



Differentiated Service Delivery for Key Populations

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Use of data at site level through program microplanning

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HIV Learning Network
The CQUIN Project for Differentiated Service Delivery



Microplanning

- *Micro-planning* in key population programme is an approach that aims at efficient scale-up of service delivery by identifying and prioritising key locations, hotspots, networks and individuals with the greatest need of services.
- Micro-planning decentralises outreach planning, management and monitoring, facilitates engagement of KPs by the peer educator, and empowers the PE to make decisions on how to best reach KPs and address their needs
- The approach employs a set of simple –which allow PEs and outreach workers to collect and use data in their work with KPs regardless of HIV status.
- Microplanning is done at regular intervals to update information and guide outreach activities.

Learning Site Centre for Global Public Health University of Manitoba

Outreach and Micro-planning

I. Introduction

The success of HIV-prevention programs for sex workers demands effective, on-going delivery of preventive information, products, and services through outreach.¹ Outreach is most effective when it is community led. Community-led outreach, whereby sex workers are trained to be "peer educators" (PEs) who disseminate information; promote, distribute, and demonstrate condoms and lubricants; refer sex workers to HIV prevention and care services; and promote collective action, greatly increases the reach and relevance of HIV prevention programmes. Among other benefits, community-led outreach empowers sex workers to use their first hand knowledge and experience to problem-solve with members of their community; strengthens the community's solidarity and mutual support; enhances their access to and use of services; and promotes their ownership of HIV prevention.

II. Peer Education and Outreach Programs in Kenya

Peer education and outreach programs are included as basic components of the HIV/STI package of services in Kenya's "National Guidelines for HIV/STI Programs for Sex Workers." In the Kenyan context, peer education and outreach programs rely heavily on peer educators who are current or former sex workers, are accepted and trusted by the sex worker community, and are motivated and committed to assisting their peers in reducing HIV/STI risk behaviours. These educators serve as role models and communicate information on HIV/STI prevention, care, and treatment, and reproductive and sexual health.

The Sex Workers Outreach Programme (SWOP) in Nairobi's central business district and the International Centre for Reproductive Health Kenya (ICRHK) in Mombasa are the implementing partners for these learning sites. The Bar Hostess Empowerment and Support Programme (BHESP), and Kenya Sex Workers Alliance (KESWA) are key partners in the sites.

One of the key strategies of the learning sites is to establish and implement an effective outreach and peer education plan. The minimum package of outreach in the learning sites consists of peer education, tube and condom distribution and demonstration, referral linkages to services and follow-up, and support during violence. The expected outcomes are I) Improved rapport and trust of the sex workers towards the project, II) Improved consistent and correct use of condoms and lubes, III) Increased access to STI services, HIV testing services, and HIV care and support services, and IV) Increased awareness of rights among sex workers and improved access to violence response services.

III. Learning Sites (LS)

The Kenya National AIDS and STI Control Program (NASCOP) has established learning sites for sex workers in Nairobi and Mombasa, Kenya, to demonstrate implementation of a comprehensive HIV prevention and care programme for sex workers, with special emphasis on behavioural and structural interventions. The sites offer hands-on training for implementers to learn key strategies and processes through experience sharing and shadowing the staff of the sites.

“One of the key strategies of the learning sites is to establish and implement an effective outreach and peer education plan.”

1. Shalunzwe, M., Patel, V., Muthy, C., & Coombs, R. (2009). Effectiveness of interventions for the prevention of HIV and other sexual transmission infections in female sex workers in resource poor settings. www.triportal.net/abstracts/sexual-health_03_04_09

Outreach and Micro Planning 1

Purpose of Microplanning

- Microplanning ensures a data driven approach to peer service delivery by:
 - Helping peer educators transition from passive data gathers to active site managers
 - Allowing to plan an outreach based on
 - the requirement of the site and
 - the risk and vulnerability of the KPs in the site
 - Facilitating peer educators in planning and estimating the number of condoms, lubes, NSP needed in the site they are responsible for
 - Allowing outreach team to monitor who is due for clinical services (KPs are encouraged to visit the clinic every quarter)
 - Helping outreach team to identify gaps in their outreach efforts and empowering them to use data for decision making



Microplanning Principles

- Community Led: *Listen and Learn*
- Planned by first unit of outreach – peer educator
- Site and individual KP in the site is the planning unit
- Plans developed based on needs and preferences of the KPs
- Based on local community settings



Microplanning Tools

Site Load Mapping

- Validate Mapping data/ hotspots
- Develop current KP Estimates
- Uniquely identify hotspots

Spot/Site Analysis

- Provides information on KPs in spots that helps in planning outreach
- Enables PEs prioritize KPs based on their risk profile

Contact Listing

- Uniquely Identify KPs that are known to peer Educators

Peer plan

- Plan their outreach at appropriate time, day and place.
- Understand the relative risk of each individual

Peer calendar

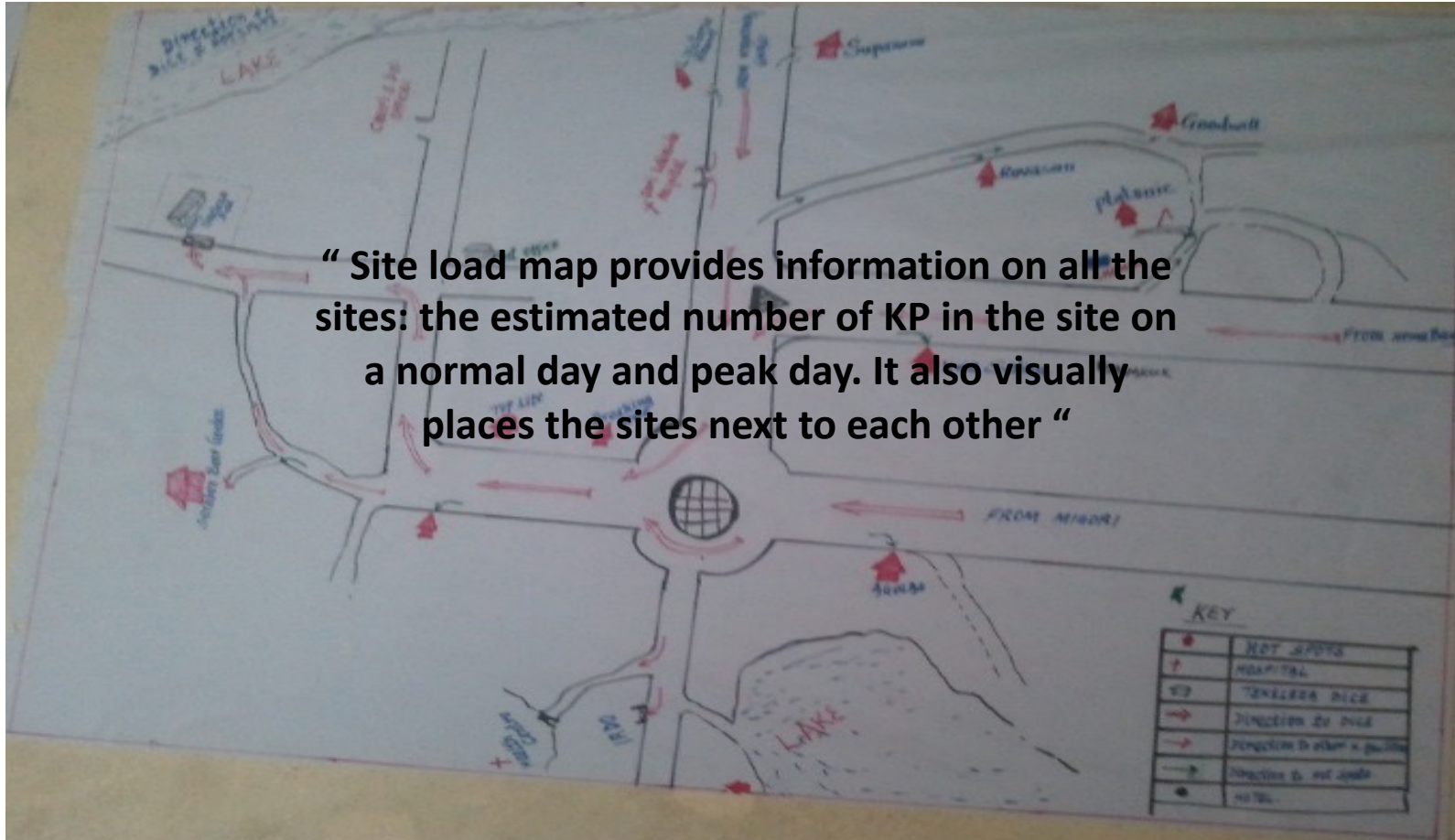
Monitor the individual KPs in the cohort

Opportunity Gaps Analysis

understand opportunity gaps in each spot, reasons for the gaps and ways to overcome them

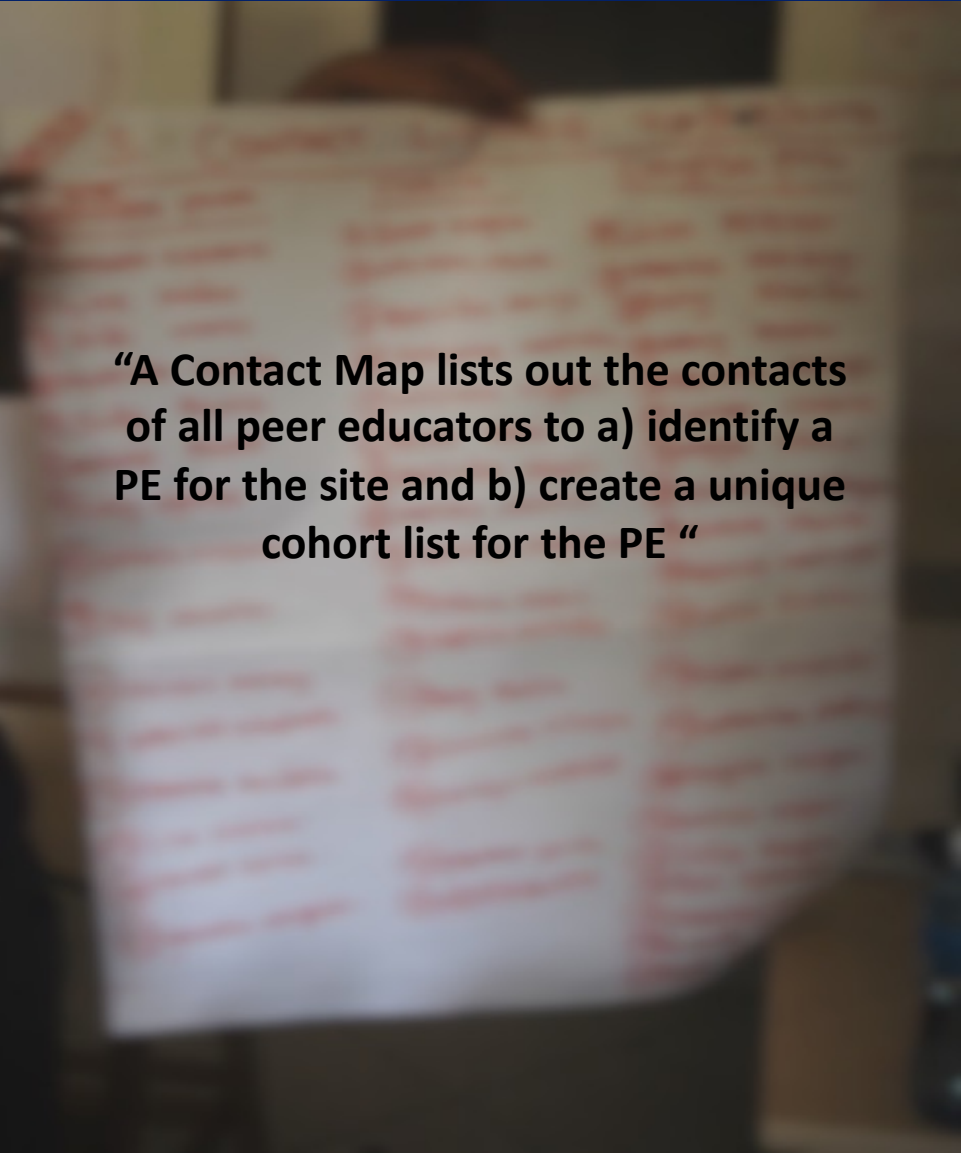
Site Load Mapping

- Done as part of geographical validation of size estimates or in a situation where no site wise estimates are available
- Group of peer educators and KPs from the site complete it
 - List down all the hotspots where KP operate/ cruise/ take drugs
 - Have discussions to arrive on average number of KP that operate in that site
 - Understand the operational typology for each site
 - Understand the peak day and peak time



Contact Mapping

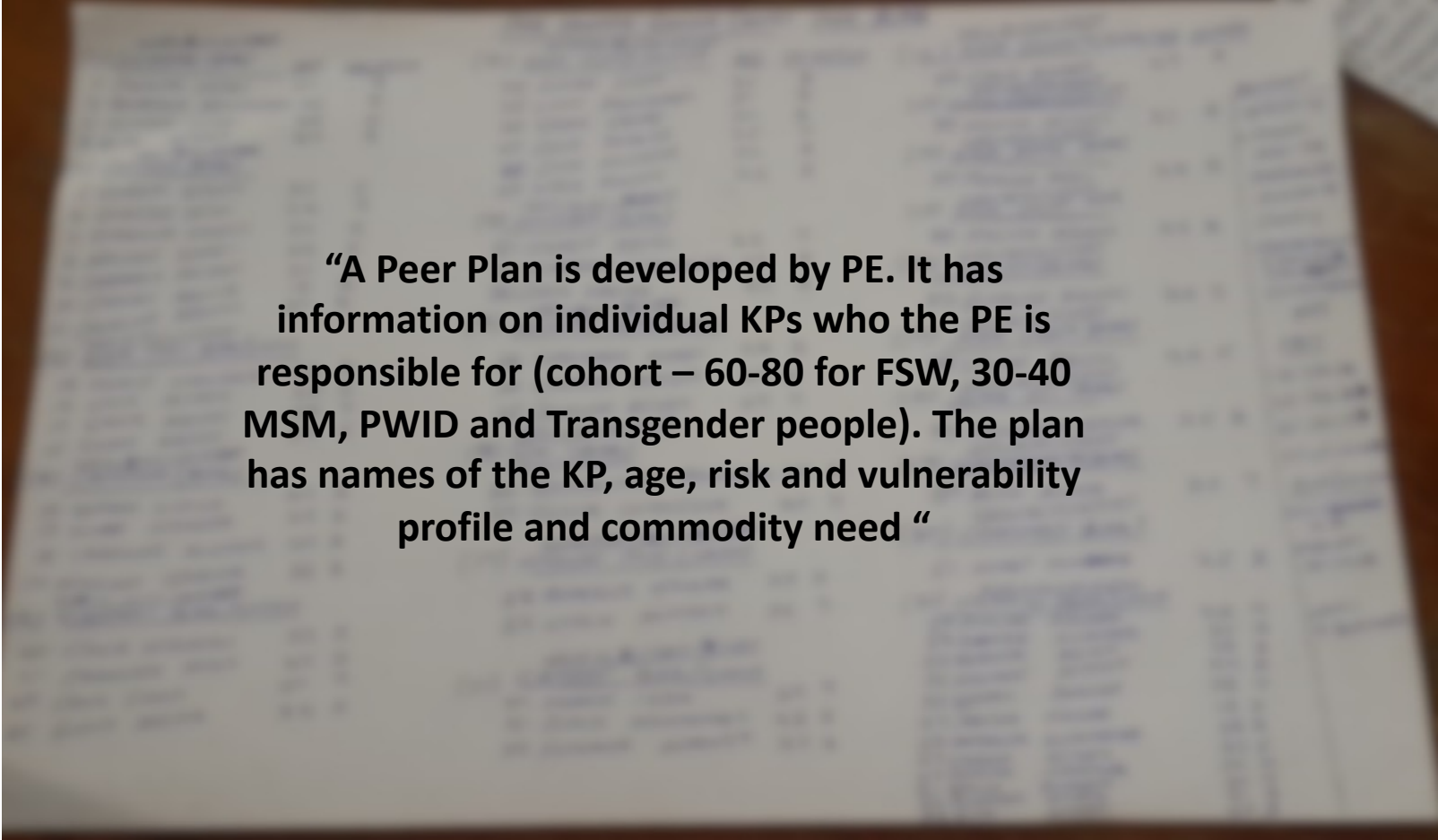
- Peer educators free list the KPs whom they know in the site
- Aggregate the KPs listed by them to reduce duplications.
- Allocate site to peer educators with maximum contacts (social networks) keeping geographical proximity in place.
- Ensure that typology of the site is kept in mind while selecting a PE for that site



“A Contact Map lists out the contacts of all peer educators to a) identify a PE for the site and b) create a unique cohort list for the PE “

Peer Plan

- The peer educator list the KP cohort that they are responsible for
- Based on the profile of the KP, best outreach times and day is finalized.
- Based on client volume/ partner volume/ number of injecting episodes per week, outreach to the specific KP is prioritised
- Based on experience of violence, substance use etc. the vulnerability of a KP is assessed
- KPs with higher risk and vulnerability are prioritised for outreach and follow up with higher intensity
- Commodity estimates for each KP is also made using a peer plan



“A Peer Plan is developed by PE. It has information on individual KPs who the PE is responsible for (cohort – 60-80 for FSW, 30-40 MSM, PWID and Transgender people). The plan has names of the KP, age, risk and vulnerability profile and commodity need “

Peer Calendar

- It is a reporting and planning tool
- The first part of the calendar is the peer plan and the next part is the report
- Based on the achievement in the month, plans for the next month is developed by PE for each KP in the cohort
- The peer calendar is filled by the PE every month
- Helps in prioritising individuals who need more support

PEER EDUCATOR OUTREACH CALENDAR (PWID)																										
Name of Outreach worker:		County name :NAIROBI/KIAMBU										Sub-county name :ASARANI/RUIRU/THIKA										Implementing partner:SAPTA				
Year:2014	Month SEPT	Name of Peer educator: SUSAN WANGARI																				Key population type : PWID, PWUD (Circle that apply) PWID				
No.	Name of KP	Mobile phone number ^a	Unique number (Issued by program)	Sex	Name of injecting site	Typology (INDICATE CODE)	Age (In completed year)	Average number of injecting episodes/Daily use	Needle and syringe Reqs/Month (Column 9*30)	Average number of sex acts/Week (Column 11*4)	Condom use, per month (Column 11*4)	Services received		Widely service uptake	Program Contact (TCY/CROSS)	Needles & Syringes distributed (NUMBERS)	Male Condom Diar (Number) (NUMBERS)	Female Condom Diar (Number) (NUMBERS)	Lubric Diar (Number) (NUMBERS)	Referred to the clinic (TCY/CROSS)	Initiated the clinic (TCY/CROSS)	Presenting with abscess (TCY/CROSS)	Counseling (TCY/CROSS)	Crisis/ Violence reported (TCY/CROSS)	Received PEP (TCY/CROSS)	Remarks
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	26	27
1	W		SAPTA/PWID/SMS001	M	Damsite	2	48	3	90	9	36	Condoms NS	Condoms NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS
2	PA		SAPTA/PWID/SMS002	M	Damsite	2	31	3	90	10	40	Condoms NS	Condoms NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS
3	Pa		SAPTA/PWID/SMS005	M	Damsite	2	37	4	90	8	32	Condoms NS	Condoms NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS
4	Ka		SAPTA/PWID/SMS006	M	Damsite	2	37	4	90	8	32	Condoms NS	Condoms NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS
5	Jo		SAPTA/PWID/SMS007	M	Damsite	2	36	3	90	9	36	Condoms NS	Condoms NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS
6	Ch		SAPTA/PWID/SMS008	M	Damsite	2	37	4	90	8	32	Condoms NS	Condoms NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS
7	Sa		SAPTA/PWID/SMS009	M	Damsite	2	37	4	90	8	32	Condoms NS	Condoms NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS
8	Al		SAPTA/PWID/SMS010	M	Damsite	2	38	3	90	12	48	Condoms NS	Condoms NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS
9	Pe		SAPTA/PWID/SMS011	M	Damsite	2	39	2	90	14	56	Condoms NS	Condoms NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS
10	SA		SAPTA/PWID/SMS012	M	Damsite	2	38	3	90	8	32	Condoms NS	Condoms NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS
11	SA		SAPTA/PWID/SMS013	M	Damsite	2	30	2	60	6	24	Condoms NS	Condoms NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS
12	El		SAPTA/PWID/SMS014	M	Damsite	2	29	2	60	16	64	Condoms NS	Condoms NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS
13	Jo		SAPTA/PWID/SMS015	M	Damsite	2	37	3	90	12	48	Condoms NS	Condoms NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS

“A Peer Calendar helps in monitoring and planning for a peer cohort prioritising individuals for support based on risk and vulnerability”

Opportunity Gap Analysis

- This is an analysis tools which a peer educator conducts at the their cohort level
- Analysis is done against the denominator or targets
- Gaps in performance are identified and reasons for the gaps are discussed
- The opportunities to address the gaps are discussed
- The outreach team makes plans to address the challenges
- The ORW and the PEs do it every month

SOMMERSET

Opportunity Gap Analysis

Estimation	NO.	Gap	%
Enrolled (Registered)	80	—	—
Contacted	80 30	50	62.5
Condoms Distributed	30 45	35	43.75
Clinic visits	45 30	50	62.5
HTC	30 20	—	85
			85

“An Opportunity Gap Analysis helps in identifying gaps and opportunities to improve reach”

Reasons

Enrolled - Other organizations
 - Ignorance
 - Stubborn

Contacted - Peak variability
 - SW mobility

Condoms - Prefer buying
 - Condoms smelly
 - Other sources

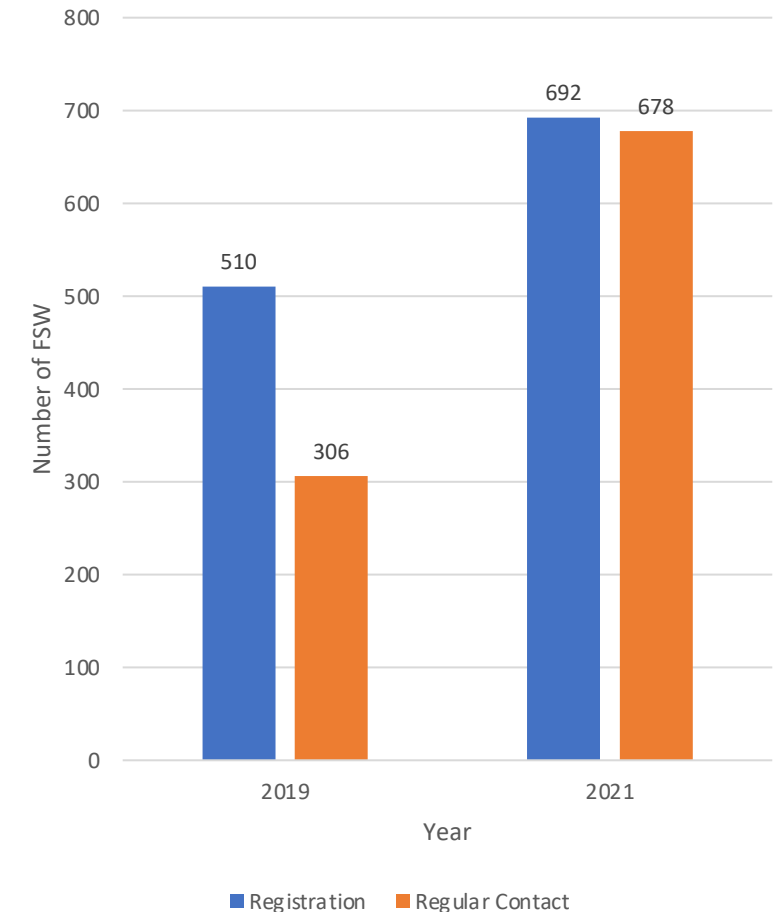
Clinic visits/HTC
 - Not sick (no need)
 - Busy (Time wasting)
 - Fare / Transport.

26/04/2013

MS
 NAME

Microplanning helped in increasing contact and retention of KPs even with less peer educators – case study from Kakuma DIC

1. In 2019, Kakuma Sub County DIC had 15 peer educators but they could register only 510 FSW with a regular contact with only 68% of the registered FSW
2. In 2020, the site assessed the performance of the peer educators and based on feedback of the community retained only 8 peer educators
3. By June 2021, the registration of FSWs increased to 692 (a 37% increase) and regular contact was maintained through outreach and clinical services with 98% of the registered FSWs



Feedback from Peer Educators and Outreach Workers



As an outreach worker, I feel that the PE and I have been given the opportunity to design, plan and implement services for ourselves especially when we are doing our peer plans. This has led to the development of effective, evidence-informed services that help to reduce risk and vulnerability of the sex workers we support- Outreach worker, FSW programme



I have a cohort of 64 FSW. While doing opportunity gap analysis in our monthly review meeting, I noted that only 30 members from my cohort had visited the clinic to access services. I reviewed my peer calendar and developed peer plan to prioritise the remaining 34 members during the clinical outreach in my sites. I managed to motivate 50% of them to access clinical services during the outreaches and in the DICE facility – Peer educator, FSW programme



Key Considerations in Micro Planning

- Data safety is very critical. This process is for planning purposes hence, data should be kept in a safe place. The charts are not for public display specially if they have details of sites or individuals
- This is not a one off activity but needs to be routinized. These tools need to be used to ensure that there is bottom up planning and using data for planning becomes a norm
- The data generated through microplanning should link and validate data generated through the facilities such that a continuum is created for each individual in the programme
- Microplanning needs to be integrated within programme management processes.



Thank You

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