



Ministry of Health

A Toolkit to Assess Performance Against Peer Education and Outreach Program Standards

August 2013





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**KENYA PEER EDUCATION
AND OUTREACH PROGRAMS
FOR SEX WORKERS**

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Kenya Peer Education and Outreach Programs for Sex Workers

Compiled for the National AIDS/STD Control Programme of the Kenya Ministry of Health by FHI 360

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Project sponsor:

- National AIDS/STD Control Programme (Kenya)

Additional support from:

- FHI 360
- PATH

This report was made possible by the generous support of the United States Centers for Disease Control and Prevention (CDC). The contents are the responsibility of the National AIDS/STD Control Programme of the Kenya Ministry of Health and do not necessarily reflect the views of CDC or the United States Government.

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August 2013

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Acknowledgments

The National AIDS and STI Control Programme (NAS COP) would like to acknowledge the invaluable contributions of individuals, implementing organizations, and stakeholders to the development of this Quality Assessment tool. Their efforts helped create a powerful instrument to assist PEO Programs improve the outcomes of HIV prevention programs that target key populations.

We thank the organizations that participated in this process, including the United States Centers for Disease Control and Prevention (CDC), FHI 360 Kenya, PATH, Pathfinder International, the National Organizations of Peer Educators (NOPE) and the Sex Worker Prevention Program (SWOP) as well as non-governmental organizations and others involved in the process, including pretesting the tool and participating in the final review meeting.

We are deeply indebted to the members of the National Technical Working group under the leadership of Dr. George Githuka (NAS COP) who so generously gave their time and expertise.

For facilitating pre-testing of the tool in their organizations and providing comprehensive feedback, we thank Gloria Gakii of SWOP; Onesmus Musau and Job Akuno of NOPE; Petronilla Odonde and Jared Omundo of IRDO; David Mwenga of HWWK, and Fatma Abdulhakim of Gold Star Kenya.

In addition, we appreciate the constructive input of all the organizations involved in the review workshop: ADAPT, Bar Hostesses Program, Busia Survivors Group, FAIR, FHI 360, FHOK, FRACODEP, Gold Star Kenya, HOYMAS, HWWK, ICRH-Kenya, IMC, IRDO, KANCO, KASH, KESWA, KICOSHEP, Kenya Red Cross Society, LVCT, NOPE, North Star Alliance, PATH, SAPTA, UoN/CHIVPR, UoN/SWOP.

We would also like to acknowledge the contributions of Rachael Manyeki of FHI 360 Kenya, John Ndiritu of Gold Star Kenya, and Lucy Kanya, consultant, who coordinated the activities of this project, and Sarah Searle, FHI 360 technical officer, who was key to testing the tool.

In addition, we acknowledge Bruno Bouchet, FHI 360 director Health Systems Strengthening for his insightful and expert leadership and Peter Mwarogo, director of FHI 360 Kenya, who provided overall management support for this project. We also thank the editor Kaaren Christopherson and the designer Jill Vitick, both from FHI 360 who shaped this publication.

Finally, NAS COP acknowledges with gratitude the financial support of CDC and PATH for making this pilot project possible.

Dr. William K. Maina, OGW
Head, NAS COP

Acronyms and Abbreviations

AIDS	Acquired immunodeficiency syndrome
CDC	United States Centers for Disease Control and Prevention
FSW	Female sex worker
GBV	Gender-based violence
HIV	Human immune deficiency virus
HR	Human resources
IEC	Information, education, communication
M&E	Monitoring and evaluation
MSW	Male sex worker
NASCOP	National AIDS & STI Control Programme
NGO	Nongovernmental organization
PEO	Peer education and outreach
PE	Peer educator
PEP	Post-exposure prophylaxis
POL	Popular opinion leader
PWP	Prevention with Positives
QA	Quality assurance
QAI	Quality assurance and improvement
QI	Quality improvement
SOP	Standard Operating Procedures
STI	Sexually transmitted infection
SW	Sex worker

Introduction

In October 2009, Kenya National AIDS and STI Control Programme and its nongovernmental partners started developing standards for the management of peer-education and outreach (PEO) programs targeting key populations at high risk of HIV infection, with a particular focus on sex workers. With financial assistance from the CDC and technical assistance from FHI 360,¹ the *Standards for Peer-Education and Outreach Programs for Sex Workers* were published by the Ministry of Public Health and Sanitation in March 2011 and are available for download on the National AIDS and STI Control Programme (NAS COP) website.²

The standards complement the *National Guidelines for HIV/STI for Sex Workers*,³ which provide guidance on developing, implementing, monitoring, and evaluating HIV/STI programs for sex workers and their sex partners and describe the components of an HIV/STI package of services. The standards focus on the management functions of a PEO program, whereas the national guidelines focus on the content of the services delivered to the target population.

The standards contribute to designing a more effective quality assurance system by making explicit the relationships between improved program management and improved effectiveness of programs in achieving their dual goal of

- Reducing participation in high-risk sexual and drug-using behaviors and increasing the frequency of risk reduction behaviors (e.g., correct and consistent use of condoms, safe injecting and disposal practices)
- Increasing the number of persons from high-risk populations who receive necessary services, including HIV counseling and testing, STI screening and treatment, and ART and drug treatment

Standards define quality, serve as reference for measuring the level of quality performance of a program, and allow identifying improvement opportunities to be addressed through quality improvement strategies. This toolkit focuses on the measurement function of a quality assurance and improvement (QAI) approach, represented by the triangle in Figure 1.

Figure 1. Quality Assurance Triangle



¹ The Quality Assurance for Peer-Outreach Programs for High Risk Populations in Kenya is a centrally funded project by CDC/Atlanta, and implemented by FHI 360 through a pass-through sub-agreement with PATH/Kenya.

² *Standards for Peer-Education and Outreach Programs for Sex Workers*. Ministry of Public Health and Sanitation, Kenya, FHI 360, CDC. March 2011. <http://nascop.or.ke/marpspubs.php>

³ Also available on NAS COP website (same address as above)

The twelve standards officially adopted by NASCOP are listed in Box 1.

Box 1. Standards for PEO programs for sex workers

- Standard 1:** A management system is in place.
- Standard 2:** An effective peer-educator selection process is established.
- Standard 3:** All peer-education training is curriculum-based.
- Standard 4:** Establish a system for retention of peer educators.
- Standard 5:** Health care services are accessible by sex workers and their clients.
- Standard 6:** Comprehensive peer education and outreach services are provided.
- Standard 7:** The program provides the necessary supplies, materials, and tools.
- Standard 8:** An enabling environment is established for peer education of sex workers and outreach to sex workers and their clients.
- Standard 9:** An effective referral system is established.
- Standard 10:** Supportive supervision is provided on an ongoing basis to all peer educators.
- Standard 11:** Continuous and sustained contact with sex workers is undertaken.
- Standard 12:** Participatory monitoring and evaluation (M&E) is carried out for peer education and outreach programs.

Standards are presented with a similar template that includes a short statement, an intent statement and a list of criteria that help define and measure the standard. Each standard has several criteria that serve as the basis for measuring the extent to which the standard is being met. Box 2 shows an example of a standard and the criteria that determine whether or not the standard is fulfilled (2.1 to 2.4). Note that each criterion in addition, can have “sub-criteria” (sub-criteria, 2.1.1 to 2.1.5 help determine whether criterion 2.1 is met) and that a sub-criterion can have “sub-sub-criteria” (sub-sub-criteria 2.1.1.1 and 2.1.1.2 help determine whether sub-criterion 2.1.1 is met).

Box 2. Example of a standard and its criteria

Standard 2: Selection process for peer educators. An effective peer-educator selection process is established (Standard Statement)

Criteria:

2.1 Effective selection criteria are used: (Criterion)

2.1.1 Equitable representation for the catchment area and targeted hotspots is achieved. (Sub-criterion)

2.1.1.1 Subtypes of sex workers are represented.

2.1.1.2 The number of peer educators is proportional to the sex worker population, according to each educator's capacity. (Sub-sub-criterion)

2.1.2 PEs have strong interpersonal skills, including social skills and the ability to uphold confidentiality.

2.1.3 PEs are acceptable to their peers (POLs).

2.1.4 Both genders are represented.

2.1.5 PEs are available and willing to serve.

2.2 The process for selecting peer educators promotes participatory engagement of sex workers, gatekeepers, and stakeholders.

2.3 A standard process (such as a checklist) is used to guide the selection.

2.4 The effectiveness of the selection process is monitored.

Purpose of the toolkit

The toolkit provides the guidance and tools to measure the performance of a PEO program against 12 management standards and identifies gaps to be addressed through quality improvement strategies.

Who conducts the assessment?

Program managers, supervisors, and external evaluators are the primary users of this toolkit.

- Managers and implementers of PEO programs may use the toolkit for self-assessment, as part of their continuous improvement activities.
- External supervisors (from the Ministry of Health and from the NGO itself) may use all or part of the toolkit during regular supervision visits.
- External evaluators/supervisors (from the Ministry of Health or from the donor/funder) may use the toolkit for the purpose of accrediting the NGOs and/or for deciding on their funding.

How long will conducting the assessment take?

The length of time required to conduct the quality assessment will vary depending on the size of the program. Conducting an in-depth assessment of all standards might take more than a day for well-trained personnel familiar with the tool. The assessment can be conducted entirely at one time by one person or the tool can be split up into parts and delegated to various program staff to administer over several days. The program staff can then meet to discuss and compile the results.

How to use the toolkit

This toolkit is designed to be used with the *Standards for Peer-Education and Outreach Programs for Sex Workers* document. The toolkit uses a “layered approach” where the sub-criteria (or sub-sub criteria) are assessed first, and then each criterion is scored in order to calculate an aggregate and final score to each standard. Box 3 provides an example of the process to calculate a performance score for one standard, starting with sub-criteria.

Box 3. Detailed process to score the performance against standards

- **Step 1: Assessment of sub-criteria:** Each sub-criterion is scored according to the scale described below. When sub-sub-criteria exist, they are scored first and the arithmetic mean represents the score of the sub-criteria. No sub-criteria score can be more than 2.
- **Step 2: Assessment of criteria:** In the absence of sub-criteria, each criterion is scored individually according to the scale. When there are sub-criteria, the score for each criterion is the arithmetic mean of the sub-criteria assessed under Step 1. No criteria score can be more than 2.
- **Step 3: Assessment of standards:** The score for each standard is then computed as a percentage of the maximum score achievable per standard, using a *scoring form* (Annex 2).

How to assign scores to each standard?

The toolkit recommends using a three-tiered scale described in Box 4 for scoring each sub-criterion and criterion. The scores are noted on the data collection forms after: 1) sources of information are identified; 2) specific questions are answered; and 3) answers are validated. A column on the data collection tool allows making notes to support the score and writing comments regarding issues with the scoring.

Box 4. Standard sub-criterion and criterion scoring

Score 2 points if the standard sub-criterion or criterion is fully met.

Score 1 point if the standard sub-criterion or criterion is partially met.

Score 0 point if the standard sub-criterion or criterion is not met.

We recommend giving the same weight to each sub-criterion and criterion and using the arithmetic mean to simplify the calculations of the score. What matters more than the score itself is identifying improvement opportunities (those criteria that are not fully met).

What are the forms needed for the quality assessment?

The toolkit provides five different templates: 1) the data collection forms; 2) a scoring form; 3) a score comparison form; 4) a score tracking form; and 5) an assessment summary and recommendations form. The electronic version of these templates is available on NASCOP website.

1. The twelve *data collection forms* (one for each standard) are provided in Annex 1. Each form states the standard, criteria, sub-criteria, and sub-sub-criteria, and provides space to indicate the source(s) of information, write the score, and make notes/comments.
 - In the first two columns (criteria and sub-criteria), the evaluator will find examples of **questions to ask to determine if a criterion and/or its sub-criteria are met**. These questions have been selected from the results of the test that was conducted to validate the tool, but they are not comprehensive and exhaustive and each evaluator is encouraged to add/try other questions or to rephrase the questions whenever necessary. Each question starts a conversation with the manager, staff, and clients of the PEO program that aims to objectively determine to what extent the standard is met. It must be noted that questions can be asked slightly differently for self-assessment than for an external assessment.
 - In the third column, the evaluator will write the **source of information**, whether the name of the person interviewed or a group meeting or a document.
 - In the fourth column, the **score** is assigned according to the scale described above.
 - In the fifth column, the evaluator can explain the **reasons for the score** or make any **comments on the assessment issues**.
2. A *scoring form* (Annex 2) is a spreadsheet that can be filled out by hand, or be programmed in software such as Microsoft Excel. The evaluator will transfer the scores for each standard criterion from the data collection forms into the scoring form and calculate (either by hand or automatically in Excel) the average score for each standard. When a criterion contains sub-criteria, it is indicated with an asterisk. In this case, the criterion score is the average of the sub-criteria that make it up and should have been calculated as such in the data collection form. 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.

3. A *score comparison form* (Annex 3) is available to allow for 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.
4. A *score tracking form* (Annex 4) is available to allow for tracking the performance of a specific program over time.
5. The *assessment summary and recommendations form* (Annex 5) summarizes assessment results. It serves as the basis for developing a quality improvement plan.

Where can the information needed for the assessment be found?

The quality assessment requires a combination of the following techniques and sources of information:

1. Face-to-face interviews with the program managers and staff: Interviewing can collect factual as well as perceptual information from the respondents. The interview questions suggested in the data collection forms should be adapted to the persons being interviewed and to the nature of the assessment (self-assessment versus external assessment).
2. Focus group discussion with sex workers (SWs): Standards related to access, utilization and responsiveness of services, and awareness and knowledge of PEO programs can be best assessed through a focus group discussion with sex workers.
3. Document review: A desk review of documents can confirm the existence of and quality of annual plans, strategies, training curriculum, checklist, job-aids, and so on. 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.

Table 1 suggests data collection methods and data sources for each standard.

Table 1: Potential sources of information for each standard

STANDARD	DOCUMENTS TO REVIEW	PERSONS TO INTERVIEW
Standard 1 – Management	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
Standard 2 – Selection process	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 department; technical staff
Standard 3 – Training	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
Standard 4 – Retention	Progress reports; retention plan; monitoring system; minutes of management meetings; strategic plan; human resources reports	Program manager(s); HR staff; technical staff; PEs
Standard 5 – Access to health services	PEs' documents and 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
Standard 6 – Peer-education and outreach services	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
Standard 7 – Supplies, materials, and tools	IEC materials; Inventory count; PEs' diaries; attendance records to PE sessions; supplies stock monitoring records/stock control cards	Program manager(s); technical staff; PEs
Standard 8 – Enabling environment	Code of ethics document; HR policies and standards	Program manager(s); technical staff; HR department; PEs; SWs
Standard 9 – Referral system	Referral directory; referral and counter-referral forms; referral tracking tool; minutes of performance review meetings	Program manager(s); technical staff; PEs
Standard 10 – Supportive supervision	Training curriculum for supervisors; supervision schedules and tools; supervision reports; grievance SOP, policy and tools	Program manager(s); technical staff/supervisors; PEs
Standard 11 – Ongoing support	PEs' schedules for work and plans of visits	Program managers; PEs
Standard 12 – M&E	M&E training plan; M&E plan and database; data quality audits results; M&E SOP; reports of PE sessions	Program managers, technical staff; PEs

What is the quality assessment process?

In the **preparation phase**, the assessment is planned, a date is decided, a team is established, and the staff of the PEO program is informed. The assessment toolkit is made available and reviewed and the forms are printed and distributed to the evaluator(s).

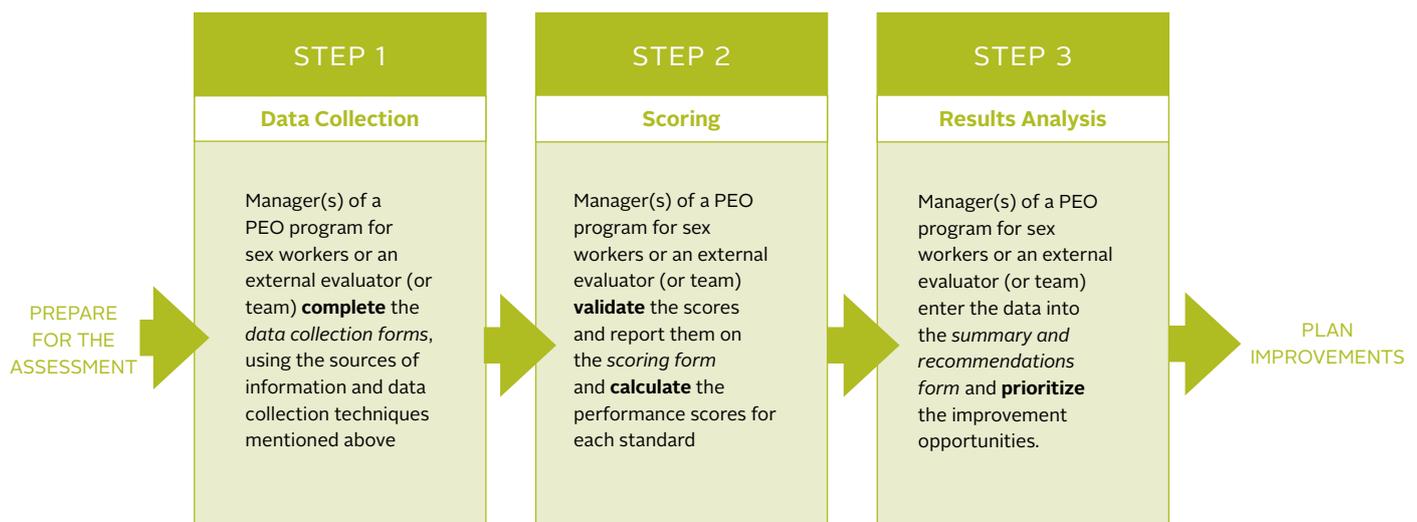
There are two ways to **validate** the findings:

- during the data collection itself, the evaluators ask to see any evidence (usually a document) that supports the answers provided by the interviewees;
- comparing the results of the self-assessment with those of an external assessment conducted shortly after and interpreting any discrepancy.

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

Figure 2 shows a three-step process for assessing a PEO program using the forms mentioned previously.

Figure 2: Quality Assessment Process



How will the assessment findings be used?

The findings from the assessment should be used to address gaps in program quality and coverage, but also to adjust standards to make them more relevant to PEO programs.

Findings must be communicated appropriately to strengthen the involvement of the program stakeholders in the implementation of the improvement plans. A communication plan of the findings should include the following components:

- Determine the audience: Who needs what information? Generally, the dissemination of the results will be internal to the organization, but might also have value to other similar programs that should have access to this information.
- How will the findings be communicated? A meeting/workshop, an electronic copy, a printed copy, and so on.

- Who will be the person in charge of dissemination?
- When will the findings be disseminated?

Addressing gaps in performance might require small changes that provide an immediate solution to compliance issues (such as providing a penile model to each PE for condom demonstration) but might also require significant restructuring of programs and policy changes. It is beyond the purpose of this toolkit 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, funder), to address performance issues with creative and effective solutions.

The *assessment summary and 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.

Annex 1: Data collection forms

NGO/Program name:

- Address/location of the NGO/program:
- Name of the director of the NGO/program:
- Names of the NGO/program staff interviewed for the assessment:

- 1 _____
- 2 _____
- 3 _____
- 4 _____
- 5 _____
- 6 _____
- 7 _____
- 8 _____
- 9 _____
- 10 _____

Date of the assessment: _____

Assessment team:

- 1 Team leader: _____
- 2 Team members: _____

Standard 1: A management system is in place⁴

CRITERIA	SUB CRITERIA	SOURCE(S) OF INFORMATION	SCORE	NOTES / COMMENTS ON SCORE
1.1 Mapping is conducted to identify existing hotspots, services, and resources	1.1.1 SWs and their clients are defined. <ul style="list-style-type: none"> Has the organization defined specific target groups for their services? Can the organization describe the typical sexual clients of their target groups? 			
	1.1.2 Risky behaviors in the locality (hotspot neighborhoods) are identified. <ul style="list-style-type: none"> How does the organization identify risky behavior? Can the organization list risky behaviors they have identified in the locality where they work? 			
	1.1.3 Population size is estimated annually or seasonally to determine the required number of PEs. <ul style="list-style-type: none"> Does the organization know the size of the target population? If so, did the organization conduct a size estimation survey itself or does it use estimates from other sources? What is the estimated size? 			
	1.1.4 A baseline capacity assessment is conducted <ul style="list-style-type: none"> Can the organization share the findings of the last baseline assessment? 			
	1.1.5 Hotspot mapping is disaggregated by the type of sex work. <ul style="list-style-type: none"> Does the organization disaggregate its hotspot mapping by type of sex work (brothel, bar, etc.)? Ask to see the mapping report 			

⁴ Pages 8–9, *Standards for Peer-Education and Outreach Programs for Sex Workers*, March 2011

CRITERIA	SUB CRITERIA	SOURCE(S) OF INFORMATION	SCORE	NOTES / COMMENTS ON SCORE
	1.1.6 Stakeholders—such as gatekeepers, night guards, disc jockeys, law enforcement agencies, establishment owners and managers, and service providers—are identified. <ul style="list-style-type: none"> ■ Can the program managers/staff/peer-educators list who the stakeholders are for their programming? 			
1.2 An annual plan is developed for peer-education and outreach sessions and supervision, including objectives and time frames. <ul style="list-style-type: none"> ■ Can the organization show a documentation of its annual or periodic PE and outreach sessions, with objectives and time frame? ■ Is the PE supervision plan based on the peer educator's outreach plan? ■ Can the organization show a documentation of its annual PE supervision plan, with objectives and time frame? 				
1.3 A sustainability plan for the peer-education and outreach programs is established reviewed annually:				
	1.3.1 The continuity of services is established. <ul style="list-style-type: none"> ■ Has continuity of services, beyond the length of the program, been planned for? 			
	1.3.2 The plan is owned and managed by SWs. <ul style="list-style-type: none"> ■ Do sex workers play a role in the development of the sustainability plan? ■ To what extent do sex workers own and implement the sustainability plan? 			
	1.3.3 The continuity of funding is planned. <ul style="list-style-type: none"> ■ Has continuity of funding, beyond the length of the program, been planned for? ■ Is the sustainability plan reviewed annually? 			

CRITERIA	SUB CRITERIA	SOURCE(S) OF INFORMATION	SCORE	NOTES / COMMENTS ON SCORE
1.4 Program decisions are based on current information, research, or data.	<ul style="list-style-type: none"> ■ Are there supporting documents that demonstrate sources of current information used to make program decisions? 			
1.5 An annual budget is allocated to support implementation at all levels.	<ul style="list-style-type: none"> ■ Can the program provide an annual budget that shows allocations across activities? 			
1.6 A communication strategy is developed.	<ul style="list-style-type: none"> ■ Does the program have a communication plan/strategy to share information about its activities and results to all stakeholders (clients, staff, sponsor, NASCOP)? ■ If yes, can the program show any documentation on this? 			
1.7 Program managers have the skills and experience to carry out their defined roles and responsibilities.	<ul style="list-style-type: none"> ■ Are there job descriptions on file that clearly show required skills for managers? ■ Do managers have the minimum set of qualifications for the different roles and responsibilities set in the job description? ■ Is managers' performance evaluated regularly, e.g., using an annual performance appraisal criteria? ■ If yes, how are gaps in knowledge and skills addressed? 			
1.8 Managers coordinate and link peer-education activities with other program services and stakeholders.	<ul style="list-style-type: none"> ■ Can managers provide examples of program activities linked to the peer-education activities? ■ If yes, is there documentation of these linked activities? 			

CRITERIA	SUB CRITERIA	SOURCE(S) OF INFORMATION	SCORE	NOTES / COMMENTS ON SCORE
1.9 Resources are mobilized to support program activities in line with the sustainability plan.	<ul style="list-style-type: none"> ■ Is there documentation or examples of how resource mobilization is linked to a sustainability plan (fundraising, client diversification, etc.)? ■ Can the program managers and staff list ways they use resources to address program sustainability? 			
1.10 Managers ensure compliance with program standards using approved tools.	<ul style="list-style-type: none"> ■ What quality assurance tools do the managers use to ensure compliance with program standards (ask to see examples/demonstration), aside from this questionnaire? 			
1.11 Managers facilitate annual meetings with stakeholders (government, donors, etc.) for formal review and feedback.	<ul style="list-style-type: none"> ■ Does the program have the meeting minutes/notes of the last annual meeting, with the list of stakeholders who attended? ■ How often do the meetings occur? 			
1.12 Managers establish a process of engaging stakeholders through formal and informal mechanisms.	<ul style="list-style-type: none"> ■ What formal mechanisms does the program use to engage stakeholders (examples: meetings, progress reports)? ■ What informal mechanisms does the program use to engage with stakeholders (examples: emails, informal meetings with service providers or bar owners)? 			
1.13 Managers are actively involved in, and contribute to, the project's monitoring and evaluation function.	<ul style="list-style-type: none"> ■ Can the managers describe the monitoring activities of the program? ■ Can the managers tell the date and describe the results of the last program evaluation that they were involved in? 			

Standard 2: An effective peer-educator selection process is established⁵

CRITERIA	SUB CRITERIA	SOURCE(S) OF INFORMATION	SCORE	NOTES / COMMENTS ON SCORE
2.1 Effective selection criteria are used:				
	2.1.1 Equitable representation for the catchment areas and targeted hotspots is achieved.			
	2.1.1.1 Subtypes of SWs are represented. <ul style="list-style-type: none"> How does the program make sure that PEs represent equitably all sub-types of sex workers? 			
	2.1.1.2 The number of PEs is proportional to the SW population, according to each educator's capacity. <ul style="list-style-type: none"> How does the program make sure that PEs represent equitably all sub-types of sex workers? 			
	2.1.2 PEs have strong interpersonal skills, including social skills and the ability to uphold confidentiality. <ul style="list-style-type: none"> Are interpersonal skills, including social skills and the ability to uphold confidentiality, explicit criteria for selection of PEs? Are the interpersonal skills tested during the selection process of PEs? 			
	2.1.3 PEs are acceptable to their peers (POLs). <ul style="list-style-type: none"> Is the acceptability of PEs by the target population an explicit criterion for their selection? How is the acceptability tested during the selection process of PEs? 			
	2.1.4 Both genders are represented. <ul style="list-style-type: none"> Does the program provide PEO services for both genders (FSWs and MSWs)? If not why not? 			

⁵ Pages 9–10, *Standards for Peer-Education and Outreach Programs for Sex Workers*, March 2011

CRITERIA	SUB CRITERIA	SOURCE(S) OF INFORMATION	SCORE	NOTES / COMMENTS ON SCORE
	2.1.5 PEs are available and willing to serve. <ul style="list-style-type: none"> ■ How easy is it to find people who agree to serve as PEs? ■ Which processes does the program conduct to find PEs? 			
	2.2 The process promotes participatory engagement of SWs, gatekeepers, and stakeholders. <ul style="list-style-type: none"> ■ How does the program engage the SWs, gatekeepers, and stakeholders in the selection process? ■ Is there supporting evidence that the selection process involves SWs and the program workers? 			
	2.3 A standard process (such as a checklist) is used to guide the selection. <ul style="list-style-type: none"> ■ What kinds of documents does the program use to guide the selection process? ■ Can the program provide any examples and supporting documents? 			
	2.4 The effectiveness of the selection process is monitored. <ul style="list-style-type: none"> ■ Does the program monitor the effectiveness of the selection process? ■ If so, does the program have examples/documentation of monitoring? ■ Do you have a document that monitors the selection process? 			

Standard 3: All peer-education training is curriculum-based⁶

CRITERIA	SUB CRITERIA	SOURCE(S) OF INFORMATION	SCORE	NOTES / COMMENTS ON SCORE
<p>3.1 An assessment of training needs is conducted using a standardized tool.</p> <ul style="list-style-type: none"> ■ How does the program assess peer educators' training needs? ■ What standardized tool does the program use to assess training needs? ■ Can we see the training needs assessment tool? 				
<p>3.2. Relevant curricula from the Government of Kenya and other evidence-based peer-education curricula are used.</p>	<p>3.2.1 Curricula are based on behavioral and adult-learning theory.</p> <ul style="list-style-type: none"> ■ Does the organization have a curriculum? ■ Does the curriculum clearly state learning objectives and have interactive sessions for learners to apply newly acquired knowledge or skills? ■ Ask to see the curriculum. 			
	<p>3.2.2 Topics and training in the curricula include, but are not limited to, stigmatization, discrimination, HIV/STIs, ART adherence, reproductive health and family planning, substance abuse, the use and demonstration of male and female condoms, the use of lubricants, risk assessment and reduction, skills to negotiate condom use, ethics (human rights and responsibilities), interpersonal skills, social skills, assertiveness training, improvement in self-efficacy, referrals, and training in confidentiality and awareness and sensitivity to individuals' values.</p> <ul style="list-style-type: none"> ■ What are the key components of your training curriculum? (Can you list the topics?) ■ Do the topics include at a minimum the following: stigmatization, discrimination, HIV/STIs, ART adherence, reproductive health and family planning, substance abuse, the use and demonstration of male and female condoms, the use of lubricants, risk assessment and reduction, skills to negotiate condom use, ethics (human rights and responsibilities), interpersonal skills, social skills, assertiveness training, improvement in self-efficacy, referrals, and training in confidentiality and awareness and sensitivity to individuals' values, outreach planning, individualized outreach, peer-based reporting. 			

⁶ Pages 10–11, *Standards for Peer-Education and Outreach Programs for Sex Workers*, March 2011

CRITERIA	SUB CRITERIA	SOURCE(S) OF INFORMATION	SCORE	NOTES / COMMENTS ON SCORE
	<p>3.2.3 Curricula are routinely (for example, semi-annually) reviewed and revised as necessary to address the needs of target population, emerging evidence, best practices, and changing contexts.</p> <ul style="list-style-type: none"> ■ When was the last time the curriculum was reviewed? ■ How often does the program review and revise the curriculum? 			
	<p>3.2.4 Training curricula include practicum sessions through which the trainer provides supportive supervision.</p> <ul style="list-style-type: none"> ■ What practicum sessions are included in the program's training curriculum? ■ How are these sessions conducted? 			
	<p>3.3 Educational approaches are interactive, participatory, and skill developing; and they embed positive and culturally acceptable norms and practices—for example, role-playing and sharing safe-sex role-model stories.</p> <ul style="list-style-type: none"> ■ How does the program's training program ensure that the sessions are interactive and participatory, building on the participants' skills? ■ Are there any examples of ways that the training embeds positive and culturally acceptable norms and practices—for example, role-playing and sharing safe-sex role-model stories? 			
	<p>3.4 The environmental setting and group size are designed to maximize learning.</p> <ul style="list-style-type: none"> ■ How does your program ensure that the learning environment and group size are conducive for learning? ■ Is there a dedicated location for training? 			
	<p>3.5 Qualified trainers who are certified through a nationally recognized authority are engaged.</p> <ul style="list-style-type: none"> ■ Are the trainers certified and have essential skills and qualifications? ■ How does the program verify the qualifications of the trainers? Are there examples and supporting documentation of this? 			

CRITERIA	SUB CRITERIA	SOURCE(S) OF INFORMATION	SCORE	NOTES / COMMENTS ON SCORE
<p>3.6 Refresher and continuing-education training opportunities are provided.</p> <ul style="list-style-type: none"> ■ Can you give examples of continuing education training provided by your program, when and on which topic? 				
<p>3.7 Appropriate and effective educational tools and materials are developed, used, reviewed, and revised as appropriate.</p>	<p>3.7.1 Learning aids such as penile and vaginal models, exemplar conversational messages, and monitoring and evaluation and referral tools are used.</p> <ul style="list-style-type: none"> ■ What educational tools/learning aids has the program developed? Can you show examples? <p>3.7.2 Tools and materials are developed in the language of the target population, and they are culturally appropriate, age appropriate, and gender sensitive.</p> <ul style="list-style-type: none"> ■ What process does the program use in developing these materials/tools? ■ Are these culturally appropriate? ■ Are they age appropriate? ■ Are they gender sensitive? <p>3.7.3 Appropriate materials are provided to participants to reinforce learning.</p> <ul style="list-style-type: none"> ■ What materials do you use to reinforce PEs learning? ■ Are materials for peer-education sessions provided during the PEs' training? ■ What learning materials do PEs use to facilitate peer-education sessions? 			
<p>3.8 The effectiveness of the training program is evaluated.</p> <ul style="list-style-type: none"> ■ What tools does the program use to evaluate the effectiveness of the PEs' training? ■ Can the program show documentation of the training effectiveness evaluation? 				

CRITERIA	SUB CRITERIA	SOURCE(S) OF INFORMATION	SCORE	NOTES / COMMENTS ON SCORE
	<p>3.9 Participants are evaluated for their competency in carrying out their responsibilities as PEs.</p> <ul style="list-style-type: none"> ■ Are the PEs certified and have essential skills and qualifications? ■ How are the participants evaluated in carrying out these responsibilities as peer educators? ■ What tools does the program use to evaluate their competency? 			

Standard 4: Establish a system for retention of peer educators⁷

CRITERIA	SUB CRITERIA	SOURCE(S) OF INFORMATION	SCORE	NOTES / COMMENTS ON SCORE
4.1 A needs assessment is conducted to guide retention planning.	<ul style="list-style-type: none"> ■ Does the program have a PE retention plan? ■ When was the last assessment conducted to develop a retention plan? ■ Are there any examples or supporting documents from the last assessment? 			
4.2 Effective strategies are established for retention of PEs according to the findings of the needs assessment.				
	<p>4.2.1 Certification by a national body is provided for training programs.</p> <ul style="list-style-type: none"> ■ Which national body certified the training of PEs conducted by the program? ■ Are there any examples or supporting documents from the last certification? 			
	<p>4.2.2 Recognition for service is provided.</p> <ul style="list-style-type: none"> ■ Which recognition system does the program implement for PEs? ■ Does the program have any incentive system for retaining PEs? ■ Does the program have a peer progression plan? 			
	<p>4.2.3 Expectations of the PEs are clarified.</p> <ul style="list-style-type: none"> ■ How and when does the organization clarify the expectations of the PEs? ■ How does the program assess the expectations of PEs? 			
	<p>4.2.4 PEs are involved in decision making for peer-education and outreach activities.</p> <ul style="list-style-type: none"> ■ How does the program involve the PEs in the design and planning of PEO activities and the strategic decision making? 			

⁷ Page 11, *Standards for Peer-Education and Outreach Programs for Sex Workers*, March 2011

CRITERIA	SUB CRITERIA	SOURCE(S) OF INFORMATION	SCORE	NOTES / COMMENTS ON SCORE
	<p>4.2.5 Linkages are made with microfinance institutions and vocational training opportunities.</p> <ul style="list-style-type: none"> ■ Does the program link with microfinance or vocational training institutions to support the PEs? ■ Are there any supporting documents to confirm this? 			
	<p>4.3 Responsibilities are distributed equitably among PEs based on their individual capacities.</p> <ul style="list-style-type: none"> ■ How does the program distribute responsibilities across peer educators? ■ Do program staff and PEs think that the responsibilities are distributed equitably based on PE capacity? ■ Are there examples or supporting documents (e.g., work plans, individual and group performance targets)? 			
	<p>4.4 Strategies are developed and implemented to prevent burn-out or drop-out.</p> <ul style="list-style-type: none"> ■ What does the program do to prevent burn-out or drop-out of PEs? ■ How successful are these strategies? ■ What is the retention rate? 			
	<p>4.5 Succession and replacement mechanisms are in place.</p> <ul style="list-style-type: none"> ■ What is the process for replacing peer educators who drop out? ■ Do these mechanisms succeed in ensuring continuity of services and avoiding staffing gaps? ■ Are there supporting documents, such as recruitment documents, etc.? 			

Standard 5: Health care services are accessible by sex workers and their clients⁸

CRITERIA	SUB CRITERIA	SOURCE(S) OF INFORMATION	SCORE	NOTES / COMMENTS ON SCORE
5.1 Health care services are responsive to the needs of SWs and their sexual clients.	<ul style="list-style-type: none"> ■ Who provides clinical health care services to the sex workers and their clients? ■ What are the main health needs of the sex workers and their sexual clients? ■ What services does the program offer (if any)? ■ How do the SWs judge the responsiveness of the services? ■ How does the program rate the responsiveness of the services? 			
5.2 Health care services are offered at times that are convenient for SWs and their sexual clients.	<ul style="list-style-type: none"> ■ When are services provided to SWs? Are there special times for the provision of certain services? If yes, why? ■ How does the program know/ensure that clients receive the services they need when they need them? ■ How do the SWs judge the convenience of the times that services are available? 			
5.3 Health care services, including outreach services, are offered in locations that are convenient for SWs and their clients.	<ul style="list-style-type: none"> ■ Where does the program provide/refer to health care services? ■ How does the program determine the location of health care facilities where services are offered for SWs? ■ How does the program address the service accessibility issues of SWs? ■ Are there examples and supporting documents (e.g., special service events like moonlight VCT, outreach services—taking services close to the people)? ■ How do the SWs judge of the convenience of the location(s) where services are available? ■ How does the program ensure that services are provided in locations that are convenient for sex workers and their clients? 			
5.4 Health care services and medications are affordable.	<ul style="list-style-type: none"> ■ Do you know if the SWs can afford basic services and medications needed? ■ Does the program document the costs of services and medications for SWs and their affordability? ■ Show evidence of documentation. 			

⁸ Pages 11–12, *Standards for Peer-Education and Outreach Programs for Sex Workers*, March 2011

CRITERIA	SUB CRITERIA	SOURCE(S) OF INFORMATION	SCORE	NOTES / COMMENTS ON SCORE
5.5 Health care service providers are friendly to SWs and non-judgmental.	<ul style="list-style-type: none"> ■ How does the program ensure that sex workers receive services by health care providers who have a non-judgmental attitude? ■ How do you get feedback on the attitude of service provider? ■ What does the target population think of the attitude of service providers? 			
5.6 Health care service providers are available and competent to provide all elements of the basic package of services and make referrals as appropriate.	<ul style="list-style-type: none"> ■ Are health care providers available and trained on national guidelines for SW? 			
5.7 The following health care services are periodically integrated with peer-outreach activities				
	5.7.1 STI and cervical-cancer screening and management <ul style="list-style-type: none"> ■ If yes, are there examples and supporting documents? If no, why not? ■ How does the program integrate STI and CC screening and management information during PEO? 			
	5.7.2 Reproductive health and family planning <ul style="list-style-type: none"> ■ If yes, are there examples and supporting documents? If no, why not? ■ How does the program integrate RH/FP information periodically during PEO? 			
	5.7.3 Post-exposure prophylaxis (PEP) <ul style="list-style-type: none"> ■ If yes, are there examples and supporting? If no, why not? ■ How does the program integrate PEP information periodically during PEO? 			

CRITERIA	SUB CRITERIA	SOURCE(S) OF INFORMATION	SCORE	NOTES / COMMENTS ON SCORE
	<p>5.7.4 HIV testing and counseling, prevention of mother to child transmission (PMTCT), ART, and adherence support</p> <ul style="list-style-type: none"> ■ If yes, are there examples and supporting documents? If no, why not? ■ How does the program integrate HIV testing and counseling, prevention of mother-to-child transmission (PMTCT), ART, and adherence information and services periodically during PEO? 			

Standard 6: Comprehensive peer-education and outreach services are provided⁹

CRITERIA	SUB CRITERIA	SOURCE(S) OF INFORMATION	SCORE	NOTES / COMMENTS ON SCORE
	<p>6.1 Formal enrollment is documented for each beneficiary.</p> <ul style="list-style-type: none"> ■ Does the program keep enrollment records for each SW? ■ Are there examples/supporting documents (can the staff show where enrollment documentation is kept)? 			
	<p>6.2 Accurate, relevant, up-to-date, and complete information on STIs, HIV, and other health issues is provided.</p> <ul style="list-style-type: none"> ■ What are the program's sources of information on STI/HIV and other health issues? ■ How does the program provide updates to SWs on STI/HIV and other health issues? ■ How often are these updates conducted? ■ Do PEs have the appropriate resources (booklets, posters, factsheets, reference manuals, and other IEC materials) to deliver information? 			
	<p>6.3 Individualized risk assessments are conducted.</p> <ul style="list-style-type: none"> ■ Do PEs conduct individualized risk assessments to SWs? ■ Is there a particular tool they use for risk assessment? ■ Are there any examples/supporting documents that show that the risk assessment was conducted? 			
	<p>6.4 Individualized risk-reduction plans are developed.</p> <ul style="list-style-type: none"> ■ What information do PEs discuss with sex workers with regard to risk-avoidance behaviors? ■ Is there a particular tool they use for developing risk-reduction plans? ■ Are there any examples/supporting documents that show that risk-reduction plans are developed? 			

⁹ Pages 12–13, *Standards for Peer-Education and Outreach Programs for Sex Workers*, March 2011

CRITERIA	SUB CRITERIA	SOURCE(S) OF INFORMATION	SCORE	NOTES / COMMENTS ON SCORE
<p>6.5 Male and female condoms and lubricants and instructions and demonstrations regarding their correct and consistent use are provided to each SW and to his or her clients.</p>	<ul style="list-style-type: none"> ■ What job-aids are used for this instruction and demonstration? ■ Ask to see job-aids if possible/available. ■ Does the program provide condoms and lubricants to sex workers? ■ Ask about supplies, where they are kept; if possible have program manager show where supplies are kept. ■ Does the program track the distribution of condoms and lubricants? ■ How do you determine the number of condoms to be distributed? 			
<p>6.6 PEs converse with SWs personally and endorse the benefits of risk-avoidance behaviors.</p>	<ul style="list-style-type: none"> ■ Do PEs discuss the benefits of risk-avoidance behaviors with the SWs during individual sessions? ■ Ask to see supporting documents, if any. 			
<p>6.7 PEs provide problem-solving support and critical thinking about stigmatization of SWs.</p>	<ul style="list-style-type: none"> ■ Are PEs trained to provide problem-solving support to SWs? ■ Are PEs trained to facilitate discussions and critical thinking about the stigmatization of SWs? ■ Does the program have any evidence that PEs use their problem-solving and critical thinking skills? ■ Ask to see supporting documents, if any. 			
<p>6.8 SWs are supported in building skills to negotiate condom use.</p>	<ul style="list-style-type: none"> ■ What does the program do to support sex workers in building condom negotiating skills? ■ How do we know that the skills transfer is effective? 			

CRITERIA	SUB CRITERIA	SOURCE(S) OF INFORMATION	SCORE	NOTES / COMMENTS ON SCORE
<p>6.9 SWs are assisted in building life skills, including orientation on sexual gender-based violence.</p> <ul style="list-style-type: none"> ■ What life skills and sexual gender-based violence (GBV) topics are included in the program's curriculum, e.g., assertiveness, decision making? ■ How does the program support sex workers in building life skills? ■ Does the program give sex workers an orientation on sexual GBV? ■ How does the program provide GBV prevention, support/referral to sex workers? 				
<p>6.10 SWs are encouraged to:</p>				
	<p>6.10.1 Check their HIV status (quarterly for HIV-negative persons).</p> <ul style="list-style-type: none"> ■ What is the uptake of HIV testing services among the program's sex workers as per recommended national guideline? ■ How many SWs knew their HIV status at the time of enrollment into the program? ■ How does the program track the effectiveness of PEs in encouraging SWs to check their HIV status regularly? 			
	<p>6.10.2 Access the Prevention with Positives (PWP) services in accord with the <i>National Guidelines</i>.</p> <ul style="list-style-type: none"> ■ Is the program staff knowledgeable about the "prevention with positives" approach to prevention of HIV? ■ Are the PWP services available and does the program staff know where to refer the SWs? ■ How does the program know that HIV+ sex workers access the PWP services? 			
	<p>6.10.3 Access STI and cervical cancer services when necessary, including quarterly screening for STIs and cervical cancer and referral for treatment when necessary.</p> <ul style="list-style-type: none"> ■ Do the sex workers have access to STI and cervical cancer services when necessary? ■ Do they have access to referral for treatment services when needed? ■ How does the program know that SWs receive the STI and cervical cancer services when necessary? 			

CRITERIA	SUB CRITERIA	SOURCE(S) OF INFORMATION	SCORE	NOTES / COMMENTS ON SCORE
6.11 PEs collaborate with health care service providers to ensure that information on HIV, STIs, and family planning is integrated into peer-education and outreach programs when feasible.	<ul style="list-style-type: none"> ■ Do PEs collaborate with health care service providers to integrate HIV/STI testing and counseling and FP into peer education and outreach? ■ Have PEs established links to health care service providers to refer SWs for HIV/STI counseling and treatment and FP? 			
6.12 PEs guide peers to explore their attitudes toward health services, risky behavior, and treatment.	<ul style="list-style-type: none"> ■ What do PEs do to help their peers explore their attitudes toward health services, risky behavior, and treatment? ■ Are there any specific job aids to help PEs and their peers explore their attitudes? 			
6.13 A basic HIV/STI package of services is provided during peer education and outreach in accord with the National Guidelines. The package includes the following:				
	6.13.1 Information on risk reduction <ul style="list-style-type: none"> ■ How does the program know that PEs provide information on HIV/STI risk reduction per national guidelines? 			
	6.13.2 Education on preventing and detecting cervical cancer <ul style="list-style-type: none"> ■ How does the program know that PEs provide information on preventing/detecting cervical cancer per national guidelines? 			
	6.13.3 Distribution of condoms, lubricants, and contraceptives <ul style="list-style-type: none"> ■ How does the program know that PEs distribute condoms, lubricants, and contraceptives per national guidelines? 			
	6.13.4 Referrals for health care services and community support <ul style="list-style-type: none"> ■ How does the program know that PEs provide referrals of sex workers for services and support per national guidelines? 			

Standard 7: The program provides the necessary supplies, materials, and tools¹⁰

CRITERIA	SUB CRITERIA	SOURCE(S) OF INFORMATION	SCORE	NOTES / COMMENTS ON SCORE
<p>7.1. Information, education, and communication materials that are tailored to the SWs' needs are readily available and acceptable.</p> <ul style="list-style-type: none"> ■ Does the program have a PE retention plan? ■ When was the last assessment conducted to develop a retention plan? ■ Are there any examples or supporting documents from the last assessment? 				
	<p>7.1.1 Materials are developed in a format suitable to the needs of the target populations (SWs and their clients)—for example, audio for truck drivers and migratory SWs and picture-coded materials for illiterate SWs.</p> <ul style="list-style-type: none"> ■ Can the program provide examples of IEC materials that are customized to the needs of the sex workers and their clients? 			
	<p>7.1.2 The materials are tested with the target populations for cultural and language acceptability and effectiveness.</p> <ul style="list-style-type: none"> ■ How have the IEC materials been tested with the target population? ■ Is there any supporting evidence of the test results? ■ Are these IEC materials being used by the program? 			
	<p>7.1.3 Clinically and behaviorally relevant information is presented in an interactive and engaging manner to primary and secondary clients (secondary clients include clients of SWs, brothel owners, etc.).</p> <ul style="list-style-type: none"> ■ How does the program engage the secondary clients in IEC materials development? ■ How does the program know that IEC materials are presented in an interactive and engaging manner to the clients? 			
	<p>7.1.4 The materials are based on needs of both male and female sex workers and focus on specific types of sex work.</p>			

¹⁰ Pages 13–14, *Standards for Peer-Education and Outreach Programs for Sex Workers*, March 2011

CRITERIA	SUB CRITERIA	SOURCE(S) OF INFORMATION	SCORE	NOTES / COMMENTS ON SCORE
<p>7.2 Facilitation tools for peer-education and outreach sessions (discussion guides, peer education diaries, and attendance records) are developed, tested, and made available.</p> <ul style="list-style-type: none"> ■ What tools does the program use for facilitation of peer-education and outreach sessions? ■ Ask to see examples of facilitation tools. 				
<p>7.3 PEs collaborate with service providers to ensure that supplies for integrated outreach programs are available. These supplies should include the following:</p>	<p>7.3.1 Medications to treat STIs</p> <ul style="list-style-type: none"> ■ How does the program collaborate with service providers to ensure availability of STI medicine? ■ Is availability of STI medicine a problem? <p>7.3.2 HIV test kits</p> <ul style="list-style-type: none"> ■ How does the program collaborate with service providers to ensure availability of HIV test kits? ■ Is availability of HIV test kits a problem? <p>7.3.3 Male and female condoms</p> <ul style="list-style-type: none"> ■ How does the program collaborate with service providers to ensure availability of male and female condoms? ■ Is availability of male and female condoms a problem? <p>7.3.4 Lubricants</p> <ul style="list-style-type: none"> ■ How does the program collaborate with service providers to ensure availability of lubricants? ■ Is availability of lubricants a problem? 			
<p>7.4 A system to manage stock is in place to ensure that adequate supplies are available.</p> <ul style="list-style-type: none"> ■ What supplies does the program stock? ■ Ask to see examples of stock control cards. ■ How do you prevent stock outs? ■ Is stock out an issue? 				

Standard 8: An enabling environment is established for peer education of sex workers and outreach to sex workers and their clients¹¹

CRITERIA	SUB CRITERIA	SOURCE(S) OF INFORMATION	SCORE	NOTES / COMMENTS ON SCORE
8.1 A code of ethics for PEs is developed and used to guide recruitment, training, service delivery, retention, and disciplinary and dismissal processes.	<ul style="list-style-type: none"> ■ How does the program assure fairness and equity related to recruitment, training, service delivery, retention, disciplinary, and disengagement processes? ■ Ask to see examples and supporting documents (e.g., code of ethics, recruitment guidelines, and disengagement processes). 			
8.2 PEs educate SWs on their human rights and responsibilities in accord with the National Guidelines, including referrals and linkages to sustainable alternatives for economic empowerment.	<ul style="list-style-type: none"> ■ Does the peer education program address human rights issues? Which ones? ■ Do the PEs educate their peers about their human rights and alternatives for economic empowerment? ■ Ask to see examples and supporting documents (if any). 			
8.3 Peer education and outreach are culturally appropriate and gender sensitive.	<ul style="list-style-type: none"> ■ How does the program ensure that outreach activities are culturally appropriate and gender sensitive? ■ Ask to see examples and supporting documents (if any). 			
8.4 Physical facilities ensure that services can be provided to SWs confidentially.	<ul style="list-style-type: none"> ■ How does the program ensure confidentiality of services to sex workers in the physical location in which services are provided? ■ Is confidentiality an issue? 			
8.5 Confidentiality is maintained by all service providers (PEs and health care workers).	<ul style="list-style-type: none"> ■ How does the program ensure that health care providers keep personal information of SWs confidential? ■ How does the program ensure that peers keep personal information of SWs confidential? 			

¹¹ Pages 14–15, *Standards for Peer-Education and Outreach Programs for Sex Workers*, March 2011

CRITERIA	SUB CRITERIA	SOURCE(S) OF INFORMATION	SCORE	NOTES / COMMENTS ON SCORE
8.6 Measures to reduce stigmatization (of self, among peers, at referral sites, and within the community) and discrimination among PEs and SWs are in place.	<ul style="list-style-type: none"> ■ How does the program address stigma among SWs, at referral site and in the community? ■ What does the program do to promote self-esteem among sex workers? ■ Ask to see examples and supporting documents (if any). 			
8.7 Health care facilities, such as drop-in centers, are friendly and conveniently located in appealing, accessible, and secure places, and they provide services at convenient hours.	<ul style="list-style-type: none"> ■ How does the target population judge of the convenience and friendliness of the health care facilities? ■ What does the program do to address the issues raised by the target population? 			
8.8 Partnerships are created with community gatekeepers (opinion leaders, ecumenical or faith-based organization [FBO] leaders, local administration, law enforcement agencies, and owners of recreational facilities and hotspots) to protect the health and safety of SWs.	<ul style="list-style-type: none"> ■ Can the program provide example of partnerships with local gatekeepers? ■ What are the main issues identified by the program? 			

Standard 9: An effective referral system is established¹²

CRITERIA	SUB CRITERIA	SOURCE(S) OF INFORMATION	SCORE	NOTES / COMMENTS ON SCORE
9.1 A referral directory is developed and updated annually or as needed with the following information:	9.1.1 Location of referral sites within the community <ul style="list-style-type: none"> How often do you update the referral directory? Ask to see the referral directory. 			
	9.1.2 Services available and cost of the services <ul style="list-style-type: none"> Ask to see examples of supporting documents (e.g., referral directory). 			
	9.1.3 Contacts of key service providers at referral sites <ul style="list-style-type: none"> Ask to see examples of supporting documents (e.g., referral directory). 			
	9.2 Service providers are oriented to the referral processes, tools, facilities, and sites. <ul style="list-style-type: none"> What referral tools and processes exist for service providers? Ask to see examples and supporting documents (referral forms). 			
9.3 PEs are aware of the referral systems and sites.	How do you ensure that peer educators are aware of these sites?			
	Ask to see examples and supporting documents (if any).			
9.4 PEs routinely share information in the referral directory among themselves and with SWs.	Do PEs use the referral directory during their PE and outreach activities?			
	9.5 Linkages for clinical management of HIV and STIs for SWs and their clients are defined in accord with the <i>National Guidelines</i>. <ul style="list-style-type: none"> Do you have a referral tracking mechanism? How do you know that the referral of SWs is effective and addresses their clinical needs? 			

¹² Pages 15–16, *Standards for Peer-Education and Outreach Programs for Sex Workers*, March 2011

CRITERIA	SUB CRITERIA	SOURCE(S) OF INFORMATION	SCORE	NOTES / COMMENTS ON SCORE
<p>9.6 Linkages for nonclinical HIV and STI services for SWs and their clients are established in accord with the <i>National Guidelines</i>.</p> <ul style="list-style-type: none"> ■ How do you know that the referral of SWs is effective and addresses their non-clinical needs? ■ Ask to see examples of national guidelines on non-clinical HIV/STI services (Refer to page 20 of Standards document). 				
<p>9.7 A clear mechanism exists to provide feedback between the health facility and the SW community:</p>	<p>9.7.1 Peer to peer</p> <ul style="list-style-type: none"> ■ Is there a mechanism to share information between a sex worker and the PE who referred her/him about the services received and the additional needs? ■ Ask to see examples of documentation or evidence of such feedback mechanisms. 			
	<p>9.7.2 Peer to referral site</p> <ul style="list-style-type: none"> ■ Is there a mechanism to share referral information between a PE and a health facility service provider about a sex worker's needs, while maintaining confidentiality? (Referral form?) 			
	<p>9.7.3 Referral site to peer</p> <ul style="list-style-type: none"> ■ Is there a mechanism to provide feedback information between a health facility service provider and a PE about a sex worker's needs? (Counter referral form?) 			
<p>9.8 Children of SWs are linked to existing support systems for relevant services, such as child protection and vaccinations.</p> <ul style="list-style-type: none"> ■ How does the program know if children of sex workers are referred to support systems and services? ■ Ask to see examples and supporting documents (if any). 				

CRITERIA	SUB CRITERIA	SOURCE(S) OF INFORMATION	SCORE	NOTES / COMMENTS ON SCORE
9.9 A standard tool is developed and in use for tracking effective referrals.	<ul style="list-style-type: none"> ■ Does the program have a standard tool for tracking effective referrals? ■ Ask to see tracking tools. ■ Who uses this tool? When is it used? What is the protocol for collecting the information on effective referrals? 			
9.10 Periodic (no less than quarterly) meetings of PEs and service providers are held to review performance.	<ul style="list-style-type: none"> ■ Does the program hold periodic performance review meetings between peer educators and service providers with a focus on referrals? ■ How often are these meetings held? ■ Ask to see examples and supporting documents (if any). 			
9.11 PEs, when feasible, document referrals and services provided to each SW.	<ul style="list-style-type: none"> ■ Does the program document referrals and services provided to each sex worker? ■ How is this done? ■ Ask to see examples and supporting documents (if any). 			

Standard 10: Supportive supervision is provided on an ongoing basis to all peer-educators¹³

CRITERIA	SUB CRITERIA	SOURCE(S) OF INFORMATION	SCORE	NOTES / COMMENTS ON SCORE
10.1 Training sessions are conducted to build capacity and certify peer-education and outreach supervisors.	<ul style="list-style-type: none"> ■ Is the program training supervisors of PE and outreach workers? 			
10.2 Supervisors certified in peer education and outreach conduct supervision of PEs.	<ul style="list-style-type: none"> ■ How is supervision of peer educators conducted? ■ Are the supervisors certified/competent in PE and outreach activities? ■ Ask to see examples of supporting documents (if any). 			
10.3 A feedback mechanism is in place for staff at all levels.	<ul style="list-style-type: none"> ■ How do supervisors provide feedback to the program staff? ■ Ask to see examples of supporting documents (if any). 			
10.4 Supportive supervision is provided at the program level at least quarterly.	<ul style="list-style-type: none"> ■ Is the program supervised? ■ Who conducts this supervision? ■ How often is supportive supervision conducted at the program level? ■ Ask to see examples of supporting documents, e.g., submitted supervision checklists. 			
10.5 The results of supportive supervision are used for making decisions.	<ul style="list-style-type: none"> ■ How are the results of supervision used for program improvement? ■ Ask to see examples of supporting documents (if any). 			
10.6 Supervision of peer-education and outreach activities is provided regularly.	<ul style="list-style-type: none"> ■ Are PEs and outreach workers supervised regularly? ■ Ask to see examples of supporting documents, e.g., program officer work plan or supervision diary (if any). 			
10.7 Standard supervision tools are used to document observations, plans, and activities.	<ul style="list-style-type: none"> ■ Does the program use standard supervision tools for PEs and outreach workers? If yes, which ones? ■ Ask to see supervision tools (if any). 			

¹³ Pages 16–17, *Standards for Peer-Education and Outreach Programs for Sex Workers*, March 2011

CRITERIA	SUB CRITERIA	SOURCE(S) OF INFORMATION	SCORE	NOTES / COMMENTS ON SCORE
10.8 Quality improvement processes are in place for the following:	<p>10.8.1 Identifying performance gaps</p> <ul style="list-style-type: none"> ■ How does the program identify performance gaps of PEs? ■ Can you give an example of performance gaps identified? 			
	<p>10.8.2 Analyzing the causes of problems</p> <ul style="list-style-type: none"> ■ How does the program analyze the causes of problems and performance gaps? ■ Can you give an example of a problem recently analyzed? 			
	<p>10.8.3 Designing and implementing solutions</p> <ul style="list-style-type: none"> ■ How does the program design and implement solutions? ■ Can you give an example of a solution recently implemented? 			
	<p>10.8.4 Monitoring the results of the interventions</p> <ul style="list-style-type: none"> ■ How does the program monitor the results of its interventions to solve a problem? ■ Can you give an example of a problem recently addressed? 			
10.9 Periodic review meetings are held to improve technical knowledge and skills of PEs and to respond to emerging needs.	<ul style="list-style-type: none"> ■ How does the program review and improve the knowledge and skills of PEs? ■ Can you give an example of an emerging need recently identified? ■ How often does the program conduct a review to identify the skills and knowledge of the PEs? 			
10.10 A mechanism is in place to discuss and respond to grievances of SWs and PEs regarding service provision.	<ul style="list-style-type: none"> ■ How does the program respond to grievances of SWs and PEs? ■ Ask to see examples of supporting documents (if any). 			

Standard 11: Continuous and sustained contact with sex workers is undertaken¹⁴

CRITERIA	SUB CRITERIA	SOURCE(S) OF INFORMATION	SCORE	NOTES / COMMENTS ON SCORE
11.1 A plan of ongoing contact with SWs is developed.	<ul style="list-style-type: none"> ■ Does the program have a plan or schedule of contacts with sex workers? ■ Ask to see examples of supporting documents (if any), e.g., PE work diary or work plan. 			
11.2 Ongoing contact is implemented as planned and can be facilitated by forming support groups.	<ul style="list-style-type: none"> ■ How does the program know that ongoing contact with sex workers happens according to plan? ■ Are there any support groups formed? ■ Ask to see examples of supporting documents (if any), e.g., meeting or spot check reports. 			
11.3 Individualized risk assessments are updated regularly for each SW (for example, quarterly).	<ul style="list-style-type: none"> ■ Does the program have individualized risk assessments for each sex worker? ■ How often are they updated? ■ Ask to see examples of supporting documents (if any), e.g., an individual's updated risk assessment plan. 			
11.4 Risk-reduction plans are revised regularly to reflect changes in risk behavior.	<ul style="list-style-type: none"> ■ How are risk reduction plans updated to reflect changes in risk behavior? ■ Ask to see examples of supporting documents (if any), e.g., an individual's revised risk reduction plan. 			
11.5 Options for alternative modes of income generation for interested SWs are identified.	<ul style="list-style-type: none"> ■ Does the program engage/identify alternative livelihood supports for sex workers? ■ Ask to see examples of supporting documents (if any), e.g., program reports, memoranda of understanding between program and microfinance institutions. 			

¹⁴ Page 17, *Standards for Peer-Education and Outreach Programs for Sex Workers*, March 2011

Standard 12: Participatory monitoring and evaluation (M&E) is carried out for peer-education and outreach programs¹⁵

CRITERIA	SUB CRITERIA	SOURCE(S) OF INFORMATION	SCORE	NOTES / COMMENTS ON SCORE
12.1 An M&E training plan is established.	<ul style="list-style-type: none"> ■ Does the program have an M&E training plan? ■ Ask to see training curricula or training documents in M&E. 			
	12.2 Staff members have the capacity to plan and implement M&E at the program and peer-educator level.	<ul style="list-style-type: none"> ■ Have all staff been trained in M&E for their specific components and their capacity measured? ■ Ask to see examples of supporting documents (if any). 		
12.3 An M&E plan is established that includes the following:	12.3.1 Relevant and clear objectives. Ask to see the M&E plan			
	12.3.2 Defined measurable quality outcomes of program activities			
	12.3.3 Appropriate input, process, and outcome indicators			
	12.3.4 Definition of the data flow process across the program			
	12.3.5 Standardized definitions and M&E formats across sites			
	12.3.6 A timeline for periodic evaluation			
	12.4 An M&E plan is implemented, including data-quality audits on a quarterly basis. Progress and any relevant information regarding the peer-education and outreach programs are shared with SWs, their partners, PEs, and stakeholders.	<ul style="list-style-type: none"> ■ How is the M&E plan implemented? ■ Ask to see examples of supporting documents (if any). ■ Does the program perform data quality audits? ■ How regularly is this done? ■ Are the results shared with stakeholders and SWs? How? 		

¹⁵ Pages 17–18, *Standards for Peer-Education and Outreach Programs for Sex Workers*, March 2011

CRITERIA	SUB CRITERIA	SOURCE(S) OF INFORMATION	SCORE	NOTES / COMMENTS ON SCORE
12.5 The collected data are analyzed and used to make decisions to improve the program.	<ul style="list-style-type: none"> ■ How often is data collected? ■ Who does the analysis? ■ Can you give an example of M&E data used to take program actions? 			
12.6 Clear guidelines are outlined on how data will flow from the community to the national level.	<ul style="list-style-type: none"> ■ What data does the program send to the national level (NASCO)? ■ How often? ■ How are these data conveyed to national level? ■ Ask to see data flow chart (may be part of the M&E plan). ■ Ask to see copies of former reports that have been submitted. 			
12.7 Feedback is collected and provided to clients and service providers on the use of referral services.	<ul style="list-style-type: none"> ■ Does the program collect and provide feedback to clients and service providers on referral service utilization? ■ How is this done? 			
12.8 Appropriate documentation tools are developed for the target audience.	<ul style="list-style-type: none"> ■ What tools does the program use to record program activities (specifically for PEO programs)? ■ Are the tools user-friendly to present the results to the stakeholders of PEO programs? ■ Ask to see tools. 			
12.9 Documentation of SWs' attendance at peer-education and outreach sessions is accurate and complete.	<ul style="list-style-type: none"> ■ Do you document attendance of sex workers at peer-education and outreach sessions? ■ How do you ensure that this documentation is accurate and complete? ■ Ask to see the register/folder to check the accuracy and completeness. 			

Annex 2: Scoring form

For criteria that have sub-criteria (designated with an asterisk), the score is the arithmetic mean of the total scores of each sub-criterion. 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 criterion = 26) and multiplied by 100 (%)

Standard 1. Management		Standard 2. Selection Process		Standard 3. Training		Standard 4. Retention		Standard 5. Access To Health Services		Standard 6. Peer Education And Outreach	
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*	
TOTAL		TOTAL		TOTAL		TOTAL		TOTAL		TOTAL	
% of max. Score	$T/26 \times 100 =$	%	$T/8 \times 100 =$	%	$T/18 \times 100 =$	%	$T/10 \times 100 =$	%	$T/14 \times 100 =$	%	$T/26 \times 100 =$

Standard 7. Supplies, Materials, Tools		Standard 8. Enabling Environment		Standard 9. Referral System		Standard 10. Supportive Supervision		Standard 11. Ongoing Support		Standard 12. Monitoring and Evaluation	
Criteria	Score	Criteria	Score	Criteria	Score	Criteria	Score	Criteria	Score	Criteria	Score
7.1*		8.1		9.1*		10.1		11.1		12.1	
7.2		8.2		9.2		10.2		11.2		12.2	
7.3*		8.3		9.3		10.3		11.3		12.3*	
7.4		8.4		9.4		10.4		11.4		12.4	
		8.5		9.5		10.5		11.5		12.5	
		8.6		9.6		10.6				12.6	
		8.7		9.7*		10.7				12.7	
		8.8		9.8		10.8*				12.8	
				9.9		10.9				12.9	
				9.10		10.10				12.10	
				9.11							
TOTAL		TOTAL		TOTAL		TOTAL		TOTAL		TOTAL	
% of max. Score	$\frac{T}{8} \times 100 =$	%	$\frac{T}{16} \times 100 =$	%	$\frac{T}{22} \times 100 =$	%	$\frac{T}{20} \times 100 =$	%	$\frac{T}{10} \times 100 =$	%	$\frac{T}{20} \times 100 =$

Annex 3: Performance comparison form

Comparing the performance of PEO programs

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

Annex 4: Performance tracking form

Tracking the performance of a PEO program over time

STANDARD	1ST ASSESSMENT	2ND ASSESSMENT	3RD ASSESSMENT	4TH ASSESSMENT	BEST PERFORMER		
					DECREASING	SAME	INCREASING
Standard 1. Management							
Standard 2. Selection process							
Standard 3. Training							
Standard 4. Retention							
Standard 5. Access to Health Services							
Standard 6. Peer Education and Outreach							
Standard 7. Supplies, Materials, Tools							
Standard 8. Enabling Environment							
Standard 9. Referral System							
Standard 10. Supportive Supervision							
Standard 11. Ongoing Support							
Standard 12. Monitoring and Evaluation							
Total Score (Max 24)							

Annex 5: Assessment summary and recommendations template

Evaluators report the percentages calculated in the *scoring form* under the Process Measure/Score. The Output-based Measure of Program Performance lists examples of indicators that summarize the output of a specific management function and adds value to interpret the performance against a standard. Not all management functions can be summarized with specific output indicators. In the Recommended Actions & Support Required column, evaluators 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 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.

STANDARDS	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. Establish a system for retention of peer-educators		<i>Retention rate of PEs and its trend</i>	
5. Health care services are accessible by sex workers and their clients			
6. Comprehensive peer-education and outreach services are provided		<ul style="list-style-type: none"> <i>Proportion of SWs with a risk reduction plan and its trend</i> <i>Proportion of SWs who know their status and its trend</i> 	
7. The program provides the necessary supplies, materials and tools		<i>Stock-out rates of IEC materials and supplies and its trend</i>	
8. An enabling environment is established for peer education of sex workers and outreach to sex workers and their clients			
9. An effective referral system is established		<i>Proportion of effective referrals and its trend</i>	

STANDARDS	PROCESS MEASURE/SCORE	OUTPUT-BASED MEASURE OF PROGRAM PERFORMANCE	RECOMMENDED ACTIONS & SUPPORT REQUIRED
10. Supportive supervision is provided on an ongoing basis to all peer educators		<i>Proportion of PEs supervised monthly for the past 3 months and its trend</i>	
11. Continuous and sustained contact with sex workers is undertaken		<i>Proportion of SWs lost to follow up (proportion not visited for 3 months) and its trend</i>	
12. Participatory monitoring and evaluation is carried out for peer-education and outreach programs			



Ministry of Health