

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

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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:

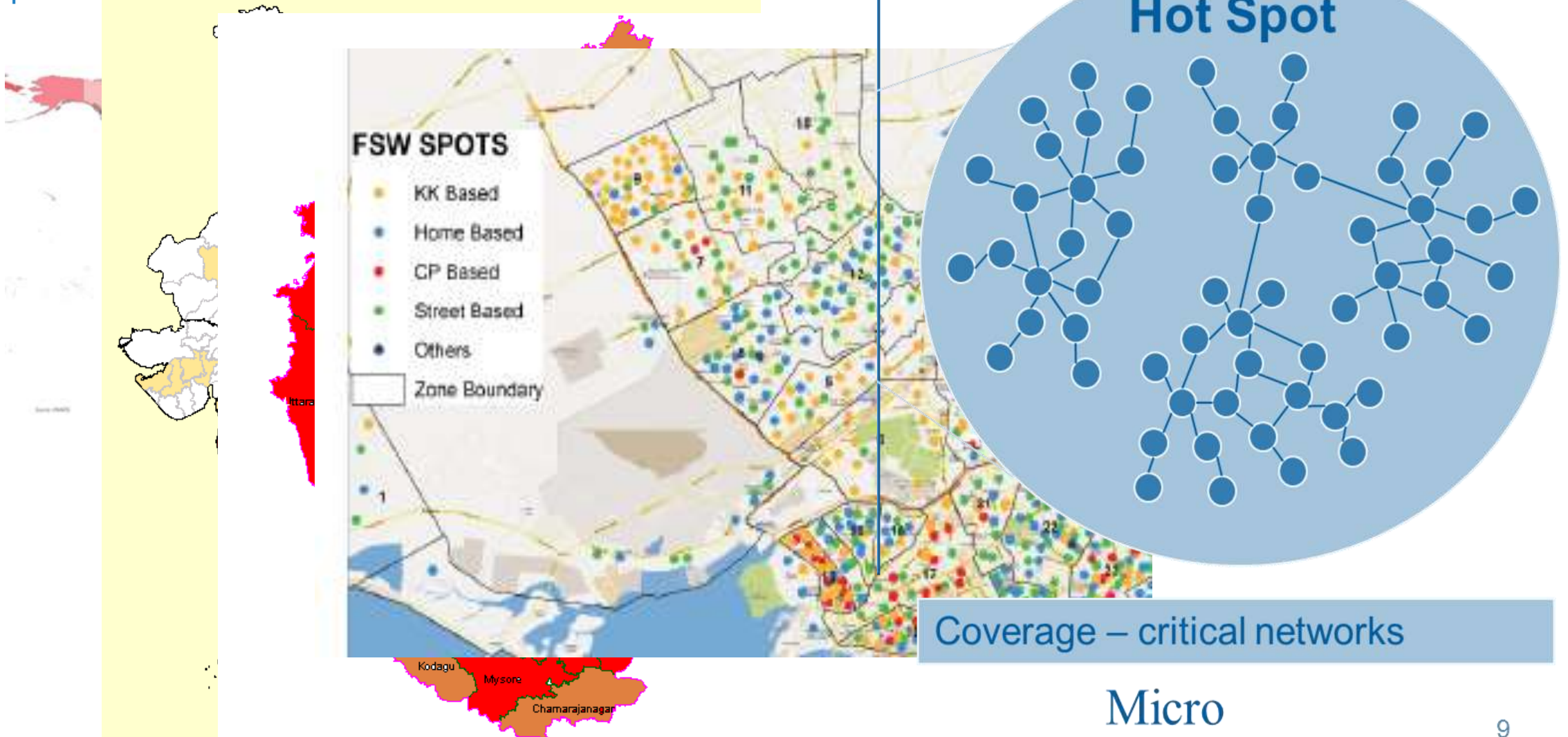
- Leveraging mapping results on the geographic distribution of vulnerable populations

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



MAPPING DATA HELPS

MACROLEVEL

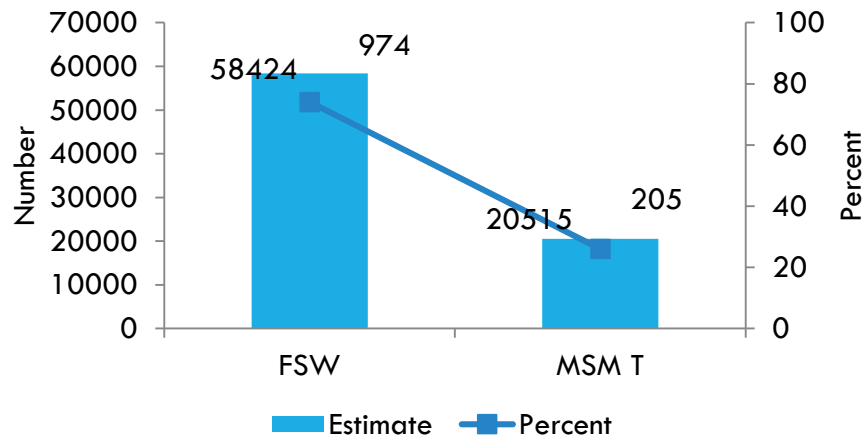
- National Size estimate: Program scale
- Allocate resources
- Identify key locations: districts, cities,
- Prioritize towns within a district
- Target setting and provide denominators for indicators

MICROLEVEL

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

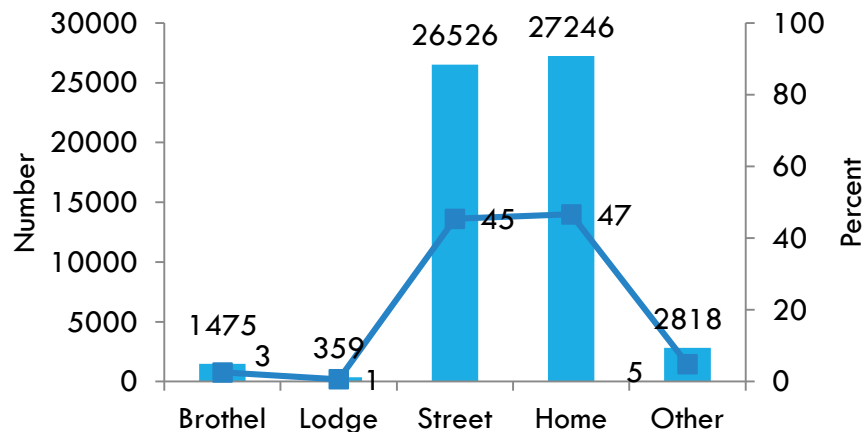
ESTIMATED KPS AND MACRO PLAN

Estimated KPs and its distribution



- Suggest about 3 times more resources in an FSW intervention than an MSM intervention
- Broad planning of manpower and logistic requirements

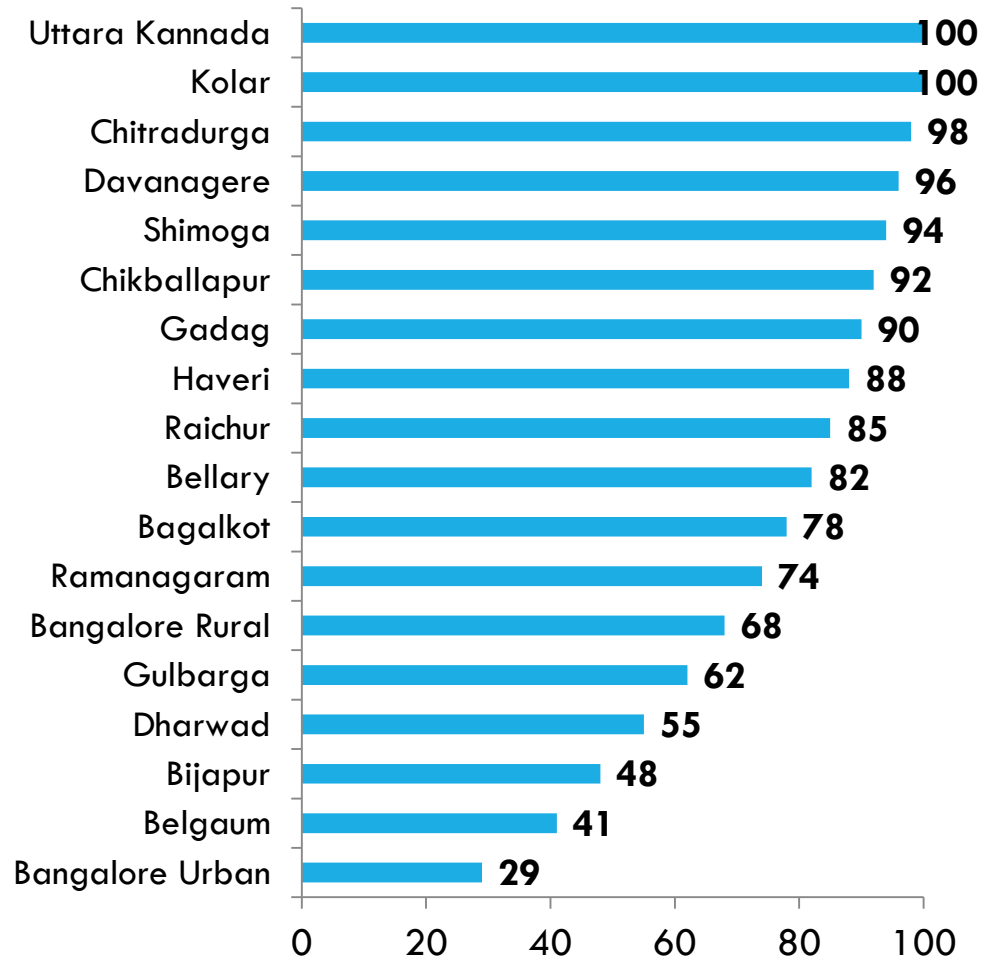
FSW estimate and distribution by typology



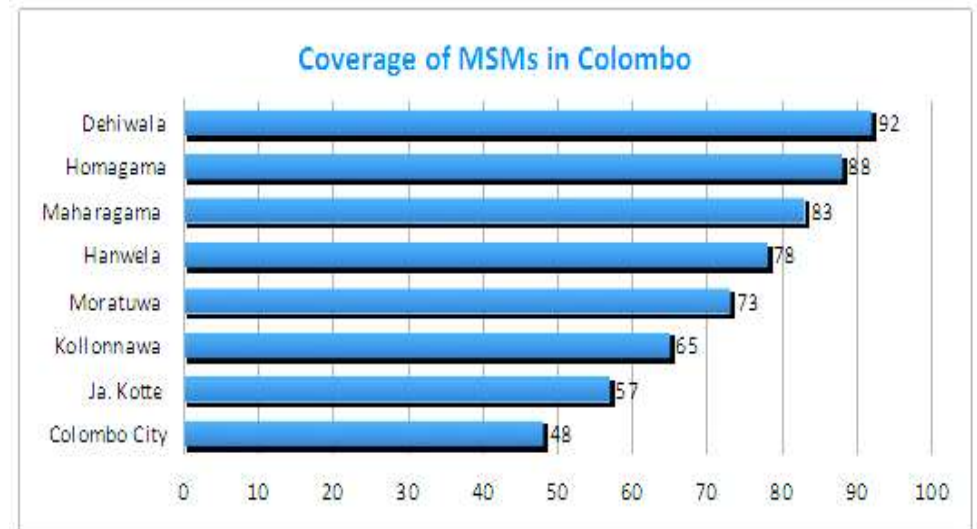
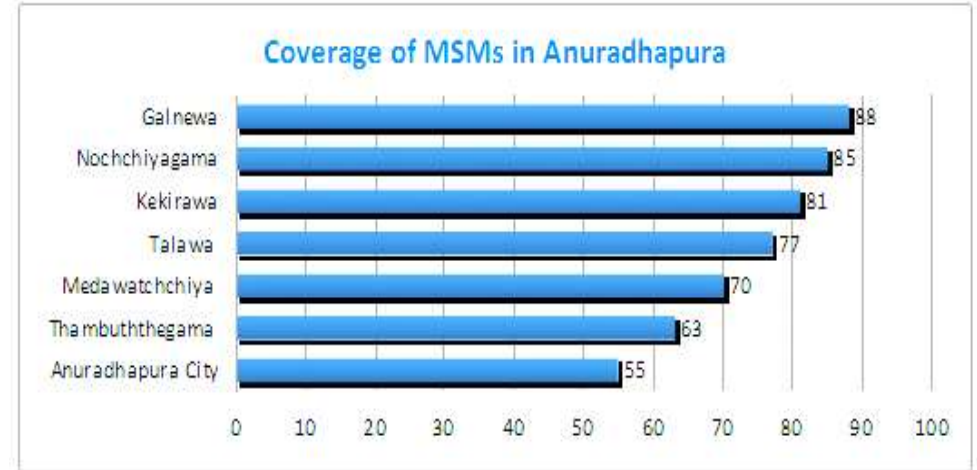
- About 974 Peers in an FSW intervention
- About 205 CMs in an MSM intervention
- 25 Brothel based; 454 home-based; 442 Street based and 53 Other typology based PEs

Progressive coverage

Progressive coverage by district, FSW



Progressive coverage of MSM by town, Shimoga



Progressive coverage helps in prioritizing and resource allocation at district and sub-district levels

PROGRAM COMPONENTS

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.

UNAIDS 2015 | REFERENCE

FAST-TRACKING COMBINATION PREVENTION

TOWARDS REDUCING NEW HIV INFECTIONS TO FEWER THAN 500 000 BY 2020

COMBINATION PREVENTION

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

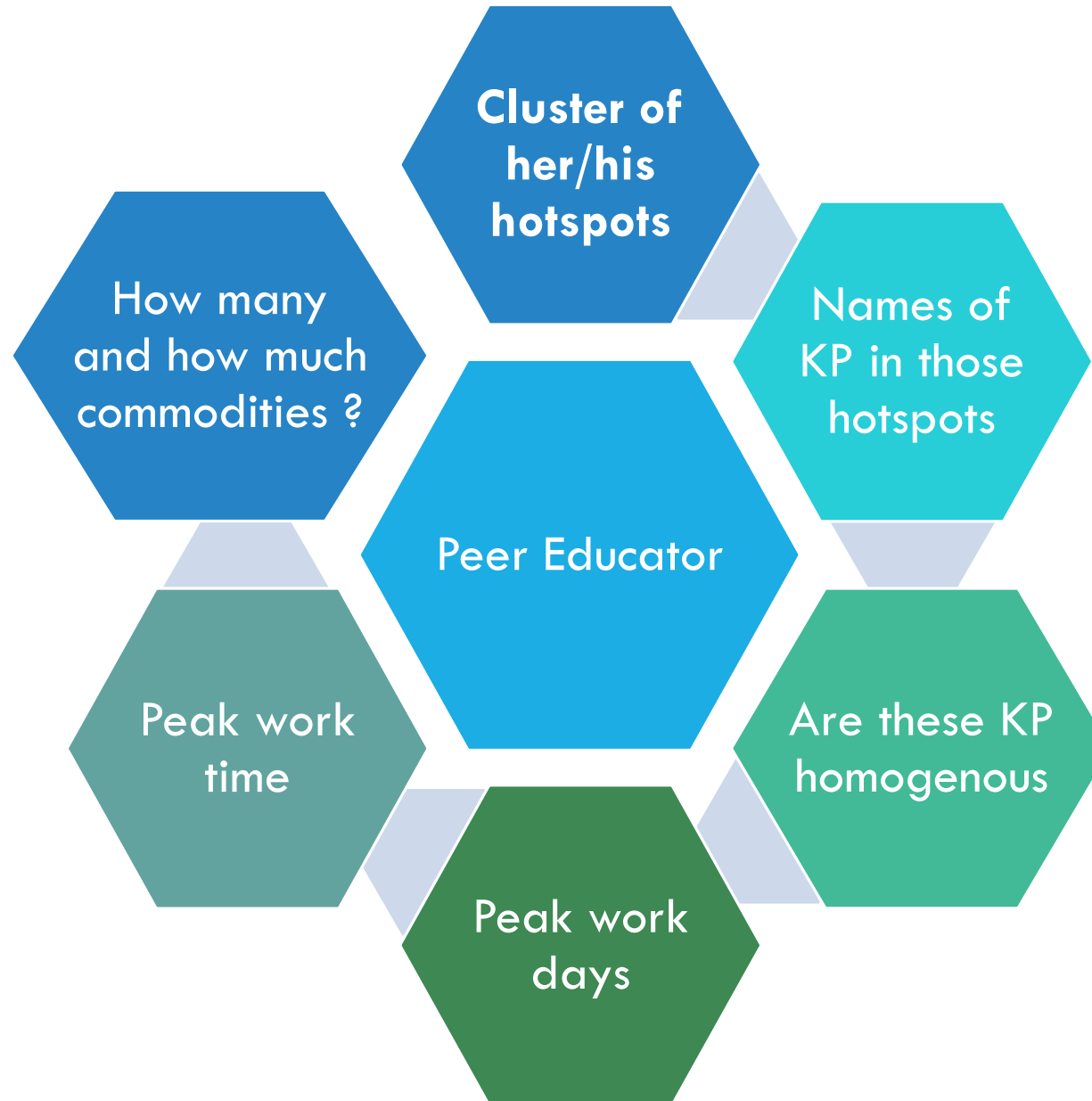
Overall coverage ... 100% ??

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 EDUCAT. NEED TO KNOW THAT WILL HELP PLAN OUT REACH



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 hotpots

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

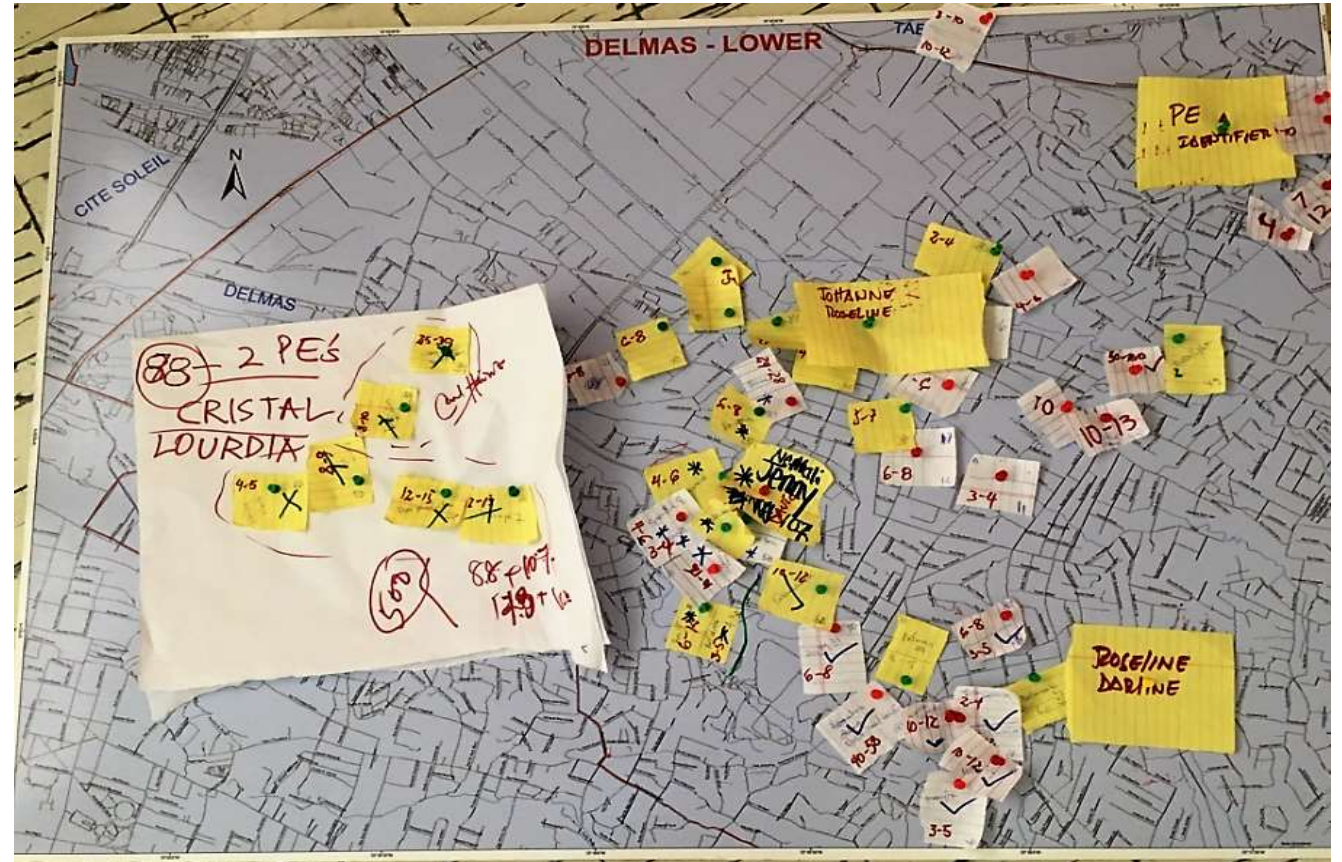
Peer Plans

- 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 :



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:

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

NAME OF THE SPOT : OLD BUS STAND ESTIMATED FSWs No: 185

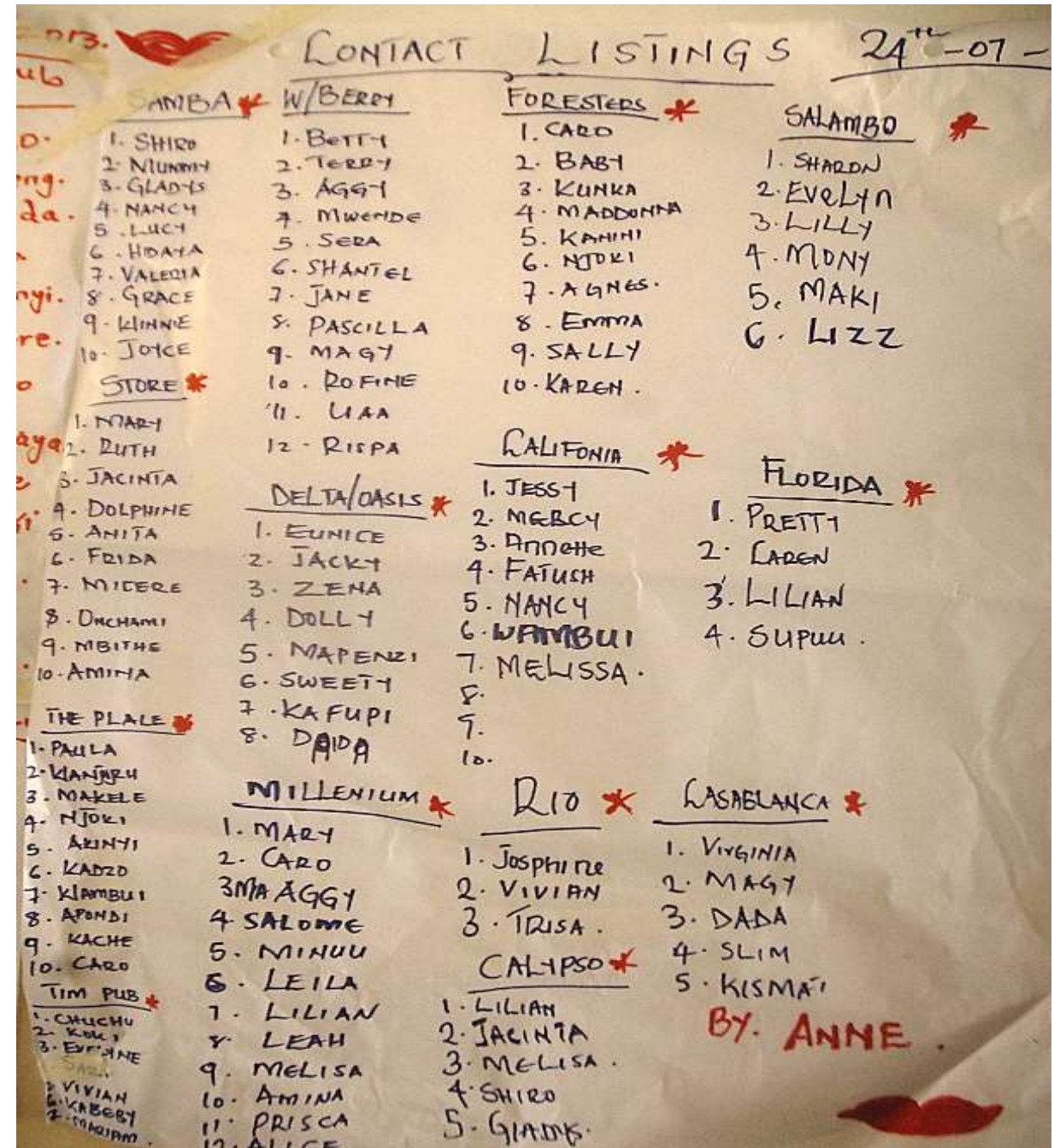
TYPOLGY

STREET				185				HOME				—											
VOLUME								VOLUME															
HIGH				MEDIUM				LOW				HIGH				MEDIUM				LOW			
105				55				25				—				—				—			
AGE				AGE				AGE				AGE				AGE				AGE			
< 20	20 to 30	31 to 40	> 40	< 20	20 to 30	31 to 40	> 40	< 20	20 to 30	31 to 40	> 40	< 20	20 to 30	31 to 40	> 40	< 20	20 to 30	31 to 40	> 40	< 20	20 to 30	31 to 40	> 40
10	53	30	12	2	30	10	13	—	10	7	8	—	—	—	—	—	—	—	—	—	—	—	—
TIMINGS				TIMINGS				TIMINGS				TIMINGS				TIMINGS							
M	A	E	N	M	A	E	N	M	A	E	N	M	A	E	N	M	A	E	N	M	A	E	N
105	105	—	—	55	55	—	—	25	25	—	—	—	—	—	—	—	—	—	—	—	—	—	—
FREQUENCY				FREQUENCY				FREQUENCY				FREQUENCY				FREQUENCY							
D	W	15	M	D	W	15	M	D	W	15	M	D	W	15	M	D	W	15	M	D	W	15	M
15	55	20	15	5	18	20	12	2	3	10	10	—	—	—	—	—	—	—	—	—	—	—	—

SPOT ANALYSIS ಸ್ಥಳದ ವಿಶ್ಲೇಷಣೆ

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.



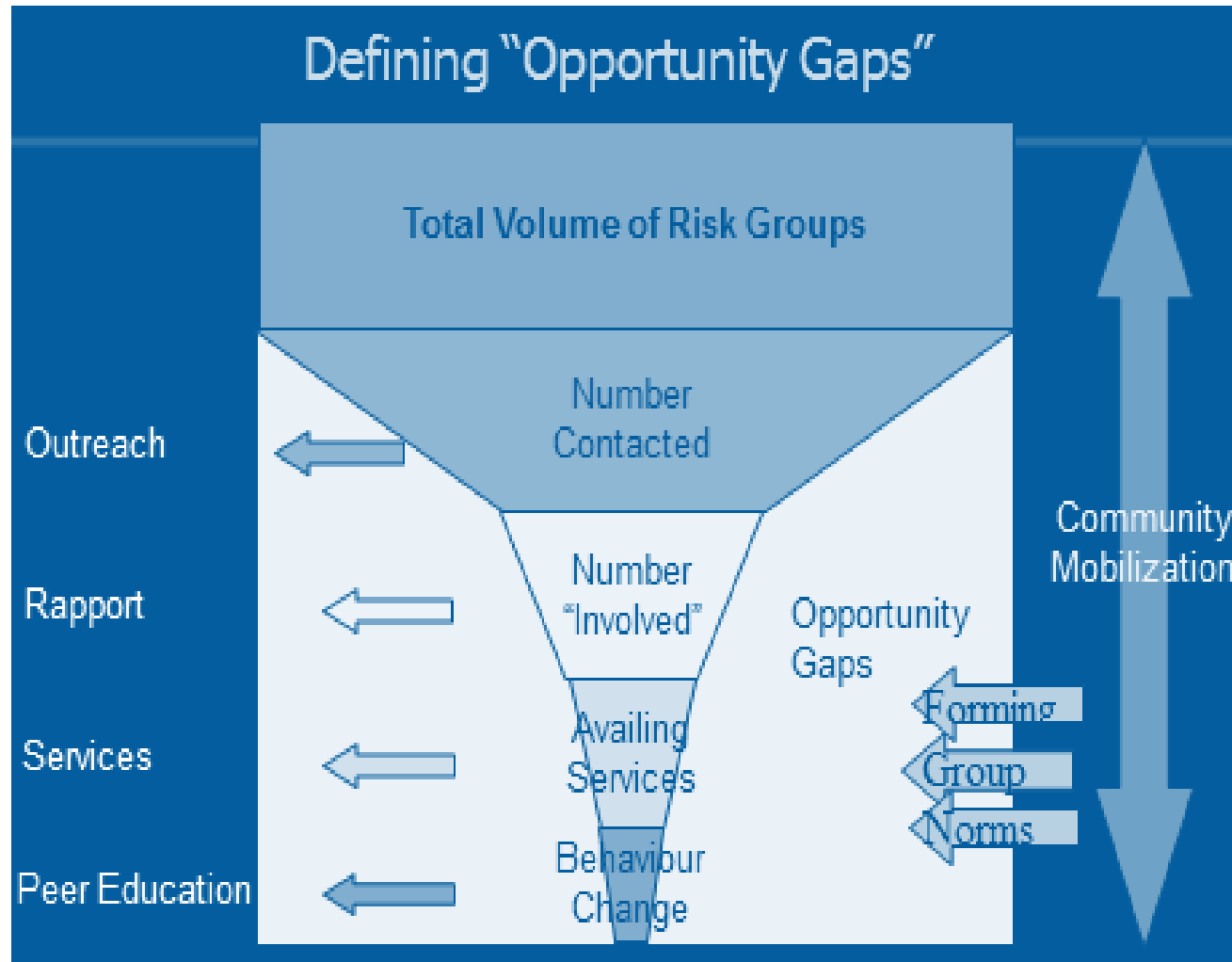
ENROLLMENT

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	
	Type of KP	FSW/ MSM/ Transgender
10.	Contact address: (DO WE NEED THIS)	
11.	Sex:	Male/Female
	Gender:	Man/Woman/ Trans
12.	Nationality: (DO WE NEED THIS?)	
13.	Date of Birth (DD/MM/YY) or Age	
14.	Programme ID:	
15.	Phone number:	
16.	Where do you MOSTLY operate/conduct sex work/cruise/ meet your clients or partners?	Name of hot spot: 1. 2. Type of hot spot: 1. 2,
17.	Have you been contacted by a peer link or navigator from the HIV prevention program in the last 3 months?	1. Yes 2. No
18.	Have you visited any DIC/clinic/wellness centre for any services in the last 3 months?	1. Yes 2. No
19.	Have you been tested for HIV in the last 3 months?	1. Yes 2. No
20.	Did you use condom at last sex?	1. Yes 2. No
21.	Have you experienced any violence in the last 3 months?	1. Yes 2. No
	Only for FWS	Only for MSM
22.	How old were you when you started sex work?	At what age did you first had anal sex?
23.	How many penetrative acts anal/vaginal you had LAST WEEK? _____	How many receptive anal sex acts you had
		LAST WEEK? How many penetrative anal sex acts you had

ADDRESSING “OPPORTUNITY GAPS”



OPPORTUNITY GAPS”

HOTSPOT 1

Opportunity Gap Analysis

Estimation	NO.	Gap	%
Enrolled / Registered	30	50	62.5
Contacted	45	35	43.75
Condoms Distributed	30 _{CP}	50	62.5
Clinic visits	3	17	85
HTC	3	17	85

Reasons

Enrolled - Other organizations
 - Ignorance
 - Stubborn

Contacted - Peak variability
 - SW mobility

Condoms - Prefer buying
 - Condoms smelly
 - Other sources

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

26/04/2013

NAME OF SW

COMBINATION PREVENTION

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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



BEHAVIOURAL INTERVENTIONS



Sex Education



Programmes to reduce stigma and discrimination

Counselling



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

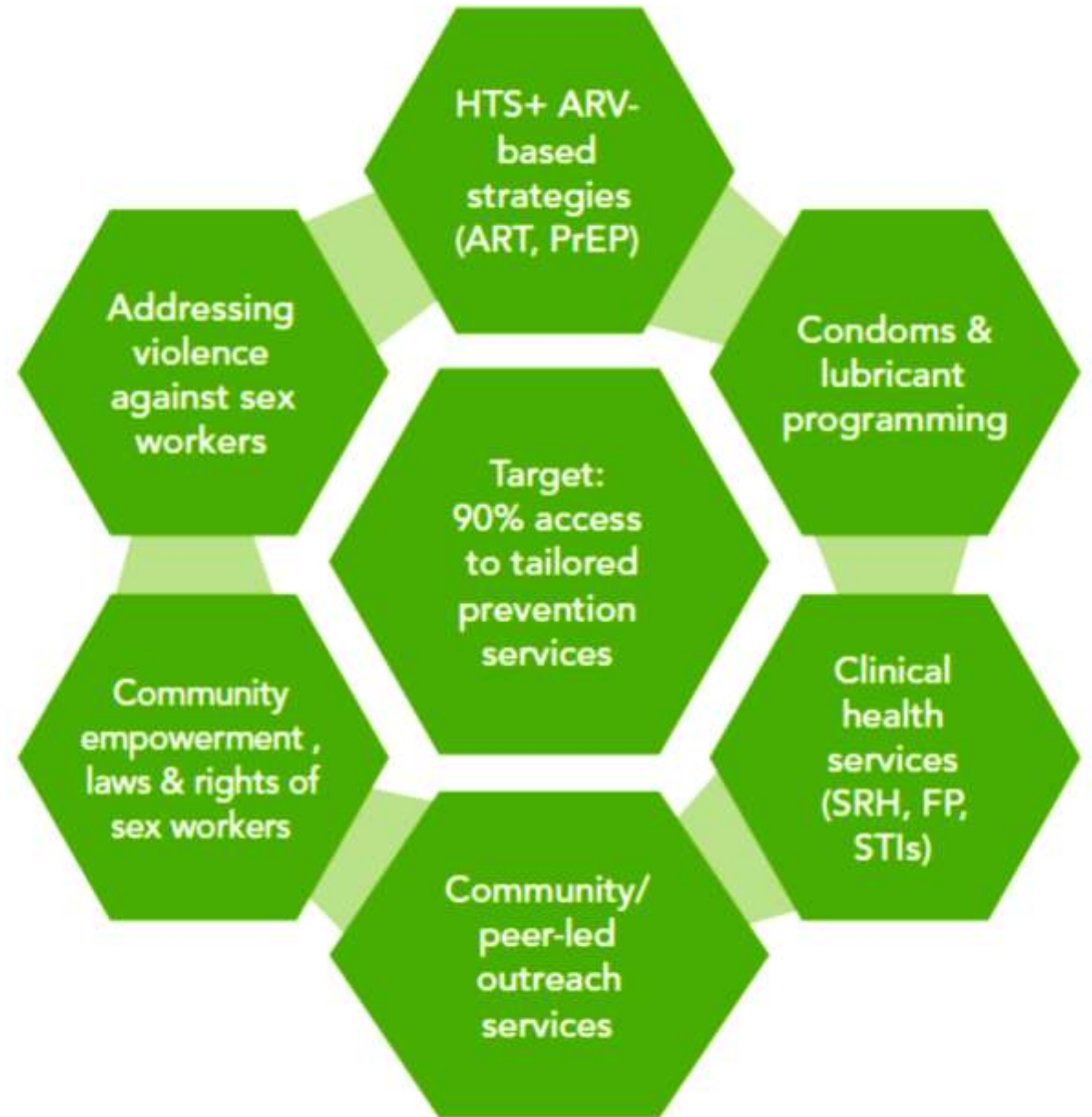


Increasing access to school education for young girls



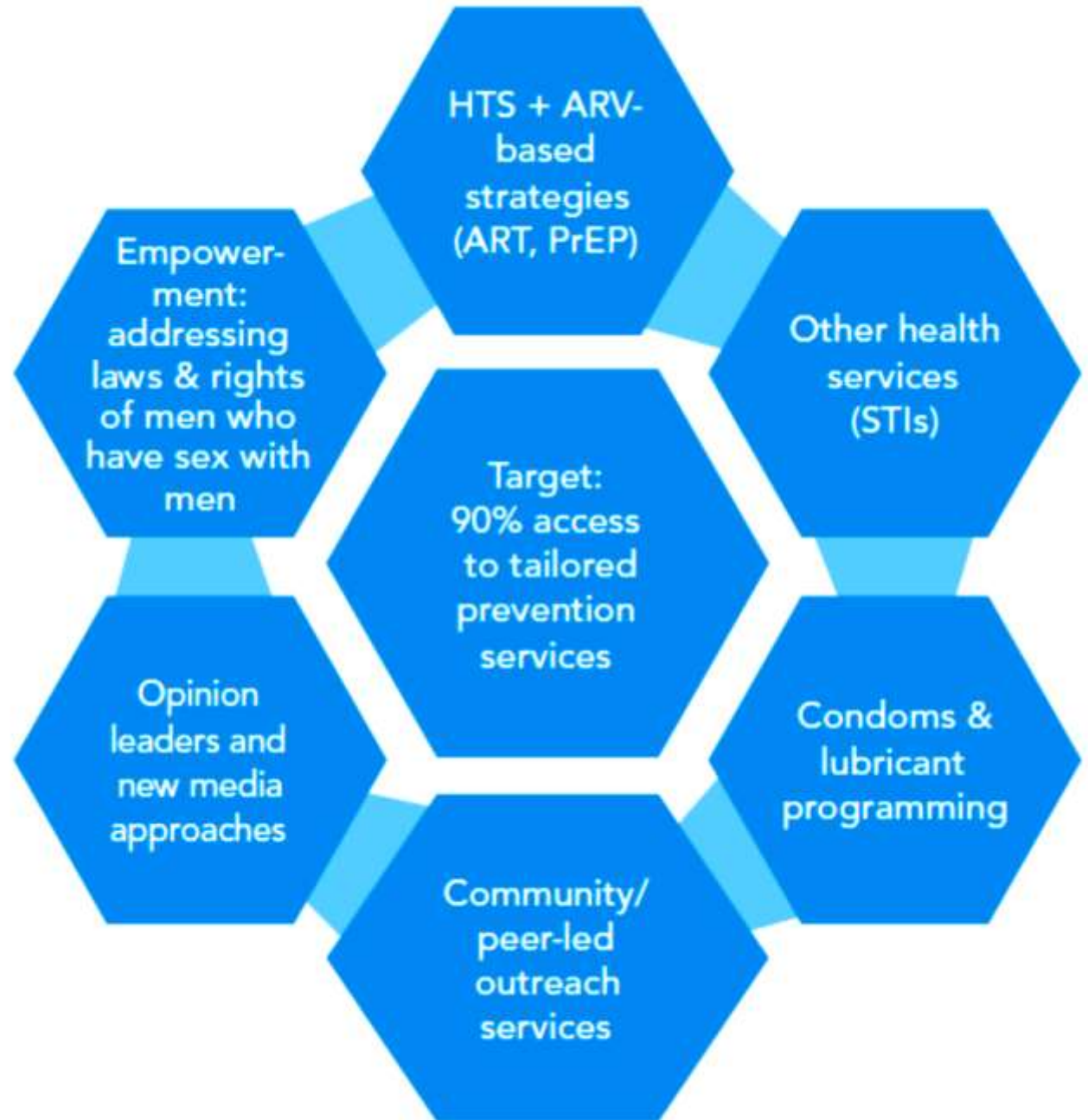
COMBINATION PREVENTION

PACKAGE FOR SEX WORKERS



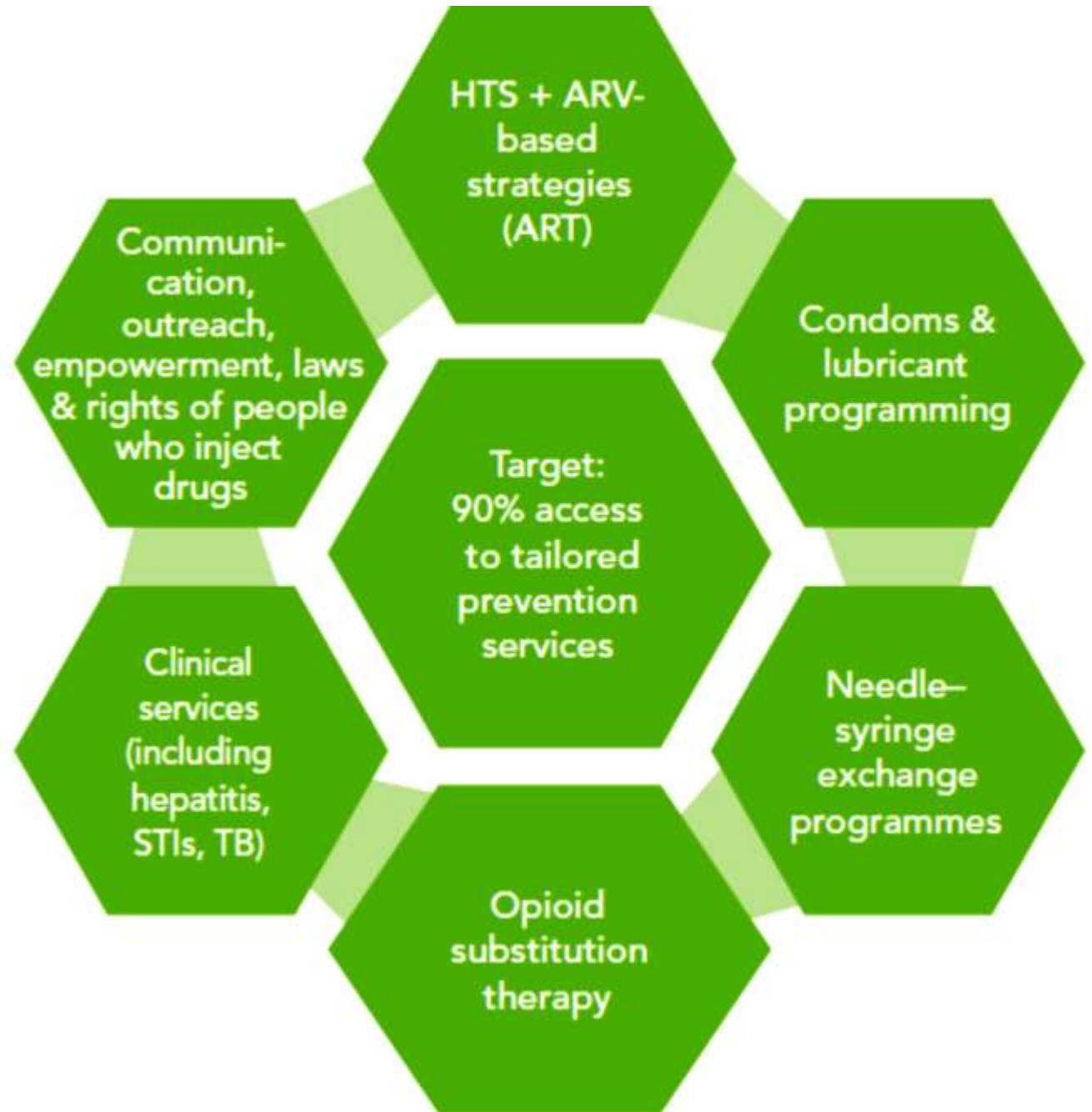
COMBINATION PREVENTION

PACKAGE FOR MSM



COMBINATION PREVENTION

PACKAGE FOR PWID



THE MACRO-PLAN

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MICROLEVEL

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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

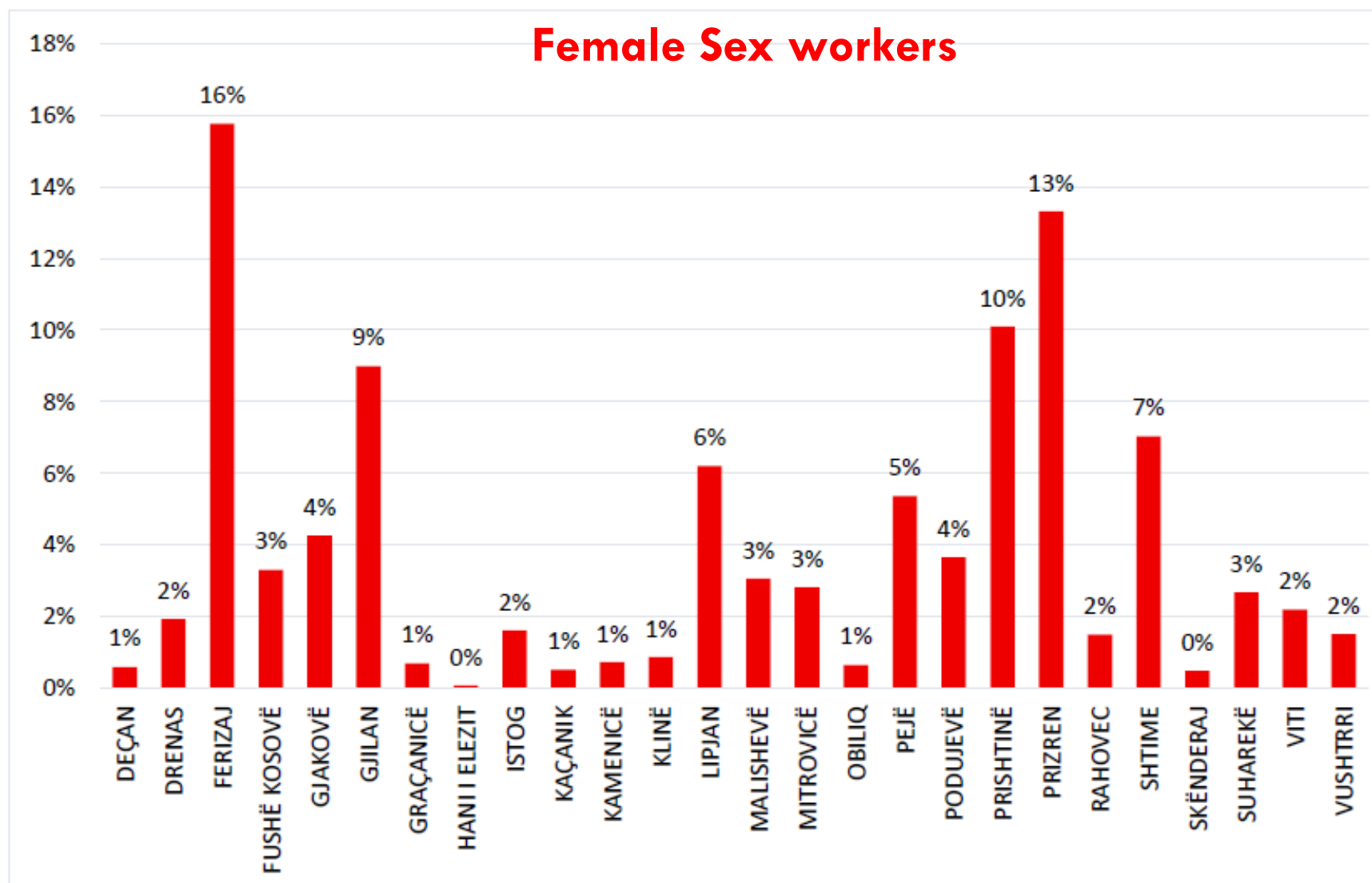
PACKAGE OF SERVICES : OUTREACH PLAN

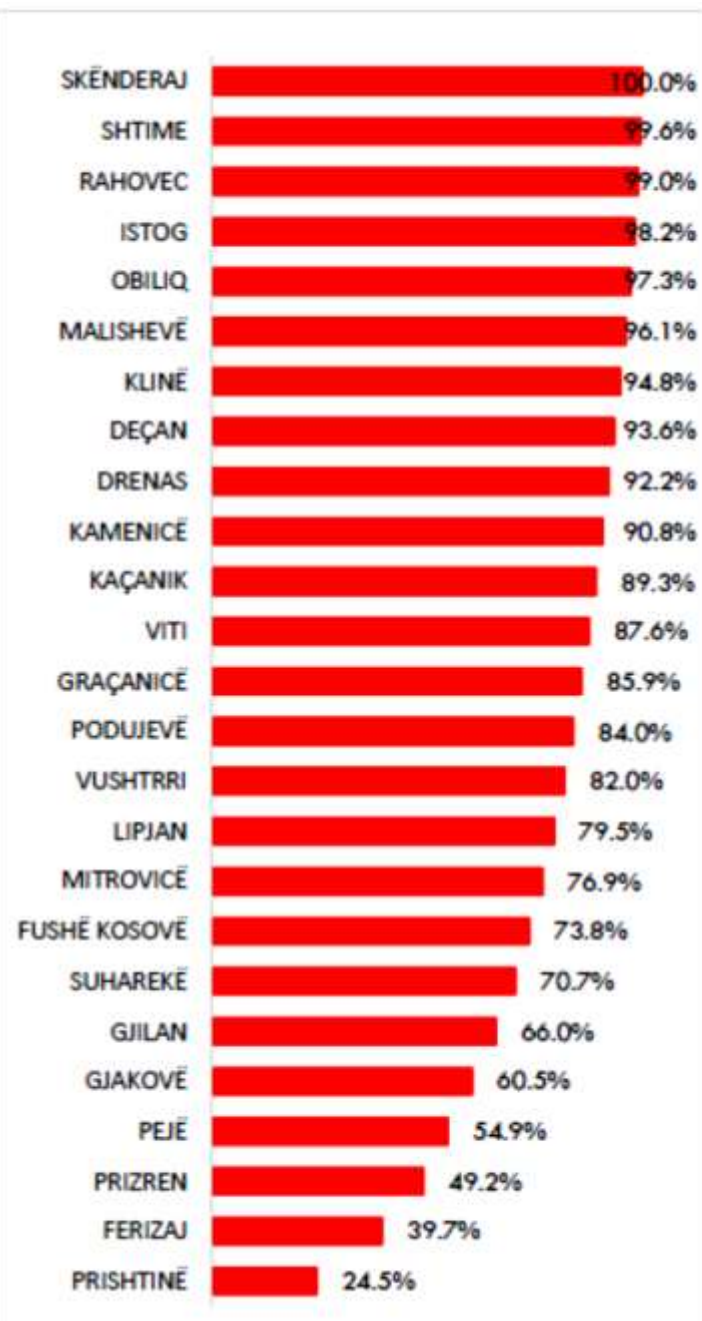
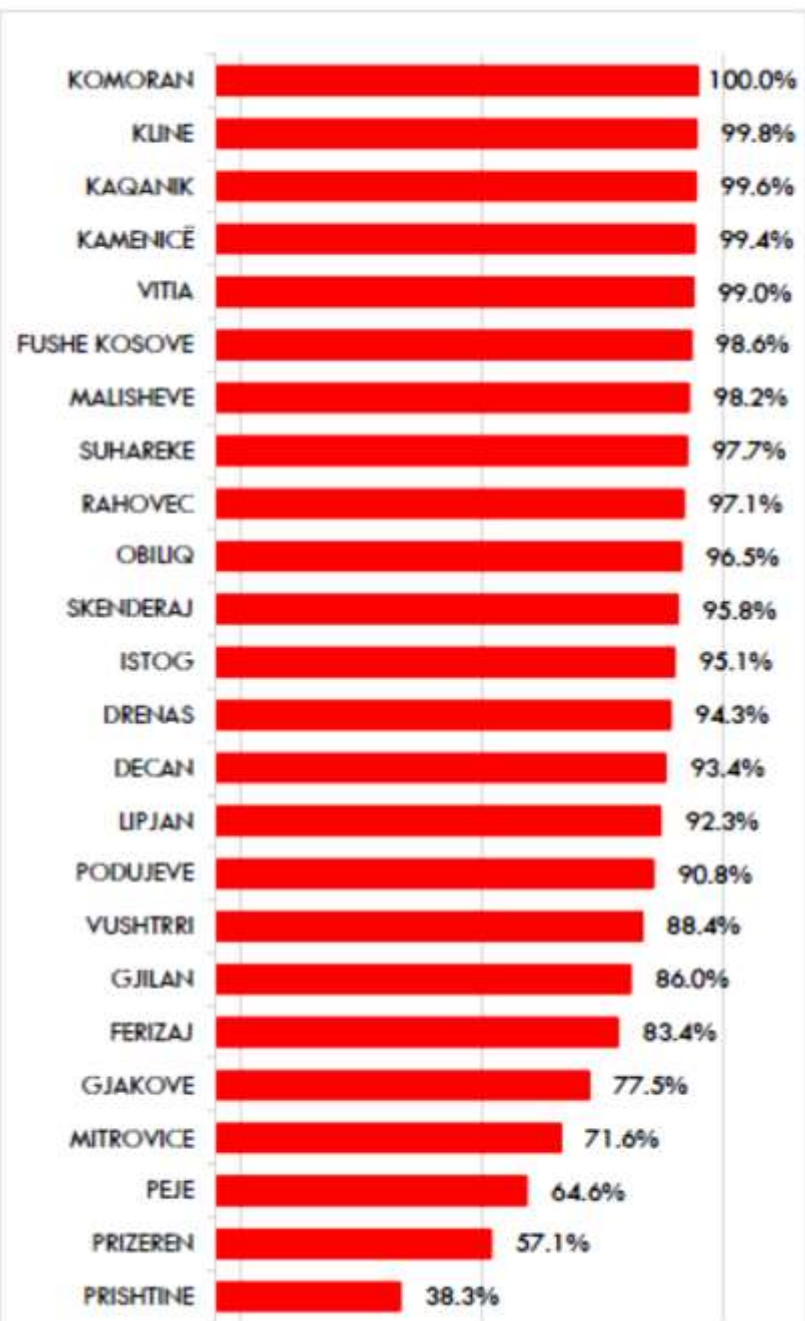
- What are the available services
- Calculate human resource
- Frequency of contact: How many times a KP needs to be met
- Once a month, twice a month

GROUP Work

- Set TARGETS and an OUTREACH PLAN (geo-focus)

DEVELOPING A MACRO-PLAN





THE MICRO-PLAN

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- load of each site
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- Peak days/times
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REGISTER KPs

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Risk profiling
Priority KPs

Peer Plans

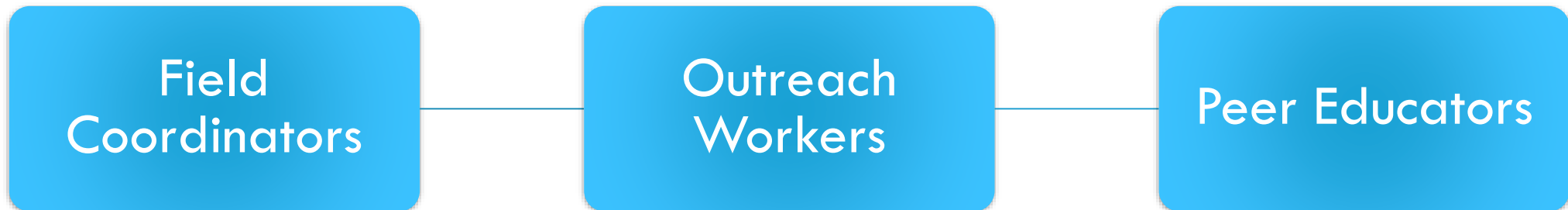
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Peer Calendars

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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

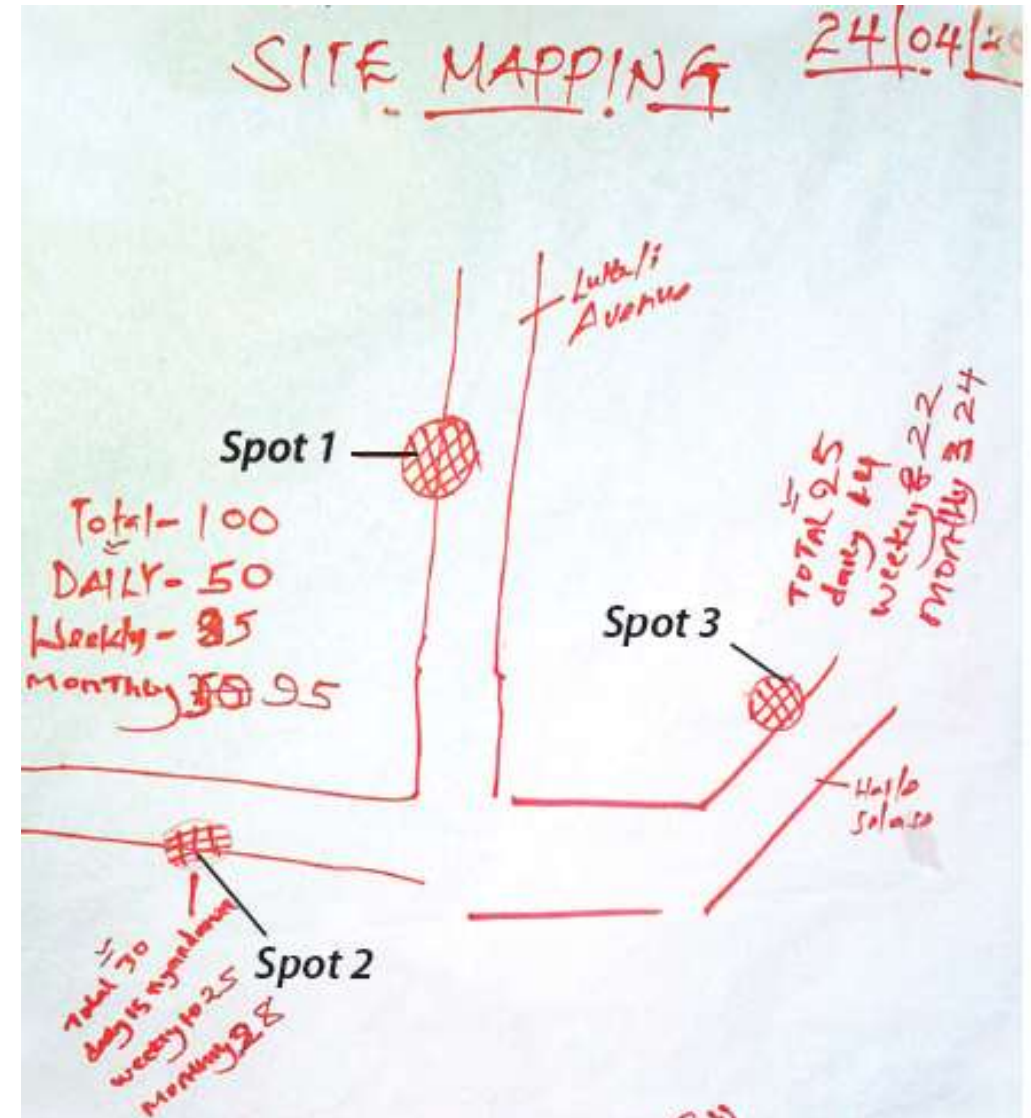
- Recruit and train peer educators
- Support peer educators in conducting micro-planning and monitoring of the work
- Supervise the peer educators to ensure that key populations are receiving services
- Verify whether key populations are receiving services in a timely manner
- Provide paralegal support 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:

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TYPOLOGY																							
STREET						185						HOME						—					
VOLUME												VOLUME											
HIGH				MEDIUM				LOW				HIGH				MEDIUM				LOW			
105				55				25				-				-				-			
AGE				AGE				AGE				AGE				AGE				AGE			
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TIMINGS				TIMINGS				TIMINGS				TIMINGS				TIMINGS				TIMINGS			
M	A	E	N	M	A	E	N	M	A	E	N	M	A	E	N	M	A	E	N	M	A	E	N
105	105	-	-	55	55	-	-	25	25	-	-	-	-	-	-	-	-	-	-	-	-	-	-
FREQUENCY				FREQUENCY				FREQUENCY				FREQUENCY				FREQUENCY				FREQUENCY			
D	W	15	M	D	W	15	M	D	W	15	M	D	W	15	M	D	W	15	M	D	W	15	M
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SPOT ANALYSIS												ಸ್ಥಳದ ವಿಶ್ಲೇಷಣೆ											

SPOT ANALYSIS (THE FORMAT)

SPOT ANALYSIS FORM			
Spot Name			Address
Spot Code		Spot type	
Number of KPs			
Usual day	Min		Max
Peak Day	Min		Max
Peak Days		Peak Times	
	<20 yrs	20 to 35 yrs	Over 35 yrs
	M	M	M
	F	F	F
	Total+	Total	Total
Violence	Yes	No	Gatekeeper Yes
Accessibility	Easy	Moderately difficult	Difficult

Name of the brothel site: *Peoples*

Total no of FSW: *12*

More than

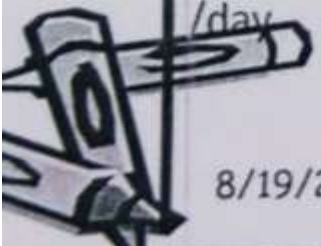
High Volume > 10 clients/day	Number	<i>6</i>						
	Age	<20		20 - 30		31 - above		
		<i>1</i>		<i>4</i>		<i>1</i>		
	Frequency	Daily	Weekly	Daily	Weekly	Daily	Weekly	
<i>0</i>		<i>1</i>	<i>2</i>	<i>2</i>	<i>0</i>	<i>1</i>		
Time	M	A	E	N	M	A	E	N
					<i>✓</i>	<i>✓</i>		

Medium Volume 5-9 clients/day	Number	<i>4</i>					
	Age	<20		20 - 30		31 - above	
		<i>0</i>		<i>3</i>		<i>1</i>	
	Frequency	Daily	Weekly	Daily	Weekly	Daily	Weekly
<i>0</i>		<i>0</i>	<i>2</i>	<i>1</i>	<i>0</i>	<i>1</i>	
Time	M	E	N				
			<i>✓</i>				

system

Low Volume < 5 clients /day	Number	<i>2</i>					
	Age	<20		20 - 30		31 - above	
		<i>0</i>		<i>1</i>		<i>1</i>	
	Frequency	Daily	Weekly	Daily	Weekly	Daily	Weekly
<i>0</i>		<i>0</i>	<i>1</i>	<i>0</i>	<i>1</i>	<i>0</i>	
Time	M	E	N				
			<i>✓</i>				

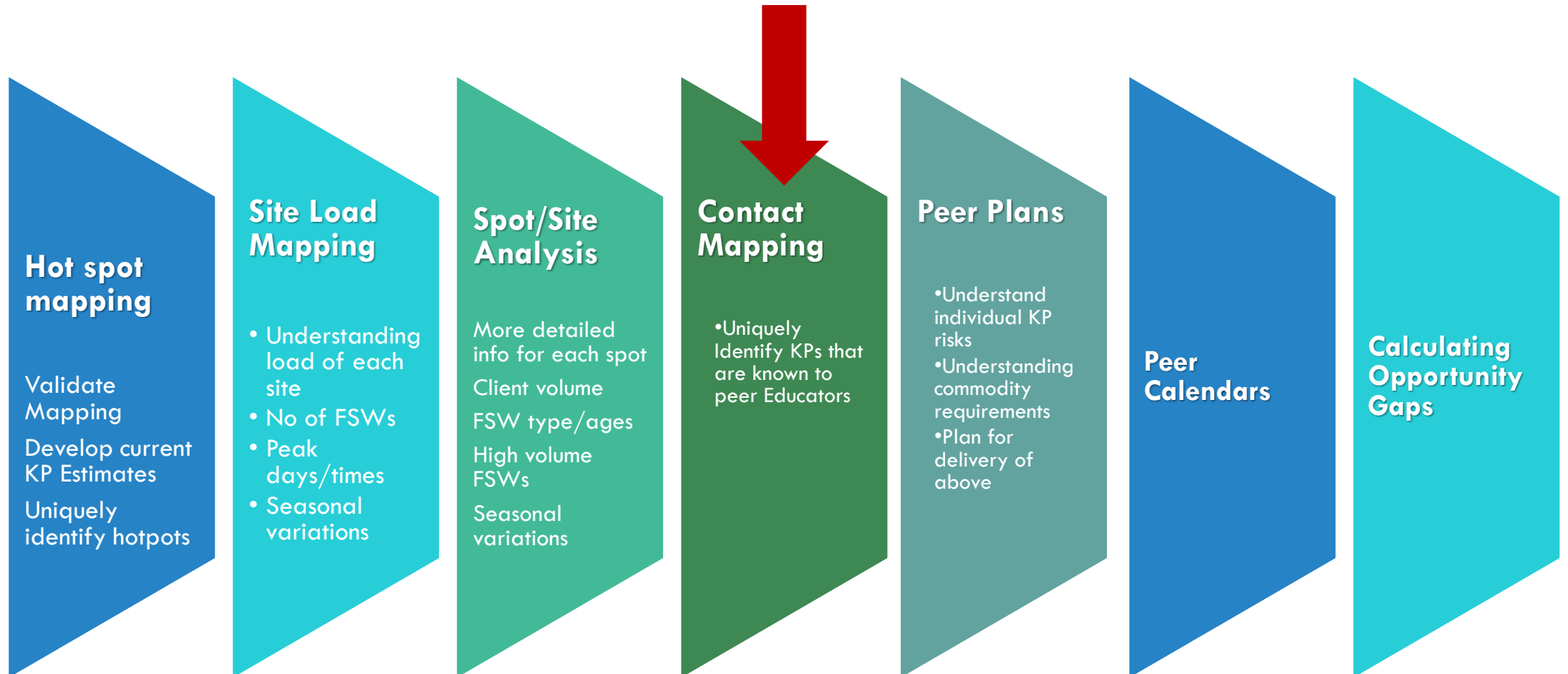
8/19/2015



SPOT/SITE ANALYSIS- REFLECTIONS

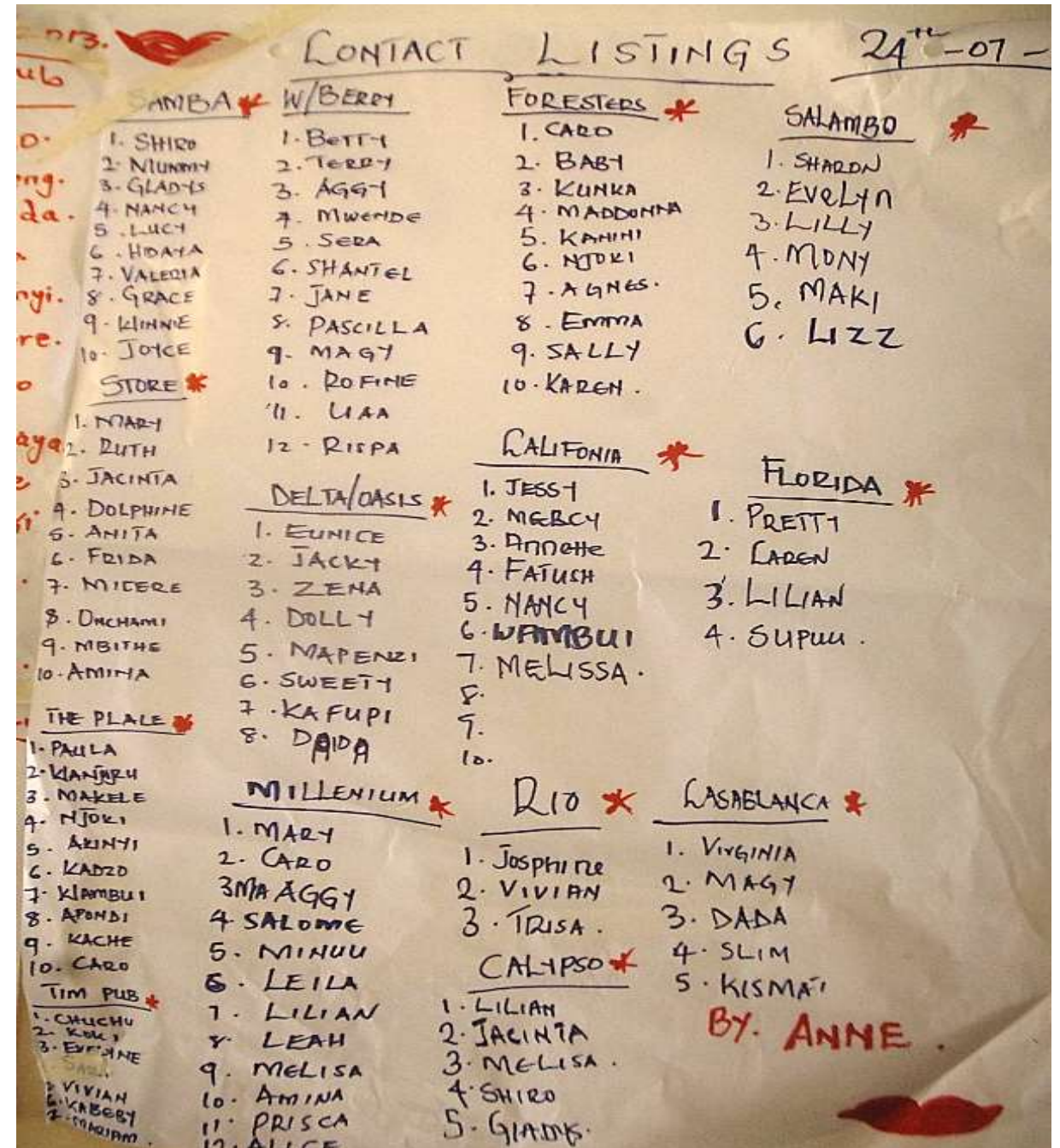
- What do you do with the information gathered
- Which spots to be focused
- Which key populations should be focused
- Focus on what? - commodities replenishment, STI referrals, negotiation skills improvement, safe sexual behavior education, monitoring, Violence, etc.,
- Practical application of site analysis information – Peer plans

KEY MICRO-PLANNING TOOLS

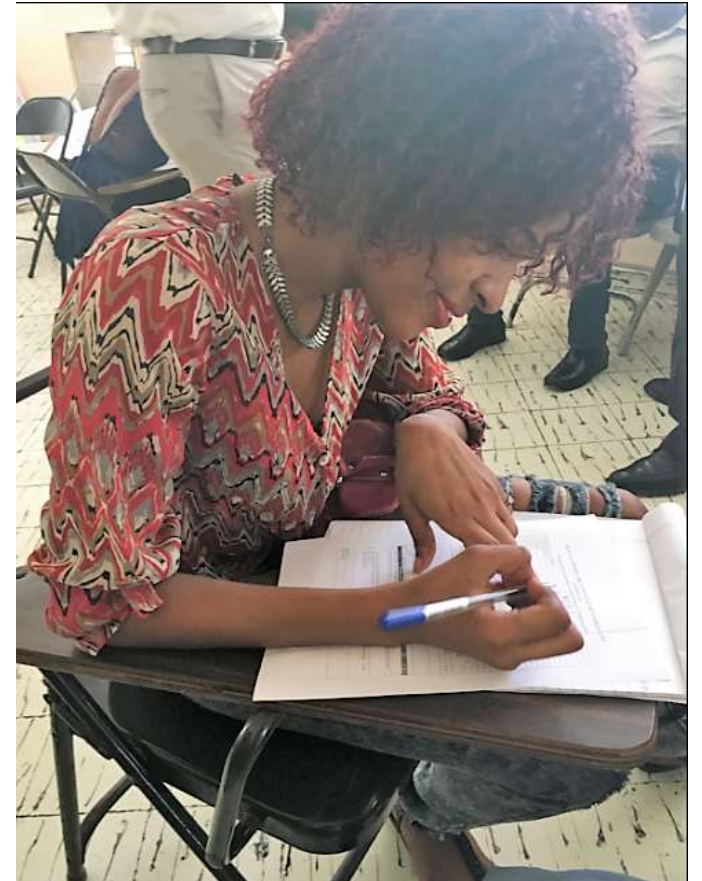


CONTACT MAPPING

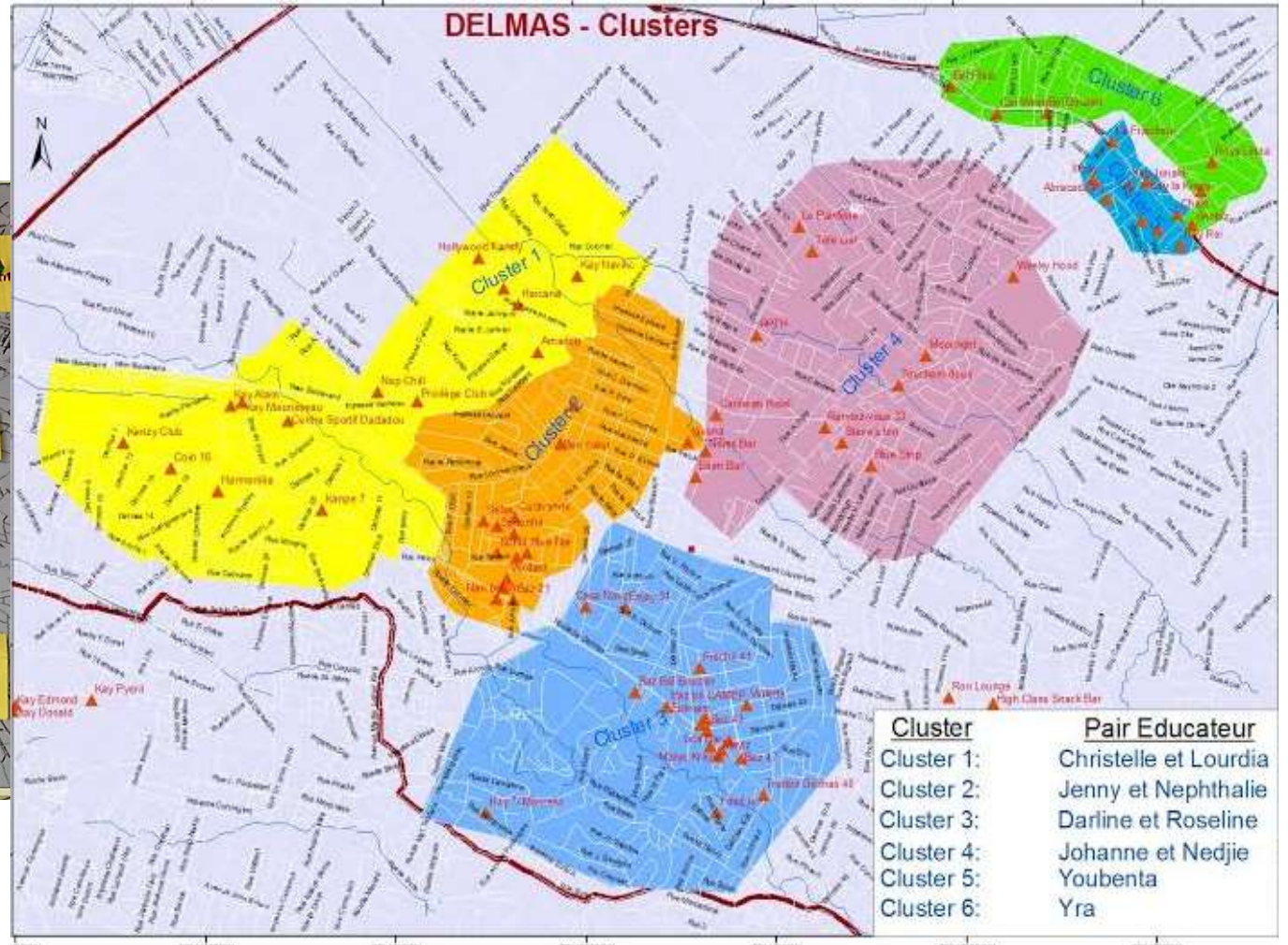
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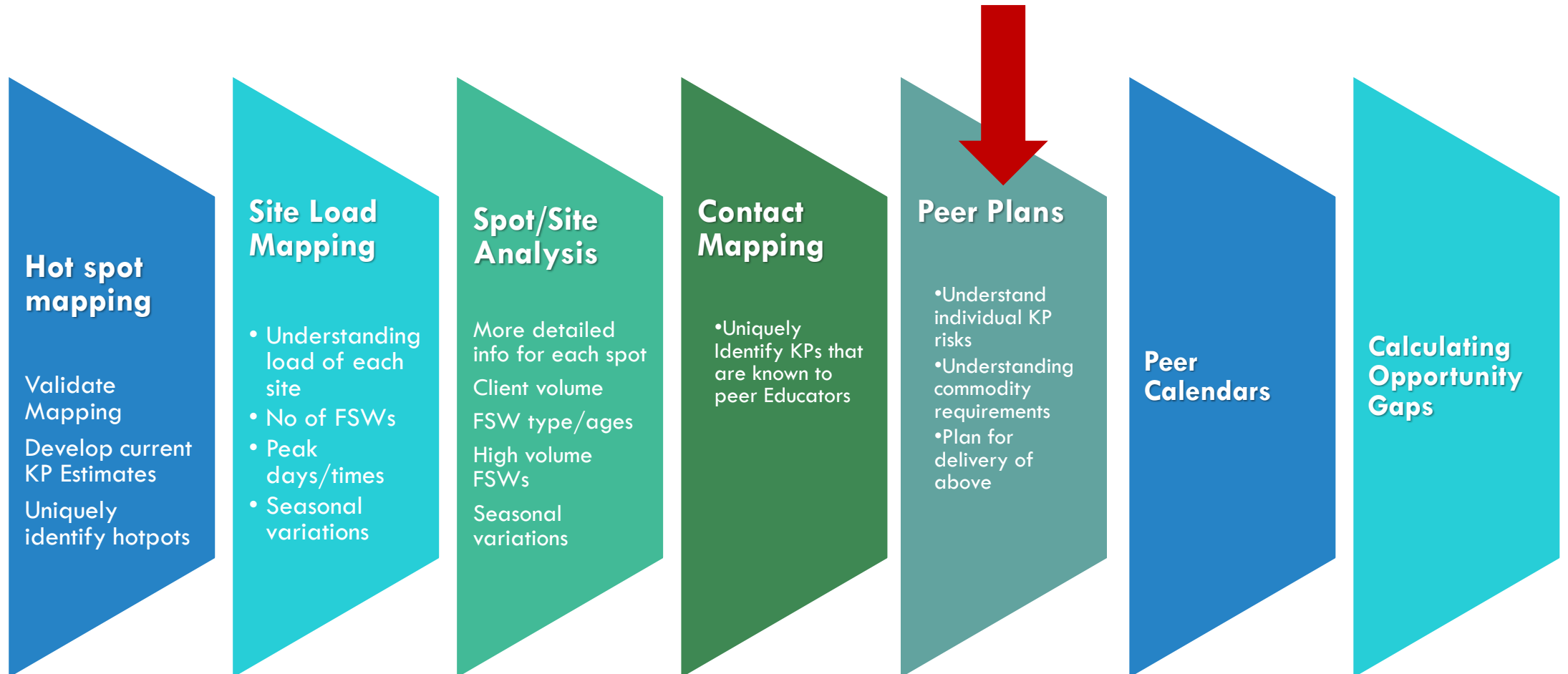
CONTACT MAPPING



CONTACT MAPPING & SPOT ALLOCATION :



KEY MICRO-PLANNING TOOLS



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.

PEER EDUCATOR KNOWLEDGE BASED PEER PLAN

NO.	NAME	AGE	LOCATION
<u>(1) SUMMERS (BAR)</u>			
1	PAULINE H/NAI	20	7
2	BERTINE ADHIMBA	25	8
3	WILSON NIGETI	20	5
4	AJO ATAKO	20	8
<u>(2) FORTITUDE (BAR)</u>			
5	GLADYS AKHO	35	5
6	DOROTHY NIGETI	22	7
7	MARILYN KASSI	30	6
8	ADULT KARTI	22	6
9	DOROTHY MUGENI	26	8
10	STEPHAN ANJIE	18	6
11	JACKLINE ADONG	30	8
<u>(3) KUNA H/50 BAR/LODGE</u>			
12	MICHAEL NAIKKA	28	7
13	LOVE ANJIE	25	6
14	ZINA AKHAI	32	7
15	GRACE AKHAI	31	5
<u>(4) CRYSTONE (BAR)</u>			
16	RODAN LUSILA	27	8
17	LUCY SORENSA	27	8
18	CAROLINE AKHONG	20	8
19	MILLIAM SARINA	33	8
<u>(5) GOROFANI BAR/LODGE</u>			
20	STELLA MARGOLI	29	5
21	FRANLISA ADO	20	6
22	JANE SUNO	30	7
23	LUCY ANJIE	22	6

NO.	NAME	AGE	LOCATION
<u>(6) KUNA H/50 BAR/LODGE</u>			
24	SUSAN DEPO	21	8
<u>(7) KUNA DEMONS (BAR) H/50 BAR/LODGE</u>			
25	JUDITH AKHONG	27	8

SUMMARY

NO. OF PEERS - 56
 COMMOD. REQUIRED - 1664
 NO. OF HOTSPOTS - 10

SEX ACTS = 324
 HIGH RISK 10 - 15 yrs
 25 - 26 - 105
 LOW RISK 2-7

AGE:-
 18 - 25 = 21
 25 - 30 = 10
 31 - 35 = 8
 36 - 40 = 3
 41 - 45 = 4
 46 - 50 = 6
 51 - 55 =

HIGH RISK BEHAVIOUR = 7/4
 LOW RISK BEHAVIOUR = 42

07	CAROL	AKHO	30	7
08	DOROTHY	LUKUSILA	20	7
09	STEPHAN	AKHONG	21	8
10	FRANLISA	ADONG	20	8

KEY MICRO-PLANNING TOOLS



Peer Calendar for micro planning

PEER CALENDAR / SERVICE TRACKING for FSWs

NAME OF PEER/OUTREACH WORKER									MONTH OF REPORT: _____ to _____ 2017								
S/n	Name/Initials	UIC	Age	Sex	HotSpot	Municipality	sex acts/week	Condom last sex	wk1	wk2	wk3	wk4	wk5	wk6	wk7	wk8	COMMENTS
1																	
2																	
3																	
4																	
5																	
6																	
7																	
8																	
9																	
10																	
SERVICES PROVIDED																	
1. Condoms						6. Needle exchange						11. Referral Psychological					
2. Referral Testing (HBV, HCV)						7. Referral Gynecological examinations						12. Referral Legal aid					
3. Referral STI Testing						8. Counseling						13. Referral lawyer (Strategic litigation)					
4. Referral Methadone						9. Health information and education											
5. Cotton Swab and Distilled water						10. Leaflets, booklets, messages, contact details											

Peer Calendar for micro planning

Monthly Peer Educator Calendar																																							
Taluka Name: <input type="text"/>			Name of the Peer Educator: <input type="text"/>			Legend		Total		Legend		Total																											
City/ Town /Village: <input type="text"/>			Name of the ORW/Supervisor: <input type="text"/>			Regular Contact				Individuals Receiving																													
Site Names: <input type="text"/>			Month: <input type="text"/> Year <input type="text"/>			Clinic Individuals				Condoms																													
						DIC Visits				Condoms By Hand																													
Sl No	Name	ID	Symbol	Before Previous Month	Previous Month	Age	Mly Cl	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total
1	A	001				22				★	5					★	15																						✓
2	B	002				32																		★	15						★								✓
3	C	003				24									★	10				★																			✓
4	D	004				19								★							★																		✓
5	E	005				35								★												★	15				★								✓
6	F	006				20																																✓	
7	G	007				22																																✓	
							Total																																
							Initials																																

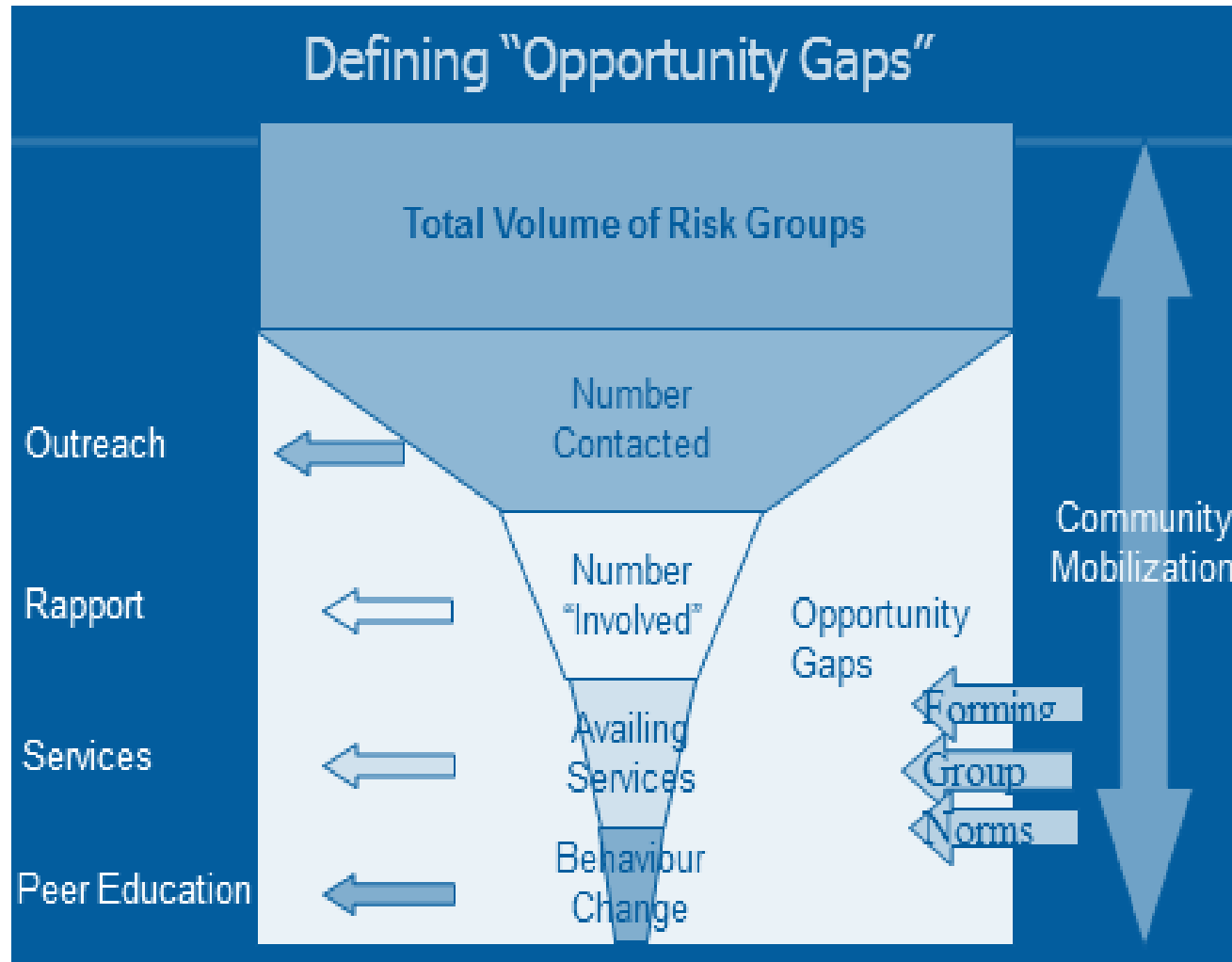
Contacted =7
 # Given condom=9
 # NEW contacted =2 # STI Visit=2

- ★ **Contact**
- ★ **STI Visit**
- ★ **Referral**

KEY MICRO-PLANNING TOOLS



ADDRESSING “OPPORTUNITY GAPS”



OPPORTUNITY GAPS”

HOTSPOT 1

Opportunity Gap Analysis

Estimation	NO.	Gap	%
Enrolled / Registered	30	50	62.5
Contacted	45	35	43.75
Condoms Distributed	30 _{CP}	50	62.5
Clinic visits	3	17	85
HTC	3	17	85

Reasons

Enrolled - Other organizations
 - Ignorance
 - Stubborn

Contacted - Peak variability
 - SW mobility

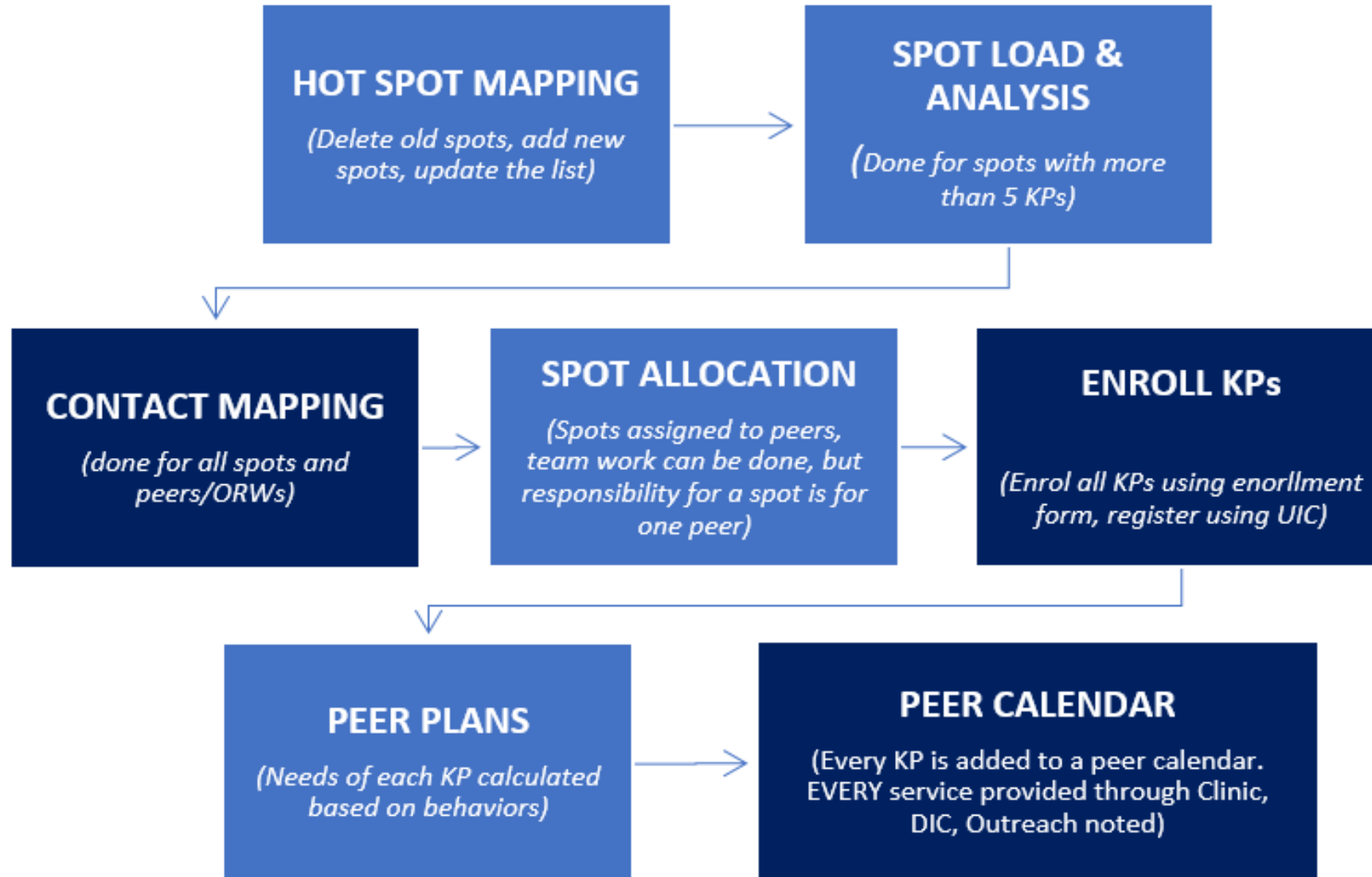
Condoms - Prefer buying
 - Condoms smelly
 - Other sources

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

26/04/2013

NAME
OF SW

THE WORKFLOW



THANKS

