics, counseling and DIC services
- Should be associated with services (camps, counseling sessions)
- Outreach also happens in work settings in collaboration with the work place manager, union leaders
- Tools on sex and sexuality, HIV & AIDS myth, Services, linkages to be used
- BCC tools for destination to be used for engaging migrants
- **Registration only happens at clinics, counseling and DIC services (since the migrants who have motivated to engage in these services would likely be high risk only)**

- **Registration is only for high risk migrants (both new and repeat)**

reach out high risk migrants

- **STI cases/ history of STIs in clinics,**
- **Clients with known high risk behaviour in counseling**
- **DICs**
- **Out reach sessions and at HRG sites as clients**

15 peer leader @ 20 sessions each + 5 ORW @10 sessions in a month

↓

In a month, 350 sessions by out reach staffs

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50% of sessions of peer leaders would be attended by ORWs, rest will be linked with DICs, health camps , mid-media activities

↓

in a quarter reaches to 10500 migrants (assuming each session reaches out 10 migrants on an average)

↓

From these out reach sessions high risk migrants would be registered in clinics, counseling, DICs

Elements of the Outreach Plan

A team (ORW and peers) creates an outreach plan for each site and updates and analyses it every 6 months. The essential elements of an outreach plan include:

- ❑ **Pictorial depiction of the site**
- ❑ **What is the volume of migrants at a site or congregation point**
  - ❑ **new migrants**
  - ❑ **Drop – out migrants**
  - ❑ **Registered migrants (– STI clinic, counseling or DIC)**
- ❑ **Their timings and availability for programs or interventions**
- ❑ **Key stakeholders**
- ❑ **Location of condom depots,**
- ❑ **Clinic and health camp areas and**
- ❑ **Location of other relevant local resources**

Tool for Opportunity-Gap Analysis

Activities	Status	Opportunity gaps	Reasons		What we can do?
			Internal	External	
Whether all sites have been covered with services and out reach					
New site identification					
Outreach contacts					
Clinic service uptake					
Visit to the counseling sessions					
Visit to the DICs					
Registration					
Condom outlet servicing					
Stakeholder support					
Mid-media activities					

Analysis of Opportunity – Gap

Level	Parameter	Numbers
1	Estimated migrants in the project area	30000
	Migrants reached out through outreach from the project	10000
	Opportunity GAP	20000
2	Migrants who have been registered in the clinic, counseling and DIC	8000
	Opportunity gap	2000
3	Number of sites identified for intervention	10
	Number of sites being covered	6
	Opportunity gap	4

What we expect at the end

Thank you