

# Guide to Developing a Quality Assurance and Improvement Strategy for Peer-Education and Outreach Programs for Key Populations:

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A standards-based approach to strengthening  
HIV prevention programs

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## Acronyms & Abbreviations

AIDS	Acquired immunodeficiency syndrome
ART	Antiretroviral therapy
CBO	Community-based organization
CDC	U. S. Centers for Disease Control and Prevention
CSO	Civil society organization
FBO	Faith-based organization
HIV	Human immunodeficiency virus
KP	Key populations
MARPS	Most at-risk populations
M&E	Monitoring and evaluation
MOH	Ministry of Health
MSM	Men having sex with men
NASCOP	National AIDS and STI Control Program (Kenya)
NGO	Nongovernmental organization
OVC	Orphans and vulnerable children
PE	Peer educator
PEO	Peer education and outreach
PEP	Post-exposure prophylaxis
PEPFAR	United States President's Emergency Plan for AIDS Relief
PHDP	Positive Health, Dignity, & Prevention
PLHA	People living with HIV/AIDS
PEO	Peer-education and outreach
PWID	People who inject drugs
QAI	Quality assurance and improvement
QIT	Quality improvement team
QMT	Quality measurement team
SA	Situation analysis
SDT	Standards development team
STI	Sexually transmitted infection
SW	Sex worker
TG	Transgender persons
TWG	Technical working group
USAID	U. S. Agency for International Development
USG	United States government
VCT	Voluntary counseling and testing
UNAIDS	Joint United Nations Program on HIV/AIDS

## Foreword

*The project “Quality Assurance for Peer-Education and Outreach Programs for High-Risk Populations in Kenya” was undertaken to make improving a possibility, and to bring a standardized approach to betterment. Under the project, FHI 360, PATH and JCI, through the leadership of NASCOP established standards through an iterative process of community involvement with key population members themselves. The quality assurance standards represent reconciliation between what is evidence-based and what is currently practiced by existing PEO programs. Program quality was then measured against the standards and the results indicated how programs could be improved. Actions were taken to improve program quality and ensure this process was owned by all stakeholders and undertaken on a regular basis in efforts to institutionalize the process of program improvement.*

*This Guide lays out the steps for replicating this process. We urge Ministries of Health, National AIDS Programs and other key stakeholders to view this guide as a comprehensive, how-to manual. Some steps and procedures may need to be adapted for the local context. For example, additional stakeholders may need to be considered or resources may not allow for certain steps to be completed. Based on the project in Kenya, this guide lays out the recommended steps. Our expectation is that implementing such a process will ultimately lead to improving the impact of PEO programs in reaching the populations they target, reducing HIV risk behaviors, and improving access to HIV services and interventions. We urge all that replicate this process or even pieces of it, to document and evaluate their work, improving the greater body of knowledge for all who seek to address HIV among key populations.*

*Whether nascent or mature, programs can always improve. If we aren’t looking, if we haven’t put procedures in place, we don’t know what it is that needs improving and we can’t ensure programs are reaching their intended goals. Use this guide to help make program improvements possible and to ultimately improve the impact of peer education and outreach programs.*

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## Editor's Note

This *Guide* has two aims:

- Help Ministries of Health and other national agencies establish standards to improve the quality and effectiveness of peer-education and outreach (PEO) programs for key populations, and
- Describe a proven quality assurance and improvement (QAI) process to develop, test, communicate, measure and implement standards.

The content of this *Guide* is informed by the lessons learned and best practices derived from the CDC-funded project mentioned above and by the results of a process evaluation of the project<sup>1</sup>.

The *Guide* lays out a sequential process in five phases; within each phase, we describe the main steps, some of which can be conducted in parallel. At the end of the *Guide* are a glossary and annexes that offer a range of resources and tools from template worksheets and sample meeting agendas to a model survey instrument and assessment tool. Users are encouraged to tailor the tools to suit their country context. Whenever possible, the *Guide* provides web-links to access and download relevant documents.

Throughout the *Guide* the following abbreviations will be used:

- **Key populations (KP):** Individuals who engage in behaviors that put them at high risk for HIV. These behaviors are highly stigmatized and often illegal and, as a consequence, these individuals face discrimination and marginalization. Sex workers (SW), men having sex with men (MSM) and people who inject drugs (PWID) are examples of key population groups.
- **PEO programs** = Peer education and outreach programs for key populations.
- **QAI process** = Quality Assurance and Improvement process encompasses all of the phases of developing, communicating, measuring and implementing standards to improve the quality and performance of PEO programs for key populations.

This *Guide* is designed for any stakeholder who desires to improve the performance of a PEO program through a standardization process. It responds to situations where significant variation is observed in the way PEO programs are designed, managed, implemented and evaluated, and where explicit management and service delivery standards could significantly improve program impact on HIV transmission. As with any standardization effort, it is important to strike a balance and to make sure that creativity and customization to contextual factors are not lost.

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<sup>1</sup> Bruno Bouchet & al. Process Evaluation of the Quality Assurance for Key Populations project in Kenya. FHI 360. September 2013.

## Acknowledgments

This *Guide* is based on work done on behalf of the “Quality Assurance for Peer-Education and Outreach Programs for High-Risk Populations in Kenya” project funded by the United States Centers for Disease Control and Prevention (CDC) through the Program for Appropriate Technology in Health (PATH)/Kenya and implemented by FHI 360, with technical assistance from Joint Commission International (JCI).

FHI 360 would like to thank the CDC for funding the project overall and supporting the development of this *Guide* in particular. We are also grateful for support and guidance from the National AIDS and STI Control Program (NAS COP) of the Kenya Ministry of Public Health, especially the Most At-Risk Populations (MARPS) technical working group.

We also want to express our appreciation to PATH and FHI 360 program staff members in Kenya’s Coast, Western, Nyanza, and Eastern provinces for contributing to the standards development process and making it a success.

Finally, we thank all of the program coordinators and managers of the many organizations (NGOs, CBOs, FBOs) who participated in the process: AEDO (African Emergency Development organization); Antwerp Institute of Tropical Medicine; Bar Hostess Association and BHESP (Bar Hostess Empowerment and Support Programme); FAIR (Family AIDS Initiative Response); FHOK (Family Health Options Kenya); GSN (Goldstar Network); HWWK (Hope World Wide Kenya); ICL (I Choose Life/Kenya); HOYMAS (Health Options for Young Men on HIV, AIDS and STIs); ICRH/Kenya (international Center for Reproductive Health); IMC (International Medical Corps); IRDO (Impact Research and Development Organization); KACP-University of Nairobi; Kenya AIDS Intervention Prevention Project; KANCO (Kenya AIDS NGO Consortium); KESWA (Kenya Sex Workers Alliance); KRCS (Kenya Red Cross Society); Life Bloom International; LVCT (Liverpool VCT Care and Treatment); NOPE (National Organization of Peer Educators); Northstar Alliance; Pathfinder International; Population Council; Ray (Reproductive Health Program for Youth); SOLWODI (Solidarity for Women in Distress); Survivors; SWOP (Sex Workers Operations Project); TOLIDP (Touch of Love Integrated Development Program); Wadada; and WIFIP (Women in Fishing Industry Prevention Program).

## Introduction

### Peer Education and Outreach (PEO) Programs

Peer outreach and education (POE) efforts organize a specific group to reach members of the same group with a range of activities, including risk reduction counseling, provision of HIV prevention commodities, HIV testing and counseling, and access to additional HIV prevention, care and treatment services. Peer educators are more likely to influence the behaviors of their peers since they are seen as credible and less judgmental role models.<sup>2</sup>

PEO programs are central to HIV prevention efforts aimed at key populations (KPs), including sex workers (SWs), people who inject drugs (PWIDs), and men who have sex with men (MSM), and transgender persons (TG). The objectives of PEO programs targeting KPs are to:

- Reach and engage members of the key populations they target,
- Reduce participation in high-risk sexual and drug-using behaviors,
- Increase participation in risk-reduction behaviors, such as the correct and consistent use of condoms, safe injecting practices, and proper disposal of injection devices, and
- Increase the use of HIV prevention, care and treatment services, including HIV counseling and testing, STI screening and treatment, and antiretroviral and other drug treatments.

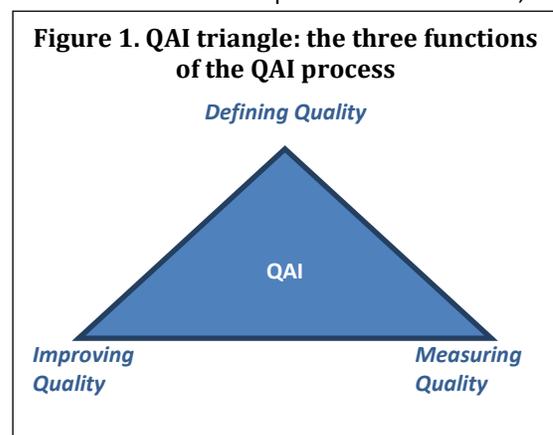
The coverage and effectiveness of services delivered by peer-educators, however, is dependent on the quality of PEO programs—the extent to which their design and management reflect current evidence and best practices. Because the standardization of PEO programs is essential to their success, this *Guide* aims to help Ministries of Health and others undertake a standards-based quality assurance and improvement (QAI) process that will strengthen PEO programs.

### Standards Development and the Quality Assurance and Improvement (QAI) Approach

Standards are explicit statements of the expected level of quality performance. They ensure that everyone involved in an activity knows what is expected and how to meet expectations. Written standards serve as the foundation on which other processes—such as quality monitoring, quality improvement, staff orientation, and performance appraisals—can be built.

Standards are the foundation of the QAI process. Figure 1 depicts the QAI Triangle that FHI 360 uses to describe the three functions of a QAI process: defining quality, measuring quality, and improving quality.

- *Defining quality* refers to 1) setting the administrative and clinical standards for processes and services; and 2) communicating and implementing the standards. When standards are defined, measurements can determine if the standards have been met.
- *Measuring quality* means collecting data to determine whether standards are being met, processes are being carried out as planned, and services are being delivered as defined; that is, identifying gaps between the standards and their implementation. Any gap provides an opportunity for improvement.
- *Improving quality* means using specific quality improvement approaches that engage staff members, their supervisors and sometimes their clients to work together 1) to understand the causes of identified gaps; and 2) to develop and implement activities to close the gaps and meet the standards.



At a micro level, each PEO program will engage in formal problem-solving and quality improvement efforts to address the gaps in compliance with standards.

<sup>2</sup> USAID. [www.aidstar-one.com/focus\\_areas/prevention/pkb/behavioral\\_interventions/peer\\_outreach\\_and\\_education](http://www.aidstar-one.com/focus_areas/prevention/pkb/behavioral_interventions/peer_outreach_and_education)

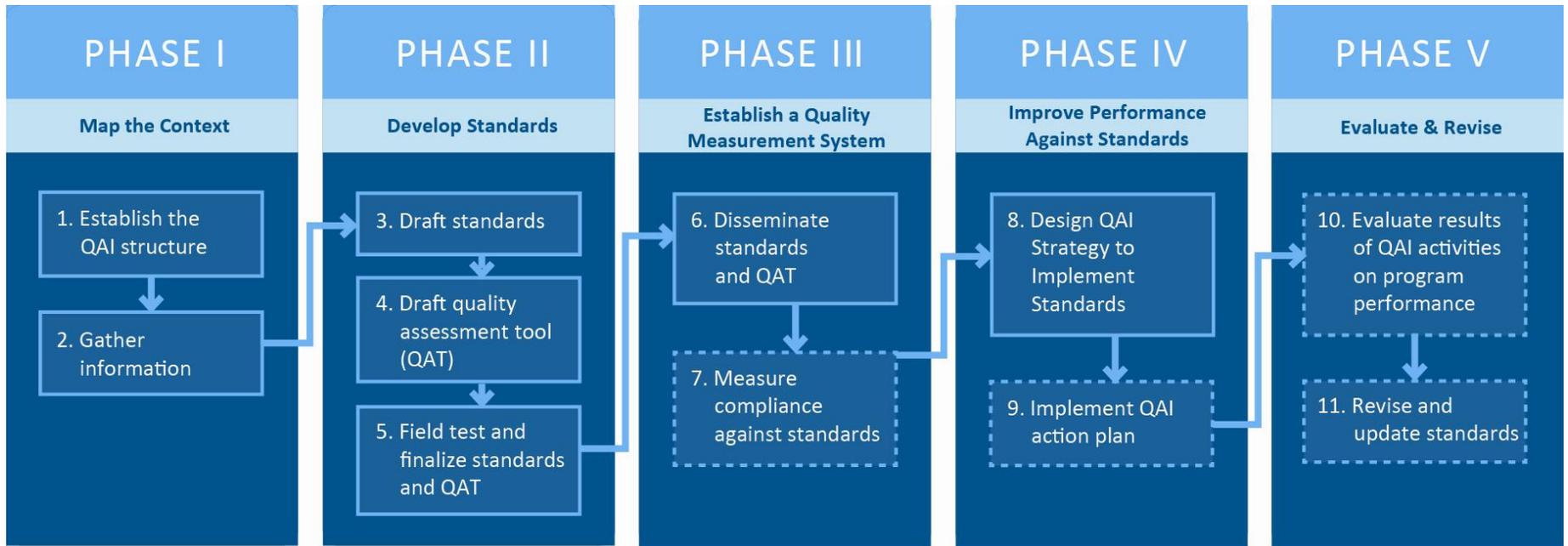
At a macro level, the implementation of standards requires supportive mechanisms, such as disseminating the standards and sharing the results about the progress in implementing the standards across all PEO programs so that they can learn from each other and share best practices. These mechanisms are described in more depth under Phase IV of the process described below.

This *Guide*, built on a tested FHI 360 methodology<sup>3</sup>, describes a standards-based QAI process in five phases. The process may begin from zero or it can be used to adapt and refine existing standards. Each phase consists of a few steps that lead to completing key outputs. The steps in this process are outlined in Figure 2 and described in the pages that follow. Resources and tools are provided as annexes. Examples from FHI 360's work in Kenya are used to illustrate the process throughout this *Guide*.

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<sup>3</sup> Ashton J, Bouchet B. *FHI Standards Development: A Guide to Developing, Communicating, and Monitoring Standards*. Arlington, VA: FHI (2010). <http://www.ngoconnect.net/documents/592341/749044/Guide+to+Developing+Quality+Assurance+and+Improvement+Standards.pdf>

**Figure 2. An Overview of the Standards-Based Quality Assurance and Improvement (QAI) Process**



\* The steps within the dotted lines indicate a continuous process.

**Figure 3. Gantt chart showing phases, steps and outputs of a QAI process over a 12-month period**

Phase, Steps & Estimated Time	Who (leader)	M O N T H S												Outputs/Deliverable(s)
		1	2	3	4	5	6	7	8	9	10	11	12	
<b>Phase I: Map the Context (3 months)</b>														
<b>1. Establish the QAI Structure</b>	Steering Committee(SC), Technical Working Group (TWG)													
1.1 Develop a charter & timetable	SC													Steering Committee Charter
1.2 Identify stakeholders	SC													Key stakeholder list/database
1.3 Identify resources needed to support the QAI process	SC													Budget
1.4 Introduce stakeholders to the QAI process	SC, TWG													Agenda; subcommittees/functional teams (SDT, QMT, QIT)
<b>2. Gather information</b>	TWG (Consultant)													
2.1 Develop a systems view of PEO programs	TWG													Systems view diagram/chart or table(s)
2.2a Conduct a situation analysis	TWG													PEO program situation analysis report
2.2b Review the literature	TWG, (Consultant)													Literature review report
<b>Phase II: Develop Standards (3 months)</b>														
<b>3. Draft standards</b>	TWG, Standards Development Team (SDT), Stakeholders Assembly													
3.1 Convene standards development workshop	TWG, SDT													Agenda, flow charts, fishbone, affinity analysis/diagram, draft standards
3.2 Convene consensus building workshop	TWG, SDT, Stakeholders' Assembly													Agenda; standards reviewed, agreed-upon by all stakeholders and ready for testing
<b>4. Draft a Quality Assessment Tool (QAT)</b>	Quality Measurement Team (QMT)													Drafty Quality Assessment Tool
<b>5. Field test and finalize standards and QAT</b>	SC, TWG, SDT, QMT													
5.1 Develop a plan to field test standards and QAT	SDT, QMT													Testing plan
5.2 Implement field test plan	SDT, QMT													Results from pre-testing with PEO programs
5.3 Finalize standards and QAT	TWG, SDT, QMT, SC													Final standards and QAT ready for dissemination
<b>Phase III: Establish a Quality Measurement System (3 months)</b>														
<b>6. Disseminate the standards and QAT</b>	TWG, SDT, QMT													
6.1 Publish the standards and QAT	TWG													Standards document and QAT- soft and hard copies
6.2 Develop and implement a communication plan for the standards and QAT	TWG, SDT													Communication/dissemination plan
6.3 Build capacity of PEO programs in standards measurement	SDT, QMT													Capacity building event completed
<b>7. Measure compliance against standards</b>	PEO programs, supervisors													
7.1 Collect data and validate findings	PEO programs, supervisors													Quality assessment data
7.2 Interpret and share results	PEO program, supervisors													Quality assessment results
<b>Phase IV Improve Performance against standards (1 month) (continuous)</b>														
<b>8. Design a QAI strategy to support standards implementation</b>	TWG, QIT, PEO programs													
8.1 Identify the components of a QAI strategy	TWG, QIT, PEO programs													QAI strategy
8.2 Develop an implementation action plan	TWG, QIT, PEO programs													QAI action plan
<b>9. Implement QAI action plan</b>	PEO Programs, QIT													Progress report
<b>Phase V: Evaluate (annually) &amp; Revise (every three years)</b>														
<b>10. Evaluate results of QAI activities on program performance</b>	TWG (consultant)													Program performance results & evaluation report
<b>11. Revise and update standards</b>	SC, TWG,													Revised standards

# Phase I. Map the Context

Designing a standards-based QAI strategy for any program involves many stakeholders who need to work together to understand how the program operates in a particular context.

In this phase, the initiators of the QAI process—the Steering Committee—recruit core project personnel and other stakeholders who will be involved throughout the entire process.

By the end of this phase, the principal participants will be identified—Technical Working Group as well as task-specific teams—and the information needed to provide a foundation for drafting standards will be collected and analyzed.

## Step 1. Establish the QAI Structure

Initiators of the QAI process, most likely from the Ministry of Health (MoH) or National AIDS Control Program, form a small (a maximum of 10 members) Steering Committee (SC) whose role is to oversee and direct the development of the QAI process by articulating the vision, purpose and scope of the project. The SC represents major policy and decision-makers and a range of key stakeholders—MoH, National AIDS Control Program, donor agencies, civil society and NGOs involved in PEO programs.

The Steering Committee:

- *develops a charter* to explain the project to prospective participants,
- *identifies stakeholders* by determining who should participate in each phase of the process and deciding who should manage the process and report to the SC,
- *identifies resources* to support the process, and
- *introduces the stakeholders* to the charter and QAI process.



Figure 4.

### 1.1. Develop a Charter and Timetable

At its first meeting, the SC drafts a charter that includes:

1. The vision and mission statements defining the Committee’s purpose, primary goals, and objectives.
2. Authority and responsibilities of the Committee. This clarifies how members will work together to fulfill the goals and objectives of the Committee.
3. A timetable that presents in a Gantt chart the details of a work plan following the phases and steps of the QAI process highlighted in Figure 3, including when the SC meets.

### 1.2. Identify Stakeholders

The SC identifies a range of stakeholders—individuals and groups—who will contribute to the process.

Stakeholders may include, but not be limited to, MoH representatives, especially senior level staff working on HIV/AIDS control programs; subject matter experts; regional and local PEO managers and practitioners; grassroots activists, Civil Society Organizations (CSOs) and beneficiaries; and donors/sponsors of PEO programs. Casting a wide net provides invaluable insights and inputs. It also contributes to building consensus and support for the final product. The SC puts in place the following structure: a Technical Working Group (TWG) with a process coordinator and task-oriented teams, and a Stakeholders’ Assembly.

- **Technical Working Group (TWG)**

The TWG is composed of technical experts and senior technical staff from organizations involved in PEO programs for key populations; heads of PEO programs; supervisors and district managers, and development agency technical staff. Under the direction of the SC, this group of 20 to 30 people is responsible for implementing the entire QAI process described in figure 3.

To encourage buy-in, TWG membership should also use a “proportional representation” scheme, that is, engage more members from PEO programs and NGOs than from MoH units and key stakeholders who are already represented on the Steering Committee. The SC appoints a TWG chair, who will coordinate the entire QAI process and will report to the SC.

The TWG forms three task-oriented teams (or subcommittees) to conduct the three main functions of the QAI triangle: the Standards Development Team; the Quality Measurement Team, and the Quality Improvement Team. It is important that the technical assistance (TA) needs of each team be identified and addressed, usually by local or international experts in QAI. It is the responsibility of the SC to address the TA needs. Task-oriented teams of the TWG include:

- ***Standards Development Team (SDT)***

A team of 10 to 20 people, who draft standard statements and develop criteria for each standard or review and adapt existing standards. This team includes technical staff from PEO programs and a standards development expert to facilitate the work.

- ***Quality Measurement Team (QMT)***

A team of 10 to 20 people who develop indicators to measure compliance with standards and the appropriate data collection tools, job-aids and SOP manual. Details are described in Phases II & III and examples are provided in the Annexes.

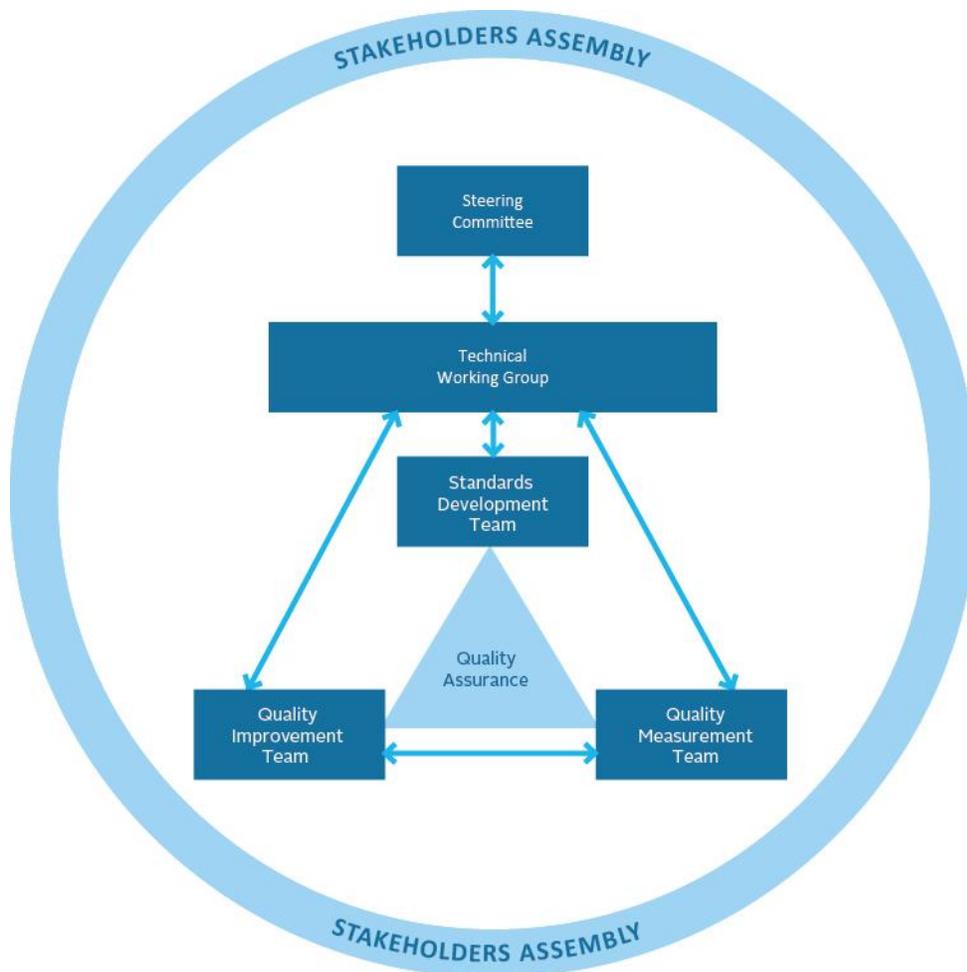
- ***Quality Improvement Team (QIT)***

A team of 10 to 20 people who design and plan an environment that will support implementation of the standards and the continuous improvement of PEO programs.

- ***Stakeholders' Assembly***

A group of as many as 50 people (could be more), all of whom have a significant interest in assuring the quality of PEO programs for KPs, including government, civil society, donors, NGOs, peer educators, and beneficiaries (sex workers). In addition, the Assembly extends membership to include as many PEO programs as possible, along with their specific sponsors, in order to achieve maximum coverage of PEO programs.

Figure 5 provides an organogram of the generic structure of the QAI process for PEO programs and Figure 6 shows an example of the QAI structure in Kenya



**Figure 5. Organogram of QAI Process Participants**

Role	Representatives from
<b>Steering Committee</b>	Ministry of Health; National AIDS & STI Control Program (NAS COP); U.S. Centers for Disease Control and Prevention (CDC); FHI 360;
<b>Technical Working Group (TWG)</b>	NAS COP Technical working group on Key Populations; CDC; FHI 360
<b>Standards Development Team (SDT), Quality Monitoring &amp; Quality Improvement Teams</b>	Managers of PEO programs; Expert consultant from JCI; MoH; NAS COP; CDC; FHI 360
<b>Stakeholders' Assembly</b>	Everyone from the Steering Committee, TWG and SDT, plus peer educators; sex workers; FHI 360

**Figure 6. Stakeholders Involved in the Kenya QAI process**

### 1.3 Identify Resources to Support the QAI Process

The SC should consider the resources needed to support all five phases of the process. Preparing an estimated budget is important to ensure successful implementation of the process.

There are four major categories of costs to consider:

- Personnel/labor (staff, consultants, experts<sup>4</sup>)
- Materials and supplies
- Other direct costs (meeting space, transportation, publication costs, computer services, travel for field visits, telephone, per diems)
- Indirect costs (utilities, administrative costs, etc.)

The largest expense is usually the labor—either staff, consultants or partners.

### 1.4 Introduce Stakeholders to the QAI Process

Once all of the stakeholders are on board, the Steering Committee convenes representatives from the TWG and SDT for a one-day orientation and planning meeting to:

- Introduce the need for standards,
- Give an overview of standards development and the QAI process, and
- Define roles, responsibilities, a timeline and a work plan.

## Step 2. Gather Information

In order to develop good standards that are appropriate to the context, the TWG (and the standards development team) needs two types of information: 1) evidence from the literature about what constitutes an effective PEO program and 2) good documentation of the in-country situation to identify the opportunities for standardization. These tasks can be done in parallel and would benefit from a systems view of a PEO program. A systems view emphasizes how parts work together to form a functional whole to achieve a common goal.

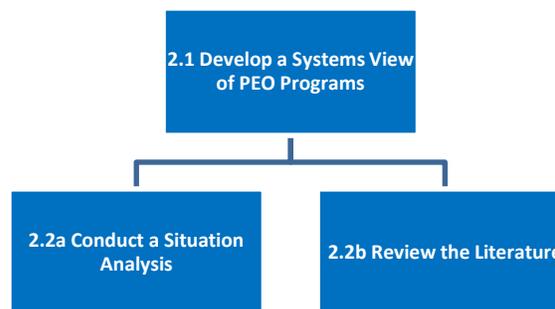


Figure 7.

### 2.1. Develop a Systems View of PEO Programs

A systems view can be useful to help the TWG identify the components of a PEO program that can be the focus of the situation analysis (SA) as well as the literature review: inputs, processes and outcomes. (See definitions in figure 8) Thus, before gathering the information, the TWG meets to develop a systems view of PEO programs.

#### Figure 8. Definitions of Key Components in a System

- **Inputs** are the resources used to carry out the activities (processes). Inputs can be raw materials, or products or services produced by other systems. For example, inputs to a tuberculosis (TB) system of care include anti-TB drugs and skilled health workers.
- **Processes** are the activities and tasks that turn the inputs into products and services. For TB treatment, this process would include the tasks of taking a history and conducting a physical examination of patients complaining of coughing, making a diagnosis, providing treatment, and counseling the patient
- **Outcomes** are the results of processes. For example, the patient has enhanced knowledge about TB, complies with the treatment regimen, is cured after 6 months.

<sup>4</sup> External experts and/or local/international consultants may or may not be needed, depending on the capacity and experience of the stakeholders.

To develop a systems view, the TWG starts by identifying the key processes conducted by PEO programs and each step in the process. They then identify the inputs required for each step. And finally, they write the desired outcomes. An excerpt of a systems view developed in Kenya is provided in Figure 9 and the complete one can be found in Annex 1.

**Figure 9. Excerpt from Systems View of Kenya’s PEO System for Sex Workers**

Inputs	Processes	Outcomes
<b>Human Resources</b> <ul style="list-style-type: none"> <li>▪ Peer-educators (PEs)</li> <li>▪ Peer-counselors</li> <li>▪ Supervisors</li> <li>▪ Program managers</li> <li>▪ Support staff</li> <li>▪ Clients (SWS)</li> <li>▪ Others (bar owners, pimps, etc.)</li> </ul> <b>Physical Resources</b> <ul style="list-style-type: none"> <li>▪ Locations for outreach activities (bars, etc.)</li> </ul> <b>Financial Resources</b> <ul style="list-style-type: none"> <li>▪ Transport allowances</li> </ul> <b>Materials and consumables</b> <ul style="list-style-type: none"> <li>▪ Male condoms and lubricants</li> </ul>	<b>Program design and planning</b> <ul style="list-style-type: none"> <li>▪ PEs identify and engage with SWs</li> <li>▪ PEs organize group sessions</li> <li>▪ Managers create functional links between outreach services and facility-based services</li> <li>▪ Managers create intersectoral links (police, etc.)</li> <li>▪ Managers ensure effective procurement of consumables and educational materials</li> </ul> <b>Service delivery processes</b> <ul style="list-style-type: none"> <li>▪ Peer educators provide information about HIV, STIs and risk sexual behaviors</li> </ul> <b>Program M&amp;E</b> <ul style="list-style-type: none"> <li>▪ PEs monitor activities and report on volume and quantity</li> </ul> <b>Program Improvement</b> <ul style="list-style-type: none"> <li>▪ Managers organize regular meetings with PEs</li> </ul>	<b>Outputs</b> <ul style="list-style-type: none"> <li>▪ SWs have accurate knowledge of HIV, STI, risks, risk-reduction behaviors and cleaning practices</li> <li>▪ SWs know how to use condoms and negotiate their use with a client</li> <li>▪ SWs are appropriately referred to facility-based services</li> <li>▪ SWs receive the professional counseling they need</li> <li>▪ SWs know their HIV status</li> </ul> <b>Effects</b> <ul style="list-style-type: none"> <li>▪ SWs use the facility-based services following referral</li> <li>▪ SWs use safe hygiene and cleaning practices</li> </ul> <b>Impact</b> <ul style="list-style-type: none"> <li>▪ Incidence and prevalence of STIs decreases among SWs, their clients, and their partners</li> </ul>

Once the systems view is developed, members of the TWG look at each component and generate questions to be answered through the literature review and the situation analysis. Examples of questions include:

- What are the standards for each input and process? Are they defined explicitly by the PEO programs?
- Are all the steps performed by each PEO program?
- How is a specific step performed and how should it be performed?
- Do the PEO programs measure the processes and outcomes identified?
- Are the inputs sufficient in quantity and quality to achieve the expected outcomes?

### 2.2a Conduct a Situation Analysis (SA)

A situation analysis (SA) is a structured process for creating a comprehensive portrait of a topic—current standards and practices, conditions, policies, trends, key institutions and stakeholders. The result of the SA is a report identifying variations in the design and performance of the country’s PEO programs and best local practices that might be extended to all programs, as well as areas where standardization would benefit all programs. Information can be collected quickly by conducting a survey of PEO programs using a questionnaire.

Once the questions are identified, the questionnaire is organized according to the components of a PEO program: inputs first, then processes, and finally, outcomes. Those conducting the survey must be familiar with the data collection tool and logically involved in its development. The TWG should test the questionnaire on one or two PEO programs first and then make any required changes before proceeding. There are three tasks:

1. The TWG decides which and how many PEO programs to include in the survey. The number will depend mainly on the budget and time. Key PEO programs, for example those that, combined, cover 50% of the target population may be selected. Regional representation and representation of programs that reach various types of KP is also important.

2. The questionnaires are either sent to the PEO program managers to be self-administered (followed by validation through a phone call or a face-to-face interview), or the questionnaire is administered by a member of the TWG during an interview. In our experience, the latter is the most effective.
3. Data is then analyzed and presented in a written report. The outline of the report follows the organization of the questionnaire. The report identifies areas of variation across PEO programs, commonalities, best practices, and areas that would benefit from standardization (i.e. inputs and/or processes). It could be difficult to identify areas that would benefit from standardization unless the observed variation in processes is accompanied by similar variation in outcomes/performance.

(See Figure 10 for an example of the SA methodology used in Kenya and Annex 2 for the questionnaire used)

### **Figure 10. Situation Analysis Methodology used in Kenya**

*In Kenya, 14 organizations that were targeting sex workers (SWs) were identified. The selection ensured sufficient regional representation to capture the diversity of current programs.*

*To inform the situation analysis, a questionnaire was administered to project managers of the selected organizations in order to structure the discussion and ensure comparability across programs.*

*All the sampled NGOs were registered with the Ministry of Culture and Social Services and the NGO Council of Kenya. All were in business for four to ten years. Most of these organizations were funded by the USG under PEPFAR; a few were funded by the Global Fund to Fight Tuberculosis, AIDS, and Malaria. Each organization implemented some form of peer-outreach activities targeting SWs and their clients, who included low-income industrial workers, farm laborers, long-distance truck drivers, and men in uniformed services (police and paramilitary personnel).*

*Kenya's PEO Program Situational Analysis report is available at [www.ngoconnect.net/documents/592341/749044/Situation+Analysis+of+Peer+Education+Pgms+for+Key+Populations.pdf](http://www.ngoconnect.net/documents/592341/749044/Situation+Analysis+of+Peer+Education+Pgms+for+Key+Populations.pdf)*

## **2.2b Review the Literature**

It is essential to review current international literature on the evidence base and best practices of PEO HIV prevention among KPs. The results will inform the next phase of the QAI process and ultimately the development of standards to improve the effectiveness and efficiency of PEO programs. The results will indicate which elements of PEO programs are evidence-based and will inform standards development. The TWG chair identifies who will do the literature review, an internal or external person who is familiar with the process outlined below:

The reviewers<sup>5</sup> examine a number of sources—peer-reviewed<sup>5</sup> studies as well as project reports (grey literature)—and identify, evaluate and synthesize the existing body of work produced by researchers, scholars and practitioners.<sup>6</sup> Peer-reviewed articles test hypotheses and use rigorous evaluation methods. Often, project reports provide examples of best practices that have been identified (and modified) in the field but have not been rigorously evaluated. Both sources of information are helpful in answering the questions developed by the TWG.

The results provide a systematic description of the information found. One way to organize the findings of the review is by topic: peer educators (characteristics; training; retention), program management (design; planning; and monitoring and evaluation), and program strategies (inputs; processes; and results).

The *Cochrane Handbook for Systematic Reviews of Interventions* is the top reference for those wanting to critically appraise published reviews and/or perform reviews themselves. Available at: <http://www.cochrane.org/training/cochrane-handbook>

Figure 11 illustrates the process followed in Kenya and indicates where the literature review report can be accessed.

<sup>5</sup> A good primer on how to do a lit rev.: <http://www.slideshare.net/featherr/how-to-conduct-a-literature-review>

<sup>6</sup> Fink, A. (2005) *Conducting Research Literature Reviews*. London: Sage.

### **Figure 11. Methodology for Literature Review used in Kenya**

*A comprehensive strategy was used to search for peer-reviewed journal articles and “grey literature” relevant to this review. The intent was to locate all available materials relevant to PEO peer education programs, both in print and electronic form. The following search terms were used:*

- *(Asia OR Africa OR Kenya) AND (Sex Work) AND (peer OR outreach OR intervention)*
- *(Male Sex Work) AND (Africa OR Asia)*
- *(Female Sex Work) AND (Africa OR Asia)*
- *(MSM)*
- *(US/UK)*

*Reference lists and bibliographies culled from reviews and articles were examined for inclusion. Initial searches resulted in hundreds of abstracts that were examined for relevance. Approximately 200 articles emerged and then were screened to identify those most appropriate for this document. Three criteria determined inclusion:*

- *Peer education and outreach was the focus of the intervention*
- *The document was published after 1994*
- *At least one of the following groups—FSWs, MSWs, and MSM—was the main population for the intervention*

*The Kenya project’s literature review identified a total of 42 published peer-reviewed articles and eight unpublished project reports and guides.*

*For a copy, visit*

*<http://www.naoconnect.net/documents/592341/749044/Literature+Review+for+Peer+Education+Pgms+for+Key+Populations.pdf>*

## Phase II. Develop Standards

## Step 3. Draft Standards

The development of standards require the consensus of many stakeholders, facilitated by an expert in standards development, over two workshops. In the first workshop (the standards development workshop), the groundwork is laid to enable the Standards Development Team (SDT) to draft the standards. After editing and review, the

3.1 Prepare for, then convene Standards Development workshop



3.2. Prepare for, then convene consensus-building workshop

standards are then submitted to the Stakeholders' Assembly during a second workshop (the standards consensus workshop) for endorsement by as many PEO programs as possible. By the end of Step 3, a complete set of standards is ready to be tested by selected PEO programs to ensure clarity, measurability and feasibility.

### 3.1. Convene Standards Development Workshop

At a three-day workshop (could be more, could be less, depending on the number of standards), participants agree on the components of PEO programs for which standards will be written. To identify these, it is helpful to refer to the systems view developed in Phase I. The standards development team (SDT) decides how to categorize and label the standards and learn about the format to write a standard from the standard development expert.

**Figure 12.** Before the workshop, the following must be accomplished: identification of the participants (a small but representative number of stakeholders will allow an effective group dynamic for in-depth discussions); development of an agenda; identification of the facilitators and the expert consultant (if this expertise is not present in the SDT); advance distribution of the SA and literature review reports; and advance notice to participants regarding the logistics (venue, etc.). The workshop will start with a presentation of the results of the SA and literature review in order to inform the identification of the standards needed to be developed (See Annex 3 for a sample agenda).

#### 3.1.1 Review the findings from the SA and literature review and determine the standards needed

Once the findings of the literature review and situation analysis of current programs have been discussed, participants can use a range of tools and exercises to investigate the context, sort ideas and identify key components of PEO programs that should be standardized.

#### Figure 14. Template for Writing Standards Statement and Criteria

**Standard: A short statement of expectation.** Example: *The clinic has a physical environment that is conducive to providing sex worker-friendly health services.*

**Intent: An explanation of why the standard is important.** Example: *The physical environment influences the utilization of the services and the satisfaction of the KPs.*

**Criteria: a description of how the standards should be met.**

1. *Consultations with clients occur in a place that assures privacy.*
2. *The clinic is clean and comfortable for sex workers.*

These exercises may include drawing flow charts of selected processes to identify points along the flow that are problematic; doing a cause-and-effect analysis by using a fishbone diagram to identify problems that can be addressed in the standards; and using an affinity analysis/diagram to organize content identified for standards development into components. It is beyond the scope of this guide to describe the use of the tools, but they can be easily found on many websites.

In Kenya, after using these three tools, PEO standards were categorized into 12 key components representing the main functions of a program and each function was then written into a standards statement. (See Figure 13)

#### Figure 13. Sample List of PEO Program Key Components to be Standardized (Kenya)

1. *Management*
2. *Selection Process*
3. *Training*
4. *Retention*
5. *Access to Health Services*
6. *Peer Education and Outreach Services*
7. *Supplies/Materials/Tools*
8. *Enabling Environment*
9. *Referral System*
10. *Supportive Supervision*
11. *Ongoing Support*
12. *Monitoring and Evaluation*

### 3.1.2 Draft Standards using a Consistent Format

A standard consists of a short statement of expectation, followed by a justification for the standard using an intent statement and criteria (and sometimes sub-criteria) describing how to meet the standard. Good standards are valid, clear, measurable, specific and reliable. Figure 14 provides a useful template for the SDT.

The SDT breaks into small groups to draft the standards, usually the result of structured brainstorming and will then present their work in a plenary session to the whole team for discussion and validation. The membership of each group should be determined by the technical expertise needed to address the content of the component being discussed and standardized. The level of detail outlined by the standards will determine their usefulness in providing ample guidance for implementation. Broadly defined standards need to be avoided; clearly delineated standards with a high degree of specificity prove to be more user-friendly and measurable than general statements. During the plenary discussions, the SDT judges each of the standards against the six attributes listed in Figure 15. It is not necessary that each standard fulfills all criteria perfectly, but the team must reach a consensus about the acceptable level of compliance with the six attributes.

**Figure 15. The Six Attributes of a “Good” Standard**

**Valid:** standards are based on scientific evidence or other acceptable best practice, expert consensus at a minimum.

**Clear:** standards are understood the same way by everyone and not subject to misinterpretation.

**Measurable:** standards are quantifiable and can be assessed through the use of valid instruments.

**Relevant:** standards are significant, appropriate, and important.

**Specific:** standards are explicit, precise and well-defined.

**Reliable:** standards yield the same results in different settings.

By the end of this workshop, the participants have drafted and agreed on a complete set of standards which will be reviewed by the heads of the TWG and SDT. Once approved, the standards will be presented to the Stakeholders Assembly during a second workshop that aims to build a large consensus for the draft standards among PEO programs and their stakeholders, many of whom did not participate in writing the standards.

### 3.2 Convene Consensus Building Workshop

A two-day workshop is generally sufficient to build a consensus for the draft standards. The event may include as many as 50 people, all of whom have a significant interest in assuring the quality of PEO programs for KPs (See Annex 4 for a sample agenda). Before the consensus-building workshop, the TWG:

- Identifies the participants, venue and logistics,
- Sends the situation analysis, literature review and draft standards to the participants in the Stakeholders Assembly,
- Develops and sends the agenda of the workshop, and
- Identifies the facilitators.

Day one begins with an overview of the QAI process and presentation of the main findings from the literature review and situation analysis that support the design of the draft standards. Then, small working groups (5-7 individuals) are formed that include a mix of types of stakeholders. Each group is assigned one or two standards to review using the six attributes: valid, clear, measurable, relevant, specific and reliable. If a standard is found lacking, the group proposes revisions. Participants may also suggest adding standards that they believe are missing.

In a plenary session on day two, each working group presents recommendations and explains its rationale for suggested revisions. Participants are given the chance to pose questions and state concerns. Changes are accepted based on consensus.

The TWG then revises the standards based on the Assembly’s agreed-upon recommendations. The revised version of the standards document is then sent to a representative sample of the workshop participants to confirm that this version represents the consensus achieved. This builds and consolidates ownership of participants in the standards.

#### Step 4. Draft a Quality Assessment Tool (QAT)

Before standards can be finalized, adopted and communicated to all users and their supervisors, they need to be field-tested for measurability, among other attributes. Issues with the measurability of the standards might require changing the standard itself, hence it is prudent to wait until a quality assessment tool has been developed and tested before publishing and disseminating the standards. Both the standards and the QAT need to be tested in the field.

During a three-day workshop, the Quality Measurement Team (QMT) and selected members of the Standards Development Team (SDT) draft the tool that will be used to measure PEO program performance against the standards and that will be tested along with the standards.

The Quality Assessment Tool has six elements<sup>7</sup>:

1. A description of how to use the tool
2. Questions and data collection forms
3. Performance score sheet
4. Performance score comparison form
5. Performance tracking form
6. Assessment summary & recommendations form

Developing the questions for each standard, criteria and sub-criteria is the most challenging step. (See Annex 5 for different options). During the workshop, participants divide into small groups to develop the questions that are then discussed in plenary before being adopted. Some questions focus on the content of the criteria (for example, Do you have a curriculum for the training of PEs?) while others focus on the validation of the answer (for example, Can you show me the training curriculum?)

1. **Data collection forms** are created for each standard. Each form states the standard, criteria, and sub-criteria; states the questions that check the extent each criterion is being met; and provides space to indicate the source(s) of information, write the score, and make notes/comments. Figure 16 provides an example of a data collection form developed in Kenya.

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<sup>7</sup> See also, *Kenya Peer Education and Outreach Programs for Sex Workers: A Toolkit to Assess Performance against Peer Education and Outreach Program Standards*. NASCOP, FHI 360. (2013). [www.NGOConnect.Net](http://www.NGOConnect.Net) and <http://nascop.or.ke>

**Figure 16. Sample Data Collection Form for NGOs that Work with Sex Workers**  
*Individual Standard (Kenya)*

Program name:

Date:

STANDARD 1: A MANAGEMENT SYSTEM IS IN PLACE <sup>1</sup>				
CRITERIA	SUB CRITERIA	SOURCE(S) OF INFORMATION	SCORE	NOTES / COMMENTS ON SCORE
<b>1.1 Mapping is conducted to identify existing hotspots, services, and resources</b>				
	<b>1.1.1 Sex workers and their clients are defined</b> <ul style="list-style-type: none"> <li>▪ Has the organization defined specific target groups for its services?</li> <li>▪ Can the organization describe the typical sexual clients of their target groups?</li> </ul>			
	<b>1.1.2 Risky behaviors are identified in the locality in which the organization operates</b> <ul style="list-style-type: none"> <li>▪ How does the organization identify risky behavior?</li> <li>▪ Can the organization list risky behaviors they have identified in the locality where they work?</li> </ul>			
	<b>1.1.3 The size of the target population is estimated</b> <ul style="list-style-type: none"> <li>▪ Does the organization know the size of the target population?</li> <li>▪ If so, did the organization conduct a size estimation survey itself or does it use estimates from other sources?</li> <li>▪ What is the estimated size?</li> </ul>			
	<b>1.1.4 The organization has identified stakeholders, such as gatekeepers, night guards, disc jockeys, law enforcement agencies, etc.</b> <ul style="list-style-type: none"> <li>▪ Can the program managers/staff/peer-educators list who the stakeholders are for their programming?</li> </ul>			

2. The **performance score sheet** is a spreadsheet that can be filled out by hand, or programmed electronically using software such as Microsoft Excel. The evaluator transfers the scores for each standard criterion from the data collection forms into the score sheet and calculates (either by hand or automatically in Excel) the average (arithmetic mean) score for each standard. The average scores for each standard can be aggregated to provide a global score for the entire program, which can be tracked over time to monitor progress. However, standard-specific scores are more informative for identifying areas for improvement. (See Annex 6 example developed in Kenya)

3. The **performance score comparison form** facilitates comparing performance across programs at a certain point in time, in order to identify the best performers and replicate their best practices during a benchmarking exercise. (See Annex 7 for example developed in Kenya)

4. The **performance tracking form** facilitates tracking the performance of a specific program over time. (See Annex 8 for example developed in Kenya)

5. The **assessment summary & recommendations form** summarizes assessment results and serves as the basis for developing a quality improvement plan. (See Annex 9 for example developed in Kenya).

## Step 5. Field Test and Finalize Standards and QAT

At this stage, the TWG has a complete draft of standards and their assessment tool, ready to be field tested.

To determine how the standards work in practice, they need to be tested in the field, especially those who have not been part of their development. Standards that look good on paper do not always play out as expected in the field. This step allows the implementers of PEO programs—most of whom did not participate in the development of the standards—to assess the standards and provide feedback on three of the six key attributes that cannot be validated definitely during the two workshops: clarity, measurability and feasibility.

### 5.1 Develop a Plan to Field Test Standards & QAT

The TWG develops a plan and instrument to field test the standards and QAT on a small scale. The goals of the field testing are to:

- Allow different people in different settings the opportunity to review the standards, report their experiences, and influence the final version
- Determine the strengths and weaknesses of the standards against the three attributes: clarity, measurability and feasibility
- Identify changes to make in the standards & the QAT based on the test

The field-test plan includes:

- Number and location of sites involved
- Identification process and training of data collectors:
- Duration of the test and
- A process for monitoring the test.

The field-test instrument is a table that includes:

- The list of standards with their criteria and sub-criteria in the first column
- The second column to write the feedback of the sites on their understanding of the standard (clarity)
- The third column to write the feedback of the sites on their perceived capacity to implement the standard (feasibility)
- The fourth column to write the issues with the measurement of the standards, using the QAT

Recommendations for changes in the standards are written in the table.

At this stage, PEO programs do not try to implement the standards (this is usually a long-term undertaking that will be the focus of Step 9) nor do they assess their compliance with the standards (the focus is on the measurability, not outcomes or impact). The plan should include introducing the standards to the PEOs through a face-to-face meeting and conducting interviews using the Quality Assessment Tool. (See Annex 10 for a template of the field test form)

#### 5.1a Choose the Test Sites

The TWG selects a variety of PEO programs from among those assessed during the situation analysis. Selection criteria include:

- The PEO program managers are interested in working with the standards to measure their performance.
- The local health system leaders (district supervisors) recognize the need for new standards.

When possible, test the standards in different contexts, that is, various regions with different languages and different KPs.

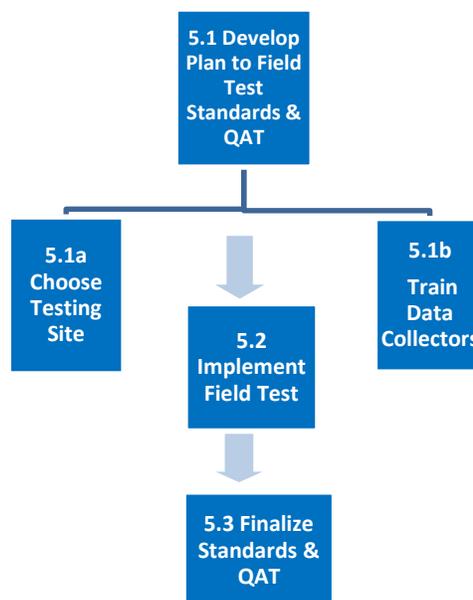


Figure 17.

### 5.1b Train Data Collectors

At a training workshop, the data collectors should become thoroughly familiar with the testing plan/process, the field-test tool and the QAT.

Data collectors should test the tool first on one PEO program and make the necessary changes before conducting the field testing.

### 5.2 Implement Field Test Plan

The testing of the clarity and feasibility of the standards requires a face-to-face discussion between the data collectors and the managers of the PEO program, going through each standard and criteria one by one. This can be done in half a day.

#### **Figure 18. Kenya's Approach to Field Testing PEO Standards**

Three NGOs covering the different types of target populations and circumstances were selected. The sites included SWOP/Nairobi, the Bar Hostess Association, and a Kisumu-based NGO.

Each NGO was visited by two external observers who used the list of standards to assess their clarity (How are they understood by the NGO manager and staff?); their measurability (How would you know that the standard is met?); the reliability of the measure (Is there any difference in ratings of the two observers?), and their feasibility (How easy can they be implemented?)

A simple instrument was developed for the field test. Once the test results were analyzed, standards were revised as needed and the final standards were published.

However, testing the measurability of standards using the QAT can be time consuming, depending on how many PEO programs are selected and how long it takes to conduct the test with each one. To maintain the momentum of the standardization and QAI process, we recommend that the field test last no longer than one month. During face-to-face meetings, the evaluator interviews each source of information and captures any concerns about the questions' clarity, the measurability of criteria and the level of effort involved, especially whether:

- instructions for the use of the QAT were straightforward and easy to understand,
- questionnaire format was easily followed by the respondents/interviewer,
- questions flowed naturally and conversationally,
- questions were clear and easy to understand,
- respondents were able to answer the questions easily,
- specific forms of questions worked better than others.
- standards, criteria or sub criteria should be revised to improve clarity or measurability.

The assessment results will be documented in a report that indicates what adjustments are needed to improve the final tool and/or the standards and what changes would make the questions clearer.

### 5.3 Finalize Standards and QAT

Data collectors present the results of the field test and recommendations for modifications to the chair of the TWG, the SDT and the QMT. The head of the TWG acts on the recommendations and revises the QAT and/or the standards according to the results of the field test.

Changes in the standards or QAT require another round of approval by the SC. The leader of the TWG sends the standards and QAT to the SC for review and approval. The Committee's final review should take no more than two weeks. When approved, the standards and QAT are ready to be published, disseminated and implemented.

## Phase III. Establish a Quality Measurement System

By the end of this phase, the PEO programs and all stakeholders will have received a copy of the standards and will know how to measure compliance with them, using the QAT.

## Step 6. Disseminate the Standards & QAT

Once the standards and QAT are approved and finalized, the TWG decides how to publish them and develops and implements a communication plan. Effective communication of standards goes beyond the simple distribution of the document and requires a comprehensive strategy based on proven communication practices, which includes workshops and technical assistance to build the capacity of PEO programs in the use of the QAT.

### 6.1 Publish the Standards & QAT

The standards and the QAT should be made available and disseminated in various formats, including a printed document that can easily be distributed to different audiences. The latter should:

- Describe the actions you want the reader to do in plain language
- Define the procedures, processes or steps (as applicable) clearly
- Use familiar terms to explain technical concepts and activities or processes

In addition, the TWG will decide:

- How the standards will be packaged: Will they be bound? Will there be pages that the end-user can use or photocopy, for example, checklists? If so, a ring-binder or a folder with a pocket might be in order.
- Will an electronic version be produced? If so, will the materials be placed on a CD or flash drive and/or on an easily accessible website?
- Will the document need to be translated into different languages?



Figure 19.

### 6.2 Develop and Implement a Communication Plan for the Standards & QAT

Making the standards operational depends on implementing a focused and ongoing communication strategy. The TWG must develop a plan to reach and engage all of the intended audiences. The more specific the plan, the easier it will be to determine what resources will be needed. At a minimum, the plan should address the following:

1. *Who needs to know about the new standards? (Who are the target audiences?)*  
The audiences include all those who are expected to implement the standards, their supervisors and those who will be impacted by the standards (stakeholders of the PEO programs, including the KPs). Different audiences may require different messages, settings, channels, and activities.
2. *What is the objective or purpose of the communication?*  
The strategy is to persuade the target population that there is a problem, that the problem can be solved with the use of standards, and that these standards are important to their work. Data and statistics describing the magnitude of the issues that were the impetus for developing the standards will prove helpful in convincing the group of the importance of the subject. It will also be helpful to assist the group in determining a realistic timeline for the implementation. If a group is presented with a book of standards, without a realistic timeline, it could be overwhelming and stop the adoption of the standards in its tracks.
3. *What are the key messages?*  
Usually, there will be several key messages that the TWG wants to send—each tailored to appeal to a specific target audience. For example, “Standards are important to improving quality of care” and “There will be changes in the way a procedure is done to make it more effective.”

Design key messages that anticipate and respond to the questions that the target groups will have, such as “How will these standards affect me?” Particular concerns are likely to be “Will the standards increase my workload or change my work processes?” “What process will be used to implement the standards?” These questions should be considered in advance and the answers incorporated into the key messages.

The final key message needs to include what is expected of the targeted audience. For instance: program sponsors will adopt the standards and program managers will assist in the training of staff members.

4. *What are the best settings, channels and vehicles to reach the target audiences?*

The aim is to reach people how, when and where they will be most receptive to and able to act on the messages. Because the target audiences' preferences are critical to the success of the communication, the end-users need to be asked during field testing about their preferences.

- **Settings** or places include workshops, local clinics, community events, etc.—in which to engage/reach different target audiences—supervisors, program managers, support staff, peer educators, and KPs.
- **Channels** for delivering messages.  
*The least effective channels* for communicating standards include sending unsolicited information (for example, delivering a set of standards to an individual or facility) or giving a lecture. A slide show (PowerPoint) of each standard is neither interesting nor effective.

The following methods have been found to be effective, particularly when used in combination.

- Individual coaching/mentoring
  - Self -assessment
  - Supervisory and peer review
  - Monitoring and providing feedback
  - Group trainings, conferences, local gatherings.
  - Interactive and participatory group exercises, such as a force-field analysis. A force field analysis is a method of identifying the pressures for and against a change. For the analysis, ask questions such as these: “What are the factors that will be helpful in implementing these standards?” and “What are the expected barriers?” The group will then develop a plan to maximize the facilitating factors and minimize the barriers. This strategy engages the leaders in the implementation process at the onset.
- **Vehicles** for delivering messages include manuals, guides, job aids, brochures, posters or Websites. The program team may choose to develop some simplified written materials to distribute the standards that apply to specific groups, for example, PEOs.

5. *Who will send the message(s)?*

It is important to select someone who has authority, credibility, and the respect of the group receiving the communication because social influence cannot be overestimated. Identify the influential leaders and invite them to participate. Influential leaders might be peers, experts, or others that are known to be followed by others. They may not be the leaders that hold “official” leadership positions.

6. *When will the message be sent?*

Set specific dates for implementation of each of the communication activities. Each system has a communication protocol (for example, individuals in leadership positions receive information and pass it down) and it is important to use it as a guide when planning. These timelines will help the TWG to determine if the plan is proceeding as expected.

7. *How will we evaluate the effectiveness of the plan?*

Was the information received and understood? Was the target audience receptive? Was the plan carried out according to the timeline? In addition, it will be important to design a process for the users of the standards to convey their issues regarding the implementation of the standards and their understanding of the content of the standards to the developers.

### 6.3 Build Capacity of PEO Programs in Standards Measurement

Those assessing PEO program performance need to know how to use the QAT, follow prescribed procedures and accurately complete data collection forms. To build the capacity of PEO programs and their supervisors to use the QAT will necessitate that the:

- SC identify who needs to use the QAT,
- TWG organize QAT training workshops that includes exercises and field practice, and
- QMT follow-up with technical assistance visits to help PEO programs with their first assessment.

The QAT capacity-building training can be combined with events where the standards are communicated (meetings, workshops) or can be done separately. If they are separate events, the QAT training workshop should happen shortly after the standards are disseminated so that the assessment contributes to implementation by highlighting any deficiencies and focusing on improvement efforts. (See Annex 11 for a sample agenda for a combined training/communication event)

### Step 7. Measure Compliance against Standards

The regular assessment of PEO program performance against the standards provides a baseline against which progress over time can be monitored and allows programs to identify opportunities for improvement, that is, discovering those standards not being met and in need of attention.

Using the Quality Assessment Tool, PEO program performance is measured by:

- Managers and implementers of PEO programs who do a self-assessment,
- Supervisors, either from the MoH or the sponsor of the implementing NGO, or
- External evaluators, either a member of the QMT or a consultant.

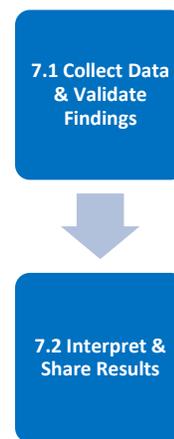


Figure 20.

#### 7.1 Collect Data & Validate Findings

The manager(s) of a PEO program or an external evaluator completes the data collection form—questionnaire—by examining a variety of information sources and using a range of data collection techniques, including:

1. *Face-to-face interviews* with the program managers and staff: Interviewers can collect factual as well as perceptual information from the respondents. The interview questions suggested by the data collection forms need to be adapted to the persons being interviewed and to the nature of the assessment (self-assessment vs. external assessment).
2. *Focus group discussion* with key populations (KPs) served by the PEO program: Standards related to access, utilization and responsiveness of services, and awareness and knowledge of PEO programs can be best assessed through a focus group<sup>8,9</sup> discussion with sex workers.
3. *Document review*: A desk review of documents can confirm the existence of and quality of annual plans, strategies, training curriculums, checklists, job-aids, etc. It helps validate the answers provided by the interviewees. The contents of the documents should be analyzed against the standards.
4. *Inventory count*: Inventory count is another straightforward method, most useful to assess the adequacy of stores of PEO program supplies, materials and tools.

(See Annex 12 for a table of data collection methods and data sources suggested for each of the standards developed for Kenya’s PEO programs)

<sup>8</sup> General Guidelines for Focus Groups. [www.cdc.gov/nccdphp/dnpa/socialmarketing/training/pdf/focusgroupguidelines.pdf](http://www.cdc.gov/nccdphp/dnpa/socialmarketing/training/pdf/focusgroupguidelines.pdf)

<sup>9</sup> Mary Debus. *The Handbook for Excellence in Focus Group Research*. Washington, DC: AED. 1990. <http://www.globalhealthcommunication.org/tools/60>

The length of time required to conduct the quality assessment will vary depending on the size of the program. An in-depth assessment of all standards can typically be conducted in one day by well-trained personnel familiar with the tool. The entire assessment can be conducted at one time by one person or the tool can be administered piecemeal by breaking it up and delegating parts to various program staff within a specified time period. Manager(s) of a PEO program or external evaluator *validate* and *calculate* the performance scores for each standard. There are two ways to validate the findings:

1. During the data collection itself, the evaluator asks for any evidence (usually a document) that supports the answers provided by the interviewees.
2. Shortly after a self-assessment by a PEO program manager and staff, an external evaluator compares the results of the initial self-assessment with his own findings, and then interprets any discrepancy.

Once a baseline is established, it is recommended that the PEO program:

- Measure quarterly whether the standards are being met,
- Plot the scores on a run chart (See Annex 13 on how to create a run chart) and,
- Share the information with the individual NGO and the larger PEO community to enhance learning and improve the system as a whole.

## ***7.2 Interpret and Share Results***

Manager(s) of a PEO program or an external evaluator enter the data into the assessment summary and recommendations form of the QAT, interpret the findings and prioritize opportunities for improvement. It's reasonable that not all areas can be improved at once, so setting criteria for choosing which components to focus on may make the quality improvement phase more manageable.

Findings must be communicated to strengthen the involvement of the program stakeholders in the implementation of improvement plans. A communication plan similar to the one in Step 6 can be used.

Addressing gaps in performance might require small changes that provide an immediate solution to standards implementation issues (such as developing job descriptions for PEs) but might also require significant restructuring of programs and policy changes. It is beyond the purpose of this document to provide guidance on all possible improvement strategies. In any case, teamwork should be promoted, with involvement of all stakeholders of a particular program (clients, managers, PE, staff, national authorities, and development agencies), to address performance issues with creative and effective solutions.

If this is not the first assessment of a particular program, the evaluator(s) can compare the current results with previous one(s) by using the score tracking form to interpret any positive changes (or lack thereof) in order to prioritize next steps.

The *assessment summary & recommendations* form provides a starting point for the strategic and operational improvement planning that will be needed for improvement, but also to share with other programs the best practices that have been identified during the assessment. (See Annex 9)

## **Phase IV. Improve Performance Against Standards**

By the end of this phase, the SC and main stakeholders will have developed and started to implement a comprehensive plan to support the implementation of the standards.

## Step 8. Design a QAI Strategy to Support Standards Implementation

Implementing standards requires a multifaceted strategy whose many components reinforce each other. Removing any one component of the strategy decreases the odds that the standards will be implemented and the outcomes of PEO programs improved. Each component describes continuous processes/actions. These components are not specific to PEO programs but are applicable to any standards implementation plan. The strategy can be carried out in two steps:

1. Agree on the components of the strategy, then
2. Transform the agreed-upon components into an action plan that clearly specifies the roles and responsibilities for implementation.

The TWG and members of the stakeholders' assembly should organize a workshop (typically three days) to:

- Discuss these components and agree on a final list (Step 8.1);
- Analyze the components from a systems' perspective (Step 8.2);
- Identify the changes to strengthen these components (Step 8.2), and
- Transform these changes into an action plan (Step 8.2).

A sample agenda for the workshop is presented in Annex 14. It must be noted that the standards are not discussed or revised during this workshop; the focus is on designing and planning the implementation of a comprehensive strategy to support the implementation of the standards.

### 8.1 Identify the Components of a QAI Strategy

Essential components of a strategy to support the implementation of standards include, but are not limited to:

- Dissemination of standards to all PEO programs and partners according to a comprehensive communication plan (*See* Step 6.2),
- Training PEO program staff in the knowledge and skills necessary to implement the new standards,
- Regularly (quarterly) measuring PEO program performance, using the quality assessment toolkit,
- Providing supportive supervision to PEO programs,
- Using specific Quality Improvement (QI) approaches to address performance issues,
- Sharing information (for example, best practice and lessons learned) across PEO programs and partners,
- Recognizing PEO programs' performance and best performers,
- Revising standards at least every three years, (*See* step 11) and
- Harmonizing PEO program and alignment of sponsors on approved standards to facilitate their adoption by all.

During the QAI design and planning workshop, the head of the TWG presents the different components and explains how they contribute to the implementation of the standards and the synergies between them. In a plenary session, participants agree on the essential components that they want to analyze, strengthen and implement.

### 8.2 Develop an Implementation Action Plan

Participants break into small groups—a maximum of eight people with support from a facilitator—and follow provided guidance for a structured discussion to examine each component. Each of the components is described as a system with its inputs, processes and expected outcomes and analyzed for its functionality and performance. Groups work concurrently on a different component (one per group). (*See* Annex 15 for sample guide)

Facilitators are identified in advance by the TWG, based on the technical expertise required to analyze and design the most complex components, such as facilitating groups, developing a communication plan, using quality improvement techniques, and revising standards. Members of each small group identify activities to strengthen

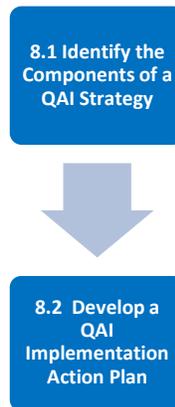


Figure 21.

their component and enter the activities into a work plan template that specifies actions, deadlines, responsibilities and indicators that the activity was completed (See figure 22).

In plenary, small group rapporteurs present the results of their analysis and suggested actions, solicit feedback and finalize their work plans. At the conclusion of the workshop, participants combine the work plans into one and commit their organizations to supporting specific actions, some of which can be implemented immediately, others will be more long term and may require technical assistance. Figure 22 provides an excerpt of a work plan on the measurement of program performance adapted from the work in Kenya.

**Figure 22. Excerpt from Action/Work Plan for QAI Implementation**

QAI Component 2: Measure/assess quality of PEO program performance				
<i>Why this is important?</i> Regularly measuring the performance of PEO programs against the 12 standards will identify best practices and areas for improvement, where technical assistance is needed, and which standards may need to be revised. The NASCOP quality assessment tool will be the basis for measuring and monitoring PEO program performance.				
<i>What we want to achieve:</i> All PEO programs in Kenya measure their performance against the 12 standards.				
Main Activities (What)	Action (How)	Due Date (By When)	Responsible Staff (By Whom)	Output (Indicator of completion)
2.1 Measure quality of PEO programs and adjust the frequency based on the results of the initial comprehensive quality assessment	<p>a. Integrate the QAT into existing data quality assessment (DQA) and technical quality assessment (TQA) schedules such as routine supervisory site visits.</p> <p>b. Conduct routine assessment of performance against standards based on priority needs and gaps</p>	<p>Internal assessments:</p> <ul style="list-style-type: none"> <li>Comprehensive measures of performance against the 12 standards (quarterly?)</li> <li>Frequent measures of problematic standards (monthly?)</li> <li>Annual assessment</li> </ul> <p>External assessment:</p> <ul style="list-style-type: none"> <li>Annually</li> </ul>	<p>Internal assessments:</p> <ul style="list-style-type: none"> <li>PEO programs</li> <li>Implementing partners</li> <li>Development partners</li> </ul> <p>External assessments:</p> <ul style="list-style-type: none"> <li>NASCOP, CASCO (Country AIDS Council), DASCO (District AIDS Council)</li> </ul>	Results of routine assessment of performance against standards conducted.

## Step 9. Implement QAI Action Plan

Participants in the QAI design and planning workshop are accountable for implementing the work plan according to a clear distribution of roles and responsibilities at three levels:

- Overall responsibility** for the implementation of the entire work plan lies with the SC or the national authority in charge of the HIV/AIDS program or a more specific body focusing on PEO programs targeting key populations. In Kenya, this role was assigned to the Head of the National AIDS Control Program (NASCOP). However, one body alone cannot implement a comprehensive work plan, hence the importance of the other levels of responsibility.
- Component-specific responsibility** is assigned to organizations represented in the design and planning workshop, based on their interest and capacities. One or several organizations can volunteer to support the national authority and co-lead the implementation of a specific component. Their role is to ensure that the work plan for that specific component is implemented, not to implement all the actions themselves. The latter is the lower level of action-specific responsibility. In Kenya, different donor-sponsored HIV/AIDS control projects volunteered to co-lead the supervision of PEO programs because of their role in the existing supervision system.

3. **Action-specific responsibility** is assigned within each component to the appropriate organization based on its role in the response to HIV/AIDS and its capacities. For example, in Kenya, the county health management team is responsible for the annual external review of the PEO programs that is based on the results of their quality assessment.

The initiating agency or selected members of the Steering Committee and Technical Working Group, especially its M&E committee, need to play an ongoing role to monitor the implementation of the plan and to report on progress during their regular meetings.

## Phase V. Evaluate & Revise

## Step 10. Evaluate Results of QAI Activities on Program Performance

A standards-based QAI strategy to improve the performance of PEO programs must be evaluated to assess its effectiveness and efficiency, inform the scale-up within the country and facilitate setting standards for other aspects of the country's HIV prevention programs.

There are three types of evaluations to consider:

1. A **process evaluation** focuses on program implementation and aims to provide information in order to identify the steps or processes that need improvement. Process evaluations try to answer the following questions:
  - Were the activities implemented as planned (fidelity)?
  - Were the methodologies used consistent with existing evidence/standards (quality)?
  - Did the activities reach the right audience in order to produce the expected results (coverage)?
  - Were the resources sufficient and well used (efficiency)?
  - Did the activities produce the expected results (immediate outputs or sometimes outcomes)?
  - What factors most influenced the implementation of the activities (positive and negative drivers)?
  - What would we do differently (improvement)?

For more information on the design of a process evaluation, see the FHI 360 process evaluation of the Kenya Quality Assurance for Key Populations project.

2. An **outcome evaluation** focuses on how effectively a program has achieved its outputs and outcomes as defined in the systems view of a PEO program. (See Annex 1) Outcome evaluations try to answer questions such as:
  - Is there better compliance of PEO programs with the management standards?
  - Is there better compliance of PEO workers with service delivery guidelines?
  - Do KPs use facility-based services where they are referred (service utilization)?
  - Do KPs consistently use condoms and water-based lubricants with clients and regular partners (behavior)?
  - Do HIV-negative KPs repeat quarterly HIV testing (practice)?
  - Do KPs remain HIV- and STI-free?
  - Do KPs receive STI treatment as needed?
  - Are HIV-positive KPs enrolled in care and treatment and adhere to ART?
3. An **impact evaluation** is more complex and tries to establish a causal relationship between the QAI process and the performance of the programs. The attribution of an improved compliance with standards and health improvements in the key populations requires a more complex research design (with or without a control group), some level of randomization and might be beyond the capacity of the PEO programs.

Regularly assessing PEO program compliance with standards, provided results are validated, is a starting point for conducting an evaluation. The SC or the national HIV program should identify an entity with the capacity to conduct a rigorous evaluation, such as the M&E unit of the MoH or an academic institution or a local or international NGO. The results of the evaluation will help inform the revision of the standards.

## Step 11. Revise & Update Standards

No standards are set in stone thus, they must be revised on a regular basis, usually every three to five years. Standards can be changed (standards statement, intent and criteria/sub-criteria) or deleted entirely and new standards added.

Revision of the standards is usually triggered by the following events:

- New evidence is generated by research and published in the scientific literature,
- PEO programs develop innovative approaches and best practices that might benefit all programs,
- PEO programs face challenges in implementing some standards, or
- The evaluation of results generates information about the effects of standards.

Revision of the standards must follow a rigorous process that is similar to the initial standards development process and meets some key principles:

- A standards revision committee prepares the documentation that will be used to inform the revision of standards: literature review; results of a formal evaluation of PEO programs; quarterly monitoring results of programs using the quality assessment tool.
- The committee decides whether the revision of the standards will also discuss an expansion of the standards beyond a particular key population. For example, Kenya decided that the first revision of the standards for PEO programs targeting sex workers will include MSM.
- A representative sample of all stakeholders of PEO programs and their supervisors meet for a two-to-three day workshop and follow a systematic process to review the standards, described in a standard operating procedure (SOP<sup>10</sup>.)
- Standards and their criteria are discussed one at a time. The workshop participants reach a consensus on potential changes that are supported by evidence and qualitative information. Small groups review several standards simultaneously and then present and discuss recommendations in plenary session.
- Members of the standards revision committee make suggestions to add new standards and to delete existing ones.
- The new standards are communicated to the stakeholders' assembly for feedback and consensus building, following an agenda similar to the one of the consensus building workshop. (See step 3.2)

After a new standards document is published, it can be disseminated according to the plan described under step 6.2

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<sup>10</sup> Standard operative procedures (SOPs) refer to the chronological steps used to carry out a task or function. If there is an existing SOP, the standards review committee should follow it, if not, develop one so that the process is efficient and less vulnerable to staff turnover.

## Glossary

**Algorithm:** A tool that is designed to direct decisionmaking, such as a flow chart, decision tree, or decision grid.

**Baseline:** Data collected about compliance with the standards before an intervention begins that will serve as a starting point against which to measure change.

**Buy-in:** signifies the commitment of interested or affected parties to a decision (often called stakeholders) to 'buy into' the decision, that is, to agree to give it support, often by having been involved in its formulation.<sup>11</sup>

**Civil society organizations (CSO):** Nongovernmental organizations formed at the regional, community or grassroots level created to address a problem or issue for the benefit of society as a whole or a specific segment of it.

**Data:** The actual measurement or factual information collected about an indicator. The number of peer-educators is an example of a piece of data.

**Focus Groups:** A form of group interview that facilitates communication among participants in order to generate data. Instead of a researcher asking each person to respond to a question in turn, participants are encouraged to talk to one another—asking questions, exchanging anecdotes and commenting on each other's experiences and points of view.

**Grey literature:** A wide range of material, in print and electronic formats, neither published commercially nor peer reviewed—including reports, statistical publications, newsletters, fact sheets, working papers, technical reports, conference proceedings, policy documents and protocols and bibliographies—produced by government, academics, business and industry.<sup>12</sup>

**Guidelines:** A set of recommendations that are based on scientific evidence or expert consensus to assist in making appropriate decisions about program management

**Hotspots:** Locations where high-risk behavior occurs, that is, where individuals exchange sex for money.

**Indicator:** A particular characteristic or dimension that will be used to measure change. The rate of retention of peer-educators is an example of an indicator.

**Key populations (KP):** Individuals who engage in high risk behaviors that are highly stigmatized and often illegal and who, as a consequence, face discrimination and marginalization. KPs are generally defined as people who inject drugs, sex workers, men who have sex with men and transgender populations.

**Men who have sex with men (MSM):** Males who have sex with other males, regardless of whether or not they have sex with women or have a personal or social identity associated with that behavior (being homosexual, bisexual, or transgender).<sup>13</sup>

**Monitoring:** Periodic tracking (for example monthly, quarterly, annually) of a project's progress by systematically gathering and analyzing data and information about what is being done, who is being reached, and whether activities are being implemented according to standards.

**Participatory process:** Active participation of the target population (sex workers) in program planning, management, and implementation.

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<sup>11</sup> [http://en.wikipedia.org/wiki/Buying\\_in](http://en.wikipedia.org/wiki/Buying_in)

<sup>12</sup> Fourth International Conference on Grey Literature: New Frontiers in Grey Literature. GreyNet, Grey Literature Network Service, Washington DC, USA, 4-5 October 1999. <http://www.healthknowledge.org.uk/public-health-textbook/research-methods/1a-epidemiology/grey-literature>

<sup>13</sup> Joint United Nations Programme on HIV/AIDS (2009). *UNAIDS Action Framework: Universal Accesses for Men who have Sex with Men and Transgender People*. Geneva, Switzerland.

**Peer education and outreach:** Programs that involve selecting and training peers, individuals who share demographic characteristics or risk behaviours (such as sex work), with the target population to modify the knowledge, attitudes, beliefs, or behaviours of their peers through small groups or one-on-one interpersonal interactions in the community where CSWs congregate, work, or live (includes referrals to HIV/STI and other services).<sup>14,15,16</sup>

**Peers:** Sex workers that are reached by peer educators.

**Persons who engage in sex work:** Individuals (male, female, and transgender) who exchange sexual acts for something of value (cash, material items, etc.) that would otherwise not be extended to them by their sexual clients.<sup>17</sup>

**Quality assurance:** a system for ensuring a desired level of quality in the development, production, or delivery of products and services by means of attention to every stage of the process of delivery or production.

**Quality improvement:** the combined and unceasing efforts of everyone—healthcare professionals, patients and their families, researchers, payers, planners and educators—to make the changes that will lead to better patient outcomes (health), better system performance (care) and better professional development.

**Risk-reduction counselling:** Tailored, client-centered behavioural intervention that is designed to change a person’s knowledge, attitudes, behaviours, or practices in order to reduce HIV/STI-risk behaviours that are identified in a risk assessment.

**Run chart:** A basic tool used to display data to track progress against improvement aims/objectives. The chart provides a visual representation of variations in performance—a line graph of data points plotted in chronological order—that occur in a process over time.

**Service providers:** Individuals (peer educators, health care workers, nurses, doctors, clinical officers, and program staff) who offer information and services on HIV/STI and reproductive health to sex workers.

**Sex work:** The exchange of money for sexual services as a primary source of income.

**Sexual clients of SWs:** Paying or nonpaying individuals who have anal, vaginal, or oral sex with sex workers and may include clients, regular sexual clients, and primary sexual clients.

**Clients of sex workers:** Men and women who exchange money with sex workers are called clients of SWs. These individuals have a range of professions, levels of education, and they come from various socio-economic strata.

**Regular sexual clients:** Individuals who have anal, oral, or vaginal sex with sex workers on a regular basis (more than five times) and may or may not exchange material items for sex with SWs.

**Primary sexual clients:** Individuals who have defined long-term relationships with sex workers, such as boyfriends, girlfriends, co-habiting clients, or spouses.

**Stakeholder:** any group or individual who can affect or is affected by the achievement of a program’s objective.<sup>18</sup>

**Standard:** An explicit statement of expected quality.

**Standard Operating Procedures (SOPs):** The chronological steps for carrying out a task or function.

**Transgender persons:** Individuals whose gender identity (self-identification as woman, man, neither or both) is/are not matching one’s assigned sex (identification by others as male, female or intersex based on physical/genetic sex).

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<sup>14</sup> Medley, A., Kennedy, C., O'Reilly, K., & Sweat, M. (2009). Effectiveness of peer education interventions for HIV prevention in developing countries: A systematic review and meta-analysis. *AIDS Education and Prevention*, 21, 181-206.

<sup>15</sup> Medlin, C., Balkus, J. and Padian, N. (2008). *Report to the UNAIDS HIV Prevention Reference Group on Developing Minimum Quality Standards for HIV Prevention Interventions*. Joint United Nations Programme on HIV/AIDS: Geneva, Switzerland

<sup>16</sup> Joint United Nations Programme on HIV/AIDS (1999). *Peer education and HIV/AIDS: Concepts, uses and challenges*. Geneva, Switzerland.

<sup>17</sup> Harcourt, C. & Donovan, B. (2005). The many faces of sex work. *Sexually Transmitted Infections*, 81, 201-206.

<sup>18</sup> R. Edward Freeman in *Strategic Management: A Stakeholder Approach*. 1984.

# Annexes

## 1. Systems View of a PEO Program for Sex Workers (Kenya)

Inputs	Processes	Outcomes
<p><b>Human Resources</b></p> <ul style="list-style-type: none"> <li>▪ Peer-educators (PEs)</li> <li>▪ Peer-counselors</li> <li>▪ Supervisors</li> <li>▪ Program managers</li> <li>▪ Support staff</li> <li>▪ Clients (SWS)</li> <li>▪ Others (bar owners, pimps, etc.)</li> </ul> <p><b>Physical Resources</b></p> <ul style="list-style-type: none"> <li>▪ Locations for outreach activities (bars, etc.)</li> <li>▪ Drop-in centers</li> <li>▪ Private health facilities</li> <li>▪ Public health facilities</li> <li>▪ Means of transport</li> <li>▪ Computer and monitoring software</li> </ul> <p><b>Financial Resources</b></p> <ul style="list-style-type: none"> <li>▪ Transport allowances</li> <li>▪ Fixed stipend for PEs and counselors</li> <li>▪ Performance-based stipend</li> <li>▪ Salaries for fixed personnel</li> <li>▪ Program operating costs</li> </ul> <p><b>Materials and consumables</b></p> <ul style="list-style-type: none"> <li>▪ Male condoms and lubricants</li> <li>▪ Female condoms</li> <li>▪ Models for male and female condoms</li> <li>▪ Drugs (STI, ART)</li> <li>▪ HIV tests</li> <li>▪ Other laboratory tests</li> <li>▪ Forms (diaries, monitoring forms, supervisor checklist)</li> </ul>	<p><b>Program design and planning</b></p> <ul style="list-style-type: none"> <li>▪ PEs identify and engage with SWs</li> <li>▪ PEs organize group sessions</li> <li>▪ Managers create functional links between outreach services and facility-based services</li> <li>▪ Managers create intersectoral links (police, etc.)</li> <li>▪ Managers ensure effective procurement of consumables and educational materials</li> </ul> <p><b>Program Implementation/Service delivery processes</b></p> <ul style="list-style-type: none"> <li>▪ Peer educators provide information about HIV, STIs and risky sexual behaviors</li> <li>▪ PEs provide information on safe sexual practices, risk-reduction behaviors and safe hygiene and cleaning practices</li> <li>▪ PEs distribute educational materials</li> <li>▪ PEs demonstrate the use of male and female condoms</li> <li>▪ PEs build SW's skills for negotiating the use of condoms with clients and partners</li> <li>▪ PEs distribute condoms and lubricants</li> <li>▪ PEs provide some level of counseling, in both group and one-to-one interactions</li> <li>▪ PEs refer SWs to a facility to receive voluntary counseling and testing</li> <li>▪ PEs refer SWs to a facility to receive care and treatment for STIs and other needs</li> <li>▪ Upon request, PEs accompany SWs to a facility</li> <li>▪ PEs and counselors refer clients to appropriate services beyond HIV-related services and needs</li> </ul> <p><b>Program M&amp;E</b></p> <ul style="list-style-type: none"> <li>▪ PEs monitor activities and report on volume and quantity</li> <li>▪ Supervisors and managers ensure quality assurance of services</li> <li>▪ Managers analyze data on coverage, quality and use for improving performance</li> <li>▪ Managers evaluate the peer outreach programs with inputs from SWs</li> </ul> <p><b>Program Improvement</b></p> <ul style="list-style-type: none"> <li>▪ Managers organize regular meetings with PEs</li> <li>▪ Managers organize regular meetings with PEs</li> <li>▪ Managers and supervisors mentor PEs for continuous skills development</li> <li>▪ Managers design a strategy for retaining PEs and counselors</li> <li>▪ Managers use the results of their evaluation to redesign the PEO program</li> </ul>	<p><b>Outputs</b></p> <ul style="list-style-type: none"> <li>▪ SWs have accurate knowledge of HIV, STI, risks, risk-reduction behaviors and cleaning practices</li> <li>▪ SWs know how to use condoms and negotiate their use with a client</li> <li>▪ SWs are appropriately referred to facility-based services</li> <li>▪ SWs receive the professional counseling they need</li> <li>▪ SWs know their HIV status</li> </ul> <p><b>Primary effects</b></p> <ul style="list-style-type: none"> <li>▪ SWs use the facility-based services following referrals</li> <li>▪ SWs use condoms with clients</li> <li>▪ SWs use condoms with regular partners</li> <li>▪ HIV-negative SWs repeat quarterly HIV testing</li> <li>▪ HIV-positive SWs are enrolled in care and treatment</li> </ul> <p><b>Secondary</b></p> <ul style="list-style-type: none"> <li>▪ SWs use safe hygiene and cleaning practices</li> <li>▪ SWs decrease alcohol and drugs consumption</li> <li>▪ SWs use family planning methods of their choice</li> <li>▪ SWs are treated for STIs</li> </ul> <p><b>Impact</b></p> <ul style="list-style-type: none"> <li>▪ Incidence and prevalence of STIs decreases among SWs, their clients, and their partners</li> <li>▪ Incidence and prevalence of HIV decrease among SWs, their clients, and their partners</li> <li>▪ Incidence and prevalence of STIs and HIV decrease in the general population</li> </ul>

## 2. Questionnaire Used in Kenya for Situation Analysis

*This sample survey instrument was designed to facilitate a structured discussion with organizations who were implementing peer-education and outreach (PEO) programs for sex workers (SW) in Kenya, during the situation analysis step of the QAI process. The answers to the questions provided information needed to understand the context in which PEO programs operated as well as current policies and practices, and to identify variations across PEO programs and areas that might benefit from standardization. The questionnaire is provided as an example, and would need to be customized to a specific country context in order to be relevant. The questionnaire can be self-administered by managers of PEO programs, followed by a structured interview by phone OR it be used to guide a face-to-face interview, depending on circumstances. One hour should be sufficient to complete the survey.*

### **A. Background of the Organization (Questions for the Manager)**

1. What is the name of the organization?
2. Provide a general description of the organization:
  - Status:
  - Years of operation:
  - Number of paid employees:
  - Number of volunteers for outreach activities:
  - Catchment area:
  - Types of clients served (i.e., venue-based, street based, brothel-based, parlor, etc.);
  - Number of SWs served:
  - Percentage of SWs that are enrolled in the catchment area:
3. Provide information about the current program(s) and projects, if any:
  - Name:
  - Duration:
  - Budget:
  - Sponsors(s):
4. Provide information about affiliation, membership, accreditation, or licensing.
5. Name all links to similar organization or programs and institutional umbrellas in (country).
6. What is your relationship with the formal health system, and especially the service delivery facilities?

### **B. Recruitment, Training and Implementation (Manager and Peer-Outreach Educator)**

7. How are the peer-outreach educators (PE) recruited?
8. How long (on average) are you able to retain a recruited PE?
  - What is the turnover rate?
  - How many have left since you started?
9. What training do PEs receive?
  - Content:
  - Length:
  - What is the curriculum? (If yes, provide a copy.)
10. What refresher training or continuous education do PEs receive from the organization?
  - Frequency:
  - Length:
  - Topics:

11. Do PEs have standardized written job descriptions? (If yes, provide a copy.)
12. What do PEs report to the management about their work and what reporting tools do they use?
13. What supplies are PEs given to do their work?
14. Are PEs remunerated? If yes, how are PEs remunerated?
  - Stipend:
  - Linked to achieving targets?

### **C. Services Provided through Peer Outreach and Referral (Manager and Peer-Outreach Educator)**

15. What are the services provided by PEs to SWs?
16. What HIV prevention information or behavior-change messages does the PE provide?  
What communication tools are used to provide this information?
17. Does your program refer clients for services? (If yes, continue)
  - To which services do you refer clients?
  - Where do you refer your clients?
  - Is there a memorandum of understanding (MOU) or other formal agreement with the referral site (i.e., does the site agree to accept SWs)?
18. What is the referral process?
  - Is the SW given a referral form that she takes to the referral site?
  - Does the PE accompany the SW to the referral site?
19. Is there a follow-up after the referral? If yes, describe it.
  - Do you receive information about the referred SWs from the referral site?
20. Provide information about the enrollment system for SWs:
  - When are SWs considered enrolled in the peer-outreach program?
  - What is the enrollment process?
21. Does your program provide services outside the health sector (non-health services)? If yes, what are they?
22. Cost of services:
  - Which services are free of charge?
  - Which services are not free?
  - Would SWs be willing to pay a fee for services?

### **D. Standards of Quality of Services (Manager)**

23. Provide information about service standards:
  - Which standards documents (SOPs, guidelines, algorithms, etc.) describe how services should be delivered? (Provide copies.)
  - Who developed these standards documents? How?
  - Which services are not included?
24. Provide information about program standards:
  - Which documents describe the standards for managing the program (e.g., staff hiring, training, remuneration, ordering supplies, monitoring, reporting, etc.)? (Provide copies.)
  - Who developed these standards documents? How?
25. Described the methods for quality assurance and improvement of services?
  - How do you measure service quality?

- Which indicators do you monitor?
- What the main service quality issues?
- What are their causes?
- Do you engage the SW on a regular basis to receive feedback on your services?

26. Describe the methods for quality assurance of the peer-outreach program:

- How do you measure the performance of your program?
- What the main issues with program implementation?
- What are their causes?

### **E. Monitoring and Evaluation of Program Performance (Manager)**

27. What are the desired outcomes of your services? How do you measure them?

28. What do you report to your funding agency and how do you report it?

29. What tools do you use to monitor progress?

30. What database(s) do you use and maintain?

### 3. Workshop to Draft PEO Standards—Sample Agenda (Kenya)

**Objective of the workshop:** To draft a complete set of standards on key components/functions of a PEO program, following an international template and according to the results of the literature review and situation analysis.

*This sample agenda for a three-day workshop assumes:*

- 20-28 individuals participate,
- Copies of the literature review and situation analysis are sent to everyone prior to the workshop,
- Four small groups are formed at the workshop to develop specific standards, and
- Twelve (number needed) standards are completed by the end of the third day.

Time	Activity
<b>Day 1</b>	
8:00-8:15am	Registration
8:15-9:15	Introductions, participant expectations, courtesy rules; logistics
	Agenda; purpose of the workshop
	Official remarks – key note from TWG chair
9:15-10:45	Set the stage: Review QAI process; present summary findings from literature review and initial situation analysis; <i>optional: expert presentation(s)</i>
<b>10:45: - 11:00</b>	<b>Tea/coffee break</b>
11:00 – 12:30	Plenary: Discuss PEO systems view; brainstorm affinity diagrams
<b>12:30 – 1:30 pm</b>	<b>Lunch break</b>
1:30 – 3:30	Brainstorm topics of standards. (Group divided in half )
<b>3:30 – 3:45</b>	<b>Working Tea/coffee break</b>
3:45 – 4:30	Plenary: The two groups report on which topics for standards they identified
4:30 – 4:45	Plenary: Reach consensus on which standards to develop
4:45- 5:00	Small working groups are formed (5-7 in each) and assigned topics; close
<b>Day 2</b>	
8:00 – 8:15 am	Plenary – Day 2 opening remarks
8:15 – 10:30	Small group work
<b>10:30 – 10:45</b>	<b>Tea/coffee break</b>
10:45 am – 12:30 pm	Small group work – Three standards completed by each group
<b>12:30 – 1:30 pm</b>	<b>Lunch break</b>
1:30 – 4:30	Small group work – Three standards completed by each group
<b>4:00 – 4:15</b>	<b>Working tea/coffee break</b>
4:00 – 4:45	Plenary: Each group presents its standards (total of six)
4:45 – 5:00	Summarize and close day 2
<b>Day 3</b>	
8:00 – 8:15 am	Plenary – Day 3 opening remarks
8:15 – 10:30	Small group work
<b>10:30 – 10:45</b>	<b>Tea/coffee break</b>
10:45 am – 12:30 pm	Small group work – Three standards completed by each group
<b>12:30 – 1:30 pm</b>	<b>Lunch break</b>
1:30 – 4:30	Small group work – Three standards completed by each group
<b>4:00 – 4:15</b>	<b>Working tea/coffee break</b>
4:30 – 5:00	Plenary: Each group presents its standards
5:00 – 5:15	Summarize, evaluate meeting, and close workshop

#### 4. Stakeholders' Assembly Consensus-Building Workshop—Sample Agenda (Kenya)

**Objective of the workshop:** to obtain a consensus on a revised set of PEO program standards reviewed for clarity, feasibility and measurability.

*This sample agenda for a two-day workshop assumes:*

- approximately 50 individuals participate,
- copies of the literature review and situation analysis are sent to everyone prior to the workshop,
- small working groups are formed at the workshop to review specific standards, and
- all standards are approved by consensus by the end of the second day.

Time	Activity
<b>Day 1</b>	
8:30 – 9:00 am	Registration
9:00 – 10:00	Welcome
	Announcements: Introduce participant teams
	Agenda, objectives and outcome
	Official Opening –Head of MoH or lead agency
10:00-10:30	Rationale for standards
<b>10:30-11:00</b>	<b>Tea/coffee break</b>
11:00 – 11:20	Literature Review
11:20 – 11:40	Situation Analysis
11:40 – 11:50	Question & answer session
11:50 – 12:10 pm	Experience from India
12:10 – 12:30	Experience from Ivory Coast
12:30 – 12:40	Question & answer session
12:40 – 1:10	Overview of draft standards and criteria
<b>1:10 – 2:10</b>	<b>Lunch</b>
2:10 – 2:30	Development of PEO Standards: Group work guidance
2:30 – 4:30	Small group work: Review standards and criteria
4:30 – 5:00	Wrap up day 1; preview day 2
<b>Day 2</b>	
9:00 – 9:15 am	Plenary: Opening remarks; review/preview
9:15 – 10:30	Presentation of recommendations from each working group followed by the whole assembly discussing and agreeing on standards
<b>10:30 – 11:00</b>	<b>Tea/coffee break</b>
11:00 – 1:00 pm	Presentations continue
<b>1:00 – 2:00</b>	<b>Lunch</b>
2:00 -2:30	Summary of recommendations
2:30 – 3:30	Next steps
3:30 – 3:45	Workshop evaluation
3:45 – 4:00	Close workshop

## 5. Types of Data Collection Questions for the QAT

**Close-ended** – require a “yes” or “no” answer or multiple choice. These responses are fairly easy to interpret, compare, tabulate and summarize.

**Does our organization conduct a baseline capacity assessment of its peer-educators?**

Yes            No

**Open-ended** – not predetermined, the respondent is free to answer; may be a follow on to a close-ended question. Such questions permit more in-depth responses, thus, can be difficult to interpret, tabulate and summarize.

**If not, how is the performance of PEs measures?**

**What systems changes, if any, are needed to comply with the standards?**

**Likert scale** – can help ascertain how strongly respondents agree with a particular statement; can also help assess how respondents feel about a certain issue, product or service.

**Peer-educators receive the training they need to be effective.**

1	2	3	4	5
Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree

**Rating scale** – respondents are asked to rate a particular issue on a scale that ranges between poor to good. Rating scale questions usually have an even number of choices, so that respondents are not given the choice of selecting a middle option.

**How would you rate our PEO training?**

1	2	3	4
Good	Fair	Poor	Very poor

## 6. Performance Score Sheet (Template used in Kenya)

For criteria that have sub-criteria (designated with an asterisk), the score is the arithmetic mean of the total scores of each sub-criteria. The score is expressed as a percentage of the maximum score. For example:  $T/26 \times 100$  for standard 1 means: total score (T) divided by the maximum score for this standard (13 criteria with a maximum score of 2 per criteria = 26) and multiplied by 100 (%).

<b>Standard 1. Management</b>		<b>Standard 2. Selection process</b>		<b>Standard 3. Training</b>		<b>Standard 4. Retention</b>		<b>Standard 5. Access to Health Services</b>		<b>Standard 6. Peer-Education and Outreach</b>	
Criteria	Score	Criteria	Score	Criteria	Score	Criteria	Score	Criteria	Score	Criteria	Score
1.1*		2.1*		3.1		4.1		5.1		6.1	
1.2		2.2		3.2*		4.2*		5.2		6.2	
1.3*		2.3		3.3		4.3		5.3		6.3	
1.4		2.4		3.4		4.4		5.4		6.4	
1.5				3.5		4.5		5.5		6.5	
1.6				3.6				5.6		6.6	
1.7				3.7*				5.7*		6.7	
1.8				3.8						6.8	
1.9				3.9						6.9	
1.10										6.10*	
1.11										6.11	
1.12										6.12	
1.13										6.13*	
<b>TOTAL (T)</b>		<b>TOTAL</b>		<b>TOTAL</b>		<b>TOTAL</b>		<b>TOTAL</b>		<b>TOTAL</b>	
<b>% of maximum Score</b>	$T/26 \times 100 =$	<b>%</b>	$T/8 \times 100 =$	<b>%</b>	$T/18 \times 100 =$	<b>%</b>	$T/10 \times 100 =$	<b>%</b>	$T/14 \times 100 =$	<b>%</b>	$T/26 \times 100 =$

## 7. Performance Score Comparison Form (Template used in Kenya)

Use this form to compare the performance of PEO programs. Enter the score for each standard in the cells that correspond to each program then, identify the best performer.

Standard	Program A:	Program B:	Program C:	Best Performer
<b>1. Management</b>				
<b>2. Selection process</b>				
<b>3. Training</b>				
<b>4. Retention</b>				
<b>5. Access to Health Services</b>				
<b>6. Peer-Education and Outreach</b>				
<b>7. Supplies, Materials, Tools</b>				
<b>8. Enabling Environment</b>				
<b>9. Referral System</b>				
<b>10. Supportive Supervision</b>				
<b>11. Ongoing Support</b>				
<b>12. Monitoring and Evaluation</b>				
<b>Total Score (Max 24)</b>				
<b>Program rank</b>				

## 8. Performance Tracking Form (Template used in Kenya)

Use this form to track the performance of a PEO program over time and to note the trend for each standard.

Standard	First Assessment	2nd Assessment	3rd Assessment	4th Assessment	Performance Trend		
					Decreasing	Same	Increasing
<b>1. Management</b>							
<b>2. Selection process</b>							
<b>3. Training</b>							
<b>4. Retention</b>							
<b>5. Access to Health Services</b>							
<b>6. Peer-Education and Outreach</b>							
<b>7. Supplies, Materials, Tools</b>							
<b>8. Enabling Environment</b>							
<b>9. Referral System</b>							
<b>10. Supportive Supervision</b>							
<b>11. Ongoing Support</b>							
<b>12. Monitoring &amp; Evaluation</b>							
<b>Total Score (Max 24)</b>							

## 9. Assessment Summary & Recommendation Form (Template used in Kenya)

### Instructions:

- Under “**Process Measure/ Score,**” report the percentages calculated using the *performance score sheet*.
- Under “**Output-based measure of program performance,**” list examples of indicators that summarize the output of a specific management function and add value to interpret the performance against a standard. Not all management functions can be summarized with specific output indicators.
- Under “**Recommended actions & support required,**” list recommendations to address those sub-criteria and criteria with low scores and briefly describe what support, external to the organization, might be needed. Good practice(s) worth sharing among similar programs can also be reported in this column. The recommended actions can then be planned using a planning template familiar to the PEO program.

Standard	Process Measure/Score	Output-based measure of program performance	Recommended Actions & Support Required
1. A management system is in place			
2. An effective peer-educator selection process is established			
3. All peer-education training is curriculum-based		<i>Average competency score of PEs who completed the curriculum-based training and its trend</i>	
4. A system for retention of peer-educators is established		<i>Retention rate of PEs and its trend</i>	
5. Health care services are accessible by sex workers and their clients			

## 10. Standards Field Testing Form (Template used in Kenya)

This field testing form, developed in Kenya, focuses on the **clarity**, **feasibility** and **measurability** of the standards. These terms and the rating scales are defined as follows:

**Clarity:** Clarity is whether the user can easily understand the meaning and wording of the statement, criteria, and sub-criteria.

N = Not Clear    P = Partially Clear    C = Clear

**Measurability:** Measurability is whether the users (people and programs responsible for implementation of the standards) can measure the standards, criteria and sub-criteria (using the QAT).

N = Not Measurable    P = Partially Measurable    M = Measurable

**Feasibility:** Feasibility is whether standards, criteria, and sub-criteria can be implemented in the real world setting and people interviewed can describe what they will do.

N = Not Feasible    P = Partially Feasible    F = Feasible

<b>Standard 2. Selection Process</b> An effective peer educator selection process is established.			
<b>Criteria</b>	<b>Clarity</b> <input type="checkbox"/> N <input type="checkbox"/> P <input type="checkbox"/> C	<b>Measurability</b> <input type="checkbox"/> N <input type="checkbox"/> P <input type="checkbox"/> M	<b>Feasibility</b> <input type="checkbox"/> N <input type="checkbox"/> P <input type="checkbox"/> M
2.1. Effective selection criteria are used 2.1.1 Equitable representation for the catchment area/targeted hotspots 2.1.1.1 Representativeness of sub-types of sex workers 2.1.1.1 Proportional numbers of peer educators to sex worker population, according to each educator's capacity 2.1.2 Strong interpersonal skills 2.1.3 Acceptability by peers (popular opinion leaders) 2.1.4 Gender representation 2.1.5 Availability and willingness to serve 2.2 The process promotes participatory engagement of sex workers, gatekeepers and stakeholders 2.3 A standard process (e.g. checklist) is used to guide the selection 2.4 The effectiveness of the selection process is monitored			

## 11. Combined Standards Dissemination and QAT Training Event—Sample Agenda (Used in Kenya)

**Objective of the event:** To build PEO program stakeholders’ knowledge and understanding of the standards and develop their capacity to measure their performance against the standards using the quality assessment tool (QAT)

*The following is a sample agenda for a three-day event.*

Time	Activity
<b>Day 1</b>	
<b>8:00-8:40 am</b>	Registration
<b>8:40 – 9:20</b>	Introductions, courtesy rules (setting group norms);
	Agenda; purpose of the event
<b>9:20-10:00</b>	Set the stage: <ul style="list-style-type: none"> <li>• Introduce the QA for Key Populations project <ul style="list-style-type: none"> <li>▪ Reasons for QA for Key Populations</li> <li>▪ The standards development process</li> </ul> </li> <li>• Present an overview of the standards</li> <li>• Introduce the toolkit</li> </ul>
<b>10:05: - 10:15</b>	<b>Tea/coffee break</b>
<b>10:15 – 11:15</b>	Plenary: <ul style="list-style-type: none"> <li>• Purpose of the toolkit (10 min)</li> <li>• Who should conduct the assessment (5 min)</li> <li>• How long will the assessment take (5 min)</li> <li>• How to use the toolkit/Assign scores to the standards (20 min)</li> <li>• Forms needed for the quality assessment (10 min)</li> <li>• Data collection process (5 min)</li> <li>• How will the assessment findings be used (5 min)</li> </ul>
<b>11:15 – 11:30</b>	Provide instructions for the small group exercise. Form groups
<b>11:30 - 12:30 pm</b>	Small groups discuss measurement tool standards 1, 3, 6 and 6 (4 groups/1 standard each)
<b>12:30 – 1:00</b>	Plenary: Small group presentations and feedback (3 groups/30 min. each)
<b>1:00 – 2:00</b>	<b>Lunch</b>
<b>2:00 – 3:30</b>	Plenary: Small group presentations and feedback (1 group/30 min.)
<b>3:30 – 4:30</b>	Small groups discuss measurement tool standards 8, 9, 10 and 12 (4 groups/1 standard each)
<b>4:30 - 4:45</b>	<b>Tea/coffee break</b>
<b>4:45-5:00</b>	Wrap up, assign homework and next steps
<b>Day 2</b>	
<b>8:30 – 9:00 am</b>	Plenary: Recap day 1.
<b>9:00 – 10:30</b>	Plenary: Small group presentations and feedback (3 groups/30 min. each)
<b>10:30 – 10:45</b>	<b>Tea/coffee break</b>
<b>10:45 – 11:15</b>	Plenary: Small group presentations and feedback (1 group/30 min.)
<b>11:15 – 12:15</b>	Small groups discuss measurement tool standards 2, 4, 7 and 11 (4 groups/ 1 standard each)
<b>12:15 -1:15 pm</b>	Plenary: Small group presentations and feedback (2 groups/30 min. each)
<b>1:15 – 2:15</b>	<b>Lunch</b>
<b>2:15 – 3:15</b>	Plenary: Small group presentations and feedback (2 groups/30 min. each)
<b>3:15 – 4:00 pm</b>	Plenary: Discuss issues that came up earlier and were put in a “parking lot”
<b>4:00 – 4:15</b>	<b>Tea/coffee break</b>
<b>4:15 – 5:00</b>	Present instructions for field pretest; allocate tasks. Wrap up day 1

Day 3	
8:00 – 8:45 am	<i>Tea/coffee break</i>
8:45 – 9:00	Leave for field pre-test sites (2 sites)
9:00 - 12:45 pm	Conduct field pre-tests at the 2 sites
<b>12:45 – 2:00</b>	<b><i>Lunch</i></b>
2:00 – 4:00	Plenary: Share feedback form field pre-testing
4:00 – 4:15	<b><i>Tea/coffee break</i></b>
4:15 – 5:00	Discuss implementation strategy and way forward. Summarize, evaluate meeting and close

## 12. Table of Data Collection Methods and Sources

Standard	Documents to review	Persons to interview
<b>1. Management</b>	Proposal to donor; strategic plan; operational plan/annual work plan; capacity assessment report; baseline assessment report; peer-education sessions schedule; supervision schedule; sustainability plan; budget; communication strategy; quality assurance tools; stakeholders' meeting minutes	Program Manager(s); technical and management staff; peer-educators
<b>2. Selection process</b>	Guidelines/SOP for recruitment of PEs; selection criteria and PE's job descriptions; checklists for selection of PEs; list of PEs with gender; QA tools of the selection process; Meeting minutes and reports	Program Manager(s); human resources unit; technical staff
<b>3. Training</b>	Report of training needs assessment and corresponding tools; PEs' training curriculum; trainers' certification; continuing education plan; IEC materials for PE sessions; job-aids for PEs; performance evaluations of PEs	Program Manager(s); trainers; technical staff; HR Department, PEs
<b>4. Retention</b>	Progress reports; retention plan; monitoring system; minutes of management meetings; strategic plan; human resources reports	Program Manager(s); human resources staff; technical staff; PEs
<b>5. Access to Health Services</b>	PEs' documents & reports; SWs' satisfaction surveys; geographic maps or GIS information; referral forms; list of peer-outreach services	Program Manager(s); technical staff; PEs; SWs; Service Providers
<b>6. Peer-Education and Outreach</b>	SWS enrollment records; IEC materials; risk assessment tool/job-aid; risk reduction plan template; job-aids for condom demonstration	Program Manager(s); technical staff; PEs; SWs
<b>7. Supplies, Materials, Tools</b>	IEC materials; Inventory count; PEs' diaries; attendance records to PE sessions; supplies stock monitoring records/stock control cards	Program Manager(s); technical staff; PEs
<b>8. Enabling Environment</b>	Code of ethics document; HR policies and standards	Program Manager(s); technical staff; HR department; PEs; SWs
<b>9. Referral System</b>	Referral directory; referral & counter-referral forms; referral tracking tool; minutes of performance review meetings	Program Manager(s); technical staff; PEs
<b>10. Supportive Supervision</b>	Training curriculum for supervisors; supervision schedules and tools; supervision reports; grievance SOP, policy and tools	Program Manager(s); technical staff/supervisors; PEs
<b>11. Ongoing Support</b>	PE's schedule or work and plan of visits	Program Managers and PEs
<b>12. Monitoring &amp; Evaluation</b>	M&E training plan; M&E plan and database; data quality audits results; M&E SOP; reports of PE sessions	Program Managers, technical staff and PEs

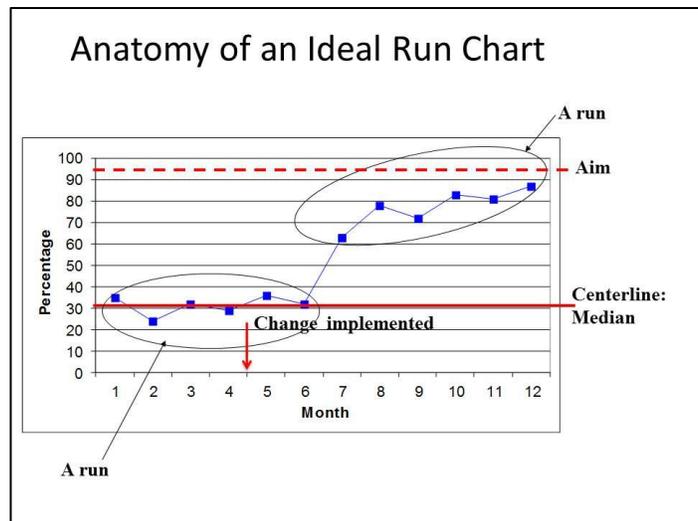
## 13. Run Charts Explained

### WHAT IS A RUN CHART AND WHEN IS IT USED?

A run chart is an essential tool for Quality Assurance and Improvement (QAI) teams to track progress against improvement aim/objectives. Run charts provide a visual representation of variations in performance that occur in a process over time and help detect what might influence a change in performance.

### WHAT DOES A RUN CHART LOOK LIKE?

1. **Title:** Briefly describes the information displayed in the Run Chart.
2. **Vertical or Y-Axis:** The value of the performance indicators, usually a percentage.
3. **Horizontal or X-Axis:** This axis shows when the data were collected. It represents equal intervals of time, reflecting the frequency of data collection.
4. **Data Points:** Each point represents the value of an individual indicator.



5. **Centerline:** The line drawn at the **median value** on the Y-axis is called the Centerline.
6. **Run:** the consecutive points displayed either above or below the center line. A run is the consecutive points displayed either above or below the center line. Each point is the value of the indicator. A run is broken once it crosses the center line. Values on the center line are ignored: they do not break the run, nor are they counted as points in the run. **Arrows** indicate when a change or intervention is introduced in that process/system. A **dotted horizontal line** can be added to indicate the value of the performance improvement aim.
7. **Legend:** Additional information that documents how and when the data were collected are entered as the legend.

### HOW TO CONSTRUCT A RUN CHART

**Step 1.** Collect at least 25 data points (number, time, cost), recording when each measurement was taken. Arrange the data in chronological order.

**Step 2.** Determine the scale for the vertical axis as 1.5 times the range. Label the axis with the scale and unit of measure.

**Step 3.** Draw the horizontal axis and mark the measure of time (minute, hour, day, shift, week, month, year, etc.) and label the axis.

**Step 4.** Plot the data points and connect them with a straight line between each point.

**Step 5.** Calculate the median. Once the data have been listed from the lowest to the highest value, count off the data points and determine the *middle* point in the list of measurements—the point that divides the series of data in half. Draw the center line (the median of all the data points before the changes).

**Step 6.**<sup>19</sup> Provide a Title and a Legend. Give the chart a title that identifies the process you are investigating and compose a legend that tells:

- The period of time when the data were collected
- The location where the data were collected
- The person or team who collected the data

## HOW TO INTERPRET A RUN CHART

A run chart can be interpreted from two perspectives: a non-statistical or a statistical interpretation.

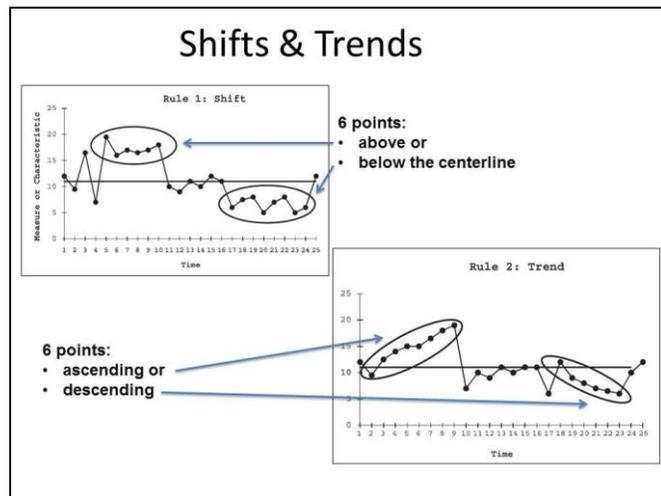
The non-statistical interpretation would only look at whether the process achieves the desired performance (improvement aim/objectives) over time. In this case, the centerline is not necessary, but indications of changes/interventions are useful to interpret their effects.

The statistical interpretation requires

identification of visual patterns, but does not necessitate any statistical tests that are usually beyond the capacity of local QAI teams. The following patterns are the most important: shifts and trends. They rely on the “rule of 6” to identify patterns that indicate a “statistically significant difference” in quality/performance, and require that the centerline be drawn.

- 6 successive points ascending or descending indicate a *trend*.
- 6 consecutive points above or below the centerline represent a *shift*

Both trends and shifts are patterns that indicate a statistically significant difference in the performance of a process (which could be an improvement or not, depending on the direction). Because performance does not vary significantly without a change in the process, any pattern raises the issue of identifying the change that did occur (whether planned by the team as part of their improvement effort, or unexpected/unplanned). The rule of 6 is appropriate for a number of points/dots between 20 and 30.



<sup>19</sup> *ibid.* [www.balancedscorecard.org/Portals/0/PDF/runchart.pdf](http://www.balancedscorecard.org/Portals/0/PDF/runchart.pdf)

## 14. QAI Design and Planning Workshop—Sample Agenda (Used in Kenya)

**Objective of the workshop:** To identify the components of a comprehensive QAI strategy for implementing the PEO programs standards and develop an action plan and timetable for its implementation.

*This sample agenda for a three-day workshop assumes:*

- *Thirty-six participants drawn from the Technical Working Group and key PEO programs attend*
- *Five facilitators are engaged*
- *Four small groups are formed at the workshop to develop specific procedures*
- *Plans to implement eight procedures are completed by the end of the third day*

Time	Activity
<b>Day 1</b>	
8:30-9:00 am	Registration
9:00 – 10:00	Welcome. Introductions, participant expectations, courtesy rules; logistics
	Agenda; Purpose of the workshop
	Official remarks – key note from TWG chair
10:00 – 10:30	The stage is set: Background on the project and QAI process so far
<b>10:30: - 11:00</b>	<b>Tea/coffee break</b>
11:00 – 12:00	Plenary: Presentation of results from the initial quality assessment of PEO programs
12:00 – 12:30 pm	Question & Answer session on PEO performance, standards measurement and feedback from TA provider(s).
<b>12:30 – 1:30</b>	<b>Lunch</b>
1:30 – 2:00	Plenary: Small working groups are formed (8-9 in each) to work simultaneously to develop procedures to: <ol style="list-style-type: none"> <li>1. Present/disseminate standards to all PEO programs and partners;</li> <li>2. Measure PEO program performance, using the quality assessment toolkit;</li> <li>3. Supervise PEO programs;</li> <li>4. Use QI models to address performance issues</li> </ol> Guidance given to the small groups
2:00 – 3:00	Small group work --
<b>3:00 – 3:30</b>	<b>Tea/coffee break</b>
3:30 – 4:30	Small group work continues. Procedures and implementation plans developed.
4:30 – 5:00	Plenary: Update status of group work; additional guidance shared, close day 1
<b>Day 2</b>	
8:30 – 8:45 am	Plenary –Opening remarks, review of day 1 and preview of day 2
8:45 – 10:45	Groups present their recommendations and plans; participants and facilitators offer feedback
<b>10:45 – 11:15</b>	<b>Tea/coffee break</b>
<b>11:15 am – 12:30 pm</b>	<b>Groups incorporate feedback into their work plans</b>
<b>12:30 – 1:30</b>	<b>Lunch</b>
1:30 -2:00	Guidance given to the small groups for their next assignment
2:00 – 3:00	Small groups shift focus and develop procedures to: <ol style="list-style-type: none"> <li>5. Share information across PEO programs and partners;</li> <li>6. Recognize PEO programs’ performance and QI activities;</li> <li>7. 7. Revise standards as needed to respond to test results; and</li> <li>8. Harmonize and align final, approved standards to facilitate adoption by all partners and sponsors</li> </ol>

<b>3:00 – 3:30</b>	<b><i>Tea/coffee break</i></b>
3:30 – 4:30	Small group work continues. Procedures and implementation plans developed.
4:30 – 5:00	Plenary: Update status of group work; additional guidance shared, close day 2

Day 3	
8:30 – 8:45 am	Plenary –Opening remarks, review of day 2 and preview of day 3
8:45 – 10:45	Groups present their recommendations and plans; participants and facilitators offer feedback
<b>10:45 – 11:15</b>	<b><i>Tea/coffee break</i></b>
11:15 – 12:30 pm	Groups incorporate feedback into their work plans
<b>12:30 – 1:30</b>	<b><i>Lunch</i></b>
1:30 -3:00	Plenary: Group leaders discuss their plans and next steps on their two topics
<b>3:00 – 3:30</b>	<b><i>Tea/coffee break</i></b>
3:30 – 4:00	Plenary: Group leaders discuss their plans and next steps on their two topics
4:00 – 4:30	Summary of next steps and parking lot issues
4:30 – 4:45	Workshop evaluation
4:45 – 5:00	Thanks and close workshop

## 15. Guidelines for Small Group Work on Standards and Quality Measurement

(Sample used in Kenya)

Each group identifies a facilitator, a timekeeper and a rapporteur.

### Expected Outputs:

- A description of the system for measuring PEO program performance against standards using the quality assessment tool, its performance and issues
- A vision of an improved system for regular measurement of the standards and quality of PEO programs
- An action plan for the effective and regular measurement of the standards and quality

### Suggested process:

1. Discuss the current system for measuring standards and quality, using a system's view:
  - a) Inputs: Identify the human, physical (e.g. monitoring tools, databases) and financial resources available for measuring standards and quality. Question to consider:
    - Who (staff and/or structure) is in charge of measuring standards and quality of PEO programs?
  - b) Processes: Identify all activities and processes involved in the measurement of quality. Questions to consider:
    - What are the approaches to measuring compliance with the standards? (For example, self-assessment, external assessment, supervision visit)
    - What data collection methods are used? (For example, document review, observation, interviews)
    - How often is the assessment conducted?
    - Are all 12 standards measured at the same time?
    - In addition to standards compliance, what other types of quality monitoring is carried out? (For example, quality of counseling or outcome measures such as number of sex workers seeking treatment)
    - Are graphs and charts used to track patterns/trends?
    - Are results posted in a database available to all stakeholders of the PEO program?
  - c) Outcome: Identify the results of the measures. Questions to consider:
    - How effective is the current system of measuring standards and quality?
    - Are the results reliable?
2. Identify the strengths and weaknesses of the standards measurement system.
3. Suggest changes to make in the system for measuring standards and quality.
4. Transform these changes into activities/interventions and plan their implementation with the work plan template provided.