



Ministry of Health
National AIDS & STI Control Programme
NASCOP

Learning Site

Centre for
Global Public Health
University of Manitoba

Outreach and Micro-planning

I. Introduction

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

II. Peer Education and Outreach Programs in Kenya

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

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

One of the key strategies of the learning sites is to establish and implement an effective outreach and peer

education plan. The minimum package of outreach in the learning sites consists of peer education, lube and condom distribution and demonstration, referral linkages to services and follow-up, and support during violence. The expected outcomes are i) improved rapport and trust of the sex workers towards the project, ii) improved consistent and correct use of condoms and lubes, iii) increased access to STI services, HIV testing services, and HIV care and support services, and iv) increased awareness of rights among sex workers and improved access to violence response services.

“

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

”

III. Learning Sites (LS)

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

¹ Shahmanesh, M., Patel, V., Mabey, D., & Cowan, F. (2008). Effectiveness of interventions for the prevention of HIV and other sexually transmitted infections in female sex workers in resource poor setting: a systematic review. *Tropical Medicine & International Health*, 13, 659-679

IV. Considerations for Community-Led Outreach

Peer education is most effective when educators establish and maintain an on-going relationship with peers. This occurs by having multiple peer-education and outreach sessions with the same individual or group to provide information, develop trust, and encourage and reinforce behaviour change. Regular contacts allow the peer educator to monitor the risk reduction progress of each peer and assist, encourage, and motivate him/her to continue recognizing and reducing his/her risk and using clinical services.²

The meaning and purpose of outreach for the program and the sex workers may be different, so it is important to strike a balance between the needs and interests of the two. Achieving this balance entails listening to and understanding



Peer education is most effective when educators establish and maintain an on-going relationship with peers.



the needs of sex workers and tailoring the programme to acknowledge and address those needs to the extent that it is possible.

Program outreach should reduce HIV risk and vulnerability. **Risk reduction strategies** include the following:

providing correct knowledge about STIs and HIV prevention; differentiating outreach and ensuring total coverage; promoting male and female condoms and lubricants; and ensuring access to health services for STI treatment, HIV testing, care, and other health issues. **Vulnerability reduction strategies** include raising awareness about and facilitating access to rights and entitlements, sensitizing power structures and stakeholders to reduce violence and stigma within the sex work circuit and wider society, building violence response teams and sensitising law enforcement agencies, facilitating solidarity among sex workers and building a common purpose leading to participation and ownership of the project, training health care workers for non-stigmatising services, and advocating with the government for policy change.

Guiding principles of outreach³

- **Respect** for the sex workers and their rights to confidentiality, dignity, and a safe and secure life and work environment.
- **Teamwork** that bridges gaps between project staff, service providers, and the sex workers by building relationships of mutual respect, trust, acceptance, and learning, and by delivering quality outreach and services.
- **Self-representation and empowerment** that build capacity of sex workers for participation, leadership, and to assume the role as “owners” of HIV prevention programs.

V. Steps in Implementing Community-Led Outreach

Several steps have been taken in the LS to establish community-led outreach:

- Design an outreach team structure
- Validate spots and conduct mapping to develop outreach plans with the community
- Recruit and train the outreach team
- Implement outreach
- Manage outreach
- Monitoring Outreach

Design Outreach Team Structure

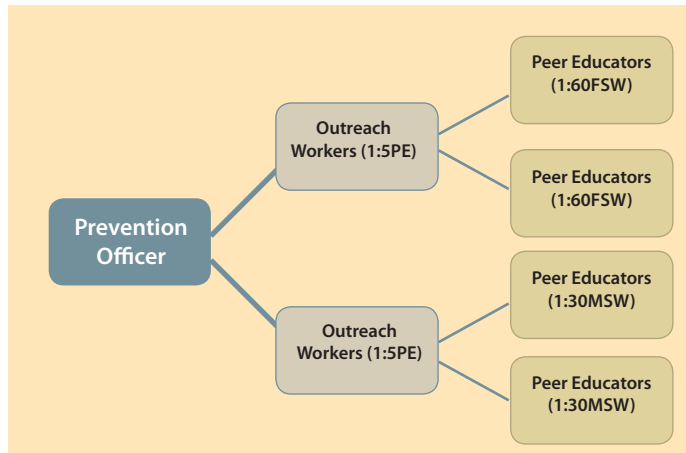
Based on sex work typology and distribution of the hotpots, the learning sites decided to have outreach workers and peer educators in the outreach team. The outreach team is lead by prevention officers in SWOP and by a community mobilizer in ICRHK. The prevention officers are non-community members, while the community mobiliser in ICRHK is a sex worker. The outreach team also includes outreach workers and peer educators who are selected from the sex work community. **Figure 7** below shares the outreach team structure. A peer educator is selected for every 1–3 hotspots, covering in total around 60 sex workers in case of female sex workers or 30 sex workers in case of male sex workers. While selecting the peers, attention is given to the fact that the peer educator should be an active sex worker and represent the typology and age of sex workers visiting the spot she/ he is in charge of. For every 4–5 peer educators, one Out Reach Worker (ORW) is selected to support and supervise them. The ORWs are sex workers who have experience in working with the sex worker community in HIV

² National Guidelines for HIV/STI Programme for Sex Workers, NASCOP, 2010

³ Community-Led Outreach, an Outreach Strategy for Focused HIV Prevention Programming in Urban Sex Work Setting in India, KHPT, 2009

prevention. While the peer educator spends 1–2 hours doing peer education every day, the ORW spends 3–5 days doing project-related activities every week.

Figure1: Outreach Team at the Learning Site



Roles of Peer Educators and Outreach Workers

Role of Peer Educators (PE)

Activities for PEs range from being role models to specific, measurable objectives that include

- Build rapport and trust with the sex workers in the hotspots
- Educate sex workers about HIV/STI and reproductive health
- Promote, demonstrate, and distribute male/female condoms and water-based lubricants
- Encourage sex workers to visit the DIC
- Encourage sex workers to undergo STI examination and treatment
- Encourage sex workers to learn and monitor their HIV status
- Refer sex workers to the clinic
- Distribute the violence/crisis helpline number among the sex workers
- Conduct group sessions in sites or in the DIC to provide information and build solidarity
- Identify new hotspots
- Trace sex workers who are lost to follow-up
- Provide feedback to the project on the needs of the sex workers
- Report to the programme on a regular basis

Role of Out Reach Workers (ORW)

The ORW plays an important backstop role for peer educators and assists them in planning outreach. Specifically, the ORW performs the following functions:

- Recruit and train peer educators
- Support peer educators in conducting micro-planning and monitoring of the work

- Supervise the peer educators to ensure that sex workers are receiving services
- Verify whether sex workers are receiving services in a timely manner
- Provide paralegal support and respond to crises reported by sex workers
- Conduct advocacy with bar owners, venue managers, etc., to create a safe and supportive environment for sex workers
- Calculate the need and ensure the availability of condoms and lubes
- Collect reports from PEs and compile the same

Validate Spots and Conduct Mapping to Develop Outreach Plans

Mapping exercises conducted by NASCOP provided the learning sites with a list of hot spots where sex workers solicit or do sex work. Validating these hot spots, selecting the spots that have more than ten sex workers, and profiling the selected spots for intervention are the first steps for developing outreach plans. The outreach team from the LS conducted validation of these hot spots and selected those spots which have more than 10 sex workers to ensure coverage of the spots that have highest number of sex workers.

In Nairobi, though the mapping data estimated that Starehe Constituency had 264 hot spots, with an estimated 4513 sex workers, validation by the outreach team revealed that there were only 217 active spots, with 5400 sex workers. Such validation familiarized the outreach team with the spots, and based on the estimation of the spots an outreach plan could be designed.

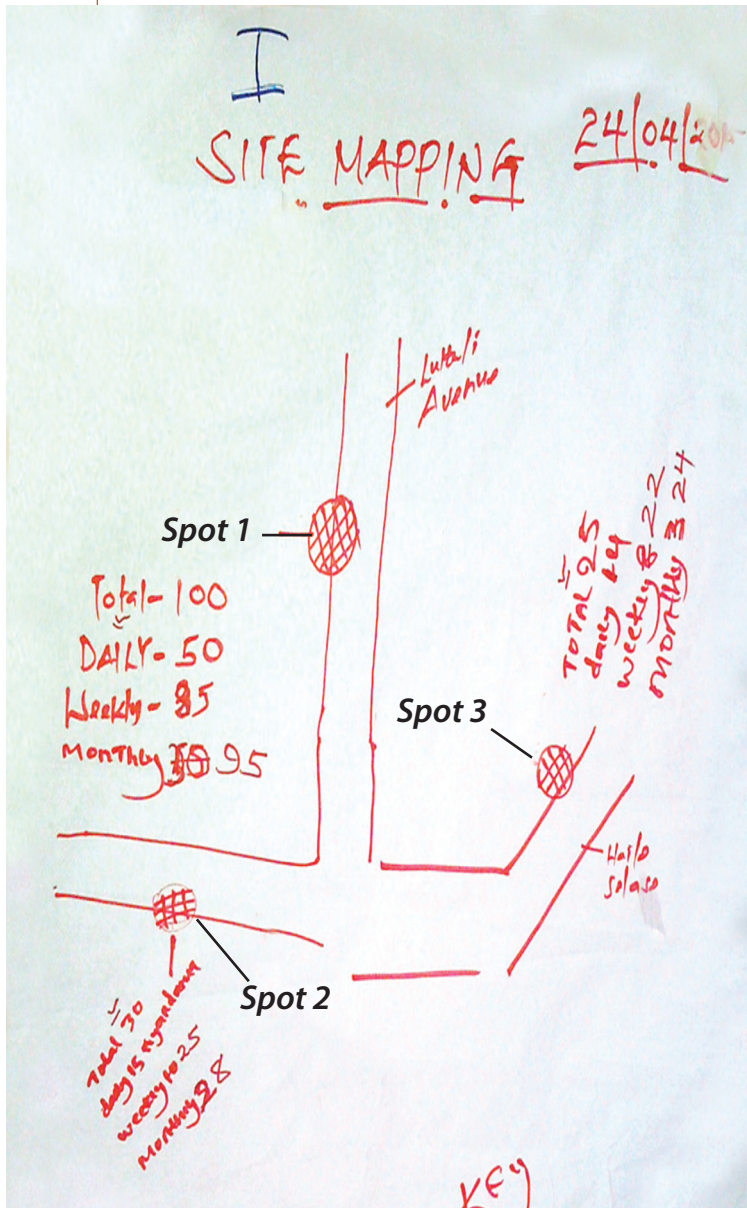
After the intervention hot spots were selected, the outreach team clustered the spots and assigned the clusters to the peers and outreach workers. Clustering involved designating 1–3 hot spots that are close to each other as a cluster. One peer educator is assigned to each cluster. Each cluster has approximately 50–60 female sex workers or 30 – 35 male sex workers. In cities like Nairobi and Mombasa, some of the very highly populated hot spots had to be divided into 2 clusters. The outreach workers then were allocated 4–5 peers and thereby 5–10 hot spots.

As part of validation and clustering, the LS outreach team also developed spot load maps that show the hotspots and numbers of sex workers on a daily,

weekly, and monthly basis in those hotspots. The load maps in **Figure 7** helped them to validate the spots including the number of sex workers, typology and days of operation.

Figure 2: Spot Load Map

This map, created by a sex worker, shows the locations and numbers of community members on a daily, weekly, and monthly basis in the spots.



Validating and clustering the spots and developing load maps helped the outreach process in the following way:

1. Allowed a core group of sex workers to participate in the validation and clustering exercise. Their detailed knowledge of the hot spots helped the project to plan outreach.
2. Helped the sex workers and the outreach teams to identify sex work hot spots which have higher number of sex workers within the coverage area. It also helped outreach teams to profile each spot based on number of sex workers, timings etc and thus develop an appropriate outreach plan that suits the spot.
3. Enabled the core group of sex workers to build rapport with "key informants" and power structures in these locations, including other sex workers and brothel or venue owners and managers. This helped in identifying potential peer educators for the spots.
4. Enabled the teams to prepare their outreach and services plan using the information collected during the validation, including where to find sex workers, and the best timing to reach out to them.

Safeguarding confidentiality of the information

In an environment where sex work is illegal, the LS made a special effort to keep the information, including maps and charts developed through this process, confidential so that there is no backlash on the sex worker community.

Recruit and Train the Outreach Team

Recruiting the right outreach workers and peer educators is very important. Both ORWs and PEs represent the sex workers, hence they need to be accepted and trusted by the sex workers. The criteria for selecting an outreach team member are

- Currently active as a sex worker and has time to do outreach
- Committed to the goals and objectives of the programme
- Knowledgeable about the local context and setting
- Accepted by the sex workers
- Accountable to the sex workers and to the programme
- Tolerant and respectful of other sex workers communities where differences may exist
- Able to maintain confidentiality
- Good listening, communication, and interpersonal skills
- Self-confident and with potential for leadership
- Potential to be a strong role model for the

“

In an environment where sex work is illegal, the LS made a special effort to keep the information, including maps and charts developed through this process, confidential so that there is no backlash on the sex worker community.

”

- behaviour she/he seeks to promote with others
- Willing to learn and experiment in the field
- Committed to being available to other sex workers if they experience violence or an emergency.

In ICRHK, Mombasa, the outreach workers, who are sex workers, played a key role in selecting the peer educators in the spot. They first conducted a spot analysis to understand the profile of the sex workers at the spots like their age, typology of sex work, time they are available at the spots etc. That helped them to determine the profile of the peer educator that should be selected for the spot. A spot which was frequented by young sex workers needs a young peer educator. After that they shortlisted few potential peers using the criteria stated above and asked them to do a contact listing. A peer who had the confidence of the sex workers and had a larger social network among the sex workers was finally called for an interview with ICRHK senior team.

Sex workers who know many other sex workers, or who have a large “social network”, are likely to be more able to perform peer education than those who know fewer sex workers. This is because sex workers with large social networks are more sociable and will not be viewed by others in their spot as strangers. Therefore, the outreach team asks the prospective PEs in a spot to list their contacts so that the outreach team can compare their social networks. The sex worker with the most contacts in the specific spot is recruited as a peer educator if she qualifies according to the criteria.

“

The LS also has clear terms of reference for community outreach workers that outline the necessary criteria, roles, and responsibilities. Outreach workers are given identification cards to provide security and legitimacy.

”

The contact list map in **Figure 3** shows the contact lists of several potential peer educators. This helps in selecting the peers for specific spots. Contact mapping also attempts to eliminate duplication and ensures that each PE is given responsibility for a unique list of sex workers.

Figure 3: Contact Listing

One of the FSW peer in Mombasa listed her contacts in various hot spots in Mombasa to show how big her social network is and where she is most contacts with other FSWs.

SPOT 1	SPOT 2	SPOT 3	SPOT 4
1. SHON 2. NUNNY 3. GLADYS 4. NANCY 5. LUCH 6. HADYA 7. VALENTA 8. GRACE 9. KINNE 10. JOICE	1. BETTI 2. TERRY 3. AGGY 4. MURIDE 5. SERA 6. SHANTELL 7. JANE 8. PASCILLA 9. MAGY 10. ROFINE 11. LIAA 12. RIEPA	1. CARO 2. BABY 3. KUNYA 4. MADONNA 5. KAHNI 6. NJOKI 7. AGNES 8. EMMA 9. SALLY 10. KAREN	1. SHARON 2. EVOLYN 3. LILLY 4. MDNY 5. MAKI 6. LIZZ
SPOT 5	SPOT 7	SPOT 8	SPOT 13
1. NABY 2. DUTH 3. JACINTA 4. DOLPHINE 5. ANITA 6. FOIDA 7. NICELE 8. DICHAMI 9. MBITHI 10. AMINA	1. EUNICE 2. JACKY 3. ZENA 4. DOLLY 5. MAPENZI 6. SWEET 7. KAFUPI 8. DADA	1. JESSY 2. MURCY 3. ANDRE 4. FATUHI 5. NANCY 6. KAMBUI 7. MELISSA 8. 9. 10.	1. PRETTY 2. LADEN 3. LILIAN 4. SUPUN
SPOT 6	SPOT 9	SPOT 10	SPOT 12
1. PAULA 2. KAMBUI 3. MAKELE 4. NJOKI 5. KINNY 6. KADZO 7. KAMBUI 8. APONDI 9. KACHE 10. CARO TIM PUB 1. CHUCHU 2. KUKI 3. EVELINE 4. VIVIAN 5. KACHO 6. TINDI	1. MARY 2. CARO 3. MA AGGY 4. SALOMME 5. MINUHU 6. LEILA 7. LILIAN 8. LEAH 9. MELISA 10. AMINA 11. PRISCA 12. ALICE	1. JOSEPHINE 2. VIVIAN 3. TRISA SPOT 11 1. LILIAN 2. JACINTA 3. MELISA 4. SHIRO 5. GIMINS	1. VIRGINIA 2. MAGY 3. DADA 4. SLIM 5. KISMA

The LS also has clear terms of reference for community outreach workers that outline the necessary criteria, roles, and responsibilities. Outreach workers are given identification cards to provide security and legitimacy.

Training Community Outreach Workers

Training occurs regularly and happens at several levels:

1. Basic training during induction in the programme
2. Advanced training sessions at least quarterly to build knowledge and skills
3. Informal mentoring by a prevention officer or manager to support community outreach workers
4. Exposure visits to other programmes

Training curricula are interactive. The importance of bringing their own experience and initiative to their work is emphasized to community outreach workers, and trainings are also co-facilitated by sex workers.

Training Curriculum

LS use the peer training curriculum developed by Kenya's National AIDS and STI Control Programme (NASCOP). The toolkit for male and female community outreach workers and peer educators consists of a reference manual, a training manual, and a participant notebook. The toolkit uses simple language and drawings. The manual consists of seven modules:

- 1: Peer educators: Who we are and what we do
- 2: All we need to know about HIV, STIs, and sexual and reproductive health
- 3: How to prevent HIV and STIs
- 4: Knowing our HIV status: Promotion of HIV counselling and testing
- 5: Planning our future
- 6: Creating an environment for behaviour change
- 7: Recording and reporting our progress

The participation certificates that the LS awards to community outreach workers for completing training or other courses can encourage them by acknowledging their efforts to learn and build professional skills.

In the Nairobi learning sites the outreach workers were given advanced training in micro-planning tools for three days. The training used their experiences and knowledge about spots and sex workers to help them develop plans for effective outreach. The facilitation methodology included drawing maps and pictures to ensure that literacy is not a barrier to learning.

“

“The micro-planning training we have undergone has been and will continue to be the best method to adopt to reach out to our fellow SWs. Micro-planning has helped me to work right, achieve a lot in a short time, enabled me to plan what I need to do, see what I have done, learn what I can do better, and support my PE to plan and achieve set goals.” Petronilla Nyambura, ORW in Nairobi.

”

Career progression plans are developed for members of the outreach team to ensure that they understand and begin to prepare themselves for opportunities to take greater leadership roles. Sex workers who have been working as peers in the programme have been promoted to outreach workers in both spots. In ICRHK, sex workers who started as peers have been promoted to the position of community mobilisers and clinic assistant in the learning site.

Community outreach workers are not volunteers, and they receive remuneration. The peers work part time and earn in the range of 3000–3500 Ksh. The outreach workers receive remuneration of 5500–7000 Ksh, depending on their responsibility. Incentive-based remuneration can sometimes distort demand and lead to coercion, hence should be carefully planned.

Retention of peers has always been a challenge in interventions. Besides remuneration, in the LS the peers are provided additional motivations, such as peer-educator-of-the-month awards and regular team building activities, to boost their morale. The learning sites also plan to offer chances for community members to participate in national and international meetings as such opportunities arise, to recognize and reward their contribution.

Implement Outreach

Ensuring Total Coverage of Sex Workers

To reduce HIV infection rates among sex workers, HIV prevention programmes must achieve and maintain “saturation coverage”, which is defined as coverage of at least 80% of the total number of sex workers. To achieve saturation coverage,

prevention programme outreach must cover all highly populated hot spots (i.e., hot spots where more than 10 sex workers solicit or conduct sex work) and all sex workers in those spots. To achieve saturation coverage, each peer educator must;

- **Meet** all identified sex workers in intervention hot spots to introduce the project and establish rapport between the project and sex workers, and
- **Build rapport** with sex workers in the spots to ensure that a relationship of trust and confidence is built for the outreach team and the project. This may take some time and hence selecting a peer educator from the spots where she/he has confidence of the fellow sex workers always helps.

“Sometime I use my money to buy a sex worker a drink to create rapport and make her listen to what I have to tell them concerning HIV prevention among sex workers. When I approach them, I have to identify with them so that they know that I am one of them and feel free to talk to me and accept what I tell them.” Emily Chesire, 28, sex worker in Nairobi.

- **Registration** of sex workers occurs confidentially when they want to enrol in the project. The peer educator or outreach worker explains the registration process, and requests and records certain information. The newly registered sex worker is issued an ID number by the project that helps in tracking the outreach and services provided to him or her over time.
- **Regular contact** at all sex work spots at all times provides outreach teams with opportunities to build rapport and address the needs of the sex workers. Some commodities like condoms and lubes must be provided on a regular basis and hence meeting a sex worker regularly ensures that such distribution is happening on regular intervals. Regular contact also provides

occasions to provide information and make referrals to the services. “Regular contact” in LSs means contacting the sex worker at least once a month.

Providing Comprehensive Knowledge and Skills

Imparting comprehensive knowledge and skills on condom use and negotiation, STIs, and HIV and AIDS-related issues and services is a crucial aspect of outreach. This occurs through interpersonal communication at the field on a one-to-one basis or to groups when the peer educators and ORWs meet the sex workers during outreach. Through social interactions, in the nature of a conversation between friends who are genuinely concerned about each other’s well-being, the outreach teams strengthen their affinity with the community. Outreach interaction allows sex workers to discuss matters that particularly concern them.

Discussion in groups provides psychological support that many individuals need to develop self-esteem in order to practice safe sex. Through group discussions and workshops, a sense of solidarity and common cause is encouraged.

Outreach also focuses on building the skills of sex workers to protect themselves from STIs and HIV. Skills are specifically developed for correct condom use and condom negotiation with clients and partners. Condom demonstration and re-demonstration sessions are conducted. Some of the skill building sessions take place in the DICs and others in the hotspots.

Providing Access and Linkages to Commodities and Services

Condoms (male and female) and lubricants are made available to sex workers with instruction on correct and consistent condom use. One of the main responsibilities of the outreach teams is to ensure that condoms and lubricants are available to all sex workers when they need them. Community outreach workers form a link between the community and clinical services. Outreach

“Outreach also focuses on building the skills of sex workers to protect themselves from STIs and HIV. Skills are specifically developed for correct condom use and condom negotiation with clients and partners.”

teams refer sex workers to the services offered by the learning site clinics. Upon the request of sex workers, peers may accompany sex workers to clinical services. The outreach team promotes, explains, and records STI clinic and voluntary HIV testing and counselling (HTC) referrals and visits. Community outreach teams also advise the programme how to make services more available and accessible by suggesting spots for moonlight clinics and other outreach and referral clinics.

The community outreach team also explains the violence response programme of the LS to the sex workers. They educate sex workers about their rights and how they can obtain support if they experience violence.

Managing Outreach

Management of outreach happens at three levels: the community outreach team managing their own outreach with the sex workers, the programme staff supervising and supporting the community outreach team, and the community members (who are not part of the project staff) monitoring and supporting the work.

The community outreach workers manage outreach by;

- using **micro-planning** tools to plan outreach based on their understanding of the needs of the spots and of individual sex workers in the spots, and
- participatory **monitoring** of implementation to identify and address gaps

Micro-Planning

Micro-planning is a method of outreach planning and monitoring by which outreach workers use their knowledge of their community and their outreach records to prioritize and manage outreach. This approach gives community outreach workers the responsibility, the ability, and accountability to manage their own work.

In micro-planning, community outreach workers are trained to use user-friendly tools to capture information that can be used for planning and monitoring.

The spot analysis tool used by the LS enables outreach workers to tailor outreach for each spot. **Figure 4** shows the findings of spot analysis of one of the spots in Mombasa. The spot analysis tool has enabled an ORW to prioritise outreach for a spot in which all the sex workers have high client volume, plan the timing of outreach in the spot, and select a peer who belongs to the appropriate age group and has affinity with the sex workers practicing in the spot. As spot analysis alerted the ORW to violence at the spot, the ORW also ensured that the sex workers in the spot have information about the violence response system, which provides around-the-clock access to trained paralegals.

The **peer plan tool** helps peer educators understand the characteristics of the sex workers they are responsible for. **Figure 5** shows a peer plan of a peer educator in Nairobi. This plan enabled him to identify and give priority to sex workers who

Figure 4: Spot Analysis tool helped the sex workers in Mombasa to profile their spots and plan outreach

Below 25 yrs			25-35 yrs			35+ yrs		
50			100			50		
D	W	M	D	W	M	D	W	M
10	15	25	25	35	40	15	15	20
M	E	M	E	M	E	M	E	M
3	7	5	10	10	15	5	10	7
Violence - Average			TOTAL - 200					
Date: 23/07/2013								
Client volume: 5 client per fsw/Day								

Figure 5: Peer plan of a peer in Mombasa

NAME OF PEER	AGE	NO OF DAYS OF SEX WORK PER WEEK	TIME	VIOLENCE	CONDOMS
SHABU ISHANTH	22	3, MON, FRI, SAT	EVENING	NO	10
SHABU B	27	2, FRI, SAT	EVENING	NO	10
ESTHERO BAZO	25	2, FRI, SAT	EVENING	NO	10
*BABJI	24	3, WED, FRI, SAT	EVENING	NO	10
SHABU MARLO	30	3, WED, FRI, SAT	MORNING, EVENING	YES	10
SHABU MO	22	3, WED, FRI, SAT	MORNING, EVENING	YES	10
SHABU	24	2, FRI, SAT	EVENING	NO	10
	23	2, FRI, SAT	EVENING	YES	10
	30	2, FRI, SAT	EVENING	NO	10
		5, EVENING		NO	10

1. AMINA
 2. PALM (PUB)
 3. KAMAMAA
 4. FATUMA
 5. BETTY
 6) Anal sex
 7) Health

have more HIV risk. This plan also helped her to estimate the number of condoms and lubes that she needs for the month.

Differentiated Outreach

To reduce risk and vulnerability, community-led outreach is differentiated on the basis of seven factors that influence HIV risk. Factors to consider include

1. **Client volume** is estimated for each sex worker so that high-client-volume sex workers (more than 5 clients per day for FSW and more than 3 anal sex clients for MSW) are prioritized during outreach.
2. **Gender:** Female sex worker and male sex worker. While some issues may be same, they have different needs.
3. **Types of sex**, such as anal, oral, and vaginal, have different degrees of risk. Unprotected anal sex carries the highest risk, followed by unprotected vaginal sex.
4. **The time when sex work happens** may vary according to the location, season, month, week, day, and hour of the day. In Mombasa, the weekends and the month end are very busy times in bars and discos as these venues organise special events that attract many sex workers and clients.

5. **Age of sex worker** has a bearing on their interests and needs, thereby determining the outreach strategy. While younger sex workers may be interested in contraceptives and maintaining their physical appearance, older sex workers may be more concerned about protecting their children or supplementary income.
6. **Sex work setting** is important in planning outreach. A venue-based sex work setting, such as a brothel or lodge, will need a different outreach strategy vis-a-vis a street-based sex work setting.
7. **Years in sex work** is becoming an important factor in increasing risk and vulnerability. Sex workers who enter sex work are most at risk during their early months and years of sex work. Hence, sex workers new to the profession should be noted during planning, and given special attention during outreach.

Monitoring Outreach

In the learning sites, tools are used to ensure that the community outreach staff can monitor their own and their peers' work. These participatory tools increase ownership and accountability of the outreach team.

Figure 6: Outreach Calendar

In the learning sites, the peers use outreach calendars to report their work for the month. These calendars are used by the ORWs to review the monthly work and plan for next month, keeping in mind the priorities.

Another simple tool used by the LS outreach team is Opportunity Gap Analysis. This tool helps the team to list and quantify the shortfalls in programme outreach and service use, and the causes of such shortfalls. Spot-specific action plans are then developed to overcome the causes.

In the Learning Sites, community outreach workers use this simple tool to analyse the specific barriers that hinder sex workers' access to programme services. Shortfalls in coverage and service use are identified, and the causes of these shortfalls are listed. Spot-specific action plans are then developed to address the causes.

Figure 7: Opportunity Gap Analysis by an ORW in Nairobi

HOTSPOT 1

Estimation	NO.	Gap	%
Enrolled/Registered	30	50	62.5
Contacted	45	35	43.75
Condoms Distributed	30 P.P	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

MS JO
NAME

At the community outreach level, the following indicators are regularly monitored:

Outreach coverage: The proportion of estimated sex workers contacted once, registered, and contacted through one-to-one monthly outreach

Condom distribution through outreach: The mean number of condoms distributed per contacted sex worker monthly

Clinical coverage: The proportion of sex workers who ever visited the clinic and the proportion of sex worker who visit the clinic every quarter

Supportive Supervision by Non-Community Staff

Supportive supervision is a process of guiding, helping, teaching, and learning from PEs at their workplace in order to help them perform their work better. In supportive supervision, equal emphasis is placed on identifying and solving problems, and on two-way communication between the supervisors and those being supervised. It is also a powerful

tool for monitoring and measuring the quality of services provided. The supervisor provides a link between the various levels of service and assists in integrating and tailoring the services to meet the SWs' needs.⁴

Supportive supervision is provided on an ongoing basis to all community outreach workers. The community mobilizer or the prevention officers in the LS maintain constant contact with peer educators and outreach workers through phone calls, visits to the field, and meetings. Data quality checks are another activity in supportive supervision. Using data generated in the

programme for planning is a key responsibility of people who are in charge of supportive supervision.

Community-Led Quality Improvement

Any community led outreach process should be also monitored by the community directly as they are the end users. The Learning Sites have established Community Advisory Boards (CAB) to support and monitor implementation of LS activities. The CAB consists of sex workers who do not have an official position in the LS. The CAB meets regularly to assess the progress of the activities and make suggestions for improvement. CAB members also help in problem solving and carrying out advocacy for the LS. In Mombasa 4 CAB members also represent the Project Steering Committee which has representation from health ministry, NGOs and other community groups. These CABs serve as a connection between the sex workers and the project thus ensuring that the project make medication in its strategy and activities based on the sex workers needs.

Conclusion

Involving sex workers as individuals and as a community creates a foundation for strong HIV interventions, for a more enabling environment and for community empowerment. It also makes programmes more efficient and effective. With sustained support, community-led outreach has the potential to develop into strong initiatives that address structural barriers and underlying conditions of vulnerability and risk⁵.

⁴ Standards for Peer-Education and Outreach Programs for Sex Workers. Ministry of Public Health and Sanitation; 2011

⁵ WHO, UNFPA, UNAIDS, GNSWP, WB, Implementing comprehensive HIV/STI programmes with Sex workers: practical approaches from collaborative interventions, Geneva, WHO, 2013



National AIDS & STI Control Programme-NASCOP

Kenyatta National Hospital Grounds
P.O Box 19361-00202 Nairobi, Kenya.

Tel: +254-20-2729502

Email: info@nascop.or.ke

Skype: nascop.ke

Website: www.nascop.or.ke

Nairobi Learning Site

Sex Workers Outreach Programme (SWOP)
AJS House, 4th floor, Keekorok Road, City Centre,
Opp Liddos Pub

P. O. Box 19676 – 00202 Nairobi, Kenya

Email: info@csrtkenya.org

Tel: 020 801 3648/ 020 802 5270

+254 714 447 626, +254 735 796 636

Blog: swopke.blogspot.com

Mombasa Learning Site

International Centre for Reproductive Health

Kenya (ICRHK) Tudor, Mombasa

P. O. Box 91109 - 80103 Mombasa, Kenya

Tel: +254 41 249 4 866,

+254 0722 208 652, +254 734 466 466

Fax: +254 0 41 245 025

E-mail: info@icrhk.org

Website: www.icrhk.org

