



# Micro-planning for more effective and efficient HIV programs: Sex-worker led condom programming in Malawi



**Case Study**  
**2024**

Peer Cadres carrying out hotspot mapping.  
Photo: Pakachere

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Harnessing the power of peer educators and outreach workers and Micro-planning, the [Local Endeavors for HIV Prevention and Treatment \(LEAP\) project](#), funded by PEPFAR and executed by Pakachere Institute for Health and Development Communication (IHDC), has transformed HIV outreach for Female Sex Workers (FSWs) in Malawi. This data-driven approach has informed the targeted distribution of millions of condoms and lubricants, achieving significant reductions in HIV and STI prevalence among FSWs in the project.

This Case Study highlights the opportunity to use Micro-Planning to improve effective and efficient distribution and promotion of condoms and lubricants - a critical component of any program reaching key populations.

## Insights

**The Power of Micro-Planning:** Peer educators and outreach workers utilizing the Micro-Planning approach can pinpoint venue-specific risks, understand each FSW's vulnerability, and devise plans tailored to the individual.<sup>1</sup> Micro-Planning provides targeted messages and access to vital products such as condoms and lubricants based on their unique needs.

**Holistic Health Interventions:** Beyond distribution, messages are integrated into a broader package of products and services to support the holistic needs of individuals at risk of HIV. This includes STI and HIV testing, STI treatment, Pre-exposure Prophylaxis/Post-exposure Prophylaxis (PrEP/PEP), support for Antiretroviral Therapy (ART) adherence, contraception, and Gender-Based Violence (GBV) screening.

**Benefits of a Tailored Approach:** Traditional interventions often misjudge the needs of FSWs, leading to over or under-supply of condoms. Micro-planning, however, aligns distribution with actual need, ensuring efficiency and minimizing wastage. It also promotes continuous quality improvement, adapting services to each FSW's requirements.

**Impressive Outcomes:** Over its four-year span (2019-2023), LEAP's Micro-planning has informed the targeted distribution of over 23 million male condoms, nearly 1 million female condoms, and more than 2.2 million lubricant packets. The project has seen a decline in HIV and STI prevalence among FSWs, indicating the effectiveness of the approach to maximizing impact while making efficient use of resources.

<sup>1</sup> Steen R, Genesis Analytics, A Key Population Trusted Access Platform. [Considerations in planning and budgeting for a key population platform to deliver scaled quality HIV prevention and treatment services and for addressing critical enablers](#). April 2020.



## Best Practice

This case study is part of a series documenting promising and best practices supported by the Global Fund to Fight AIDS, Tuberculosis, and Malaria's (GFATM) Condom Strategic Initiative and wider condom programming. Micro-planning has been shown to be a best practice in scaling up HIV prevention programs. A 2018 article published in PLOS ONE found "micro-planning with adequate Key Population (KP): Peer Educator (PE) ratios is an effective approach to scaling up HIV prevention programmes among KPs, resulting in high levels of programme uptake and service utilisation."<sup>2</sup> *While every country and context are unique, our hope is that lessons identified in this work can be drawn on to inspire and inform programs in other countries.*

**This case study addresses the need to focus HIV prevention interventions and resources to those at highest risk of HIV, including Key Populations (KPs), as outlined in the UNAIDS [Technical Guidance](#).<sup>3</sup>**

## Background

HIV prevalence among FSWs is nearly 50% in Malawi, seven times higher than the adult general population, and considerably higher than the 12% prevalence in clients of FSWs.<sup>4</sup> Targeting HIV services to those at highest risk is critical to achieve epidemic control.<sup>5</sup> FSWs in Malawi are also at much greater risk of contracting STIs and viral hepatitis, and are vulnerable to reactivation of dormant Tuberculosis.<sup>6</sup> Globally, FSWs and other Key Populations (KPs) face legal and structural barriers, stigma and discrimination, as well as social exclusion, all of which hampers their access to products, services, and messaging, contributing to their high risk of acquiring HIV.<sup>7</sup>

Malawi has registered significant declines in new HIV infections, reflecting a robust treatment and prevention response, particularly through interventions targeting FSWs. The Local Endeavors for HIV/AIDS Prevention and Treatment (LEAP) project in Malawi, implemented by Pakachere Institute for Health and Development Communication, reaches FSWs to reduce HIV transmission and acquisition and improve the quality of life of those living with HIV. Pakachere works **in partnership and close collaboration with the Malawi Ministry of Health (MOH) and the National AIDS Commission (NAC)** on this project and more broadly on improving HIV prevention and treatment for KPs, along with other KP implementing partners.

The LEAP project leverages Micro-planning, an approach that has been used for well over a decade. While Micro-planning is an established best practice for comprehensive interventions reaching KPs, elements of the approach are often overlooked to ensure targeted supply in the design and management of programs that support condom access and use. Micro-planning underpins peer-led outreach, and includes a set of tools to **tailor behavior change and HIV product and service packages to individual FSW needs at specific venues.**

The approach and tools in the LEAP project enable Peer Cadres (PCs), comprised of peer educators and peer navigators selected from FSW communities, to identify venue-specific risk factors and behaviors, and develop individualized plans to meet the specific needs of FSWs based on identified risk factors. Micro-planning helps peer educators "transition from being passive data gatherers to active site managers who analyse data from their spots and networks."<sup>8</sup>

**Micro-planning tools are supplemented by job aids and communication materials to promote condom and lubricant uptake. All tools are adapted for low-literacy and produced in the local language. The PCs are trained in the use of the tools and empowered to carry out demand creation and community led distribution of condoms, lubricants and materials, helping to extend reach to the last mile.**

<sup>2</sup>[Micro-planning at scale with key populations in Kenya: Optimising peer educator ratios for programme outreach and HIV/STI service utilisation](#). PLoS ONE 13(11): e0205056. <https://doi.org/10.1371/journal.pone.0205056> Bhattacharjee P, Musyoki H, Prakash R, Malaba S, Dallabetta G, Wheeler T, et al. (2018)

<sup>3</sup>UNAIDS 2020 Reference, [Developing Effective Condom Programs](#)

<sup>4</sup>[Malawi Biological and Behavioural Surveillance Survey](#), 2019-2020. National Statistics Office

<sup>5</sup>[UNAIDS Country Factsheet](#), Malawi, 2021

<sup>6</sup>[UNAIDS Data 2021](#). UNAIDS Reference 2021

<sup>7</sup>UNAIDS. HIV Prevention Road Map. [Accelerating HIV prevention to reduce new infections by 75%](#)

<sup>8</sup>[Micro-Planning in Peer Led Outreach Programs—A Handbook Based on the Experience of the Avahan India AIDS Initiative](#). New Delhi: Bill & Melinda Gates Foundation, 2013.

## LEAP's approach to Micro-planning

### Use of Micro-planning tools to improve learning and program adaptation:

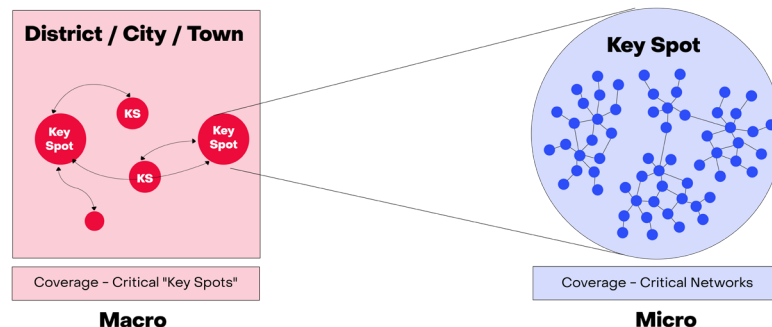
Over 150 PCs from FSW communities in Blantyre, Lilongwe, Mangochi and Mzuzu districts were trained to use Micro-planning tools and are supported through ongoing mentorship by 14 Peer Outreach Workers (POWs). The PCs deliver condom promotion messages and commodities, including condom demonstration, for FSWs in hotspots/bars/venues among their other prevention and care duties. Key tools included in the Micro-planning process include<sup>9</sup>:

- **Geographic targeting:** To identify locations where FSWs gather, PCs employ tools that map hotspots, support site analysis and enable contact mapping. These tools enable PCs to estimate population size and risk characteristics, which helps determine where they focus their work. The PCs also reach home-based FSWs.
- **Risk and vulnerability analysis:** PCs enroll FSWs, assigning Unique Identification Codes to protect anonymity. PCs use tools ("Contact listing" and "Peer Plan") to assess individual risk and vulnerabilities to understand hotspot risk dynamics. This analysis is an important step that matches each hotspot with networks and specific risk dynamics.
- **Individual tracking:** The "Peer Calendar" is a tracking tool used for reporting and planning for individual FSWs in the PC's cohort. The Peer Calendar builds from the risk and vulnerability profiling to capture an individual FSW's profile and records education and outreach services provided in the past. It also tracks whether a FSW has received health education or visited a clinic, enabling the PC to monitor services received by each FSW and help identify FSWs who need more support.

- **Analysis of performance:** The "Opportunity Gap Analysis" enables POWs to analyze data to identify gaps in uptake of HIV prevention, care, and treatment services among the PC's cohorts of FSWs. It informs the planning of mentoring and supportive supervision, as well as the identification of challenges at the outreach and project level.

**Application to Condom Programs:** The tools described above are directly applied to inform the 'micro-plan' in support of comprehensive HIV services including tailored condom programming. Individual risk data is analyzed to quantify condoms and lubricant that individual FSWs require on a weekly basis, based on client volume. FSWs report the expected number of clients they will have and needs are estimated at three condoms per client. Individual micro-plans are then rolled up to quantify condom needs by venue/hotspot. This approach facilitates targeted distribution, minimizes wastage, and works to ensure condom distribution aligns with need and use. As a relationship is developed with each FSW, condoms distributed can be adjusted to factor in the evolving needs of each FSW.

A critical component of the LEAP project has been **collaboration with the MOH on identifying KP condom needs, quantification, forecasting and supply chain management.** This has led to timely, direct condom delivery to Drop-In Centres (DICs) and community project locations based on needs estimates, thereby addressing supply chain barriers among KPs. Pakachere and other KP implementing partners have received comprehensive training from the MOH on quantification, forecasting, reporting, commodity management, storage, and quality improvement. To enhance coordination at the sub-national level, KP partners were included in district condom technical working groups. They also fully participate in the MOH HIV commodity tracking system.



<sup>9</sup>[LINKAGES Standard Operating Procedure: Programmatic Mapping and Microplanning](#). Durham (NC): FHI 360/LINKAGES Project; 2020.



## Key Lessons

**Better data use for service planning:** The use of Micro-planning tools generates continuous, detailed data which is used to tailor services to individual FSW needs. Improved data use mitigates against over or under-supply of condoms, and therefore reduces wastage, while targeting commodities to those with greatest need.

**Critical partnerships:** The close partnership with the Ministry of Health coupled with leveraging its supply chain mechanism enabled an efficient supply of commodities through DICs and community project locations. This resulted in reduced stock outs of condoms and lubricants, which supported uninterrupted distribution. The partnership and engagement on the national HIV coordination platform also enabled strong referral sites for KPs, as MOH facilities were strengthened through mentoring and training to become more KP-friendly and LEAP sites were accredited as health facilities.

**Access to integrated services:** Use of Micro-planning tools facilitates streamlined access to integrated services, including testing and treatment and other SRH services that DICs are accredited to provide. This is particularly important to ensure complimentary use of prevention and treatment funding streams while supporting early detection of and referral to treatment of those that are HIV positive.



Training session for Peer Cadres.

Photo: Pakachere

## Tips for Effective Implementation

- Ongoing training of PCs and POWs on the use of the Micro-planning tools including practical sessions on understanding risk and vulnerability at location and population level is important to ensure tools are applied.
- Unique Identification Codes are critical to monitor uptake of products and services of individual FSW while protecting privacy and confidentiality.
- Continuous community mapping ensures that the project stays abreast of changing dynamics in how and where FSWs are working so that they can be supported wherever they go.
- Appropriate, low-literacy tools in the local language adapted to the needs of FSWs based on their feedback ensures relevance and comprehension. It is still important, however, to identify PCs who have a basic level of literacy so they are able to do the required reporting.
- Building in reflection points is important to ensure Micro-planning meets the needs of the program while supporting FSWs.
- Collaboration with the MOH, condom distribution programs, AIDS Healthcare Foundation, and other partners ensured cohesive and consistent supply of messaging, product and services.
- Fully participating in the MOH data system for HIV commodities improved visibility and tracking.

**“As a provider, I am proud to see a reduction in STI cases in my district. Condom distribution to the last mile by Peer Cadres has made condoms accessible to key populations in hard-to-reach hotspots.”**

**- LEAP Clinical Provider**

## What's Next

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Given the success of a peer-led approach leveraging Micro-planning to deliver condoms, Pakachere plans to leverage this existing platform to further capacitate the PCs and enable them to take on more tasks such as the distribution of HIV self-test kits and oral contraceptives. This will further improve access to the products FSWs need. Such initiatives will be integrated into future MOH-led GFATM proposals and other resource requests.

## Tools and Resources

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- [Micro-Planning in Peer Led Outreach Programs—A Handbook Based on the Experience of the Avahan India AIDS Initiative](#). New Delhi: Bill & Melinda Gates Foundation, 2013.
- [Micro-planning at scale with key populations in Kenya: Optimising peer educator ratios for programme outreach and HIV/STI service utilisation](#). PLoS ONE 13(11): e0205056. <https://doi.org/10.1371/journal.pone.0205056> Bhattacherjee P, Musyoki H, Prakash R, Malaba S, Dallabetta G, Wheeler T, et al. (2018).
- [LINKAGES Standard Operating Procedure: Programmatic Mapping and Microplanning](#). Durham (NC): FHI 360/LINKAGES Project; 2020.
- [Technical Brief: HIV Programming at Scale for and with Key Populations](#). GFATM, December 2022.

- Centre for HIV-AIDS Prevention Studies and Sediba Hope Medical Centre for NACOSA, 2022. [Process evaluation of microplanning as a service delivery model for the PWID Programme](#).
- South to South Learning Network, [Microplanning Video Series](#), 2023.

## Suggested Citation

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Sarah Gibson, Mann Global Health (MGH); Lucy Maikweki (MGH); Aasha Pai (MGH); Chris Jones (MGH); Gina Dallabetta (MGH); Cosmas Kamba, Acting Chief of Party, Local Endeavors for HIV/AIDS Prevention and Treatment (LEAP) (Pakachere IHDC); Rosemary Kindyomunda, SRH/HIV Specialist, East and Southern Africa Regional Office (UNFPA); Namwinga Chintu, Program Advisor, Programme Innovation for Prevention Treatment and Pediatrics (UNAIDS), *Microplanning for more effective and efficient HIV programs: Sex-worker led condom programming in Malawi*, January 2024

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The LEAP project offers comprehensive HIV prevention and treatment services.

Photo: Pakachere



Condom delivery in the community.  
Photo: Pakachere

