EVIDENCE BASED PROGRAMMING
USING MAPPING TO DEVELOP KEY POP PROGRAMS
THE MACRO & MICROPLANNING APPROACH

Faran Emmanuel
Centre for Global Public Health,
Univ of Manitoba, Canada
CHALLENGES IN SCALING UP FOCUSED PREVENTION PROGRAMS

Gaining Knowledge on size & distribution of KPs and strategic deployment of outreach and services to enable high coverage efficiently:
- Leveraging mapping results on the geographic distribution of vulnerable populations

Establishing effective local outreach to ensure high coverage of local networks of vulnerable populations
- Micro-planning outreach and services

Establishing robust monitoring systems to measure coverage and facilitate fine-tuning outreach and service delivery
REACHING THE MICROLEVEL

Coverage – critical networks

Micro
MAPPING DATA HELPS

MACROLEVEL

▪ National Size estimate: Program scale
▪ Allocate resources
▪ Identify key locations: districts, cities,
▪ Prioritize towns within a district
▪ Target setting and provide denominators for indicators

MICROLEVEL

▪ To identify key spots for intervention
▪ Delivery modes: DIC, Outreach
▪ Place services
▪ Program needs: Staff, commodities
▪ Personalized services: tracking individuals
**ESTIMATED KPS AND MACRO PLAN**

- Suggest about 3 times more resources in an FSW intervention than an MSM intervention
- Broad planning of manpower and logistic requirements
  - About 974 Peers in an FSW intervention
  - About 205 CMs in an MSM intervention
  - 25 Brothel based; 454 home-based; 442 Street based and 53 Other typology based PEs
Progressive coverage helps in prioritizing and resource allocation at district and sub-district levels.
Several HIV prevention methods have proved effective when used consistently, but no single prevention approach has the ability to stop the epidemic on its own. Combinations of prevention interventions are needed. Different settings and populations will require different combinations of interventions. The best HIV prevention impact comes from offering a package of interventions carefully selected to suit the epidemic setting and the population.
Effective HIV prevention programmes require a combination of behavioural, biomedical and structural interventions.
“MICRO-PLANNING” IS A PROCESS THAT DECENTRALIZES OUTREACH MANAGEMENT AND PLANNING TO GRASSROOTS-LEVEL WORKERS — OUTREACH WORKERS AND PEER EDUCATORS — AND ALLOWS THEM TO MAKE DECISIONS ON HOW TO BEST REACH THE MAXIMUM NUMBER OF COMMUNITY MEMBERS.
MICRO PLANNING: PRINCIPLES

- Community Led: Listen and Learn
- Done at the beginning of outreach implementation and revised periodically: peer based and is peer led
- A hotspot/site is the planning unit with individualized planning for each KP member
- Tuned to the key populations convenience rather than Targeted Interventions (TI) convenience
- Based on local community settings
MICRO PLANNING: IMPLEMENTATION - GOAL

Achieving 100% coverage within specific sites

Overall coverage … 100% ??

Locating programs and services in ‘hotspots’ or clusters within the defined geographic cluster with high proportion of target population
HOW DOES IT HELP A PROGRAM

- Provides a clearly defined area of operation for each PE
- Helps in tracking and following up with each KP member
- Helps plan an outreach based on the requirement of each hotspot
- Helps in planning/estimating for the number of commodities i.e., condoms, lubes
- Helps PEs to monitor and plan clinical services; HIV testing, STI treatment
- Helps PEs identify gaps in their outreach efforts
- Shifts the program from merely service delivery (push) to increased demand generation for services from the community.
- Creates community ownership
WHAT DOES A PEER EDUCATOR NEED TO KNOW THAT WILL HELP PLAN OUT REACH

Cluster of her/his hotspots

- How many and how much commodities?
- Names of KP in those hotspots
- Are these KP homogenous
- Peak work days
- Peak work time

Peer Educator

WHAT IS A MICRO-PLAN

Set of tools that helps a peer educator plan her/his field outreach to the hotspots and Key populations that she/he serves.
**KEY MICRO-PLANNING TOOLS**

- **Hot spot mapping**
  - Validate Mapping
  - Develop current KP Estimates
  - Uniquely identify hotspots

- **Site Load Mapping + Spot Analysis**
  - load of each site
  - No of FSWs
  - Peak days/times
  - Seasonal variations
  - Clustering

- **Contact Mapping**
  - Uniquely Identify KPs that are known to peer Educators

- **Register KPs**
  - UIC
  - Risk profiling
  - Priority KPs

- **Peer Plans**
  - Understand individual KP risks
  - Understanding commodity requirements
  - Plan for delivery of above

- **Peer Calendars**
  - MONITOR & Calculating Opportunity Gaps to improve performance
SITE LOAD MAPPING — PRACTICAL STEPS:
**Overview:** Spot Load Mapping help participants understand how estimates of sex workers in each hot spot can change over time, across the day, the week and the month. Spot load maps can identify peak/busy days at the hotspot over the month. It can help in identifying the busiest spots and prioritise the same in outreach planning. Spot Load Mapping is a visual exercise and a very thorough understanding of the geography of a specific hotspot being mapped, is needed to be able to do the exercise. An overall understanding of hotspots will emerge at this stage.
SPOT ANALYSIS:

Spot analysis enables PE to compile all info needed for their respective spots to plan out reach based on the characteristics of each spot. More thorough information is collected at this stage:

- Number of key populations
- Age distribution
- When they work
- Amount of turnover
- Timing of operation
- Client volume
CONTACT MAPPING

- Peer educators free list the KPS whom they know.
- These listed KP are then plotted against the HS they frequent the most.
- Allocate hotspots to peer educators with maximum contacts (social networks) keeping geographical proximity in place.
- Ensure that street based peer educators are given street based hotspots to provide HIV services.
**OUTREACH ENROLLMENT FORM (FSW/MSM)**
*(To be filled by Peer Link or Peer Navigator)*

1. **Name of Implementing Partner:**

2. **Date of Registration:**

3. **Name of District/Department/Parish:**

4. 

5. **Name of hotspot:**

6. **Name of the Peer Link / Peer Navigator**

7. 

8. **Date/Month/Year of enrollment:**

9. **Name of the KP**

10. **Type of KP**
    - FSW / MSM / Transgender

11. **Sex:**
    - Male / Female

12. **Gender:**
    - Man / Woman / Trans

13. **Nationality:** (DO WE NEED THIS?)

14. **Date of Birth (DD/MM/YY) or Age**

15. **Program ID:**

16. **Phone number:**

17. **Where do you MOSTLY operate/conduct sex work/cruise your clients or partners?**

18. **Have you been contacted by a peer link or navigator from the HIV prevention program in the last 3 months?**
   - 1. Yes
   - 2. No

19. **Have you visited any DC/clinic/wellness center for any services in the last 3 months?**
   - 1. Yes
   - 2. No

20. **Have you been tested for HIV in the last 3 months?**
   - 1. Yes
   - 2. No

21. **Did you use condoms at last sex?**
   - 1. Yes
   - 2. No

22. **Have you experienced any violence in the last 3 months?**
   - 1. Yes
   - 2. No

23. **How old were you when you started sex work?**

24. **At what age did you first have anal sex?**

25. **How many penetrative acts anal/vaginal you had**

26. **How many penetrative anal sex acts you had**

27. **LAST WEEK?**

**Only for FWS**

**Only for MSM**
# PEER CALENDAR

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## SERVICES PROVIDED

1. HIV EDUCATION
2. CONDOM DISTRIBUTED (WRITE NO. IN BRACKETS)
3. LUBES DISTRIBUTED (WRITE NUMBERS IN BRACKETS)
4. HIV TESTING SERVICES
5. STI SERVICES
6. SKILL BUILDING SERVICES
7. GVH SERVICES
8.
ADDRESSING “OPPORTUNITY GAPS”
### Opportunity Gaps

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<td>HTC</td>
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**Reasons**

- Enrolled: Other organization, ignorance, stubborn
- Contacted: Peak variability, SW mobility
- Condoms: Prefer buying, condoms smelly, other sources
- Clinic visits/HTC: Not sick (no need), busy (time wasting), fare/transport

26/04/2013

NAME

MSF
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COMBINATION PREVENTION
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Effective HIV prevention programmes require a combination of behavioural, biomedical and structural interventions.
COMBINATION PREVENTION

**Biomedical** – directly influence virus transmission

**Behavioral** – promotes behaviors and practices that can reduce the risk of HIV infection and increase demand for prevention services

**Structural** – address “enablers” in a community that reduces individual/community risk for HIV infection by acting at the environment.
BIOMEDICAL
INTERVENTIONS

- Condoms
- Treatment
- PMTCT
- Needle exchanges
- Testing
BEHAVIOURAL INTERVENTIONS

- Sex Education
- Counselling
- Programmes to reduce stigma and discrimination
- Cash transfer programmes
Structural Interventions

- Interventions to address inequality
- Decriminalisation (of sex work, homosexuality, drug use)
- Laws protecting the rights of people living with HIV
- Increasing access to school education for young girls
COMBINATION PREVENTION PACKAGE FOR SEX WORKERS
COMBINATION PREVENTION PACKAGE FOR MSM

- Empowerment: addressing laws & rights of men who have sex with men
- HTS + ARV-based strategies (ART, PrEP)
- Other health services (STIs)
- Target: 90% access to tailored prevention services
- Opinion leaders and new media approaches
- Condoms & lubricant programming
- Community/peer-led outreach services
COMBINATION PREVENTION PACKAGE FOR PWID

- Communication, outreach, empowerment, laws & rights of people who inject drugs
- Clinical services (including hepatitis, STIs, TB)
- Opioid substitution therapy
- HTS + ARV-based strategies (ART)
- Target: 90% access to tailored prevention services
- Condoms & lubricant programming
- Needle–syringe exchange programmes
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THE MACRO-PLAN

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MAPPING DATA HELPS

MACROLEVEL

- National Size estimate: Program scale
- Allocate resources
- Identify key locations: districts, cities,
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- Target setting and provide denominators for indicators

MICROLEVEL

- To identify key spots for intervention
- Delivery modes: DIC, Outreach
- Place services
- Program needs: Staff, commodities
- Personalized services: tracking individuals
DEVELOPING A MACRO-PLAN

**COVERAGE**
- Set Targets .... 100%, 90%, 80% ..... OR
- Program targets .... Numbers
- where would you focus ... Geo-focus
- which locations, spots to cover ... populated spots

**RESOURCES**
- Set Targets within available resources
- Start small and scale up...
DEVELOPING A MACRO-PLAN

PACKAGE OF SERVICES : OUTREACH PLAN

▪ What are the available services
▪ Calculate human resource
▪ Frequency of contact: How many times a KP needs to be met
▪ Once a month, twice a month

GROUP Work ....

▪ Set TARGETS and an OUTREACH PLAN (geo-focus)
DEVELOPING A MACRO-PLAN

Female Sex workers

[Bar chart showing percentages for various locations: Drenas, Prizren, Fushë-Kosovë, Gjakovë, Gjakova, Gracanica, Kamenica, Klinë, Lipjan, Malishevë, Mitrovica, Obilhq, Pejë, Podujevë, Prishtina, Prizren, Rahovec, Shkodër, Sukharekë, Viti, Vushtrri]
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THE MICRO-PLAN
KEY MICRO-PLANNING TOOLS

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- Develop current KP Estimates
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Site Load Mapping + Spot Analysis
- Load of each site
- No of FSWs
- Peak days/times
- Seasonal variations
- Clustering

Contact Mapping
- Uniquely identify KPs that are known to peer Educators

REGISTER KPs
- UIC
- Risk profiling
- Priority KPs

Peer Plans
- Understand individual KP risks
- Understanding commodity requirements
- Plan for delivery of above

Peer Calendars
- MONITOR & Calculating Opportunity Gaps to improve performance
MICRO PLANNING: IMPLEMENTATION

- Team for micro-planning
  1. Peer educator/educators of specific ‘hot spot’ or cluster
  2. Outreach workers (Peer supervisors?) of NGO/CSO and
  3. Field coordinators.

- Locations identification — outreach area, drop in centers, clinics and other specific service delivery points
ROLE OF A PEER EDUCATOR

• Build rapport and trust with the key populations in the hotspots
• Educate key populations about HIV/STI and reproductive health
• Promote, demonstrate, and distribute male/ female condoms and water-based lubricants
• Encourage key populations to visit the DIC/Clinic, undergo STI examination and treatment
• Encourage key populations to learn and monitor their HIV status
• Distribute the violence/crisis helpline number among the key populations
• Conduct group sessions in sites or in the DIC to provide information and build solidarity
• Identify new hotspots and new community members
• Trace key populations who are lost to follow-up
• Provide feedback to the project on the needs of the key populations
• Report to the program on a regular basis.
ROLE OF AN OUTREACH WORKER

• Recruit and train peer educators
• Support peer educators in conducting micro-planning and monitoring of the work
• Supervise the peer educators to ensure that key populations are receiving services
• Verify whether key populations are receiving services in a timely manner
• Provide paralegal support and respond to crises reported by key populations
• Conduct advocacy with bar owners, venue managers, etc., to create a safe and supportive environment for key populations
• Calculate the need and ensure the availability of condoms and lubes
• Collect reports from PEs and compile the same
SITE LOAD MAPPING — PRACTICAL STEPS:
SITE LOAD MAPPING:

Overview: Spot Load Mapping help participants understand how estimates of sex workers in each hot spot can change over time, across the day, the week and the month. Spot load maps can identify peak/busy days at the hotspot over the month. It can help in identifying the busiest spots and prioritise the same in outreach planning. Spot Load Mapping is a visual exercise and a very thorough understanding of the geography of a specific hotspot being mapped, is needed to be able to do the exercise. An overall understanding of hotspots will emerge at this stage.
Spot analysis enables PE to compile all info needed for their respective spots to plan out reach based on the characteristics of each spot. More thorough information is collected at this stage:

- Number of key populations
- Age distribution
- When they work
- Amount of turnover
- Timing of operation
- Client volume

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| **TIMING** |
| MEN | MEN | MEN | MEN | MEN | MEN |
| M | 15 | M | 15 | M | 15 |
| W | 15 | M | 15 | M | 15 |
| D | 15 | M | 15 | M | 15 |

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<td>31 - above</td>
<td>Daily</td>
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8/19/2015
What do you do with the information gathered
Which spots to be focused
Which key populations should be focused
Focus on what? - commodities replenishment, STI referrals, negotiation skills improvement, safe sexual behavior education, monitoring, Violence, etc.,
Practical application of site analysis information – Peer plans
KEY MICRO-PLANNING TOOLS

- **Hot spot mapping**
  - Validate Mapping
  - Develop current KP Estimates
  - Uniquely identify hotspots

- **Site Load Mapping**
  - Understanding load of each site
  - No of FSWs
  - Peak days/times
  - Seasonal variations

- **Spot/Site Analysis**
  - More detailed info for each spot
  - Client volume
  - FSW type/ages
  - High volume FSWs
  - Seasonal variations

- **Contact Mapping**
  - Uniquely identify KPs that are known to peer Educators

- **Peer Plans**
  - Understand individual KP risks
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- **Peer Calendars**

- **Calculating Opportunity Gaps**
CONTACT MAPPING

- Peer educators free list the KPS whom they know
- These listed KP are then plotted against the HS they frequent the most
- Allocate hotspots to peer educators with maximum contacts (social networks) keeping geographical proximity in place.
- Ensure that street based peer educators are given street based hotspots to provide HIV services.
CONTACT MAPPING
CONTACT MAPPING & SPOT ALLOCATION:
KEY MICRO-PLANNING TOOLS

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**Peer Calendars**

**Calculating Opportunity Gaps**
PEER EDUCATOR PLAN

- The peer educator copies/lists down the names of KP for the hotspots under her.
- For each hotspot, best outreach times and day is finalized which now becomes the field outreach plan for the peer educator.
- A consolidation of all PE plan becomes the outreach supervisor plan.
- Commodity estimates for each KP is recorded. This again becomes the deliverable for PEs.
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  - Calculating Opportunity Gaps
Peer Calendar for micro planning

PEER CALENDAR / SERVICE TRACKING for FSWs

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SERVICES PROVIDED

1. Condoms
2. Referral Testing (HBV, HCV)
3. Referral STI Testing
4. Referral Methadone
5. Cotton Swab and Distilled water
6. Needle exchange
7. Referral Gynecological examinations
8. Counseling
9. Health information and education
10. Leaflets, booklets, messages, contact details
11. Referral Psychological
12. Referral Legal aid
13. Referral lawyer (Strategic litigation)
# Contacted = 7
# Given condom = 9
# NEW contacted = 2 # STI Visit = 2
**KEY MICRO-PLANNING TOOLS**

- **Hot spot mapping**
  - Validate Mapping
  - Develop current KP Estimates
  - Uniquely identify hotspots

- **Site Load Mapping**
  - Understanding load of each site
  - No of FSWs
  - Peak days/times
  - Seasonal variations

- **Spot/Site Analysis**
  - More detailed info for each spot
  - Client volume
  - FSW type/ages
  - High volume FSWs
  - Seasonal variations

- **Contact Mapping**
  - Uniquely identify KPs that are known to peer Educators

- **Peer Plans**
  - Understand individual KP risks
  - Understanding commodity requirements
  - Plan for delivery of above

- **Peer Calendars**

- **Calculating Opportunity Gaps**
ADDRESSING “OPPORTUNITY GAPS”
### Opportunity Gaps

<table>
<thead>
<tr>
<th>Estimate</th>
<th>NO.</th>
<th>Gap</th>
<th>%</th>
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<tbody>
<tr>
<td>Enrolled/Registered</td>
<td>30</td>
<td>50</td>
<td>62.5</td>
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<tr>
<td>Contacted</td>
<td>45</td>
<td>35</td>
<td>77.8</td>
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<tr>
<td>Condoms Distributed</td>
<td>30</td>
<td>50</td>
<td>25</td>
</tr>
<tr>
<td>Clinic visits</td>
<td>3</td>
<td>17</td>
<td>85</td>
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<tr>
<td>HTC</td>
<td>3</td>
<td>17</td>
<td>85</td>
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**Reasons**
- Enrolled: Other organizations
  - Ignorance
  - Stubborn
- Contacted: Peak variability
  - SW mobility
- Condoms: Prefer buying
  - Condoms smell
  - Other sources
- Clinic visits/HTC: Not sick (no need)
  - Busy (time wasting)
  - Fare/Transport

*26/04/2013*

**Signature:**

**NAME:**
THE WORKFLOW

HOT SPOT MAPPING
(Delete old spots, add new spots, update the list)

SPOT LOAD & ANALYSIS
(Done for spots with more than 5 KPs)

CONTACT MAPPING
(done for all spots and peers/ORWs)

SPOT ALLOCATION
(Spots assigned to peers, team work can be done, but responsibility for a spot is for one peer)

ENROLL KPs
(Enrol all KPs using enrolment form, register using UIC)

PEER PLANS
(Needs of each KP calculated based on behaviors)

PEER CALENDAR
(Every KP is added to a peer calendar. EVERY service provided through Clinic, DIC, Outreach noted)
THANKS