

MICRO-PLANNING IN PEER LED OUTREACH PROGRAMS

Detailed Guidelines ■ Best Practices ■ Implementation Tools

A HANDBOOK BASED ON THE EXPERIENCE
OF THE AVAHAN INDIA AIDS INITIATIVE



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Abbreviations

ART	antiretroviral therapy
CBO	community-based organization
DIC	drop-in center
FSW	female sex worker
HIV	human immunodeficiency virus
HR-MSM	high-risk men who have sex with men
ICTC	integrated counseling and testing center
KP	key population
MIS	management information system
MSW	male sex worker

NGO	nongovernmental organization
N/S	needle/syringe
ORW	staff outreach worker
OST	opioid substitution therapy
PE	peer educator
RMC	regular medical check-up
RNTCP	Revised National Tuberculosis Control Program
RPR test	rapid plasma reagin test
STI	sexually transmitted infection
TB	tuberculosis
TG	transgender

About This Handbook

This handbook is intended for government programs, nongovernmental organizations (NGOs), and communities that want to improve their peer led outreach programs and are interested in adding micro-planning as a helpful tool. This handbook presents basic information on what micro-planning is, how it can improve peer led outreach, and detailed descriptions of various micro-planning tools, including how to use them.

This handbook is based on the experiences of the Avahan India AIDS Initiative funded by the Bill & Melinda Gates Foundation, which is implemented across six states in India. Since 2003, Avahan¹ has used peer led outreach with people at high risk of HIV infection—male and female sex workers, injecting drug users, **high-risk men who have sex with men**,² and transgender persons—as well as bridge populations (long-distance truck drivers and clients of sex workers) to prevent the spread of HIV. These experiences may be equally useful for other peer led outreach programs working with marginalized groups to improve health, particularly women and youth.

Because micro-planning differs slightly for specific **key populations** (e.g., female sex workers versus injecting drug users), this is a generic guide for implementing micro-planning. This plan includes the basic tools and forms needed but does not attempt to explore all of the subtle variations required for specific populations. Instead, important differences for specific groups and useful tips appear throughout the handbook, often displayed in highlighted text boxes. All micro-planning tools shown in the handbook are for illustrative purposes and should be tailored to meet the needs of the peer led outreach program.

¹ “Avahan” refers to the efforts of the partner organizations, hundreds of grassroots NGOs and community-based organizations, thousands of peer educators, and others working on the Avahan initiative.

² Definitions of terms printed in bold font can be found in the glossary.

Once you have read [Section 1](#) that explains what micro-planning is, you can begin browsing through the nine micro-planning tools in [Section 2](#). This section provides a description of each tool—including detailed information for each tool on **who** uses it, the **frequency** with which it is used, the **materials** needed, **how to use it**—and an **example** of each tool.

After learning about each tool, proceed to [Section 3](#), which presents a sample plan that a peer led outreach program could use when adding micro-planning to an existing outreach program. Some of the steps in the plan may have already been completed when a program began outreach. Read [Section 4](#) for information on further issues to consider.

[Appendix 1](#) provides more examples of the tools presented in Section 3. These examples offer more ideas that you can use when designing your micro-planning tools and forms. [Appendix 2](#) presents a sample registration form, and [Appendix 3](#) contains a list of resources for peer led outreach and micro-planning.

01

What Is Micro-Planning?

*“**Micro-planning**” is a process that decentralizes outreach management and planning to grassroots-level workers—**outreach workers** and **peer educators**¹—and allows them to make decisions on how to best reach the maximum number of community members.*

¹ In this document, “peer educator” refers to members of a particular community who are recruited and trained by an NGO to provide HIV prevention outreach to other members of the same group. “Outreach worker” refers to NGO staff who manage a group of peer educators (usually 4–6).

Micro-planning employs a set of tools that allow outreach workers (ORWs) and peer educators (PEs) to collect and use data on the target groups receiving their services (referred to in this handbook as “key populations” or KPs, or as “community members”).² ORWs and PEs update this information on a daily, weekly, monthly, or annual basis, depending on the tool. This information guides their outreach activities and supplies data to the management information system (MIS) for monitoring and evaluating performance. The approach empowers peer educators and ensures that program coverage and service targets are being met through outreach. Micro-planning tools can be developed with PE participation at the district or regional level and field tested at the local level. The tools include the following:

- **Hotspot** and social network maps
- Peer educator daily diaries
- Individual KP tracking tools
- Risk and vulnerability analysis tools
- Weekly outreach planning tools
- Monthly summary tools
- Opportunity gaps analysis tools
- Preference ranking tools

Section 2, “Micro-Planning Processes, Tools, and Forms,” explains each type of tool in detail, including how to use it, who uses it, and how often.

² The abbreviation “KPs” generally refers to individual members of a key population.

Benefits of Micro-Planning

Micro-planning can improve the effectiveness and coverage of peer led outreach efforts by allowing peer educators to transition from being passive data gatherers to active site managers who analyze data from their site and use it to plan and execute outreach. Micro-planning also ensures a data-driven approach to peer outreach and

- Helps provide a clearly defined area of operation for each PE
- Improves data collection and reporting by tracking each individual KP at a site and providing dashboard metrics that empower PEs to act upon the data
- Allows PEs to monitor who is due for clinical services, such as testing for HIV, tuberculosis (TB), or sexually transmitted infections (STIs)
- Helps PEs identify gaps in their outreach efforts
- Shifts the program from merely service delivery (push) by increasing demand generation for services from the community³ (pull)
- Creates community ownership

Community ownership, and the confidence and self-assurance that it offers ORWs, PEs, and the larger community, is perhaps the biggest benefit of micro-planning. Micro-planning encourages active involvement and decision making by peer educators in all aspects of the program. Over time, this leads to empowered PEs who are more likely to work hard and remain on the job longer (lower turnover). Strong peer educators are powerful role models, and their sense of ownership helps sustain behavior change within the community, as well as helping the community advocate for their rights. This feeling of ownership is also an important ingredient for NGOs and newly formed community-based organizations (CBOs) as they become independent organizations.

³ “Community” is used in this publication to mean communities of KPs.

What Resources Are Required for Micro-Planning?

People

- A program coordinator
- A team to design the tools and determine which information PEs will collect and how they will use it (field testing also)
- A team of motivated PEs
- A supportive team of outreach workers to supervise the PEs (usually one ORW for every 4–6 PEs)
- A trainer to provide initial and refresher training for the ORWs and PEs

Venue and budget

- A **drop-in center** (DIC) or other venue for meetings
- A budget to pay for printing or photocopying forms and other items provided to the PEs (bag, pens, umbrella, etc.)
- A small budget to pay PEs a stipend and for local transportation costs as required

Materials

- Forms/tools and PE daily diary to be printed or photocopied by the NGO/CBO
- Pens, paper, poster paper, and sticker books when using the tools

Who Uses Micro-Planning Information and Why

Outreach team (ORWs and PEs):

- To track an individual's progress toward behavior change
- To plan outreach activities for the upcoming week
- To keep up with who is due for clinic services
- To identify gaps in outreach services
- To modify strategies for effective service delivery
- To assess acceptability of the project

NGO:

- To review the progress of the project
- To analyze reasons for success and/or barriers
- To understand the perception of the community and issues to be addressed
- To generate accurate data on outreach efforts
- To further empower community members in the project

Monitoring committee:

- To monitor the regularity of services
- To understand the needs of the community and initiate appropriate action
- To provide feedback on services and needs

Outcomes:

- Increased use of STI services, condoms, and other prevention commodities
- ORWs and PEs know their areas well and are able to regularly provide services to all individuals whom the program is designed to cover
- Appropriate allocation of resources
- ORWs and PEs are able to analyze data and take action
- Increased ownership and empowerment of community members
- Individual behaviors are tracked—allowing the PE to provide timely, tailored services—and the program better understands the community’s needs

Background on This Sample Implementation

This handbook is based on the Bill & Melinda Gates Foundation’s experience using micro-planning with peer educators in the Avahan program. This experience serves as a sample implementation of micro-planning for others to study and adapt as necessary. Even within Avahan, various partners implemented micro-planning in slightly different ways with equal success.

Peer led outreach is the cornerstone of Avahan’s HIV prevention program.⁴ PEs are members of a key population recruited and trained by an NGO to provide HIV prevention outreach to other members of the same community. Each PE usually works in a small locality (sometimes called a “hotspot”), making systematic and regular contact—both 1-1 and in groups—with an average of 50 KPs.

4 To learn more about Avahan’s peer led outreach, see *Managing HIV Prevention from the Ground Up: Avahan’s Experience with Peer Led Outreach at Scale in India*. New Delhi: Bill & Melinda Gates Foundation, 2009; and *Peer Led Outreach at Scale: A Guide to Implementation*. New Delhi: Bill & Melinda Gates Foundation, 2009.

S/he provides them with a “package” of outreach services that typically includes information and counseling about HIV prevention; distribution of condoms or clean needles and syringes; referrals to other available services such as STI clinics, and HIV counseling and testing centers; opioid substitution therapy (OST) for injecting drug users; and drop-in centers established by the HIV program. In some programs, the package includes interventions such as counseling and referrals for those experiencing stigma, discrimination, or violence or those who abuse alcohol.

Peer educators work primarily among their social network (i.e., among community members whom they know and with whom contact is frequent, natural, and informal). PEs also actively plan and conduct outreach with newcomers to their outreach area. They plan, analyze, and monitor their work using the micro-planning tools described below.

What Do Peer Educators Do?

A basic scope of work or job description for peer educators should be developed, including micro-planning responsibilities. Job descriptions are similar for PEs working with female sex workers, men who have sex with men, transgender persons, and injecting drug users and include the following components.

Mapping

Once population sizes have been estimated to establish the total denominator of KPs (the number that the program will aim to serve through outreach and services), peer educators regularly conduct two kinds of additional local mapping exercises, which keep outreach up-to-date and ensure complete coverage.

A hotspot map visually represents the locations of KPs within the PE's assigned area. Social network mapping shows the connections between the educators and other KPs within a hotspot, preventing PEs from being assigned the same groups.

Outreach

- Perform weekly outreach to an average of 50 KPs, spending an average of four hours a day, six days a week on outreach (depending on the geographic area and typology of the high-risk group, a PE's outreach group may range in size from 35 to 85 individuals).
- Conduct face-to-face discussions with his/her outreach group, primarily one-on-one but sometimes in small groups.
- Provide information and services according to the minimum package established by the program.

Micro-Planning

- Assess risk and vulnerability factors and outreach needs for each KP in the PE's caseload, and prioritize outreach accordingly.
- Record details of outreach with each KP on a daily or weekly tracking sheet.
- Transfer monitoring information on each KP to a monthly tracking sheet (with assistance from the ORW where literacy is an issue).
- Participate in weekly meetings with other PEs and ORWs to review records, assess progress, and prioritize the work for the following week.

The Role of the Outreach Worker in Micro-Planning

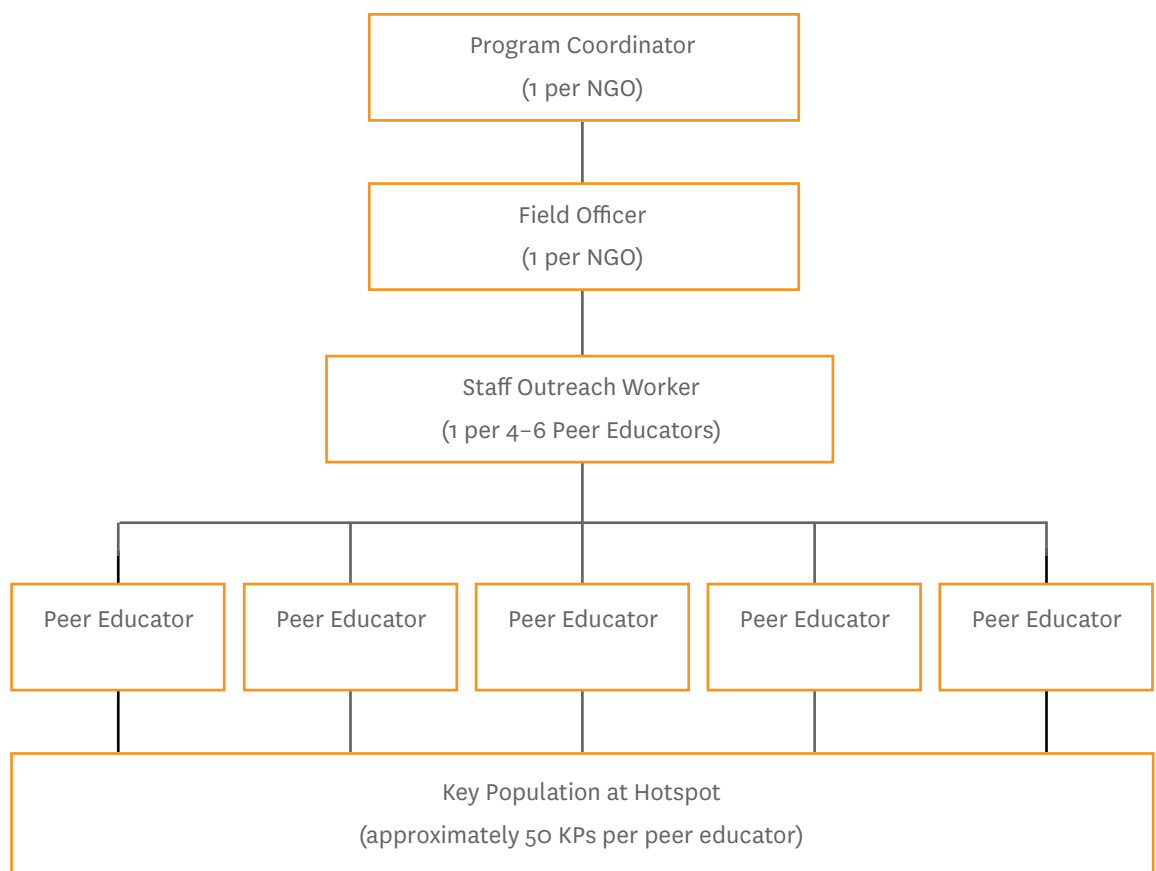
The outreach worker plays an important backstop role for peer educators and assists them in planning outreach (especially for new PEs) and problem solving. The ORW helps the educator identify the highest priority KPs for service delivery and monitors whether these KPs are receiving services in a timely manner. In the case of PE turnover, the outreach worker helps enable the smooth transfer of knowledge to the new educator. And finally, the ORW monitors the effectiveness of the PE's outreach efforts to ensure program success.

Managing Micro-Planning

Successful management of PEs and the use of micro-planning require a clear supervisory structure with well-defined roles and responsibilities. Many NGOs use a three-tiered management structure for overseeing outreach. In this model, each local NGO has (1) a program coordinator with overall financial and hiring authority, (2) staff ORWs who coordinate and supervise the work of the peer educators (typically 4–6 PEs per ORW), and (3) PEs who provide outreach to approximately 50 individuals in their peer group (*Figure 1*).

Initiating a micro-planning component within a peer led outreach program will require intensive training at first, and peer educators will need hands-on supportive supervision. However, this investment in training and supervision usually leads to higher PE retention and more empowered, confident PEs. Several of the micro-planning activities described in the following section may need to be repeated more frequently during the first few months as well. For example, outreach workers and peer educators typically use the Risk and Vulnerability Assessment Tool monthly or twice a year for established micro-planning programs. For a new program, ORWs and PEs may want to use the tool on a weekly basis until the educators understand the importance of the information and can apply it.

Figure 1. Typical Management Structure for Peer Led Outreach





Micro-Planning Tools, Processes, and Forms

*This section provides a detailed **description** of each micro-planning tool, including **who** uses it, the **frequency** with which it is used, the **materials** needed, and **how to use** it. Each section includes at least one example of the tool (see Appendix 1 for more examples). Most outreach programs use versions of the following basic micro-planning tools.*

Mapping Tools

Tool 1: Hotspot map

PEs draw maps of the area where they work as visual reminders of the locations and typologies (e.g., brothel-based sex worker, street-based sex worker) of the KPs living and working there.

Tool 2: Social network map

PEs draw visual representations (non-topographical maps) that show the linkages and relationships between the KPs for whom they are providing outreach.

Day-to-Day Outreach Tools

Tool 3: Daily diary

PEs usually carry some sort of notebook or small bound book to record the details of their daily outreach activities.

Tool 4: Individual KP tracking form

This form contains updated information for every KP for whom the peer educator provides outreach. Key information includes the KP's name, location, age, number of clients or drug injections per week; number of condoms or needles/syringes needed each week; attendance for services (STI, regular medical check-up, HIV testing at integrated counseling and testing center or ICTC, syphilis testing, TB testing); and vulnerability indicators (alcohol or drug use, violence).

Tool 5: PE weekly outreach planning tool

This tool helps the peer educator plan his/her outreach activities for the upcoming week (based on the risk assessment tool, list of who did not receive outreach services the previous week, and who is due for clinical services).

Tool 6: Monthly summary form

This form is used by outreach workers to summarize the monthly outreach activities provided by the peer educators that they supervise. This tool helps to monitor whether PEs are meeting outreach targets. Information from this form is usually entered in the program's MIS.

Useful Training and Analysis Tools

Tool 7: KP risk and vulnerability assessment tool

The tool gives the peer educator a way to assess the risk status of each KP (e.g., high, medium, or low) and prioritize KPs for weekly outreach.

Tool 8: Gap analysis tool

This tool is used to periodically assess whether all KPs are receiving the services and supplies (condoms or needles and syringes) they need.

Tool 9: Preference ranking tool

The preference ranking tool helps identify the reasons for gaps in regular contact and clinic attendance. Peer educators list pictorially the reasons why KPs do not access clinical services and why clinic attendance is low. The group ranks them in order of priority and plans to address the reasons.

Summary of Micro-Planning Tools			
<i>Micro-Planning Tool</i>	<i>Who Updates and Uses It</i>	<i>Frequency</i>	<i>Description</i>
1 Hotspot map	Peer educator	Every six months	A simple pictorial representation of an area where there is a concentration of high-risk behavior. It includes streets; buildings; major features such as railways, bus, and train stations; cinemas; police stations; and locations where condoms are available.
2 Social network map	Peer educator	Every six months	A visual representation (non-topographical map) of the connections between PEs and other KPs within a hotspot that lists the names of their friends and acquaintances in the high-risk communities and uses symbols or colors to mark their typologies and baseline risk characteristics (e.g., number of clients per month), and the connections between them.
3 Daily diary	Peer educator	Daily	A small booklet or notebook in which a PE keeps a daily record of outreach activities.
4 Individual KP tracking form	Peer educator	Daily/weekly	A complete record of all outreach activities that the PE conducted with each KP during the week.
5 PE weekly outreach planning tool	Peer educator	Weekly	A tool that helps a PE plan outreach activities for the upcoming week based on which KPs are due for outreach or clinic visits.
6 Monthly summary form	Outreach worker	Monthly	ORW record of PE outreach activities for the past month. Used to identify gaps, assess PE and program performance, and inform data needs.
7 KP risk and vulnerability assessment tool	Peer educator	Every six months	A tool that uses standardized criteria to categorize each KP's level of vulnerability and risk of acquiring HIV or other STIs. Used to prioritize outreach activities.
8 Gap analysis tool	Peer educator and outreach worker	Three or four times each year	A tool used to identify gaps between performance needs (e.g., condom distribution) and actual performance.
9 Preference ranking tool	Peer educator and outreach worker	Every six months	A tool that helps identify the reasons for gaps in regular contact and clinic attendance. PEs list pictorially the reasons why KPs do not access clinical services and why clinic attendance is low. The group ranks them in order of priority and plans to address the reasons.

Mapping Tools

Tool 1: Hotspot Mapping

Who: PEs with the help of ORWs if needed

How often: Every six months

Materials: Poster paper and markers

Description: When PEs first receive micro-planning training, they usually draw Hotspot Maps of the areas where they will work. A Hotspot Map is a simple pictorial representation of an area where there is a concentration of high-risk behavior. The map includes streets; buildings; major features such as railways, bus, and train stations; cinemas; police stations; and locations where condoms are available (*Figure 2*). The peer educator also identifies the number and usual location of KPs within the hotspot. Removable stickers to represent KPs are useful, as they can be moved or removed to update the maps, and information on the map may be color-coded for typology (e.g., brothel-based sex worker, street-based sex worker) or risk level. Peer educators regularly revise these maps (usually every six months) to track changes, such as new KPs or others who have left the area. More frequent revisions may be needed when there is high mobility among KPs. These maps are often displayed on the walls of the drop-in center or NGO office where the PEs and ORWs meet weekly.

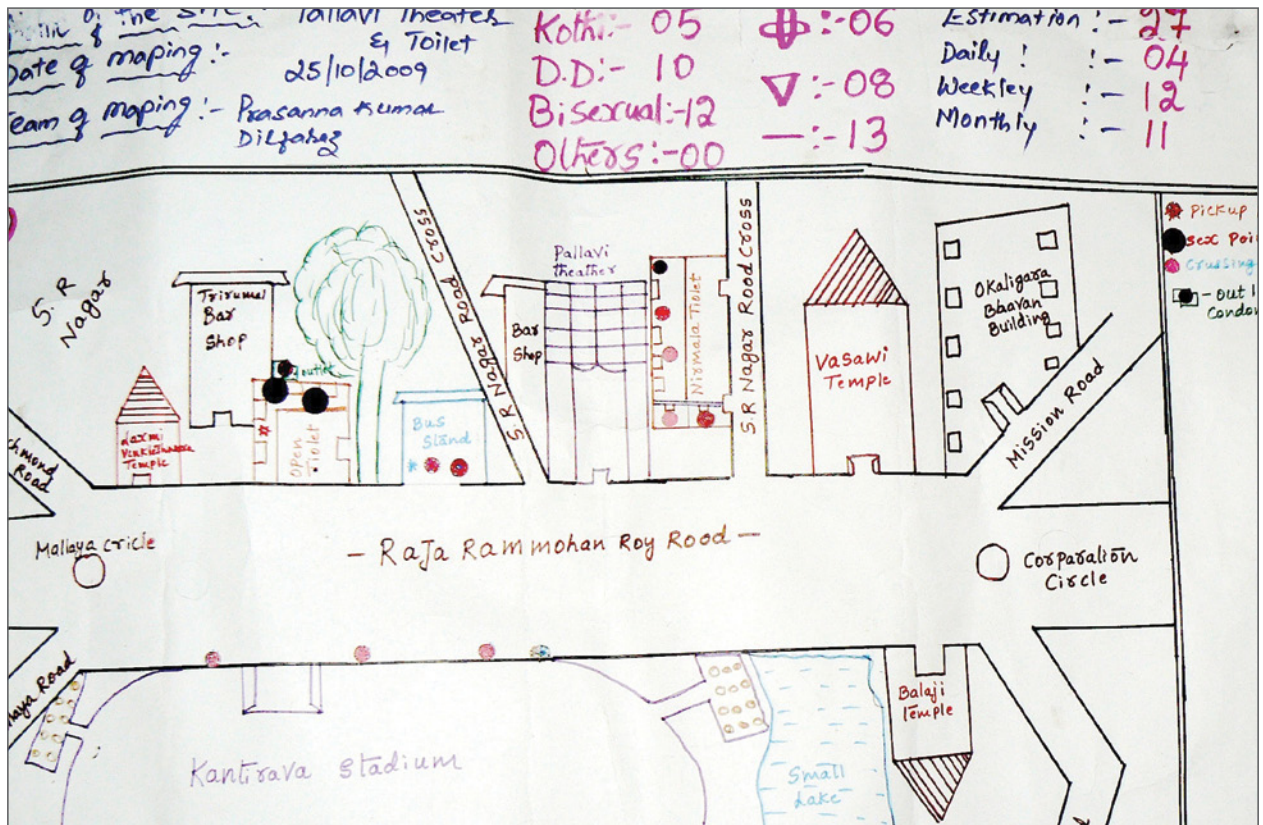
How to use: The peer educator draws a map of the hotspot where s/he works. Important landmarks and roads should be included. Note the number of KPs in each location. It is also possible to list the typology of the KP (e.g., street-based, brothel-based, or home-based sex worker) and the KP's risk level (e.g., red = high risk; yellow = medium risk; green = low risk). The map can also list the best times for providing outreach.

Example: Figure 2 is a Hotspot Map that a peer educator drew for outreach to high-risk men who have sex with men. The map uses colored dots to highlight neighborhood landmarks, pick-up points, cruising points, where sex takes place, and locations of condom outlets. The map lists the PE and ORW for the hotspot, the name of the hotspot (Pallavi Theater and toilet), and the date the map was drawn. The map also lists the numbers and types of KPs. At this hotspot there are 5 *kothis*, 10 double deckers, and 12 bisexuals. (*Kothis* are men who practice mainly receptive anal sex with men. DD refers to “double-deckers,” who are generally non-effeminate males who are both insertive and receptive partners in anal and oral sex with other men.)

See Appendix 1, Tool 1 for more examples of Hotspot Mapping.

Figure 2. Hotspot Map

Source: Karnataka Health Promotion Trust (KHPT), Karnataka



Micro-Planning Competition

Some NGOs hold “micro-planning competitions” at program-wide meetings for peer educators. Each PE draws a hotspot map that shows the locations and number of all KPs, risk categorization, referral centers, and other information. A panel judges the maps for their completeness of information, beauty, and demonstrated knowledge of the site. A shortlist of entries is selected to advance to the next round, and each PE makes a short oral presentation on his/her map and answers questions about the map. The group then votes on who drew the best map and made the best presentation. This creates healthy competition among the PEs and ensures that the mapping process is ingrained.

TIP Some groups use removable colored stickers on their maps to denote the KPs’ typology or risk level. Other groups use colored markers to list the KPs’ typology or risk level.

Tool 2: Social Network Mapping

Who: PEs with the help of ORWs if needed

How often: Every six months

Materials: Poster paper and markers

Description: Social Network Maps are non-topographical maps that list the names of a PE's friends and acquaintances in the key population. These maps use symbols or colors to mark their typologies and baseline risk characteristics (e.g., number of clients per month) and the connections between them (*Figure 3*). Examined together, Hotspot and Social Network Maps provide a visual representation of the total number of KPs across several locations. They enable outreach supervisors and ORWs to assign outreach groups to peer educators at the sites where they know the most people, ensuring that each KP is covered through outreach and there is no overlap in coverage. They also offer a means for ORWs to demonstrate their knowledge by determining staffing and for PEs to demonstrate knowledge of their site. This is often important in the early stages of the program when empowerment and the handing over of responsibility is a priority.

How to use: The peer educator lists his/her name/ID number in the circle at the center of the poster. S/he next lists the other KPs in concentric circles, with connecting lines to KPs that are his/her friends or acquaintances. Other KPs are linked by lines according to who knows whom. By establishing a clear picture of the relationships between KPs at a given hotspot, the peer educator learns the best way to reach each KP.

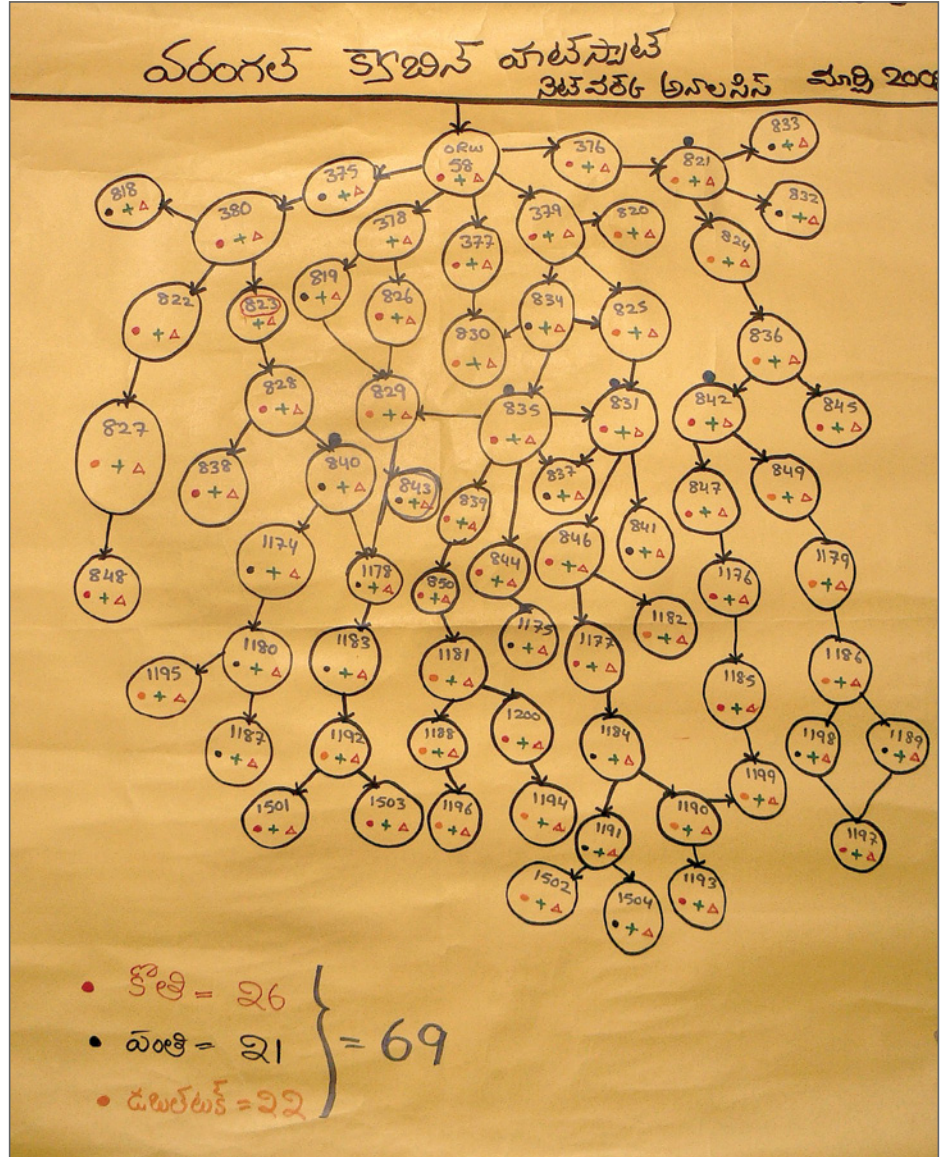
Example: The example in Figure 3 shows the social network for a peer educator with 69 KPs (an atypically high workload). The educator has listed all of the KPs according to their identification (ID) numbers (3 or 4 digit code) within circles (PEs in this particular program memorize the IDs for all of their KPs). The arrows connecting the circles show who knows whom. With this map, the peer educator can see whom s/he needs to contact/talk to in order to reach a particular KP.

- Each circle represents one KP. The number inside the circles is the KP's unique ID.
- The PE is #835 in the center.
- Red triangle = this KP uses the DIC.
- Green plus sign = this KP uses the clinic.
- Dot = typology: black = *panthi*, orange = double decker, red = *kothi*. There are 21 *panthis*, 22 double deckers, and 26 *kothis* (bottom left).
- ID number with red circle = this KP has dropped out of the program.

See Appendix 1, Tool 2 for more examples of Social Network Maps.

Figure 3. Social Network Map

Source: International HIV AIDS Alliance, Andhra Pradesh



Day-to-Day Outreach Tools

Tool 3: Peer Educator Daily Diary

Who: PEs with the help of ORWs if needed

How often: Daily or weekly

Materials: Pre-printed form/booklet

Description: The PE Daily Diary is a small-format book in which peer educators can record the details of their daily interactions with KPs, such as 1-1 interactions, referrals to clinics, and number of condoms distributed. Information in the diary can be written or pictorial. Often, organizations design and print PE diaries that use pictures or symbols that can be marked for each outreach service provided.

How to use: Each NGO determines the key services and data that peer educators should record for their daily activities. These indicators should be listed in a notebook or diary that the PE can carry with him/her. When designing the diary, important considerations include whether all peer educators are literate. If not, design the diary with a pictorial format for low-literacy PEs. A small format allows the educator to easily carry the diary and conceal it if necessary. PEs write details in the diary either at the hotspot during work hours, or they return to the DIC and record details. Peer educators' frequency of contact with KPs usually ranges from twice a week or more in densely populated urban areas to once every two weeks in remote, sparsely populated areas. Some programs with literate educators do not have a formal PE Daily Diary. Instead, PEs carry a small notebook and write notes about daily activities. This information is later transferred to the Individual KP Tracking Form (see *Tool 4 below*).

Example: The example in Figure 4 is a small-format bound book, suitable for low-literate PEs, with 30 numbered sheets (plus carbons). The diary uses a carbonless paper that creates a second copy. One copy is retained by the PE in the book, and the duplicate copy is torn out (perforated) and given to the ORW who uses it to file his/her monthly reports and gives the copy to the MIS officer to enter into the system. The peer educator completes the form, either at the hotspot or back at the DIC—one sheet for each day of a week. The PE can write the name or ID of the KP, or s/he can use a sticker or symbol to denote the KP (column 2).

Figure 4. Example of PE Diary

Source: Swagati and Nestam Projects, Hindustan Latex Family Planning Promotion Trust (HLFPPT)

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Top Row: 1 dot = Monday; 2 dots = Tuesday, etc.

Columns:



- Prioritized KP (tick if this KP is a high priority)
- KP name
- KP ID number
- Risk level (red, blue, green)
- New/old KP (yellow = old, purple = new)
- 1-1 interaction (yes/no)
- 1-group interaction (yes/no)
- Clinic referral (yes/no)
- Condom demo (yes/no)
- Number of condoms distributed to KP
- Social marketing condoms (male, female, lubricants distributed)
- Attended CBO meeting
- Used condom at last sex (yes/no)

Five tiny stickers (*Figure 4b*) can be placed in the third column to indicate delivery of a service (clinic visit for regular medical check-up; TB referral; KP underwent internal exam; ICTC referral; syphilis testing).

See Appendix 1, Tool 3 for more examples of the PE Daily Diary.

Figure 4a. Daily Diary Cover


Source: Swagati and Nestam Projects, Hindustan Latex Family Planning Promotion Trust (HLFPPT)

హెచ్ఎల్ఎఫ్పిపిటి - జఎమ్జఎఫ్ - స్వగతి ప్రాజెక్టు - Phase - II

కమ్యూనిటీ గైడ్ (పీర్ ఎడ్యుకేటర్) రోజువారీ రిపోర్టు

ఎన్జివో పేరు	:
కె పి	: ఎమ్ఎస్ఎమ్/టిజ <input type="checkbox"/> ఎఫ్ఎస్డబ్ల్యు <input type="checkbox"/>
కమ్యూనిటీ గైడ్ (పీర్ ఎడ్యుకేటర్) పేరు	:
సమూహిక కమ్యూనిటీ గైడ్ (పీర్ ఎడ్యుకేటర్) రిజిస్ట్రేషన్ నెం.	:
రిపోర్టు చేస్తున్న	నెల <input style="width: 50px;" type="text"/> సంవత్సరం <input style="width: 50px;" type="text"/>



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బుక్ నెం: **1744**

Figure 4b. Example Showing How Stickers Can Be Used for Low-Literacy PEs

Source: Swagati and Nestam Projects, Hindustan Latex Family Planning Promotion Trust (HLFPPT)

Used to record for internal examination undergone by the KP

Used to record for clinic visit

Used to record for the TB referral

Used to record ICTC referral

Used to record Syphilis testing

Once in a year-SNA

Weekly risk prioritizing

Daily risk-based outreach

Figure 5. Peer Card

Source: Karnataka Health Promotion Trust (KHPT), Karnataka

ಹೆಲ್ಪ್ ಚಿಕಿತ್ಸಾ, ಲೈಂಗಿಕ ಸೋಂಕು ಚಿಕಿತ್ಸೆ (ಎಸ್‌ಟಿಐ), ಆಪ್ತ ಸಮಾಲೋಚನೆ ಮತ್ತು ಪರೀಕ್ಷೆ ಕೇಂದ್ರ (ಎಸಿಟಿಸಿ), ಎಆರ್‌ಟಿ ಕೇಂದ್ರ, ಕ್ಷಯ ರೋಗ ಚಿಕಿತ್ಸೆ ಕೇಂದ್ರ ಸೇವೆಗಳಿಗೆ ಸಿಫಾರಸು

ಆಪ್ತ ಸಮಾಲೋಚನೆ ಮತ್ತು ಪರೀಕ್ಷೆ ಕೇಂದ್ರ (ಎಸಿಟಿಸಿ), ಎಆರ್‌ಟಿ ಕೇಂದ್ರ, ಕ್ಷಯ ರೋಗ ಪರೀಕ್ಷೆ ಮತ್ತು ಚಿಕಿತ್ಸೆ ಕೇಂದ್ರ ಫಲಿತಾಂಶ

ಪೀಯುಷ್ ಹೆಸರು _____
 ದಿನಾಂಕ
 ನಗರ/ಪಟ್ಟಣ/ಹಳ್ಳಿ _____
 ಸೃಷ್ಟಿನ ಹೆಸರು _____
 ಡಿಟಾರೀಟ್ ವರ್ಕರ್ ಹೆಸರು ಮತ್ತು ಸಹಿ _____

ಕೆ. ಹೆಚ್. ಪಿ. ಟಿ.
 ಕರ್ನಾಟಕ ಆರೋಗ್ಯ ಸಂವರ್ಧನ ಪ್ರತಿಷ್ಠಾನ

ಹೆಸರು _____
 ಎ. ಡಿ. ನಂಬರ್ _____

ವಿಷಯ	1	2	3	4
5	6	7	8	9
10	11	12		
ಸಮಯ	1	2	3	4
ನಿರ್ದೇಶನ				

Example of Peer Cards (later replaced by Peer Diary)

One program used small two-sided “Peer Cards” (Figure 5) at the beginning of the project but later replaced the cards with a PE Daily Diary. The cards used a pictorial format to record PE interactions with KPs, and the information was later transferred to the Individual KP Tracking Form (see Tool 4) on a weekly basis. The Peer Card was a useful tool at first because it taught PEs how to record data on interactions and the importance of recording these data. However, a bound diary proved easier since there were not so many loose cards that the peer educator could easily lose.

Working with Low-Literacy Populations

Many peer led outreach programs employ peer educators who may be illiterate or have low literacy. This is not a problem for peer outreach, but it requires special tools that rely on pictures or symbols instead of the written word. With training to recognize the symbols used in the tools, PEs usually have little trouble adapting and using the symbols to record data about their activities. Some programs use removable stickers, but having the PEs draw simple symbols or check off pictures on the forms works just as well.

Tool 4: Individual KP Tracking Form

Who: PEs with the help of ORWs if needed

How often: Weekly

Materials: Pre-printed form, colored markers

Description: PEs use an Individual KP Tracking Form (sometimes called a “peer calendar”) to track outreach services to each KP. This form records the name or ID of each KP and lists all services that the KP has received each week. The form may be written or pictorial. When designing the form, each program must decide which activities are most important for PEs to track.

How to use: The peer educator transfers information from his/her Peer Educator Daily Diary (see *Tool 3*) to a pre-printed form. The PE lists all services that each individual KP received for that particular week and any other remarks about the KP. The outreach worker collects copies of these weekly forms and uses the information to complete the ORW Monthly Summary Form (see *Tool 6*).

Example: Either the PE or ORW fills out this individual KP tracking sheet to monitor services given to each KP each week. The following fields are included on this form:

- Name of ORW
- Name of PE
- Month/year
- ID number
- Nickname
- Contacts (number of contacts with KP, 1-1 contacts, 1-group contacts)
- Clinic visits
- Health camp visits
- Condoms received by week
- Bank card or ration card received
- Aastha Gat (CBO) meetings attended
- Any incidents faced (arrest, harassment, other emergency)
- Crises responded to and time (arrest, harassment, other emergency)
- Follow-up for clinic
- Referrals

Some KPs are highlighted in pink to indicate that they have not been contacted this month (need outreach attention immediately). At the end of the month, the ORW uses these forms to populate the monthly summary form, which is given to the MIS staff.

See Appendix 1, Tool 4 for more examples of the Individual KP Tracking Form.

Source: Aastha Project, FHI 360, Maharashtra

SECTION 2: MICRO-PLANNING TOOLS

Tool 5: PE Weekly Outreach Planner

Who: PE and ORW together

How often: Weekly

Materials: Pre-printed form and previous week's PE Weekly Outreach Planner

Description: The PE Weekly Outreach Planner is a simple form that peer educators can use to plan outreach activities for the upcoming week. This tool helps educators determine which KPs are a priority to contact and which KPs are due for services (ICTC, regular medical check-up, etc.).

How to use: The planning sheet should be designed for each individual peer educator and contain a list of all KPs for that particular PE. This can be a pre-printed form that the MIS officer prints each week (with new KP names if needed). The peer educator draws a circle in the column for a service that a KP is due for that week, such as condom distribution. If the PE successfully completes the outreach activity, s/he can fill in the circle to show that it has been done. At the weekly ORW/PE meeting, they can review the past week's PE Weekly Outreach Planner to evaluate how successful the peer educator was last week. Activities that the PE did not complete can be transferred to the next week's PE Weekly Outreach Planner. To plan clinical services, the program clinic or nurse must provide periodic information to the PE, telling him/her when each KP is due for services (regular medical check-up, STI testing, ICTC, TB testing, or antiretroviral therapy or ART). These dates must be tracked and transferred to the planner. The outreach worker may be responsible for obtaining this information.

Example: Figure 7 shows a simple example of a PE Weekly Outreach Planner. At the weekly meeting between the PE and ORW, they plan the PE's upcoming outreach activities by placing a circle in the column of service or activity that the peer educator will provide to each KP next week. Once the PE provides the service, s/he can cross through the circle to indicate completion. The peer educator can note which KPs are high priority for the week. The activities/services listed in the columns can be replaced with symbols for low-literate PEs, as seen in Figure 8.

See Appendix 1, Tool 5 for more examples of the PE Weekly Outreach Planner.

Source: Dedicated People's Union (DPU), Kumbi, Manipur (Project ORCHID)

PE Weekly Outreach Planner

Figure 8. PE Weekly Outreach Planner (low-literacy visual form)

Source: Swagati and Nestam Projects, Hindustan Latex Family Planning Promotion Trust (HLFPPT)

ఫారం బి : పి ఇ వారపు ప్రణాళిక మరియు ఆక్టివిటీ

వారము	1	2	3	4	జిల్లా										
సూచిక					రిపోర్టింగ్ నెల										
ప.స. మరియు ప్రాధాన్యత తీర్మానం	హెచ్ ఆర్ జి పేరు	0000000000	హెచ్ ఆర్ జి లను	రెఫరల్ గడువు తేదీ / గడువు మించి		రిస్క్ అస్సెస్మెంట్									
		0000000000	గుర్తించుటకు విషయము	ఎన్ టీ వి క్లినిక్	1. ఎన్ టీ వి సెంటర్	ఎక్కువ మంది కాంట్రాప్టేషన్ వారం (గత 10 క్లినిక్ క్రియలో 2 కంటే ఎక్కువ వారాలలో)	తక్కువ కాంట్రాప్టేషన్ వారం (గత 10 క్లినిక్ క్రియలో 2 కంటే ఎక్కువ వారాలలో)	లైంగిక వ్యక్తిత్వ మొదటి సంవత్సరము (25 సంవత్సరము కన్నా తక్కువ)	గత 3 నెలలలో ఎన్ టీ వి తీసుకుంటుంది	మధ్యం నష్టించుట	అరక్షిత లైంగిక క్రియలు (ఎక్కువ రక్తం వలన మరయు ఖరీద కాండాలు) నెలలో ఎన్ని సార్లు రిపోర్ట్ చేయబడినది	వారంలో రిపోర్ట్ చేయబడిన సంఖ్య	వారంలో రిపోర్ట్ చేయబడిన సంఖ్య		
		యువతి సంఖ్య													
A	N	N	N	N	N	N	N	N	N	N	N	N	N		

[illegible]

Tool 6: Monthly Summary Form

Who: PE and ORW

How often: Monthly

Materials: Pre-printed form

Description: Most programs use some kind of Monthly Summary Form in which the peer educator tabulates the monthly outreach totals for his/her KPs. (Alternatively, the ORW can collect the required information and fill out the form for each of his/her PEs.) This form helps peer educators understand what they have achieved and where there are gaps for the KPs they serve. The outreach workers use these Monthly Summary Forms to create their own ORW Monthly Summary. These data help them identify broader gaps or trends in outreach that may exist across a geographic area or KP typology. It supplies data for monitoring the progress of the program; and when PEs and ORWs aggregate this data, they tend to use the form.

Outreach indicators collected on the Monthly Summary Form usually include some of the following: PE name; hotspot name; date; number of 1-1 interactions; number of 1-group interactions; number of clinic referrals (ICTC, regular medical check-up, STI, and/or TB); number of condom demos; number of free male condoms distributed; number of female condoms distributed; number of socially marketed male condoms distributed; number of lubricants distributed; number of KPs who attended CBO meetings; number who used condoms at last sex; number of needles and syringes distributed (injecting drug users); number of used needles and syringes collected (injecting drug users); and number of incidents reported (arrest, harassment, other emergencies). Each program must decide which indicators are most important and include them on their Monthly Summary Form.

How to use: The peer educator uses information from the weekly Individual KP Tracking Forms or his/her Daily Diary and totals the results for each indicator. Once the PE completes the Monthly Summary Form, the outreach worker completes a similar summary form that combines data for all of the PEs under his/her supervision. The ORW then gives this report to the data entry person to enter into the program's MIS.

Example: The example in Figure 9 shows the Monthly Summary Form used by a program working with female sex workers and high-risk men who have sex with men. The indicators on this example include the ID number; PE name; week (1, 2, 3, 4, total); number of condoms required; number of free condoms distributed per week; number of male condoms sold per week; number of female condoms sold per week; number of lubricants distributed in the month; number of contacts (1-1, 1-group); number of referrals (STI, ICTC, ART); number of KPs who reported condom use during last sex per week; violence reported; number of KPs seen this month who were not seen last month; number of condom demos; number of KPs who attend CBO meeting; number of KPs met 1-1; number of KPs regularly contacted; number of KPs who received condoms; number of referrals to ICTC; number of referrals for ART; and number of KPs who were verbally screened.

See Appendix 1, Tool 6 for more examples of Monthly Summary Forms.

Source: Swagati and Nestam Projects, Hindustan Latex Family Planning Promotion Trust (HLFPPT)

[illegible]

Useful Training and Analysis Tools

Tool 7: Individual KP Risk and Vulnerability Assessment

Who: PEs with the help of ORWs

How often: Monthly or semi-annually. For new programs, using this tool monthly is a good training practice to help new PEs understand the importance of assessing risk and vulnerability.

Materials: Pre-printed form and information from the Individual KP Tracking Form and initial KP Registration Form (see *Appendix 2* for an example of a KP Registration Form).

Description: The Risk and Vulnerability Assessment Tool provides a quantifiable method for peer educators to determine which KPs are at highest risk for acquiring HIV or other STIs. With this information, PEs can prioritize their outreach activities to spend more time with high-risk KPs and monitor them more often. Once a risk level is assigned, programs usually use a simple three-color system (green = low risk; yellow = medium risk; red = high risk) to highlight each KP, whether on hotspot maps or other planning and tracking forms.

How to use: Peer educators use information from the Individual KP Tracking Form and from the KP's original registration form (see *Appendix 2*) to evaluate each KP's risk and vulnerability. Each program must decide which factors to evaluate when assessing risk. Some programs for sex workers use a simple system with three criteria:

- Age
(under 25 = high risk; 26–35 = medium; over 35 = low)
- Number of clients per week
(less than 5 = low; 6–15 = medium; more than 15 = high)
- Condom use
(always = low; usually or occasional = medium; low condom use = high)

KPs who rank as “high-risk” for any of these criteria are put into the high-risk category. Those with mixed scores (some low, some medium) are subjectively assigned to a medium- or low-risk category at the discretion of the PE and ORW.

More mature programs have developed more sophisticated quantitative scoring systems for assessing risk and assigning a risk score to each KP. For example, some programs look at additional factors and assign a point value to each factor. The total points are tallied and each KP is assigned to a low-, medium-, or high-risk category. Expanded risk and vulnerability variables can include

- Number of clients per week
(less than 10 = 1 point; 10–14 = 3 points; 15 or more = 5 points)
- Condom use
(always = 1 point; usually or occasional = 3 points; rarely or never = 5 points)
- Number of years in sex work
(less than 1 year = 5 points; 1–3 years = 3 points; more than 3 years = 1 point)
- Age
(under 25 = 5 points; 26–35 = 3 points; over 35 = 1 point)
- Vulnerability factors
(add 5 points if: new sex worker in previous year, STI within the past three months, drug or alcohol use, experienced violence, or HIV positive)
- Attendance at regular medical check-ups
(always = 1; occasionally = 3; never = 5)

Points are totaled and assigned risk levels (e.g., a KP who scores 1–15 points = low risk; 16–30 points = medium risk; over 30 points = high risk).

Example: In the example in Figure 10, the PE examines the characteristics of each KP and uses the tally sheet to assign a numerical risk score. The factors used in this example include the following:

- 1** Age
(<25 years = 5 points, 25–40 = 3 points, over 40 = 1 point)
- 2** Number of clients per week
(>46 clients = 4, 31–45 = 3, 16–30 = 2 points, 0–15 = 1 point)
- 3** Percentage use of condoms
(<50% = 5 points, 50–90% = 3 points, >90% = 0 points)
- 4** Ever visited program clinic
(never = 3 points)
- 5** Experienced harassment in the past week
(yes = 1 point)
- 6** Did PE meet with KP in past 10 days
(no = 3 points)
- 7** STI symptoms in the past one month
(yes = 3 points, yes and visited clinic = 1 point, no = 0 points)
- 8** Has a clinic due date
(yes = 1, no = 0)

The first three factors are more permanent characteristics for each KP, while the last five factors can change weekly. This example uses the first three factors to assess the overall risk category for each KP (sex worker in this example). For factors 1–3, if the total is 10–14, the KP is put in the red or “high-risk” category; 6–9 = blue or medium risk; 2–5 = green or low risk. For prioritizing outreach for the upcoming week, all eight factors are tallied. A cumulative score of 18–28 points means this KP is a top priority; 9–17 = medium priority; and 2–8 = low priority.

See Appendix 1, Tool 7 for more examples of the Individual Risk and Vulnerability Assessment Tool.

Figure 10. Risk Assessment Tool

Source: Swagati and Nestam Projects, Hindustan Latex Family Planning Promotion Trust (HLFPPT)

Risk Assessment Tool				
S. No.	Indicator	Details	Score	Final Score
1	Age of the KP as in mapping (fixed score for a quarter)	< 25 years	5	
		25–40 years	3	
		> 40 years	1	
2	Number of clients per week (fixed score for a quarter and calculated through mapping)	46 and above	4	
		31–45	3	
		16–30	2	
		0–15	1	
3	Percent of condom usage for encounters with clients (fixed score for a quarter and calculated through mapping)	< 50%	5	
		50%–90%	3	
		> 90%	0	
4	KP ever visited program clinic (fixed score for a quarter and calculated through social needs analysis)	Never visited	3	
		Visited	0	
5	Harassment in past one week (variable score every week and calculated in peer educator review meetings)	Police	1 if “Yes” 0 if “No”	
		Goonda (Gang Member)		
		Client Temporary		
		Husband/Lover		
6	Did peer meet the KP in the last 10 days? (variable score every week and calculated in peer educator review meetings)	Not met	3	
		Met	0	
7	KP having any STI symptom in last 1 month (variable score every week and calculated in peer educator review meetings)	“Yes” and not visited	3	
		“Yes” and visited clinic for that symptom	1	
		No	0	
8	Due date for clinic visit given by doctor/counselor (variable score every week and calculated in peer educator review meetings)	Yes	1	
		No	0	

SI No.	Item	Total Score	Source of Score	Results
1	Scoring for deciding risk of a sex worker	10 – 14	Cumulative final scores of indicators 1–3 above	Red
		6 – 9		Blue
		2 – 5		Green
2	Prioritizing outreach for a sex worker by a peer	18 – 28	Cumulative final scores of indicators 1–8 above	Top priority
		9 – 17		Medium priority
		2 – 8		Low priority

Tool 8: Condom Gap Analysis

Who: PEs and ORWs together

How often: Every six months

Materials: Pre-printed form

Description: The Condom Gap Analysis tool is one of the “gap analysis” tools that is used periodically to review any gaps in service delivery. This particular tool determines how many condoms each KP requires so that condoms are available for every sex act and whether the KP is receiving that many condoms each month.

How to use: The PE and ORW review available information (registration form) and knowledge of each KP and determine how many sex acts the particular KP reports each month and how many condoms the peer educator has been distributing to the KP. This analysis will identify any shortfalls or whether too many condoms are being distributed (wastage). This type of analysis can also be used to analyze gaps in services (*see Appendix 1, Tool 8*).

Example: Figure 11 shows an example of how a peer educator calculates how many condoms each KP requires each week and whether this need is being met or exceeded. The PE takes this form to the field once every six months (or as needed for new KPs) and asks each KP about the number of sex acts per week and how many condoms were purchased or received last week and the sources of those condoms.

Columns:

- Serial number
- KP ID number
- Name
- Typology (street-based, lodge-based, brothel-based, home-based, *kothi*, double decker, bisexual)
- Male sex worker (MSW) sex pattern (O = oral sex, P = penetrative sex, B = both)
- Number of clients per week
- Number of days working per week
- Number of sex acts per week
- Number of condoms used last week
- Number of condoms received from project last week
- Number of condoms from other sources
- Number of social marketing condoms purchased last week
- Condom gap = number of sex acts per week minus (project condoms plus other source condoms plus social marketing condoms purchased)

Figure 11. Condom Gap Analysis Tool

Source: Tamil Nadu AIDS Initiative (TAI), Tamil Nadu

Condom Gap Analysis											
FO Name: Month/Year:											
S. No.	KP ID	KP Name	Typology (SB, LB, BB, HB/A, K, D, BS)	If MSW, sex pattern (O,P,B)	No. of clients per day	No. of working days per week	No. of encounters per week	No. of condoms used last week	No. of condoms received from other sources (other than TI Project last week)	No. of condoms purchased through social marketing (FC) last week	No. of condoms to be met by the project - GAP Formula column
PJ-1											
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											
	o	Total	SB=O, LB=O, BB=O, HB=O, A=O, K=O, DD=O, BS=O	O=O, P=O, B=O	o	o	o	o	o	o	Shortage: o Excess: o

Tool 9: Preference Ranking

Who: PEs with the help of ORWs if needed

How often: Every six months, or monthly at the beginning of the program during routine meetings between the ORW and PE or group-wide meetings
















Materials: Poster paper or pre-printed form and markers

Description: The Preference Ranking Tool helps identify the reasons for gaps in regular outreach contact and clinic attendance. This activity can be used as a group exercise or by an individual PE with her/his ORW supervisor at a weekly or monthly meeting. Peer educators list pictorially, or written, the reasons they are unable to contact KPs or why KPs do not access clinical services and why clinic attendance is low. The group ranks the reasons in order of priority and makes plans to address them. PEs can also use this tool for other services, such as condom distribution, to better understand why they are having trouble delivering a particular service.

How to use: PEs and ORWs meet and draw pictures or discuss the reasons why KPs do not attend the clinic for regular medical check-ups, STI testing, HIV testing, and TB testing. They are ranked in order of importance and a plan is developed to address these problems. The information learned from this tool (e.g., stock-outs at the clinics or discrimination at the clinic) may also be used to hold service providers accountable by recording data that might otherwise go unnoticed by government or NGO leaders (i.e., the PE acts as a watchdog).

Example: In this example, peer educators listed reasons for low clinic attendance, which include rude treatment from doctors and nurses, inconvenient clinic times, distance to clinic, and stock-outs at the clinic. PEs and ORWs should rank which problems are the most important to address and brainstorm ways to improve the situation.

Figure 12. Preference Ranking Tool
 Source: Karnataka Health Promotion Trust (KHPT), Karnataka

Example 1.5: Preference Ranking					
Site:..... Town:..... Date:.....	Reason why women are not coming to the clinic	Reason 1	Reason 2	Reason 3	Reason 4
	Reason 1				
	Reason 2				
	Reason 3				
	Reason 4				



Steps for Implementing a New Micro-Planning Initiative

This section presents a sample plan that a peer led outreach program could use when adding micro-planning to an existing outreach program. Some of the steps may have already been completed before the program began outreach.

If you are starting up a peer led outreach program for the first time, please see ***Peer Led Outreach at Scale: A Guide to Implementation*** and ***Managing HIV Prevention from the Ground Up: Avahan's Experience with Peer Led Outreach at Scale in India***, for more guidance on implementing peer led outreach.

a. Preliminary Planning

1 Establish the denominator at each hotspot.

Recruit an initial team to undertake size estimation to make sure the scale of coverage in different geographies is clearly understood. Size estimation is a rigorous process of determining the number of individuals at the hotspot level across the entire program so that a baseline denominator can be established. This denominator will be the target of outreach coverage (e.g., 80%) and will guide the management team to determine the infrastructure, staff, and peer educators needed to ensure adequate coverage. Team members may include the project coordinator, outreach team members (PEs, ORWs), and community advisors. This “denominator” mapping is done at the beginning of peer led outreach programs and periodically thereafter.

2 Form a micro-planning team.

Team members may include the project coordinator; outreach team members (PEs, ORWs, and volunteers); clinic staff (nurses and doctors); and community advisors. This team will make decisions on what kind of micro-planning tools are best for the particular program and how to introduce them to all ORWs and PEs.

3 Train the micro-planning team.

Team members should understand the following:

- Concept and objectives of micro-planning
- Role of the micro-planning team
- Important indicators
- Data collection tools
- Data analysis

4 Review existing information.

The micro-planning team should review existing information to better understand the micro-planning needs and expected outcomes. This information includes the number and types of KPs registered, distribution of KPs, existing maps of outreach areas, and other relevant records.

5 Develop the micro-planning tools and forms.

This handbook can assist with designing the necessary tools, assigning responsibility for each tool, determining which data/indicators PEs need to collect, determining the frequency with which each tool should be used, and developing a training plan.

6 Formulate a plan for rolling out micro-planning.

7 Train outreach staff to use micro-planning.

b. Roll Out Outreach Micro-Planning

Once PEs and ORWs are trained and ready to begin using micro-planning, there are five basic stages in the micro-planning process:

1 Map the hotspots.

This includes creating

- A visual map (*Tool 1, Hotspot Mapping*) that shows the hotspot landmarks and the locations, typologies, and number of KPs.
- A social network map (*Tool 2, Social Network Mapping*) that shows the relationships between the PEs, ORWs, and KPs at the hotspot.

At this time, each peer educator is assigned a roster of KPs for outreach (usually approximately 50–60). This may have already been done for existing outreach programs.

2 Register the KPs.

This step may have been completed for programs with previously established outreach services. If not, collect basic information on each KP, which will assist with assessing their risk and vulnerability and protect their identity (see *Registration Form example in Appendix 2*).

3 Assess the risk and vulnerability of each KP.

Using information from the KP registration form and the peer educator's knowledge of each KP, assess their relative risk and vulnerability (*Tool 7, Individual Risk and Vulnerability Assessment Tool*) and prioritize the KPs for outreach.

4 Individually track each KP.

Use a micro-planning form (*Tool 4, Individual KP Tracking Form*) to track the progress of each KP at a hotspot and identify KPs who have not been reached recently and those who need services, such as HIV testing, a regular medical check-up, STI testing, etc. Initially, each peer educator will require more ORW supervision. Outreach workers should always stand back and let the PE take the lead, offering guidance that is empowering.

5 Plan weekly outreach and solve problems.

Set a regular, weekly time when the ORWs and the PEs they manage can meet. This can be at the drop-in center or at the location where the peer educator provides outreach. PEs can use a micro-planning tool (*Tool 5, PE Weekly Outreach Planner*) to plan their outreach for the upcoming week. As empowered site-level managers using micro-planning, peer educators will learn to identify the KPs who have not received services, which ones are due for services, and prioritize those most in need. Other tools, such as an opportunity gap analysis (*Tool 8, Condom Gap Analysis*) and preference ranking (*Tool 9, Preference Ranking*), can assist in solving outreach problems. The weekly meeting between the ORW and PEs is also an excellent time for discussing problems encountered during outreach and developing solutions.

Important Questions to Ask When Beginning Micro-Planning

(injecting drug user program example)

- How many KPs are there in the area?
- How many of them are regularly injecting drugs?
- How many risk occasions (injecting and sexual) occur in a week/month?
- Where exactly do the risk occasions occur?
- How many needles/syringes or condoms are needed in a month to adequately cover the majority of these risk occasions?
- Are the risk occasions adequately covered by outreach services?
- Do outreach timings suit the needs of the KPs?
- Can PEs track each individual KP?
- What is the output and outcome of outreach services?
- What are the gaps in the program?





Other Issues to Consider

a. Training

ORWs and PEs should be trained as a group when the peer outreach program begins using micro-planning. Many programs have found follow-up and periodic refresher training to be very helpful. When new peer educators join the program, the outreach worker can initially train them on using the micro-planning tools until the next program-wide micro-planning training is held. During these training sessions, PEs should bring all available information they have on their particular hotspot. This will assist in drawing hotspot maps and analyzing KPs' risk and vulnerabilities.

b. Periodic Meetings

The ORW and PE usually meet once a week—either at the hotspot or at the drop-in center to discuss the past week's outreach and to finalize plans for the upcoming week. Most programs have a weekly or monthly meeting of all ORWs and PEs to update them about any changes and to discuss problems or issues with outreach. These meetings offer the opportunity for impromptu training and should serve to motivate the peer educators.

At the weekly meeting, the outreach worker usually reviews the PE's Daily Diary and Individual KP Tracking Form to make sure the peer educator is completing the form correctly and accurately. New KPs should be added to the Hotspot Map and the Individual KP Tracking Form. Also, the outreach worker and peer educator discuss any problems encountered the previous week, the PE's plan for outreach in the upcoming week, condoms needed, and performance gaps.

c. Unique Identification Numbers

Most outreach programs assign a unique identification number to each individual KP. Using this ID number instead of the KP's name whenever possible helps protect privacy. For example, one program assigned an eight-digit number as the unique identification number for each KP, which contains information on the KP's district and mandal (sub-district):

Unique Identification Numbers		
01	09	0029
District Code	Mandal Code	KP ID Number

In another program, a master list of names for each peer educator was maintained securely at the NGO office, and the only identifiers used on the PE's outreach forms were small stickers with pictorial symbols. The symbols often suggested a feature or personality characteristic of the KP to help the peer educator remember more easily which symbol was for which KP. The unique identifier code consisted of the PE's name or initials, followed by the symbol, so that the same symbol/sticker could be used by multiple peer educators without causing duplication of identifiers.

One person should be responsible for assigning unique identification numbers and keeping a master list. This helps avoid issuing duplicate IDs for the same KP. For example, one program encountered problems when both the ORWs and STI clinics were assigning IDs for new KPs.

d. Protecting KP Confidentiality

Programs must take steps to protect confidentiality when creating records of individual KPs, whether in the micro-planning records and forms, registration forms, clinic forms, or any written records. Most outreach programs assign an ID number to each KP rather than using a name. Any records correlating the ID numbers and names should be kept under lock and key at the NGO office.

e. Designing and Printing Forms

The community, including ORWs and PEs, should be involved in the design and testing of the micro-planning tool forms. All language and pictures used should be appropriate and easy to understand. All tools should be field tested and adjusted as necessary.

If budget constraints prohibit the use of bound or color printed books and forms, simple forms that can be easily and clearly photocopied work well. Some programs try to use a core set of standard forms and tools across all NGOs to ease data collection and analysis but also allow flexibility in the use of other tools.

f. Improving Micro-Planning

To gauge how well peer educators are using micro-planning, it may be helpful to set a few achievement benchmarks. Useful benchmarks include the following:

- PEs meet with ORWs weekly to discuss their work and monthly to analyze gaps in coverage and priorities.
- PEs collect a standard set of information about individuals in their outreach group using forms on which they enter one week's worth of data.

- PEs keep the weekly tracking sheets with them; the names of the individuals they cover are represented by symbols or other identification codes that cannot be deciphered by outsiders.
- PEs can describe how to use visual forms.
- PEs have a clear understanding of factors that increase risk and vulnerability (e.g., high client volume and low condom use; exposure to violence or coercion; serious financial instability, etc.).
- PEs can recall and describe the risk and vulnerability characteristics of each KP in their outreach group.
- PEs can identify which KPs in their outreach group should receive greater attention, more effort for service delivery, or program engagement based on their risk and vulnerability profile.
- PEs continually assess the risk and vulnerability of the KPs in their outreach group to detect changes that may alter the way they prioritize individuals for outreach or service delivery.
- PEs suggest accurate ways to counsel individuals facing particular risks.
- Clear criteria for identifying the highest priority KPs are understood by the majority of PEs.
- There is an environment in which PEs mentor one another to build their understanding.
- PEs help to determine what additional or different information is important to track over time, as the program evolves.

Peer educators and outreach workers need refresher training about every six months. At this time, analysis tools like the condom gap analysis can be used. Also at this time, all PEs and ORWs should review the micro-planning tools and processes as a useful way of gathering feedback and soliciting ways to improve micro-planning.

Performance Boosters

- If possible, PEs should receive a stipend to compensate them for their time. This should be consistent with the rate set by government or other programs.
- Initially PEs should be consulted in the development of tracking forms, the symbols used on them, and techniques for filling them in.
- Incentives can be put in place to ensure PEs train and mentor other PEs.
- A coaching relationship is best established between staff ORWs and PEs during weekly meetings and when solving problems in the field.
- If possible, arrange exchange visits, in which a small group of PEs from a strong program are brought to a weaker one to train both the ORWs and PEs, which reinforces standards, generates ideas, and strengthens NGO support of PEs.
- PEs should be encouraged to develop a performance metric and to participate in the performance reviews of other PEs. This may provide a greater sense of ownership of the program.
- PEs should be offered periodic training opportunities and act as trainers as their skills develop.
- Recognition should be given on a monthly basis to PEs who have been particularly successful (e.g., those who had the most contacts, demonstrated leadership with stakeholders).



Appendix 1

More Examples of Micro-Planning Tools

Appendix 1 presents additional examples of each of the nine micro-planning tools discussed in this handbook. The examples offer more ideas, tips, and guidance that program implementers can use when designing tools for their specific program.

Tool 1: Hotspot Maps

Example 1. Hotspot Map (female sex workers)

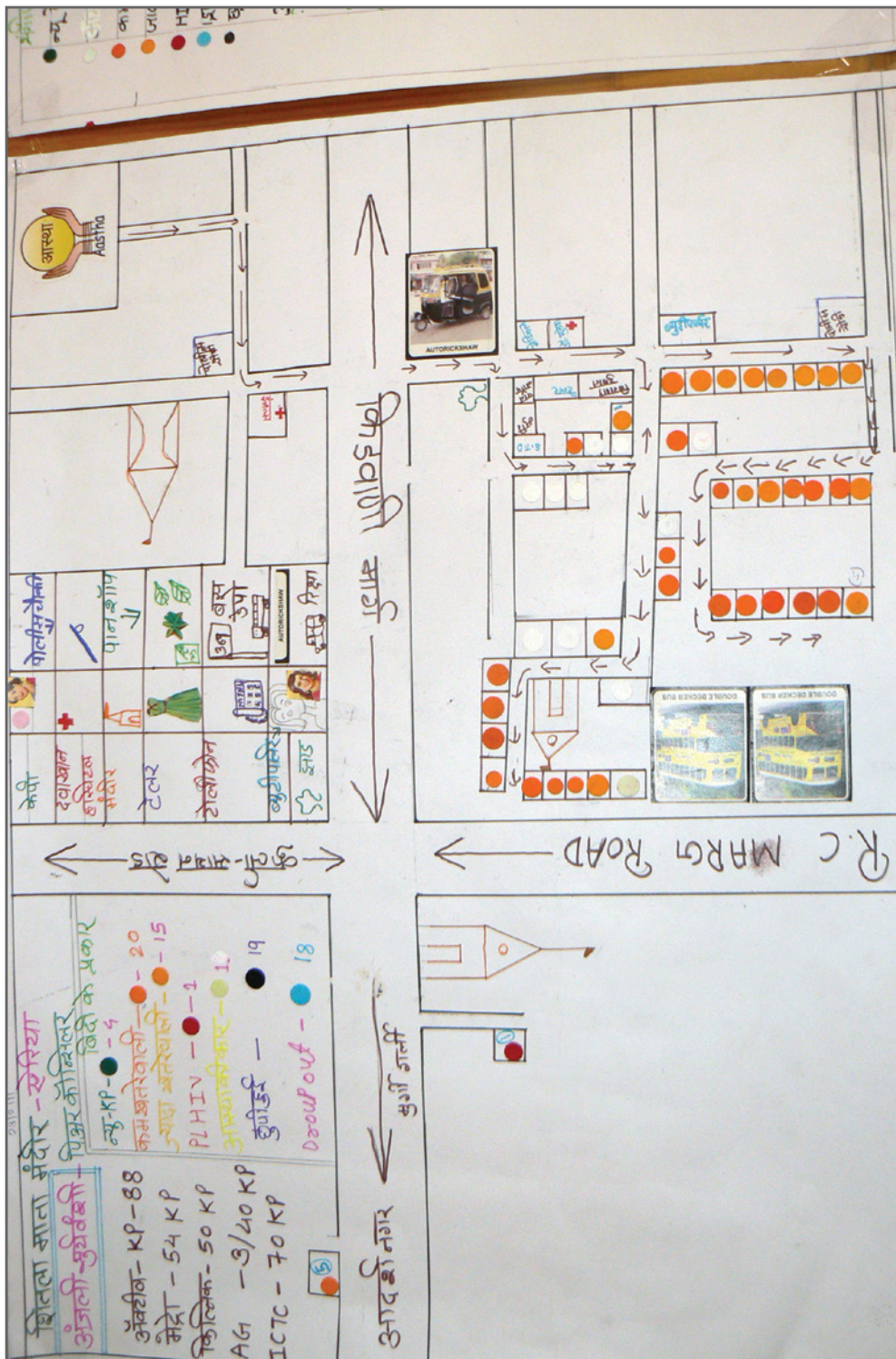
This hotspot map is from a female sex worker outreach program. The map shows major landmarks and streets for this hotspot in urban Mumbai, along with the locations of the KPs. Colored bindis (dots) are placed on the map to indicate each KP's location, typology, risk level, and other characteristics (see color key below). Bindis can be removed/changed each month as the map is updated.

Bindi or Dotted Color Code on PE Maps

- Pink/white = regular KP (KPs who regularly use condoms and attend the clinic and drop-in center are known as “ambassadors” in this program.)
- Green = new KP
- Yellow = AMR (“at-most-risk,” or high-risk)
- Orange = asymptomatic for STIs
- Royal blue = drop-out KP
- Dark blue/black = unable to meet
- Maroon/red = HIV-positive KP

Example 1. Hotspot Map (female sex workers)

Source: Aastha Project, FHI 360, Maharashtra



Tool 2:

Social Network Mapping

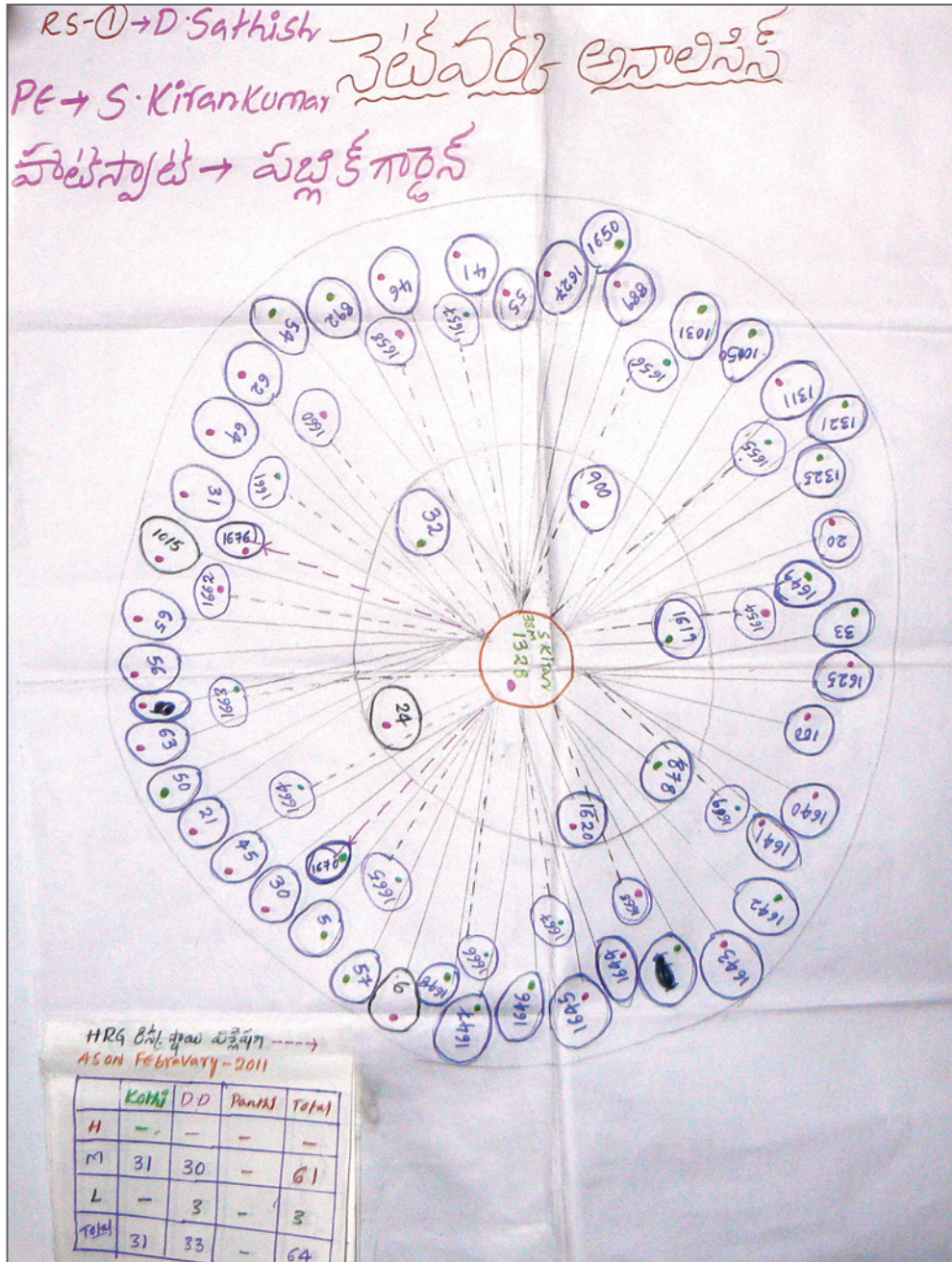
Example 1. Social Network Mapping

In this example, which shows social networks as well as risk assessments, KPs in the inner circle are at lower risk because they have accessed four services: regular medical check-up, 1-1 interaction, condoms, and HIV test. The KPs in the outer circle have not accessed all four services. A dotted line connection means that it is a new KP. Colored bindis (dots) are placed in the KP circle to indicate the KP's typology (double decker, *kothi*, *panthi*).

- The PE and ORW use this map to plan outreach.
- Concentric circles show distance of relationship from PE to KP.
- Dotted lines = new KP.
- The six KPs in the inner circle have accessed all four services (regular medical check-up, 1-1 interaction, condoms, HIV test). These are lower priority KPs for outreach.
- The KPs in the next concentric circle have accessed three services.
- KPs in outer circle have accessed two or fewer services in the past three months.
- Monthly calendar at lower left shows number and typology of KPs.
- The goal is for all KPs to move to the inner circle on this map.

Example 1. Social Network Mapping

Source: International HIV AIDS Alliance, Andhra Pradesh

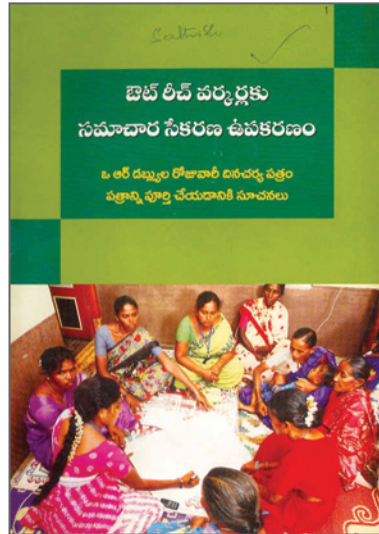


Tool 3: Daily Diary

Example 1. Daily Diary (female sex workers)

This Daily Diary is from a female sex worker outreach program. Each PE carries this booklet and records interactions on a daily basis. The services delivered are listed pictorially and written:

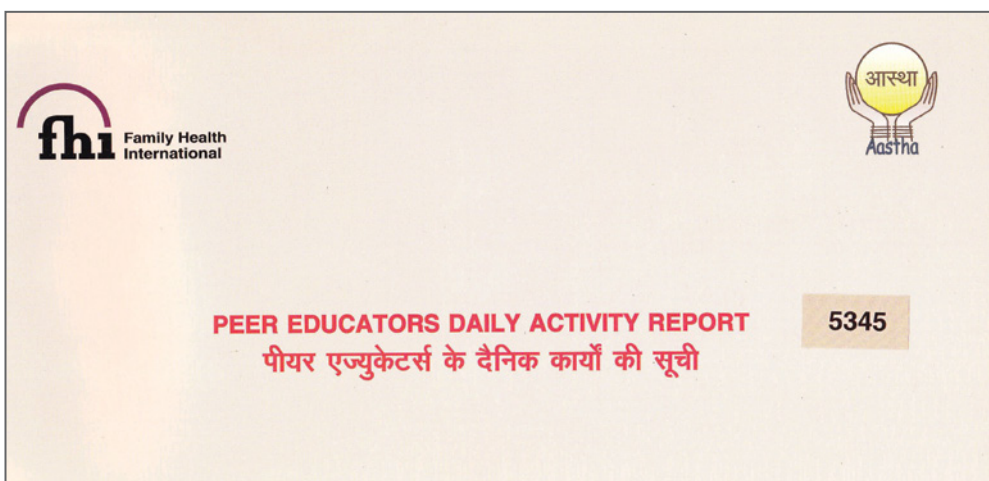
- Column 1 = serial number
- Column 2 = KP name
- Column 3 = ID
- Column 4 = date
- Column 5 = category (MSM, transgender person or TG, FSW)
- Column 6 = contact made
- Column 7 = condom demo
- Column 8 = 1-1 interaction
- Column 9 = TB check
- Column 10 = visit to Mythri (STI) clinic
- Column 11 = attended CBO meeting
- Column 12 = number of condoms given
- Column 13 = lubricants given
- Column 14 = female condoms given



Example 1. Daily Diary (female sex workers)

Source: International HIV AIDS Alliance, Andhra Pradesh

క్ర. సం.	కలెం నేరు	జులై నెంబ్ర	సంప్రదించిన తేదీ	సంప్రదించిన రకం	స్వేచ్ఛగా పాటించినట్లుగా మార్చడం	కంటేము చూపించడం & వాడొస్తు ప్రాశస్త్యం	సవరించిన సూచించి అవగాహన	శ్లేష (డివి) నుండి అవగాహన	అలెస్టున్న కథ మూసే ప్రవర్తన & క్లిష్టతను నివారించడం	కడమ్యానిల్ వలెక కాపికారక పై విమోచనం	కంటేము/బాధాకరంబో		
1	2	3	4	5	6	7	8	9	10	11	12	13	14
26		1400	11/03/10	SM	✓	✓	✓	✓			10	—	—
27		1408	11	11	✓	✓	✓	✓			10		
28		1410	11	11	✓	✓	✓	✓			10		
29		1037	12/03/10	11	✓	✓	✓	✓			10		
30		1100	11	11	✓	✓	✓	✓			10		
31		1083	11	11	✓	✓	✓	✓			10		
32		1068	11	11	✓	✓	✓	✓			10		
33		1056	11	11	✓	✓	✓	✓			10		
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Example 2. Daily Diary (female sex workers)

This Daily Diary, called a “daily activity report,” is from a sex worker outreach program. PEs carry this small-format book when conducting outreach. Each diary contains 30 perforated tear-off sheets, one sheet for each day of outreach. This program allows no more than three 1-1 sessions per day (considered the maximum number of quality 1-1 interactions possible in a day in this program).

The PE ticks off outreach services provided:

- Red circle = new KP
- Blue circle = repeat KP





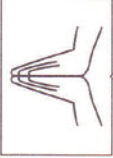




Other fields in the diary include:

- Date
- Day of the week
- Number of KPs met that day
- Names of ORW and PE
- Interactions
- Clinic referrals
- Contact (talked to KP, but no behavior change communication)
- 1-group interaction
- Condom demonstration
- Condom distribution
- Interaction with sex worker’s regular partner

The peer educator gives these sheets daily to the outreach worker, who retains them and transfers information to the Individual KP Tracking Sheet and Monthly Summary Sheet. At the end of the month, the PE gets a new book.

Example 2. Daily Diary (female sex workers)

Source: Aastha Project, FHI 360, Maharashtra

 SERIAL No : फमिली हेल्थ इन्टरनेशनल AASTHA PROJECT फीयर एज्युकेटर्स के दैनिक कार्यों की सूची		 SERIAL No : फमिली हेल्थ इन्टरनेशनल AASTHA PROJECT फीयर एज्युकेटर्स के दैनिक कार्यों की सूची					
Monday <input type="radio"/> Tuesday <input type="radio"/> Wednesday <input type="radio"/> Thursday <input type="radio"/> Friday <input type="radio"/> Saturday <input type="radio"/> सोमवार मंगलवार बुधवार गुरुवार शुक्रवार शनिवार							
Name of ORW/आउट रीच वर्कर का नाम : _____ Name of Peer Educator/पीयर एज्युकटर का नाम : _____							
No. Of Key Population	 1 One to One एक से एक के बीच	 2 Refer to Aastha Clinic आस्था क्लिनिक में भेजना	 3 Contact संपर्क	 4 One to Group एक से ग्रुप के बीच	 5 Condom Demonstration कन्डोम डेमोन्स्ट्रेशन	 6 Condom Distribution कन्डोम का वितरण	 7 One to with regular partner एक से रेगुलर पार्टनर के बीच
Date / दिनांक :							
No. of Key Population Met / लोगों से मिले							
Signature of ORW / आउट रीच वर्कर के हस्ताक्षर Name of ORW / आउट रीच वर्कर का नाम : _____ Date / दिनांक : _____ Name of PE : _____ पीयर एज्युकटर का नाम : _____ <input type="radio"/> New /नया <input type="radio"/> Repeat / रीपीट							

Example 3. Daily Diary (female sex workers)

This program uses a palm-sized, spiral-bound flipbook (small enough for a PE to hide inside his/her clothes) with a page for each daily outreach interaction with a KP. Each page of the flipbook has space to identify the KP, and to note the type of interaction (e.g., an initial rapport-building encounter), topics covered in the discussion, and any actions taken (e.g., distribution of free or socially marketed condoms, referral for health services). The symbols for each of these elements remind the peer educator of what should be included in the outreach session. Each KP is identified using a unique identifier code to ensure confidentiality.

This Daily Diary example uses one page for each outreach event; whereas, the other Daily Diary examples use one page to record all activities for a single day. Each program can decide which method works best for its application. The information recorded in this daily diary is transferred weekly to a Monthly Summary Sheet.

Example 3. Daily Diary (female sex workers)

Source: Mukta Project, Pathfinder International, Maharashtra

मुकता आरोग्य - श्रम - सुरक्षा

नाम: _____ आडनाव: _____

हॉटस्पॉट: _____ मुक्ता नॉटिफी क्र. _____

साईट: _____

परीचय विवरण - पत्र

STI/HIV/AIDS prevention communication

Communication on other health issues

Condom demonstration

Condom redemonstration by community member

Referrals to Mukta clinic for STI services/monthly health check-up

First and last name of sex worker (used by literate peer educators)

The unique color code helps the peer educator to code the identity of sex workers without having to record their names

Social marketing of condoms

Referral for health services other than STIs

Distribution of information and education material

Communication on self-help groups

Community mobilization

Distribution of free condoms

Communication on social entitlements

Example 4. Daily Diary (injecting drug users)

This Daily Diary example is called a “Peer Logbook” and is used in an injecting drug user outreach program. It is both written and pictorial. The PE notes his/her outreach activities for each day on a single sheet. Each page contains the following information:

- Name of PE/ID code of PE (at top)
- Date
- ID code and hotspot name
- 1-1 communication (condom demonstration, education on STI/HIV/blood-borne viruses, etc.)
- 1-group communication (# of sessions, # who attended each session)
- Number of needles/syringes given out (1ml and 2ml size)
- Number of used needles/syringes returned
- Number of condoms given
- Client used new needles/syringes in last injection (yes/no)
- Client used condom in last sex act (yes/no)
- Verbally screened for TB (yes/no)
- Referrals (DIC, oral substitution therapy, clinic) (note: this form once included ICTC referrals, but no longer included because this is captured at the DIC)
- Violence reported
- Remarks

Source: Dedicated People's Union (DPU), Kumbi, Manipur (Project ORCHID)

PEER EDUCATOR - LOG BOOK (IDU)

Tool 4:

Individual KP Tracking Form

Example 1. Individual KP Tracking Form (high-risk men who have sex with men)

This example of an Individual KP Tracking Form (referred to as a “peer calendar” by this NGO) is used by peer educators providing outreach to high-risk men who have sex with men and transgender persons. This example is a large format sheet in a bound book, with one sheet for each month. One sheet contains information for 30 KPs and lists information for four weeks. The peer educator returns from the hotspot to the drop-in center (where the Individual KP Tracking Form is kept) and lists the services s/he delivered each day, updated daily or weekly from his/her PE Daily Diary. The educator places a colored dot in the column (day 1–31) for each service delivered to a particular KP on that day: blue = contact; red = clinic visit; orange = DIC visit; yellow = condom demonstration; black = lubricants given; green = ICTC test done; burgundy = syphilis test done.

Source: Swagati Project, Hindustan Latex Family Planning Promotion Trust (HLFPPT), Andhra Pradesh

[illegible]

Rows at top:

- | | |
|---|-----------------------------|
| ■ | PE name |
| ■ | ORW name |
| ■ | Month |
| ■ | Year |
| ■ | Estimated target population |
| ■ | Taluk (sub-block area) name |
| ■ | City |
| ■ | Site name |

Columns:

- Name
- ID
- Date
- Age
- Duration in anal sex
- Predominant type of sex
(1 = anal, 2 = oral)
- Number of anal sex acts/week
- Number of outreach contacts
- Day of the week (1-7)

Example 2. Individual KP Tracking Form

This “PE Weekly Planning & Activity Sheet” for female sex workers and high-risk men who have sex with men is a hybrid form that combines some aspects of planning (clinic referrals due), with risk and vulnerability analysis, and tracking services provided to each KP. The peer educator updates the referrals and risk assessment section each week. This helps him/her prioritize which KPs are most important to visit. The form also contains symbols for low-literacy PEs to remind them of the services.

Information recorded on this form includes the following:

Rows at top:

- Name of the PE
- District
- Name of the hotspots
- Name of supervising ORW
- Month; week (1, 2, 3, 4)
- Date

Columns:

- KP name
- ID number
- KP symbol
- Referrals due (TB, STI)
- Risk and vulnerability assessment (high number of drug-using clients; low condom use; first year in sex work; STI reported recently; alcohol use; unsafe sex; experienced violence)
- Condom requirement per week
- Services rendered (number of condoms distributed; number of male condoms sold; number of female condoms sold; number of 1-1 contacts; number of 1-group contacts; number of referrals: STI, ICTC, ART; condom use during last sex; violence reported)

Example 2. Individual KP Tracking Form

Source: Swagati and Nestam Projects, Hindustan Latex Family Planning Promotion Trust (HFPPT)

ನಮೂನೆ ೨: ಸಹವರ್ತಿ ಶಿಕ್ಷಕರುಗಳ ವಾರದ ಯೋಜನೆ ಮತ್ತು ಚಟುವಟಿಕೆಗಳ ವಿವರಣೆ (FSW, MSM)

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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	
<p>ಸಹವರ್ತಿ ಶಿಕ್ಷಕರ ಹೆಸರು</p> <p>ಪ್ರಾ.ಪಂ.ದಿಂದ</p> <p>ಅಧಿಕಾರಿ</p> <p>ಪ್ರಾ.ಪಂ.ದಿಂದ</p> <p>ಪ್ರಾ.ಪಂ.ದಿಂದ</p> <p>ಪ್ರಾ.ಪಂ.ದಿಂದ</p> <p>ಪ್ರಾ.ಪಂ.ದಿಂದ</p> <p>ಪ್ರಾ.ಪಂ.ದಿಂದ</p> <p>ಪ್ರಾ.ಪಂ.ದಿಂದ</p> <p>ಪ್ರಾ.ಪಂ.ದಿಂದ</p> <p>ಪ್ರಾ.ಪಂ.ದಿಂದ</p> <p>ಪ್ರಾ.ಪಂ.ದಿಂದ</p> <p>ಪ್ರಾ.ಪಂ.ದಿಂದ</p> <p>ಪ್ರಾ.ಪಂ.ದಿಂದ</p> <p>ಪ್ರಾ.ಪಂ.ದಿಂದ</p> <p>ಪ್ರಾ.ಪಂ.ದಿಂದ</p> <p>ಪ್ರಾ.ಪಂ.ದಿಂದ</p> <p>ಪ್ರಾ.ಪಂ.ದಿಂದ</p> <p>ಪ್ರಾ.ಪಂ.ದಿಂದ</p> <p>ಪ್ರಾ.ಪಂ.ದಿಂದ</p> <p>ಪ್ರಾ.ಪಂ.ದಿಂದ</p> <p>ಪ್ರಾ.ಪಂ.ದಿಂದ</p> <p>ಪ್ರಾ.ಪಂ.ದಿಂದ</p> <p>ಪ್ರಾ.ಪಂ.ದಿಂದ</p> <p>ಪ್ರಾ.ಪಂ.ದಿಂದ</p>																									

Example 3. Individual KP Tracking Form (sex worker)

This example, referred to as a “Hotspot Mobilization Calendar” combines weekly individual KP tracking with weekly planning and risk assessment for each individual KP. This form is used by a peer educator to aggregate all the data on outreach that s/he performs in a given month. It helps to see what services each KP requires based on a risk profile and to keep track of KPs who are a priority for outreach. The far left column with the colored bars is used to record each sex worker’s unique ID.

The symbols on a blue background represent the various possible risk factors for each individual, such as inconsistent condom use, not visiting the STI clinic, having a regular partner, using alcohol excessively, facing violence, and being controlled by a pimp or broker. Through conversations, the PE identifies the sex worker’s risk profile; those factors that do not pertain to the individual are covered up on the form with a white sticker. The remaining factors that should be discussed at each meeting are thus easy to distinguish.

Each of the four yellow columns represents a week of the month, and the PE uses stickers to show which services, support, and referrals have been provided to that KP in a given week. There is also a “priority box” on the form for each KP, which can be marked with a colored dot to identify individuals who require special attention from the peer educator (e.g., because the PE has been unable to contact the KP, the KP has not visited a health clinic or possesses a particular combination of risk and vulnerability factors). See the explanations accompanying the example for more detailed information on each field on the form.

In their day-to-day work, peer educators use the Mukta PE Palm-Sized Flip Book to record and collect daily one-to-one communication. The book helps them to refer to the different communication topics that could be disseminated. This Hotspot Mobilization Tool or *Niyojan Margdarshika* (Planning Guide), as it is called in Marathi, helps the PEs to identify and track specific risk and vulnerability factors of individual sex workers, enabling them to effectively plan and prioritize their work in the field.

1. Name of peer educator
2. Hotspot that PE is responsible for
3. Each month is divided into four weeks for ease of reporting. The peer educator sits down at the end of each week to record her work done and to plan her work for the next week.
4. The calendar has flip sheets for the months April 07 to March 08, so one can see a year's worth of information for any community member.
5. This set of eight pictures depicts the risk and vulnerability factors of sex workers. These factors (left to right) have been identified by the peer educators and the project as important indicators for planning PEs' work and communication with sex workers to reduce their risks and vulnerabilities:
 1. No condom use
 2. Lack of financial resources
 3. Substance abuse
 4. Regular partner
 5. High client load
 6. Non-utilization of healthcare services
 7. Brothel owner's pressure/harassment
 8. Exposure to violence (including domestic)

The PE determines the factors that make a particular sex worker vulnerable and hides the rest of the factors by using white stickers. This is reviewed on a monthly basis with the field officer.
6. The PE recognizes each sex worker s/he meets by assigning symbols to represent their visible and specific behavior patterns, dress code, etc.

This space helps the PE to capture that particular trait so that she can remember the 30 sex workers she is responsible for meeting regularly by correlating them with the symbols assigned. Using a symbol instead of a name also ensures confidentiality for community members.
7. The color coding is similar to the color code provided to each registered sex worker in the Mukta ID card. This needs to be taken from the registration details.
8. This small box is a "High-Priority Box"—it signals the need to work with a particular sex worker on a given priority. For example, if the sex worker has not visited the clinic in the previous month, or if syphilis testing or follow-up needs to be done for a particular sex worker, her box will have a mark on it.
9. Stickers are placed in each square to represent the basic tasks that each PE completes every month, and the actions taken by the sex worker (especially visits to the clinic):
 1. Meeting the sex worker weekly ("namaste")
 2. Handing out a referral coupon for clinic visit—to encourage monthly health check-ups
 3. Handing out condoms—free and socially marketed as needed
 4. Visiting the clinic (sex worker) at least once a month (as verified by the medical team)
10. An example of using this tool:

The first column will have the name and the color code of the sex worker corresponding to her Mukta ID card. In this case, it is shown as "Yellow — 2," which means she is sex worker no. 22 on the registration list.

The second column will have the symbol assigned by the PE to identify the sex worker. In this case, it is a pair of scissors as the sex worker is in the habit of cutting off conversations midway!

The third column of risk and vulnerability factors will display only those factors that are applicable to the particular sex worker. The rest of the factors are hidden using white stickers. Thus, in this case, the risk and vulnerability factors are lack of financial resources leading to high-risk sexual behavior, regular partner, non-utilization of healthcare services, and exposure to violence (including domestic).

The last four columns will capture the work done by the PE and the actions taken by the sex worker to reduce her risks and vulnerabilities.

Example 3. Individual KP Tracking Form (female sex workers)

Source: Mukta Project, Pathfinder International, Maharashtra

The form is a calendar-based tracking tool for female sex workers. It is divided into two main sections: 'नियोजन मार्गदर्शिका' (Planning Guide) on the left and 'एप्रिल ०७' (April 2007) on the right. The left section includes a header with 'प्रीतिचे नाव' (Name) and 'प्रेम' (Love). Below this is a grid of 30 rows, each representing a day of the month. Each row has four columns: 'पहिला आठवडा' (First Week), 'दुसरा आठवडा' (Second Week), 'तिसरा आठवडा' (Third Week), and 'चौथा आठवडा' (Fourth Week). The right section is a similar grid for the month of April 2007. The form includes various icons and symbols for tracking, such as a checkmark, a heart, and a pair of scissors. The form is annotated with numbers 1 through 10, indicating specific features and sections.

नियोजन मार्गदर्शिका		एप्रिल ०७			
प्रीतिचे नाव	प्रेम	पहिला आठवडा	दुसरा आठवडा	तिसरा आठवडा	चौथा आठवडा
१					
२					
३					
४					
५					
६					
७					
८					
९					
१०					
११					
१२					
१३					
१४					
१५					
१६					
१७					
१८					

Tool 5:

PE Weekly Outreach Planner

Example 1. PE Weekly Outreach Planner

This is an example of a planning sheet for high-risk KPs (more than 15 partners per week, 25 years or younger, does not go regularly to clinic for regular medical check-ups; the program has separate but similar forms for low- and medium-risk KPs). This tool helps the peer educator track which KPs are up-to-date for clinic services and which KPs are due for services. The PE and ORW fill in this planner together, and the peer educator can see who s/he needs to visit that week to remind them that they are due for services, such as STI testing.

Row at top:

- Low/medium/high risk (circle one)

Columns:

- ID
- Name
- KP category number (from the Risk and Vulnerability Assessment Sheet)
- First clinic attendance date
- Regular medical check-ups every three months (Apr–Jun, Jul–Sep, Oct–Dec, Jan–Mar)
- Regular condom use
- RPR test (for STIs) every six months (Apr–Sep, Oct–Mar)
- ICTC visit every three months (Apr–Sep, Oct–Mar)
- HIV positive
- Registered for pre-ART (anti-retroviral treatment)
- Registered for ART
- ART registration ID#
- TB test
- TB positive
- Referred for treatment for TB
- Undergone master check-up at clinic

Source: Tamil Nadu AIDS Initiative (TAI), Tamil Nadu

Outreach Planning & Activity Sheet (2010-2011) for PJ (களப்பணி மற்றும் நடவடிக்கை திட்டமிடும் தாள்)

மீடியம் ஆபத்து எனில், 15 நாட்களுக்கு ஒருமுறை களப்பணியில் அந்த மக்களை சந்திக்க வேண்டும்.

Tool 6:

Monthly Summary Form

The following examples show PE-wise monthly summary sheets. In these examples, the peer educator totals all of the data for the services and supplies that his/her KPs received during the month. Typically, the outreach worker will collect this form from each of the peer educators s/he supervises and combine the data to create an ORW Monthly Summary Form (not shown here) for a comprehensive summary of the PE data.

Example 1. Monthly Summary Form (female sex workers)

The example shows a monthly summary sheet included at the back of the PE Daily Diary. It contains a row for the peer educator's accomplishments each day. The PE totals his/her outreach activities with the following information:

Top row:

- Month
- Year
- PE name
- PE ID

Columns:

- Date
- 1-1 Interactions (new KP, old KP)
- 1-group interactions (new KP, old KP)
- Clinic referrals (new KP, old KP)
- Condom demos
- Number of free male condoms distributed
- Number of female condoms distributed
- Number of socially marketed male condoms distributed
- Number of lubricants distributed
- Number of KPs who attended CBO meetings
- Number who used condoms at last sex

This booklet has a carbon copy that is given to the ORW each month to complete his/her monthly report.

Source: Swagati and Nestam Projects, Hindustan Latex Family Planning Promotion Trust (HILFPPT)

APPENDIX 1 : MORE EXAMPLES

Example 2. Monthly Summary Form (injecting drug users)

Each peer educator fills out one of these forms each month (using information from the Daily Diary) to list all of his/her monthly outreach to each KP. The form is both written and pictorial. The outreach worker then uses these forms from each PE to update the overall Monthly Summary Sheet (not shown here).

Rows:












- Month
- PE name
- ORW name

Columns:

- KP name
- ID
- Communication (condom demo, education on HIV/STI/blood-borne viruses)
- 1-group communication (number of sessions, number who attended)
- 1 ml needles/syringes (N/S) distributed (by week)
- 2 ml needles/syringes distributed (by week)
- Number of N/S returned
- Client used a new N/S on last injection (yes/no)
- Client used a condom in last sex (yes/no)
- Vertical TB screening
- Referrals (TB, DIC, opioid substitution therapy, clinic, ICTC, detox, and rehab)
- Violence reported


































Example 1. Monthly Summary Form (injecting drug users)

Source: Rukizumi Welfare Society, Pfutsero, Nagaland (Project ORCHID)

Project ORCHID Monthly Summary Sheet		Prev Comm 1-1		Prev Comm 1-group		1 mL needles/syringes distributed				2 mL needles/syringes distributed			
		Condom demo	Education on HIV/STI/BBV etc.	1 - group	No. who attended group	Week 1	Week 2	Week 3	Week 4	Week 1	Week 2	Week 3	Week 4
KP Name	ID												

1													
2													
3													
4													
5													
6													
7													
8													
9													
10													
11													
12													
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35													
36													
37													
38													
39													
40													
41													
42													
43													
44													
45													
TOTAL													

Month: _____ PE Name: _____ ORW Name: _____

<div>  </div> Number of needles/syringes returned	Condoms distributed				<div>  </div> Used new N/S in last injection.(Y/N)	<div>  </div> Condom in last sex (Y/N)	<div>  </div> Verbal TB screening	Referred to								<div>  </div> Violence reported
	<div>  </div> Week 1	<div>  </div> Week 2	<div>  </div> Week 3	<div>  </div> Week 4				<div>  </div> Clinic for TB screening (suspect TB)	<div>  </div> DIC	<div>  </div> OST	<div>  </div> CBG	<div>  </div> Clinic	<div>  </div> RNTCP	<div>  </div> ICTC	<div>  </div> Detox and rehab	
<div>  </div>	<div>  </div>	<div>  </div>	<div>  </div>	<div>  </div>	<div>  </div>	<div>  </div>	<div>  </div>	<div>  </div>	<div>  </div>	<div>  </div>	<div>  </div>	<div>  </div>	<div>  </div>	<div>  </div>	<div>  </div>	

This image shows a full page of blank graph paper. The grid consists of small, equal-sized squares formed by thin black lines. There are no margins, text, or other markings on the page.

Example 3. Monthly Reporting Form (injecting drug users)

This is another example of a Monthly Summary Form for injecting drug user outreach that peer educators can use to total the data for their monthly outreach activities. PEs use their Daily Diary or weekly summary forms to fill in this sheet and then give it to their supervising outreach worker. The ORW uses these forms to create monthly reports and passes the data on to be entered into the MIS.

Columns:

- SI number
- KP ID
- Contacted by PE
- Prevention communication 1-1
- Prevention communication 1-group
- Number who attended group interaction
- Number of needles/syringes distributed each week
- Number of needles/syringes returned
- Number of condoms distributed each week
- Use of new needle at last use
- Use of condom at last sex act
- TB verbal screening
- TB suspected
- TB screening
- Number of KPs who attended CBO meeting
- Number of hotspot meetings conducted
- Received service from clinic
- Referrals (DIC center, STI, OST, ICTC, syphilis, Revised National Tuberculosis Program, CGB test)
- Number of times contacted
- Remarks

Source: Rukizumi Welfare Society, Pfutsero, Nagaland (Project ORCHID)

Source: Rukizumi Welfare Society, Pfutsero, Nagaland (Project ORCHID)

[illegible]

Rukizumi Welfare Society									
ORW/PEs' Monthly Reporting Format (2 of 2)									
Use of New Needles in Last Use									
Use of Condom in Last Sex Act									
TB Verbal Screening									
TB Suspect									
TB Screening									
No. of Times Attended CBG/Community Meeting									
No. of Hotspot Meetings Conducted									
Recieved Service from SD									
DIC									
STI Clinic									
OST									
ICTC									
ICST/syphilis									
RNTCP									
CG									
No. of Times Contacted									
Remarks									

Date Submitted:

Signature:

Tool 7:

Individual Risk and Vulnerability Assessment Tool

Example 1. Individual Risk and Vulnerability Assessment Tool (injecting drug users)

The peer educator interviews and collects information from each KP once each quarter. The PE and ORW subjectively evaluate the information on this sheet and decide whether each KP is of high-/medium-/low-risk status.

Top row:

- Name of ORW or PE
- Date
- Quarter of the year

Columns:

- ID number
- KP name
- Hotspot
- Type of drug use
- Frequency of injection (daily, weekly, monthly)
- Number of needles/syringes needed each month
- Frequency of sex (daily, weekly, monthly)
- Condoms needed
- Risk status (high, medium, low)
- Preferred place to meet with PE
- Date for ICTC referral
- Date for STI screening

Example 1. Individual Risk and Vulnerability Assessment Tool (injecting drug users)

[illegible]

Example 2. Individual Risk and Vulnerability Assessment Tool

This HRG (high-risk group) Risk Assessment Sheet is part of a Peer Log Book (a type of PE Daily Diary, see *Appendix 2, Tool 3, Example 4*) and appears at the back of the log book. It is used to determine the risk level and vulnerability of each KP overseen by a peer educator. The PE and ORW look at the form and subjectively assign a risk level to each KP. Example 2 shows facing pages of the Risk Assessment Sheet.

Left page columns:

- Serial ID
- ID number
- Name
- Hotspot name
- Age (under 25, 26–30, 31–40, over 40)
- Number of KPs who use their mobile phones to pick up clients
- FSW type (street-based, home-based, brothel-based, lodge-based)
- MSW type (*kothi*, double-decker, bisexual)

Source: Tamil Nadu AIDS Initiative (TAI), Tamil Nadu

HRG Risk Assessment Sheet (அபாய நடவடிக்கையை கணக்கிடுதல் தாள்)

(தயவு செய்து டிக் செய்யவும்) - ஒவ்வொரு 3 மாதத்திற்கு ஒருமுறை பூர்த்தி செய்யவும்

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***பியர்ஜீவன்களை பற்றிய தகவல் அளிக்கவும்**

Example 2 continued (right page)

Right page columns:

- Number of clients per week (less than 10, 10–14, 15 or more)
- Working hours
- KP risk analysis (client load, condom use at last sex, new sex worker in previous year, age less than 25)
- Vulnerability status (STI within the past three months, drug or alcohol use, experienced violence, HIV positive)
- Services received (family card, voter ID, house ownership)

APPENDIX 1 : MORE EXAMPLES

Tool 8:

Opportunity Gap Analysis

Example 1. Opportunity Gap Analysis (monthly)

This example is similar to the Condom Gap Analysis Tool; however, this example also analyzes gaps in other outreach services in terms of targets versus actual achievements. The ORW fills this out monthly with the PE to review the past month's activities (Target vs. Achieved) and reasons for the gap between the target and achieved and to plan outreach for the upcoming month for seven key outreach activities. This tool is a way to identify where PE performance needs improvement or to determine whether targets are realistic. Note: This particular program refers to PEs as "PJs" or "peer jeevans."

Activities assessed include

- Ongoing population (number of KPs overseen by PE)
- 1-to-1 contact
- STI treatment
- Regular medical check-up (RMC)
- ICTC
- RPR test (STI test)
- Condom distribution

Example 1. Opportunity Gap Analysis (monthly)

Source: International HIV AIDS Alliance, Andhra Pradesh

Opportunity Gap Analysis						
Name of the NGO/CBO: Name of the ORW: Month: Name of the PJ: Name of the Hotspot:						
S. No	Activities	Target	Achieved	Opportunity Gaps	Reasons	Action Plan
1	Ongoing Population					
2	1 to 1 Contact					
3	STI Treatment					
4	RMC					
5	ICTC					
6	RPR Test					
7	Condom Distribution					

Tool 9: Preference Ranking

Example 1: Preference Ranking

In this example, peer educators drew on small note cards to identify 12 reasons why sex workers do not come to the clinic. After discussion, they selected the top five barriers: (1) lack of time for PEs to make contacts or do follow-up; (2) fear of exposure in the media; (3) inconvenient clinic timings; (4) non-availability of non-STI health services; and (5) non-availability of PEs who work in garment factories. Next, the peer educators used two large sheets of poster paper and placed the top five barriers (note cards) in the left column. Then each educator assigned a rank number (1–5) in the column according to what s/he thought were the most important barriers. The preference ranking showed that the most important barriers were non-availability of PEs who work in garment factories and inconvenient timings of the clinic because it is not open at times when women are available.

Example 1. Preference Ranking

Source: Mukta Project, Pathfinder International, Maharashtra

ಚಿತ್ರವಿವರಣೆ	29/8/06	ಚಿತ್ರವಿವರಣೆ	ಚಿತ್ರವಿವರಣೆ	ಚಿತ್ರವಿವರಣೆ
				
				
				
				
				
				
				



Appendix 2

KP Registration Form

Source: Karnataka Health Promotion Trust (KHPT), Karnataka

KP Registration Form Part 1 (FSW Register)		ID Number: S W _____		
1. Place of Enumeration				
District:		City/Town/Village:		
Sex work site:				
2. Place of Residence				
Location:		City/Town/Village:		
District:		State:		
3. Name:				
4. Age in completed years:				
5. How long has been in sex work (if less than 2 years, record in months, else in years): _____ Months _____ Years				
6. Marital status (check any one code)				
<input type="checkbox"/> currently married <input type="checkbox"/> widowed <input type="checkbox"/> divorced <input type="checkbox"/> separated		<input type="checkbox"/> deserted <input type="checkbox"/> cohabitating <input type="checkbox"/> never married <input type="checkbox"/> devadasi/jogati		
7. Education (check any one code)				
<input type="checkbox"/> illiterate <input type="checkbox"/> 1-4 standard completed <input type="checkbox"/> 5-7 standard completed		<input type="checkbox"/> 8-10 standard completed <input type="checkbox"/> 11 standard completed and above <input type="checkbox"/> literate, but has not been to school		
8. Religion (check any one code)				
<input type="checkbox"/> Hindu <input type="checkbox"/> Muslim		<input type="checkbox"/> Christian <input type="checkbox"/> Other (specify):		
9. Caste (record verbatim):				
10. Where do you generally solicit/pick up/get most of your clients? (check any codes)				
<input type="checkbox"/> Home <input type="checkbox"/> Rented room <input type="checkbox"/> Lodge <input type="checkbox"/> Dhabha <input type="checkbox"/> Brothel		<input type="checkbox"/> Street/Park/Public places <input type="checkbox"/> Bar/Night Club <input type="checkbox"/> Vehicle <input type="checkbox"/> Cinema/Theatre <input type="checkbox"/> Other (specify):		
11. Where do you generally entertain most of your clients?				
<input type="checkbox"/> Home <input type="checkbox"/> Rented room <input type="checkbox"/> Lodge <input type="checkbox"/> Dhabha <input type="checkbox"/> Brothel		<input type="checkbox"/> Street/Park/Public places <input type="checkbox"/> Bar/Night club <input type="checkbox"/> Vehicle <input type="checkbox"/> Cinema/Theatre <input type="checkbox"/> Other (specify):		
12. Please tell me something about your weekly routine: what day and time of a typical week you engage in sex work, and approximately where you will be during those times.				
	Morning 6am-12	Afternoon 12-6pm	Evening 6-10pm	Late night 10-6am
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				
Remarks:				

KP Registration Form Part 2

13. Approximately how many clients do you entertain in a day?

14. Approximately how many days in a month do you engage in sex work?

15. Apart from sex work, what other work do you do to earn income?

- | | |
|---|--------------------------------------|
| <input type="checkbox"/> Non-agricultural labor | <input type="checkbox"/> Handicrafts |
| <input type="checkbox"/> Petty business | <input type="checkbox"/> Other |
| <input type="checkbox"/> Maid/servant | <input type="checkbox"/> None |
| <input type="checkbox"/> Agricultural labor | |

16. Check place of enumeration and place of residence and mark:

- | | |
|---|---|
| <input type="checkbox"/> Both places are the same (skip to 19.) | <input type="checkbox"/> Different places |
|---|---|

17. How often do you come to this city/town/village for sex work?

- | | |
|--|---|
| <input type="checkbox"/> Daily | <input type="checkbox"/> Once a week |
| <input type="checkbox"/> Not daily, but more than twice a week | <input type="checkbox"/> Other (specify): |

18. (Apart from this city/town/village), have you ever worked as a sex worker in any other place?

- | | |
|------------------------------|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No (skip to 19.) |
|------------------------------|---|

	Ever migrated?	Which are the different places in which you have worked as a sex worker during the last 6 months? Record the names of places in appropriate rows.	How many times did you visit this place during the last six months?	When did you visit this place the last time?
Within the district?	<input type="checkbox"/> Yes <input type="checkbox"/> No	City/town/village 1. 2. 3. 4. 5.	City/town/village 1. 2. 3. 4. 5.	Month: 1. 2. 3. 4. 5.
Outside the district, but within Karnataka?	<input type="checkbox"/> Yes <input type="checkbox"/> No	City/town/village, District 1. 2. 3. 4. 5.	City/town/village 1. 2. 3. 4. 5.	Month: 1. 2. 3. 4. 5.
Outside Karnataka	<input type="checkbox"/> Yes <input type="checkbox"/> No	City/town/village, District, State 1. 2. 3. 4. 5.	City/town/village 1. 2. 3. 4. 5.	Month: 1. 2. 3. 4. 5.
Mumbai	<input type="checkbox"/> Yes <input type="checkbox"/> No			Year:
Goa	<input type="checkbox"/> Yes <input type="checkbox"/> No			Year:

19. Date of Enumeration: Day _____ Month _____ Year _____

20. Name of Outreach Worker:

Additional Resources

Avahan Peer Led Outreach Publications

Managing HIV Prevention from the Ground Up: Peer Led Outreach at Scale in India

http://www.gatesfoundation.org/avahan/Documents/Avahan_PeerOutreach.pdf

From Hills to Valleys: Avahan's HIV Prevention Program among Injecting Drug Users in Northeast India

<http://www.gatesfoundation.org/avahan/Documents/injecting-drug-users-hiv-prevention.pdf>

Peer Led Outreach at Scale: A Guide to Implementation

http://www.gatesfoundation.org/avahan/Documents/Avahan_PeerLedOutreach.pdf

Other Publications

Community Led Outreach: An Outreach Strategy for Focused HIV Prevention Programming in Urban Sex Work Settings in India

<http://www.khpt.org/Pub/CPvention%5C6.6%20Community%20Led%20Outreach.pdf>

Planning with the Community: Guide to Community Involvement in Planning and Monitoring Sex Work Programmes: Module 1

<http://www.khpt.org/Pub/Community%20Mobilization/Planning%20with%20the%20Community%20module%201.pdf>

Programme Micro-planning and Monitoring Tools: Guide to Community Involvement in Planning and Monitoring: Module 2

<http://www.khpt.org/Pub/Community%20Mobilization/Programme%20micro%20planning%20&%20monioring%20tools%20-%20Module%202-%20Sankalpa/Program%20Micro%20Plng.pdf>

For more information on denominator mapping, see Chapter 2 in *Targeted Interventions under NACP III: Operational Guidelines —Volume I: Core High-Risk Groups*.

<http://www.nacoonline.org/upload/Publication/NGOs%20and%20targetted%20Interventions/NACP-III.pdf>

Glossary

Community mobilization is the process of uniting members of a community to utilize their intimate knowledge of vulnerability to overcome the barriers they face and realize reduced HIV risk and greater self-reliance through their collective action.

Community ownership means that the community has control over the activities the program undertakes and significant understanding of, and influence over, service delivery. Community-owned programs have significant leadership, initiative, and oversight by communities and also have accountability systems in place to ensure that the program's interests do not supersede those of the community and that adequate representation of the community is established.

Drop-in centers were established early on by Avahan to provide a safe space for KPs to come together. The centers are often basically equipped but have clean rooms that accommodate 50–150 people, with cushions and mattresses on the floor, bathing facilities, and a mirror. They are often housed next door to the program-managed medical clinic. With no similar refuge available, drop-in centers have become the hub of community life, each serving several contact points or hotspots where KPs solicit and practice sex or inject drugs.

High-risk men who have sex with men refers to the self-identified men who have sex with men to whom Avahan provides services. This group of men is not representative of all men who have sex with men in India, and in the settings where Avahan works they are at high risk on account of their large number of sex partners and the fact that a disproportionate percentage sells sex or practices anal receptive sex. Although Avahan's interventions target this particular subset of men who have sex with men, the steps and processes described in this handbook can be used for all interventions with men who have sex with men.

Hotspot means a public or semi-public place where people gather in significant numbers for high-risk behavior (e.g., places where sex workers solicit clients, places where men commonly seek sex with other men, places where drug users gather to inject drugs together). **Key populations** in the context of the Avahan initiative are those population groups that are at high risk of acquiring HIV: female sex workers, high-risk men who have sex with men, transgender persons, and injecting drug users. The abbreviation “KP” generally refers to an individual member of a key population.

Outreach workers (ORWs) are experienced peer educators or professionally trained social workers employed by a local NGO to supervise 4–6 PEs. An NGO typically has 5–10 outreach workers on staff.

Panthis are generally non-effeminate males who are the insertive partners in anal sex.

Peer educators (PEs) are representative members of a key population who serve as a link between the program and the key population. They manage the program on the ground through outreach and serve a population with whom they have a similar occupational, behavioral, social, or environmental experience and among whom they are trusted and serve as a role model. Peers typically work with 50–60 KPs to influence attitudes and provide support to change high-risk behaviors.





