

## **Micro-planning SOP** (to be adapted for SHG manual)

Micro-planning is a proven approach to strengthening programmes for sex workers and other key populations. It is being adapted and rolled out in more and more places. This section of the handbook describes how micro-planning is implemented under Sisters with a Voice in Zimbabwe. It is intended to support the micro-planning work of Peer Educators (PE) and Peer Supervisors (PS) across Sisters sites, as well as Empowerment Workers in Self-Help Groups<sup>1</sup>.

### **What is micro-planning?**

The Micro-planning approach includes methods and tools that aim to systematically strengthen peer-based outreach. While the methods and tools mainly focus on outreach efforts, micro-planning also supports high uptake and utilisation of clinic services. Based on routine data reported by Peer Educators during outreach, it enables them to improve their work while strengthening programme management. Micro-planning builds on Peer Educators' knowledge of hotspots and the sex workers who work there, sets practical targets with clear indicators, and is supported by weekly review and planning meetings with Peer Supervisors.

### **Overview of micro-planning steps**

Following are the main activities implemented under micro-planning.

- ▶ PEs are assigned responsibility for a specific area, usually a hotspot or 'cluster' of hotspots where they work and that they know well.
- ▶ In each hotspot cluster, PEs do simple 'walkaround' mapping with their PS and decide who will work with specific sex workers. The PE records their working names on her Hotspot List.
- ▶ Each PE talks to sex workers on her hotspot list, offering condoms and information about the programme, and tries to convince them to visit the clinic and register with Sisters.
- ▶ For those who are registered, PEs use a Tracking Form to record the most important details about each outreach contact, and do a rapid risk assessment that will help guide their work.
- ▶ Outreach contacts – giving information, condoms, referrals, etc – follow Sisters' programme priorities, are more frequent for those at higher risk, and are tailored to individual needs.
- ▶ PEs meet weekly with PS to review the previous week's work and plan work for the next week, setting priorities according to sex workers' risk and needs.
- ▶ Data reported by PEs is reviewed weekly by PS and used interactively to monitor and improve outreach.

This SOP describes the essential tools and processes used in micro-planning, with special attention to the roles and responsibilities of outreach teams (PE and PS) and their interaction with clinic staff and others in the programme.

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<sup>1</sup> Under Sisters, Outreach Workers = Peer Supervisors, Empowerment Workers = Peer Educators

**Micro-planning tools and formats**

Three simple tools are used in micro-planning. These are:

1. **Hotspot List:** kept by each PE, this is a simple list of the sex workers she is responsible for.
2. **Tracking Form:** this form is used by the PE to record essential information about each outreach contact conducted over one week.
3. **Risk Assessment Tool:** this is used to assess the level of risk of each sex worker (relative to her peers).

**1. Hotspot List:** Peer educators should know whom they are responsible for and how to reach them. The PE records their working names on her Hotspot List (Fig 1). Each PE first tries to convince all sex workers on her list to register with Sisters and attend the clinic. When she registers, each sex worker is given a unique identifier (Sisters Number), which is also recorded on the PE’s Hotspot List. PEs thus know from their hotspot list who is registered, and actively encourage sex workers without a Sisters Number to register. Regular outreach contact with her registered sex workers is the main focus of the PE’s ongoing work under micro-planning.

**Fig 1. Hotspot List** (example of format, usually recorded in small notebook)

Name	Age	Sisters Number	Registered	Phone/Contact Info
AAAAA	##	AA####	<input type="checkbox"/>	### ### ###

**2. Tracking Form:** Peer educators need a way to record the work they do during outreach. The Individual Tracking Form (Fig 2) is used by the PE to record information about outreach contacts with registered sex workers. One line on the form is one contact and it must include the Sisters Number (note that outreach contacts with unregistered sex workers, as well as group meetings, are recorded separately, using another Sisters form). In addition to the sex worker’s ‘working name’, Sisters Number and hotspot, information is recorded about information given, number of condoms dispensed and whether a referral for checkup or other clinical services was made. A risk code is filled in as described below. A Tracking Form is used to record outreach contacts over one week, and this is reviewed and discussed with the PS addressing any problems encountered. The PS collects the form and a new blank form is used to plan the next week’s work. This planning prioritises sex workers who should be contacted because of high risk or for reminders about upcoming clinic appointments. The name and Sisters Number of those to be seen during the week should be written on the new form. A highlighter can used to mark what needs to be done.

**Fig 2. Tracking tool**

Sisters Number	Name	Hotspot	Topic discussed	Male condoms	Female condoms	Refer	Risk
#####	AAAAA	AAAAA	Code	##	##	Code	H/M/L

**3. Risk assessment tool:** All sex workers may be at increased risk of HIV/STI but some are at higher risk than others. The Risk Assessment Tool (Fig 3) is used by the PE to estimate the ‘relative’ risk of each sex worker compared to her peers. Based on 5 criteria, a sex worker can be assigned high (H), medium (M) or low (L) risk. PEs use this risk assessment to decide how often the sex worker should be reached and what additional services she may need.

**Fig 3. Risk assessment tool**

## Risk assessment

Young age (<25)	0 : 1
New to sex work (<6mos)	0 : 1
High client numbers (>10)	0 : 1
Inconsistent condom use (worksheet)	0 : 1
Problematic drinking/drugs/violence (worksheet)	0 : 1
Risk (total score)	0 : 1 : 2 : 3 : 4 : 5

Risk score: 0=low, 1-2=medium, 3-5=high

A series of questions are suggested to help the PE complete the risk assessment (see Annex 3)

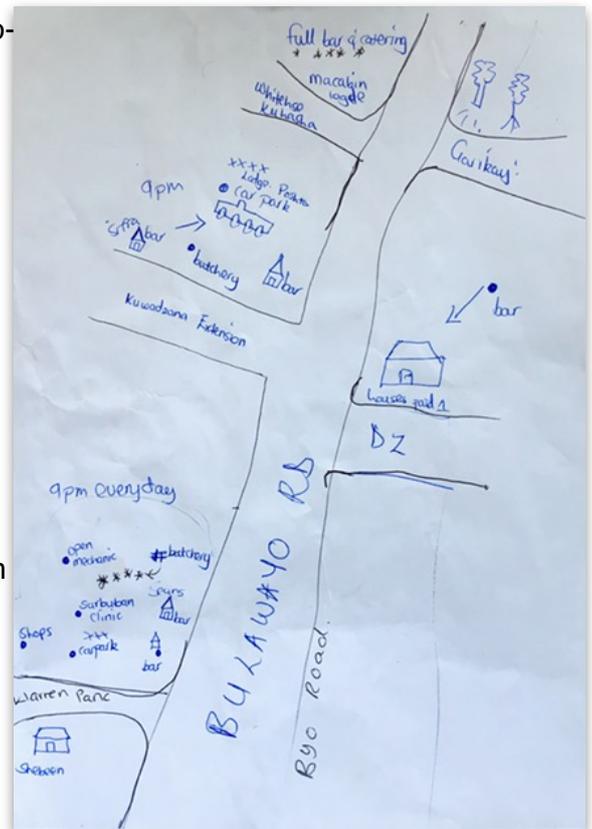
## The Micro-Planning process

Micro-planning activities step by step.

**Programmatic mapping.** The first step in rolling out micro-planning involves some assessment and planning at the hotspot level. Based on the estimated number of sex workers at each hotspot, one or more PEs will be needed. A good ratio is about 1 PE to 50 sex workers. Micro-planning can begin in places with lower PE:KP ratios (1:100) but the outreach team should monitor progress closely and provide more support if needed.

Three simple steps can be useful when starting.

1. Draw a rough map of the hotspot to show main roads and landmarks as well as main places where solicitation and sex work take place (see example). One or more PEs and sex workers who know the hotspot can draw the map. They should also try to estimate the number of sex workers who can be found there at a busy time, the number they actually know and the number of PEs who currently work there. A good way to do this is to first estimate for each individual spot (bar, lodge, etc), then sum the estimates. (introduce simple hotspot mapping form?)
2. Spend a few hours (PE, PS) at the hotspot doing a 'walkaround' mapping validation. Talk to sex workers and others (bar owners, lodge managers, taxi drivers) and try to find out what they know about the spots and the number of sex workers that can be found there. Keep in mind that there is no way to get 'exact' numbers. The idea is to have some reasonable 'rough numbers' at the start for planning purposes (these estimates will improve over time with micro-planning).
3. The peer educators then need to decide which individual sex workers they will be responsible for. In places where there are many sex workers and more than one PE, the PS should facilitate a discussion with the PEs to decide who will work with which sex workers (there is a network mapping exercise/tool that can help with this). PEs record the names (working names) of the sex workers they are responsible for in their Hotspot List.



to attend the clinic for a checkup. The PE updates her Hotspot List with the Sisters Numbers of newly registered sex workers and sets a target to register as many as possible

2. Frequent outreach contacts are important to promote healthy behaviour, support condom use and encourage use of services. Outreach contacts thus include at least three components: 1) giving information, 2) supplying condoms, and 3) promoting regular medical checkups (RMC). The PE does this work according to Sister's guidance and records each contact on a new Tracking Form for each week.
3. Risk assessment helps the PE know how often she should contact sex workers and what services to recommend. A simple risk assessment should be done on the second or third visit, after the PE has established some trust. Sex workers who are high risk should be seen every week, those at medium risk every two weeks, and those at low risk once a month. The risk assessment should be repeated once every three months.

### **Weekly PE/PS meetings**

1. The PS meets with each PE once a week. The purpose of the meeting is to review the work done during the previous week and to plan for the next week.
2. The Tracking form is used to discuss all the outreach contacts of the last week. The PE talks about any problems encountered and together they try to find solutions. The PS makes sure the Tracking Form is complete, and takes it back to the office for data entry (note, this may change if tablets or phones are used for data entry)
3. A new Tracking form is started each week and the PS and PE use this for planning during the weekly meeting. The names and Sisters Number of any sex workers who should be contacted that week are entered onto the Tracking Form. Reasons for prioritising certain sex workers for outreach contact include high risk (weekly contact) or due for a clinic visit or specific service (regular checkup, ART visit, etc). A highlighter can be used to indicate which services are due. The PS brings to the meeting a list of sex workers who are due for clinic visits.

### **Monthly outreach meetings**

1. The PS calls all the PEs she supervises together once a month to discuss their work. This meeting is an opportunity for the PEs and PS to review their results over the larger area that they cover together, to support each other and to address common problems. The PS facilitates the meeting using dashboard summaries of outreach data. Someone from clinic should attend to ensure good coordination between outreach and clinical teams.
2. The monthly dashboard review... (to be developed with M&E)

### **Quarterly programme dashboard reviews**

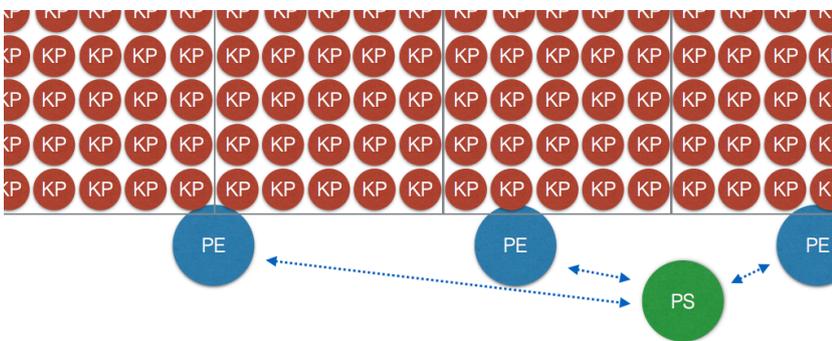
1. Sisters can organise higher-level dashboard reviews involving more sites and partners.
2. The quarterly dashboard review... (to be developed with M&E)

## Annex

1. Micro-planning overview
2. Hotspot Diary
3. Tracking Form
4. Risk Assessment Tools with worksheets
5. Risk Assessment Discussion Guide (role play)

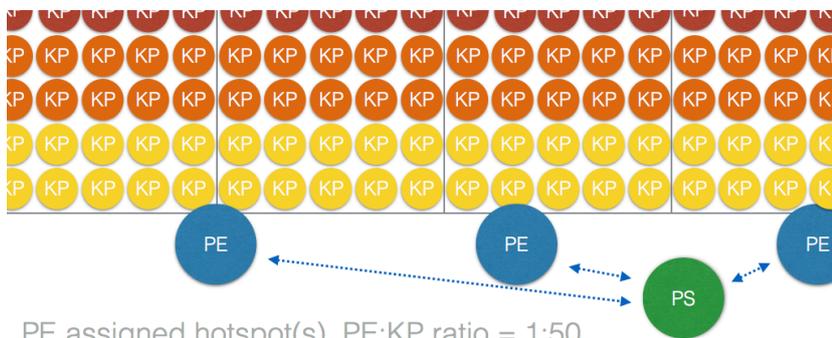
### 1. Micro-planning overview

#### Micro-planning overview – basic relationships, activities and forms



- PE assigned hotspot(s), PE:KP ratio = 1:50
- PE maintains Hotspot List of KPs and registration status
- PE records contacts/activities each week on Tracking Form
- PS meets with PE weekly, PS:PE ratio = 1:5
- PS reviews Tracking Form, discusses work done
- PS uses new Tracking Form to plan work for next week
- PS summarises data from Tracking Forms on monthly report

#### Micro-planning overview with risk assessment



- PE assigned hotspot(s), PE:KP ratio = 1:50
- PE maintains Hotspot List of KPs and registration status
- PE assesses risk and uses information to tailor outreach
- PE records contacts/activities each week on Tracking Form
- PS meets with PE weekly, PS:PE ratio = 1:5
- PS reviews Tracking Form, discusses work done
- PS uses new Tracking Form to plan work for next week
- PE/PS discuss KP risk/needs and use information in planning
- PS summarises data from Tracking Forms on monthly report





#### 4. Risk Assessment Tool with Worksheets

# Risk assessment

Young age (<25 years old)	0 : 1
New to sex work (<6 months)	0 : 1
High client numbers (>10 per week)	0 : 1
Inconsistent condom use (worksheet)	0 : 1
Problematic drinking/drugs/violence (worksheet)	0 : 1
Risk (total score)	0 : 1 : 2 : 3 : 4 : 5

Risk score: 0=low, 1-2=medium, 3-5=high

#### Condom worksheet

Number of clients per week	
Estimated number of condoms needed	
Any sex with client last week without condom?	YES / NO
Condom used last sex with client?	YES / NO

#### Problem drinking/drugs/violence worksheet

Did you sometimes have sex with clients without a condom because you were drinking? Do you ever think you have a drinking problem? Do you think your drinking ever interferes with your condom use?	YES / NO
Did you experience any violence last week?	YES / NO
If yes, did you get any assistance from anyone?	YES / NO
Were you forced to have sex without a condom in the last week?	YES / NO

## 5. Risk Assessment Discussion Guide (role play)

<p>Greeting and introduction... talk about general things, work, life, family... get to know each other...</p>	<p><b>[Risk score for Young Age = 1 if &lt; 25]</b></p>
<p>I see you are new here... (or, how long have you been working in this place?) where were you before? were you doing this business before you came here? when did you start?</p>	<p><b>[Risk score for New to Sex Work = 1 if &lt;6 months]</b></p>
<p>Did you know about Sisters (from peer educator, clinic?) where you were? Talk about Sisters and encourage her to register and attend clinic for checkup.</p> <p>Is the business going well? are you getting enough clients? how many did you have last week? was it a good or a bad week for you?</p>	<p><b>[Risk score for Number of Clients = 1 if &gt;20 per week]</b></p>
<p>So let's try to figure out how many condoms you may need this week (use worksheet)... you say you had about ## clients last week</p>	<p><b>[Indicate Number of Clients on worksheet]</b></p>
<p>Did you go more than one round with any of them...?</p>	<p><b>[Indicate Number of Condoms needed on worksheet]</b></p>
<p>Did all your clients agree to use a condom each time? How many did not agree?</p>	<p><b>[Indicate if Sex with Client without Condom → Risk score for Inconsistent Condom Use = 1]</b></p>
<p>What about your last client, did you use a condom that time?</p>	<p><b>[Indicate if Condom Use Last Sex with Client]</b></p>
<p>What are some of the reasons you sometimes have sex with clients without using a condom? (This should be followed by discussion about the reasons, and advice on how to use condoms consistently in those situations). If drinking/drugs/violence mentioned as a reason...</p> <p>If drinking/drugs/violence not mentioned, PE should ask about it and whether she thinks these are problems when she works.</p>	<p><b>[Risk score for Problematic Drinking/ Drugs/Violence = 1]</b></p>