

# Linkages Across the Continuum of HIV Services for Key Populations Affected by HIV (LINKAGES)

Cooperative Agreement No. AID-OAA-A-14-00045

## STANDARD OPERATING GUIDANCE ON PROGRAMMATIC MAPPING AND VALIDATION

LEARNING SITE PARTNERS IN SRI LANKA

JUNE 2019



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**LINKAGES**

*Across the Continuum of HIV  
Services for Key Populations*

*The Standard Operating Guidance on Programmatic Mapping and Validation* was adapted from the *Readiness Assessment for Use with Key Populations* document published by the LINKAGES project.

This document was made possible by the generous support of the American people through the United States Agency for International Development (USAID) and the U.S. President's Emergency Plan for AIDS Relief (PEPFAR). The contents are the responsibility of the LINKAGES project and do not necessarily reflect the views of USAID, PEPFAR, or the United States Government. LINKAGES, a five-year cooperative agreement (AID-OAA-A-14-00045), is the largest global project dedicated to key populations. LINKAGES is led by FHI 360 in partnership with IntraHealth International, Pact, and the University of North Carolina at Chapel Hill.

## Foreword



The National STD & AIDS Control Program (NSACP) of the Government of Sri Lanka is well positioned to **End AIDS in Sri Lanka** by 2025, ahead of the global target of 2030. For this goal to be achieved, NSACP collaborates with several agencies and partners including - local civil society organizations (CSOs); communities; United Nations (UN) agencies; and donor organizations including the Global Fund for AIDS, TB and Malaria (GFATM). With GFATM support, the NSACP has been implementing a nation-wide peer-led community outreach program in Sri Lanka in partnership with the Family Planning Association of Sri Lanka, other local CSOs, KP-led organizations and STD clinics. The community outreach interventions cover different key population groups i.e. female sex workers (FSW), men who have sex with men (MSM), injecting drug user (IDU) and transgender (TG) populations.

FHI 360, the US-based NGO, has been extending technical assistance to NSACP and the local CSO partners to build their technical and program implementation capacity in key population programming. FHI 360 has introduced several global good practices, tools and innovations to address emerging challenges to achieve optimal coverage and HIV testing among different key population groups. This technical assistance is supported by the United States Agency for International Development (USAID) India and USAID Sri Lanka and Maldives Missions as part of a two-year collaborative partnership with the Ministry of Health, Nutrition and Indigenous Medicine (MoH), Government of Sri Lanka.

Over two years (2017-2019), FHI 360 through the LINKAGES Project has introduced several tools and programmatic innovations to improve the coverage and quality of the key population program in Sri Lanka. Technical experts from the FHI 360 India and the Global team contributed immensely to new learnings; several technical resources were adapted to the local context; and in-country resource persons were mentored to support the key population and HIV program in the future.

The **Standard Operating Guidance on Programmatic Mapping and Validation** is for CSOs working with key populations. It serves as a guide to support CSOs on mapping existing and new intervention sites; estimate the size of key population members available in these sites; and profile the sites based on their suitability for program implementation.

On behalf of NSACP, I extend my deep appreciation to USAID and FHI 360 for their contribution in developing this guidance document in consultation with local CSOs, seeking technical advice from experts and guidance from FHI 360 global office staff, FPASL, as well my colleagues from NSACP.

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## Acknowledgement



FHI 360 has been providing technical assistance in key population programming in the sub-continent for the last two decades working collaboratively with local governments and civil society organizations (CSO) to support innovations at-scale and capacity strengthening in technical and program management areas with a focus on key populations (KP). The United States Agency for International Development (USAID)-funded LINKAGES Project was implemented by FHI 360-led consortium in Sri Lanka from December 2017-December 2019.

We wish to appreciate and acknowledge the leadership, support and guidance extended to FHI 360 LINKAGES Project by Director, National STD & AIDS Control Program (NSACP), Sri Lanka and other members of the senior management team especially Dr. G. Weerasinghe, Senior Consultant-Venereologist and Coordinator-Key Population Program in NSACP, who coordinated the different areas technical assistance seamlessly at the national level. As part of LINKAGES, FHI 360 developed three civil society partners as learning sites for HIV prevention for female sex workers (FSW), men who have sex with men (MSM) and people who use/inject drugs (PWU/ID). The CSO partners adopted tools and technical guidelines in KP programming to enhance coverage and quality of their HIV interventions. Further, their organizational systems were strengthened to improve program delivery at-scale. We acknowledge the leadership and collaborative partnership demonstrated by the three learning site partner organizations namely - Alcohol Drug Information Center (ADIC); Community Strength for Development Foundation (CSDF); and Saviya Development Foundation (SDF). Further, we appreciate and thank contributions made by the community champions and community members, peer educators and field staff, Global Fund for AIDS, Tuberculosis and Malaria (GFATM) supported CSOs implementing KP program in the country, peripheral STD clinics and all those who contributed in adapting the LINKAGES tools and guidelines.

We acknowledge the Ministry of Health (MoH), Government of Sri Lanka and the USAID India and USAID Sri Lanka and Maldives Missions for giving FHI 360 the opportunity to work in Sri Lanka and to contribute towards the national mission of Ending AIDS in Sri Lanka by 2025. FHI 360 received unstinting support and cooperation from other local stakeholders including – GFATM Country Coordination Mechanism (CCM); GFATM local fund agent; UN agencies; Family Planning Association of Sri Lanka. Last but not the least, the FHI 360 teams in headquarters, regional office, India Country Office and the local team of consultants and vendors for their tireless effort and exemplary commitment towards achieving the LINKAGES program results in Sri Lanka.

Dr. Bitra George  
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## Abbreviations

|       |  |
|-------|--|
| ADIC  | Alcohol and Drug Information Center                |
| CSDF  | Community Strength Development Foundation          |
| FS    | Field supervisor                                   |
| FSW   | Female sex worker                                  |
| GFATM | The Global Fund for AIDS, Tuberculosis and Malaria |
| HIF   | Hotspot information format                         |
| HIV   | Human immunodeficiency virus                       |
| HRG   | High-risk group                                    |
| KP    | Key population                                     |
| MSM   | Men who have sex with men                          |
| NGO   | Nongovernmental organization                       |
| PWID  | People who inject drugs                            |
| PWUD  | People who use drugs                               |
| SDF   | Saviya Development Foundation                      |
| STD   | Sexually transmitted disease                       |
| STI   | Sexually transmitted infection                     |
| TA    | Technical assistance                               |
| TG    | Transgender  |

# 1. Introduction

The Global Fund for AIDS, Tuberculosis and Malaria (GFATM) supported HIV prevention program for key populations (KPs) — female sex workers (FSWs), men who have sex with men (MSM), beach boys, people who use/inject drugs (PWUDs/PWIDs), and transgender (TG) women — is being implemented in Sri Lanka since 2016. In September 2017, FHI 360 rolled out the Linkages Across the Continuum of HIV Services for Key Populations Affected by HIV (LINKAGES) project, funded by the United States Agency for International Development (USAID), to provide technical assistance for improving the quality of the ongoing GFATM-funded program.

The aim of the LINKAGES project is to build capacity of government, civil society organizations, and community-led organizations to deliver to KPs quality, comprehensive HIV services across the prevention, treatment, and care and support continuum.

## 1.1. Purpose of programmatic mapping

The purpose of programmatic mapping is manifold. It helps in improving programmatic coverage across hotspots/sites and sub-groups of KPs, which is crucial because both hotspots and the nature of sub-group KPs are dynamic. The major purposes of programmatic mapping are:

- 1) To build a better understanding of the dynamic nature of hotspots and the influence of many factors, including the way KPs network
- 2) To provide information on the number of KPs available and their timings, solicitation practices, client load, service coverage, and the locations where they can be accessed
- 3) To secure correct information based on which the program can design robust interventions

## 1.2. Need for programmatic mapping and validation

In Sri Lanka, KP mapping had been done in the year 2009 in four districts to estimate the size of the FSW, MSM, and PWUD/PWID population. The data was used to start HIV prevention interventions in Colombo district in 2011. In 2013, KP estimation was done using capture and re-capture methodologies. The estimates were used to design interventions for FSWs, MSMs, PWUDs/PWIDs, and beach boys. However, analysis of estimates and the GFATM-supported program's targets indicate that significant coverage gap exists in Colombo district. The table below highlights the existing gap in coverage.

| Type | Estimates (2013) | Proposed GF coverage by 2018 |
|------|------------------|------------------------------|
| FSW  | 4,554            | 3,524                        |
| MSM  | 3,991            | 1,748                        |

To obtain optimum coverage, it is necessary that the denominator be revisited through validation of existing hotspots and mapping of new hotspots, if any. Due to their dynamic situation and various factors, KPs keep shifting their hotspots, while new KPs of the same cohort join the hotspot or even form a new hotspot. To understand this process, the LINKAGES project used in-country resources and provided technical guidance to implement hotspot validation for FSWs and MSM in Colombo district and for PWUDs/PWIDs in Gampaha district.

### 1.3. Outcomes of programmatic mapping in 2018

Programmatic mapping was carried out in 2018 by three learning site partners of the LINKAGES project: Saviya Development Foundation (SDF), which works with MSM and TG in Colombo district; Alcohol and Drug Information Center (ADIC), which works with PWUDs/PWIDs in Gampaha district; and Community Strength Development Foundation (CSDF), which works with FSWs in Colombo district. The table below summarizes the findings of the exercise:

| Organization | No. of hotspots validated | No. of active hotspots | No. of inactive hotspots | No. of new hotspots found |
|--------------|---------------------------|------------------------|--------------------------|---------------------------|
| SDF          | 117                       | 89                     | 17                       | 15                        |
| ADIC         | 270                       | 220                    | 50                       | 29                        |
| CSDF         | 442                       | 370                    | 72                       | 46                        |

#### Summary of findings:

- 1 Soliciting peers or customers at a physical location is decreasing due to wide usage of mobile phones and social media applications.
- 2 The number of KPs available at a given time in a hotspot varies from three to seven.
- 3 The peak hours are from 6 pm to 10 pm.
- 4 The KPs found at hotspots are generally from low-income backgrounds and are less educated.
- 5 The KPs have a limited understanding about transmission of HIV, and a large number of them are not registered in any program.
- 6 Use of condoms remains low, and there is absence of any systematic strategy for distributing condoms and lubricants to KPs.

#### Programmatic implications:

- In addition to the ongoing peer-led intervention, social media should be used to reach out to FSWs and MSM with information and services for HIV and STD.
- Program design must be restructured in order to reach the most number of KPs and the most vulnerable groups.
- Programs must be developed to reach hidden KPs and young KPs.
- There is significant mobility to nearby hotspots and the number of KPs is significant. Peer educators from nearby hotspots must network and share coverage information to minimize duplication and optimize coverage.
- A significant number of KPs report experience of violence, which must be addressed through counseling and violence reduction programs.
- Coverage in new hotspots should be scaled up either through new peer educators or by revising the targets of existing peer educators.

This document — *Standard Operating Guidance on Programmatic Mapping and Validation* — has been developed to provide guidance on the processes for mapping new hotspots, validation of existing hotspots, and determining the operational dynamics of hotspots. It details the required processes and tools that other programs in future can use to better design and target services.



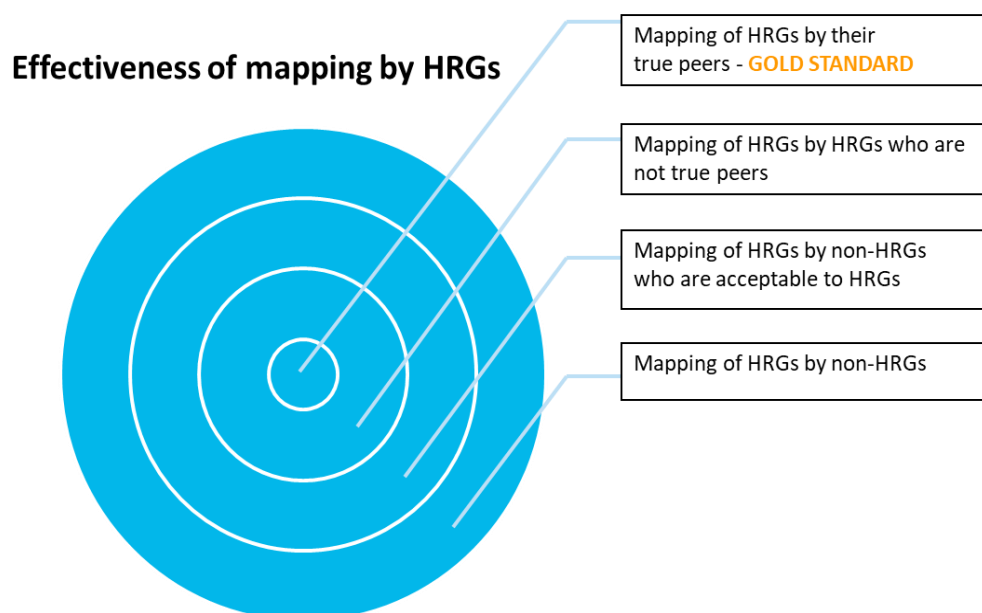
## 2. What is Programmatic Mapping?

### 2.1. Introduction

Programmatic mapping and validation is a participatory process involving KP community members and program staff. The process uses existing maps and hotspots to estimate the size of the KP community in relation to service coverage. It also examines dynamics in existing hotspots and maps the newly identified hotspots that are not currently covered by the program.

The underlying principle of programmatic mapping is 'by, for, and with the community' (see Figure 1). KP members play a critical role in designing the implementation approach, conducting programmatic mapping, and using the information to improve program design for delivery of services.

**Figure 1: Ensuring effectiveness of programmatic mapping**



Mapping implementers who are true KP peers participants will find the safest space and best time to facilitate mapping activities with them. They also have the necessary acceptability and credibility among KPs to effectively mobilise them and to generate in-depth, accurate information for project design.

Validation provides the following information that is important to improve program design and response:

- Location of hotspots, including new ones
- Types of KPs and sub-groups
- Estimated number of KPs
- Timings when the KPs are available at a hotspot or can be reached, including peak days and time
- Operational dynamics, such as migration and mobility patterns
- Information about incidences of violence and the perpetrators

- Information about the estimated number of KPs who use mobile phones and Internet
- Information about the availability of services in the hotspot/area

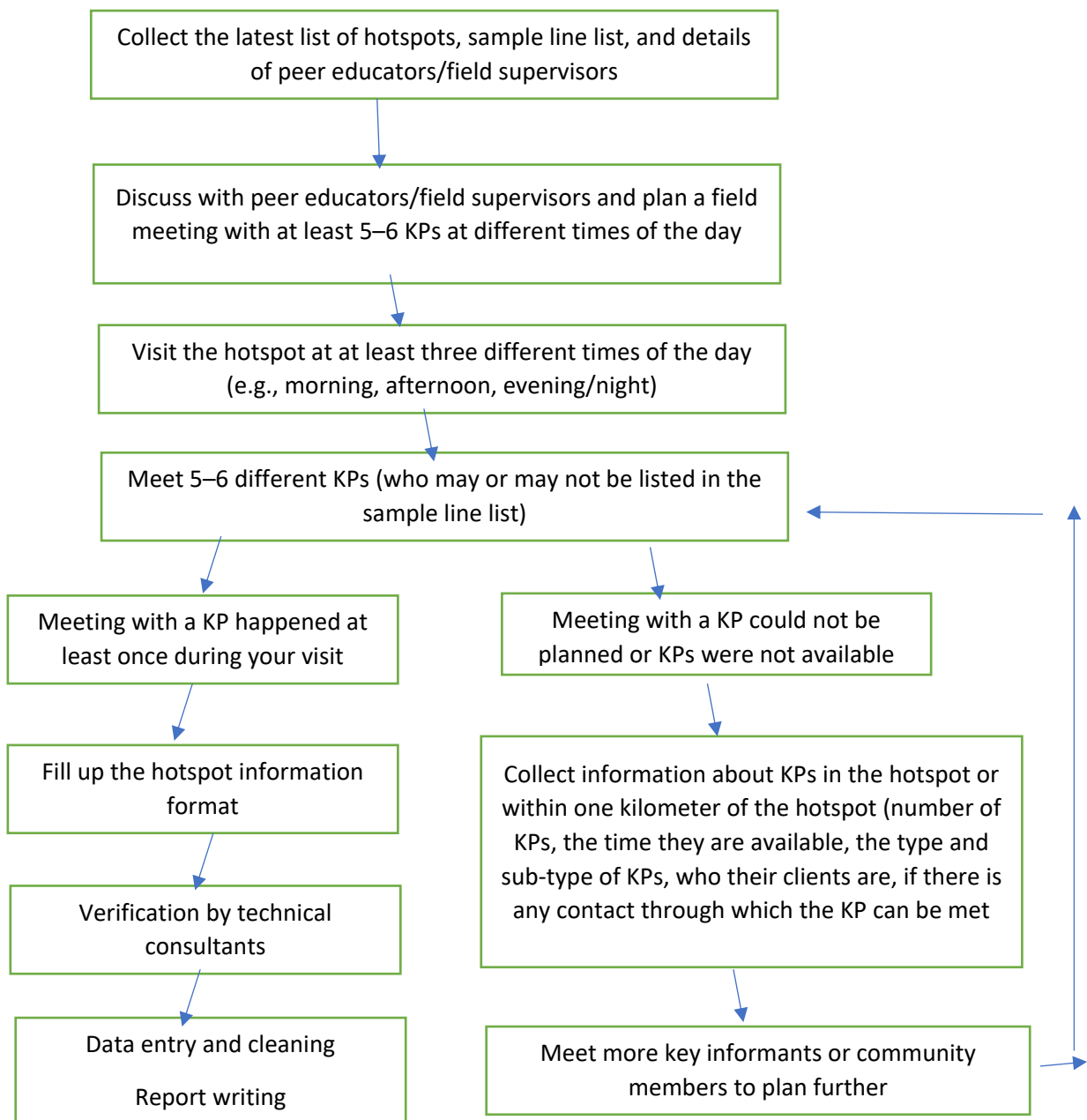
The global LINKAGES tools for mapping and validation were adapted and translated to the local context. The validation process used current or previous registered community members, who were well-versed with the operational dynamics of hotspots, as community consultants to use the tools and support the mapping and validation exercise. Terms of reference and deliverables were fixed for these consultants from the community (representing various KP sub-groups) and for technical consultants. All community consultants were selected by implementing partners and trained on the processes, tools, and monitoring of the validation process.

## 2.2. Programmatic mapping and validation process

The process of programmatic mapping and validation, illustrated in Figure 2, is based on the following practices:

- It uses geographical mapping to develop a comprehensive and updated list of hotspots where KPs solicit, congregate, or are provided services.
- It uses a systematic approach to gathering data, enabling improved understanding of the operational dynamics of the hotspot.
- It is carried out by trained community representatives using standard tools.

**Figure 2: Process of hotspot validation**



## 2.3. Steps to implement the programmatic mapping and validation process

Programmatic mapping and validation is done in two stages:

- Preparatory stage
- Implementation stage

### 2.3.1. Preparatory stage:

The following activities and tools are used during the preparatory stage.

| Activities/Process  | Responsibility                                      | Tools to be used  | Expected outcome  |
|---|---|---|---|
| Identify stakeholders for hotspot validation<br><br><b>Process:</b><br>Consultation with stakeholders   | Civil society organization or national program team | <u>Worksheet 1:</u><br>Stakeholders for programmatic mapping  | <ul style="list-style-type: none"> <li>• Identifies the current role of various stakeholders</li> <li>• Identifies the expected role of these stakeholders during the validation process</li> <li>• Enables consideration of the new relationships that need to be built to prepare the community to support and participate in the validation process</li> </ul> |
| Define and describe the KPs to be mapped<br><br><b>Process:</b><br>1. Consultation with community members, peer educators<br>2. Discussion with National Program team | Civil society organization or national program team | <u>Worksheet 2:</u><br>Typology of KP groups by type of location<br><u>Worksheet 3:</u><br>List of KP groups to include in programmatic mapping and validation<br><u>Worksheet 4:</u><br>List of local terms used by various groups | <ul style="list-style-type: none"> <li>• Identifies the list of KP groups and hotspots to be included</li> <li>• Defines the standard terminologies and local terms used for KPs and sub-typologies</li> </ul>  |
| Define what tool will be used, including the translation of the tool<br><br><b>Process:</b><br>Adaptation of the standard tool  | National program team                               | <u>Worksheet 5:</u><br>LINKAGES programmatic mapping and validation tool<br><u>Worksheet 6:</u><br>Sample information from the line-list of the existing database   | <ul style="list-style-type: none"> <li>• Defines the tool, including the local terms to be used during the implementation</li> </ul>  |
| Define the terms of reference for the team members<br><br><b>Process:</b><br>Discussion with the program team   | Civil society organization                          | <u>Worksheet 7:</u><br>Sample terms of reference for technical and community consultants  | <ul style="list-style-type: none"> <li>• Provides role clarity and defines the process of recruitment</li> </ul>  |

| <b>Activities/Process</b>  | <b>Responsibility</b>  | <b>Tools to be used</b>                                 | <b>Expected outcome</b>  |
|--|--|---|--|
| Prepare the workplan for field implementation<br><br><b>Process:</b><br>Discussion with the field team   | Civil society organization                                       | <u>Worksheet 8:</u><br>Sample workplan                  | <ul style="list-style-type: none"> <li>• Defines the timeline and the expected roles of various teams</li> </ul>               |
| Training of the technical and community consultants<br><br><b>Process:</b><br>Classroom training on the basic concepts of programmatic mapping and validation and on the DOs and DON'Ts, in addition to field exercise in using the tool | Civil society organization and trainers or national program team | <u>Worksheet 9:</u><br>Training of consultants (agenda) | <ul style="list-style-type: none"> <li>• Trains technical and community consultants and gets them ready for rollout</li> </ul> |
| Estimate the stationery (pens, marker pens) and hotspot information formats  | Civil society organization                                       | <u>Worksheet 10:</u><br>Hotspot information format      | <ul style="list-style-type: none"> <li>• Finalizes logistics for each team</li> </ul>  |

The LINKAGES tools may require adaptation and translation to suit the local context. The process of programmatic mapping should use existing community members who are well-versed with the operational dynamics of hotspots. The community consultants supporting the process must represent various sub-groups of KPs. Terms of reference and deliverables for community consultants and technical consultants need to be finalized. The community consultants and technical consultants will need to be selected and trained on the processes, tools, and monitoring of the process.

The three-day training of community and technical consultants, including one-day of field activity, will cover following topics:

- Importance of understanding the dynamics of hotspots and KPs (using card games)
- Need for reaching out to the unreached populations (using card games)
- Mapping of hotspots (onsite field activity, followed by preparation of maps in a group)
- Understanding programmatic mapping:
  - Protocols
  - Steps
  - Ethical considerations
  - DOs and DON'Ts
- Field exercise and use of programmatic mapping tool

The community and technical consultants need to follow the steps for implementation, as mentioned below, to complete programmatic mapping and validation:

### 2.3.2. Implementation stage:

The following activities are part of the implementation stage:

1) Consultation with field supervisor/outreach worker

Each team of technical consultants and group of community consultants should meet the field supervisor/outreach worker for the following:

- a) To understand the current situation of hotspots; to know if there are any new hotspots in their respective areas; and to understand local dynamics to consider when validation is conducted. The technical consultants will list all the hotspots and map them once the validation is complete.
- b) To receive the list of existing hotspots with minimum, maximum, and average size of KP population, based on the reported coverage in the last six months
- c) To get contact details of the field supervisor/peer educator for each hotspot and to share their own contact details
- d) To receive a sample line-list for the hotspot for key informant interviews during the field visit; the line-list should have the phone number of the KP to be contacted through the peer educator of the hotspot
- e) To finalize the venue for focus group discussion, to be done together with the field supervisor, during the field visit
- f) To share the final workplan and schedule visits to hotspots
- g) To receive the hotspot information format (Worksheet 10); at least two copies should be carried to each hotspot
- h) To collect the stationery (chart paper/A4 size paper and color pens for drawing maps)

2) Field visit to conduct focus group discussion and collect information in the hotspot information format

The consultants should follow the process given below:

- a) Contact the peer educator/field supervisor well ahead of your visit
- b) Upon meeting the KP members at the hotspot, introduce the purpose of the discussion. The following sample text can be used for introduction:

*"I thank you for giving your time and participating in today's discussion. You know that ('organization's name') is providing HIV and AIDS prevention services to you and your friends in this area. We want to provide better services to everyone, including at government clinics. However, to provide better services to everyone who is at risk, we need to understand how many people need these services, when can we meet them in this area, and what are the other needs they have. This information will be used for service delivery purposes and not for any other activities. We will not collect any personal information during our discussion. However, we will create a map of this area, identifying the places you and your friends meet or receive services in and the other services that are available in this area."*

- c) Discuss with KPs about the daily routine of their life in the area. Discuss what problems they face, particularly violence, and how they receive various services, including if there are other NGOs providing HIV-related services in the area.
- d) Fill out the hotspot information format in a participatory manner, helping the KP members understand the question and reflect on their responses.

- e) Develop the map of the hotspot and seek detailed information about the location of other hotspots within one km of the area. Identify the various landmarks, including the location of places where condoms are available, where KPs meet/solicit clients/receive services, entertainment places, health service providers, providers offering HIV testing services, etc.
- 3) Focus your discussion on the following points:
  - a) KP typologies, sub-typologies, and their estimated numbers at the hotspot
  - b) Geographical locations and timings of soliciting: Places of soliciting and congregation; any new places that have recently emerged; operational days and times; and days when KPs are present in large numbers
  - c) Hotspot dynamics: Hotspots changing location; KPs from the current hotspots soliciting in other hotspots; KPs migrating to other districts for soliciting; any new KPs at the hotspot in the last 3 months, KPs using mobile phones and Internet for soliciting, KPs of ages 18–25 years
- 4) Check the sample line-list received from the program. This needs to be done by the technical consultant. Mention how many of the KPs were met with during the focus group discussion.
- 5) Finalize the list of new hotspots within one km of the hotspot.
- 6) Finally, thank the members and ask them to link any new KP members in the area with the program through the peer educator/field supervisor.

**Implementation for mapping of newly identified hotspots:**

- 1) At the end of every week, consolidate the list of new hotspots identified during the field work.
- 2) Discuss with the program team (field supervisors and district coordinators) and finalize the list of new hotspots after checking the list of existing hotspots available with the program.
- 3) Prepare a list of key informants that can be met with in these new hotspots, especially including stakeholders like pimps, existing registered/ex-KPs who operate in new hotspots, spa/massage owners, lodge owners, etc.
- 4) For new hotspots, follow a mixed method for information collection and adopt the following process:
  - a) Plan one-to-one meetings with spa/massage owners and lodge owners; note that in the first meeting they might not reveal the availability of KP within their premises.
  - b) Plan the one-to-one meetings with spa/massage owners and lodge owners through a known KP so that they feel comfortable in discussing the problems/issues faced by KPs.
  - c) Plan your next visit and meet the KPs available at these premises/spaces; introduce the purpose of your visit and understand their daily routine, mobility and migration, and client profile.
  - d) In subsequent visits, try to complete the hotspot information format and make the hotspot map in detail.

**Key considerations during implementation:**

Based on the learning site partners’ experience of introducing programmatic mapping and validation in Colombo district (with FSWs and MSM) and in the Gampaha district (with PWUDs/PWIDs), the pointers given below emerged as key considerations to be kept in mind during implementation.

| Sub-types of key population | Implementation approach   |
|-----------------------------|---|
| Street-based FSWs           | <ul style="list-style-type: none"> <li>• Community consultants should visit the hotspot during peak hours.</li> <li>• Managing focus group discussion in the street will be a challenge, and hence meetings must be held in a nearby tea shop or park.</li> </ul> |

| Sub-types of key population   | Implementation approach   |
|-------------------------------|---|
|                               | <ul style="list-style-type: none"> <li>Multiple meetings may be required to complete the hotspot information format due to the presence of police and goons.</li> </ul>   |
| Lodge-based FSWs              | <ul style="list-style-type: none"> <li>Morning hours are more suitable for meeting them.</li> <li>Lodge owners must be taken into confidence and must arrange the meeting well in advance.</li> <li>Meetings with KPs of different age groups must be planned separately because their issues are different.</li> </ul>   |
| Spa/massage parlor-based FSWs | <ul style="list-style-type: none"> <li>A fixed day and a fixed time will need to be planned because the staff working in spa/massage parlors usually work on 12 hour-shifts and often work on particular days only.</li> <li>Spa owners may provide very little time for interaction due to the workload on staff members. Discussions may need to be planned with individual members who are available.</li> </ul> |
| MSM                           | <ul style="list-style-type: none"> <li>Instead of open/public places, MSM usually prefer to meet at a private place or at a friend's place.</li> <li>Afternoon or evening hours are most suitable for meeting them.</li> <li>MSM prefer to have the discussion in groups, unlike FSWs who like to discuss individually.</li> </ul>  |
| PWUDs/PWIDs                   | <ul style="list-style-type: none"> <li>PWUDs/PWIDs prefer to have the discussion at a public place but in an anonymous setting.</li> <li>Lunch time and afternoon hours are preferred for meetings.</li> <li>Individual discussions mostly have better outcomes. In groups respondents hesitate to discuss individual issues related to crisis/violence, condom use, etc.</li> </ul>                                |

## 2.4. Ethical considerations

The national program team, the civil society organization, and the consultants need to work together as a team to complete programmatic mapping and validation in a time-bound manner. Any issues with police and other gatekeepers, including pimps, owners of premises, and family members of KPs, need to be dealt with within 24 hours by the civil society organization. Note that **no information**, especially the numbers, location of hotspots, and violence issues, should be shared without due permission from the national program team.

The following ethical imperatives must be addressed during the process:

- 1) Gatekeepers will be explained about the purpose and method of mapping and validation.
- 2) The purpose, risks, and benefits of mapping will be explained to the participating KPs.
- 3) All interviews will be conducted with prior consent (verbal) of the respondents.
- 4) Civil society organizations will closely monitor the consent procedure; if required, signed consent may be introduced (Worksheet 11).
- 5) Respondents will be told about their right to withdraw from participation at any stage if they feel uncomfortable.
- 6) Respondents will be assured of the confidentiality of the information being shared by them.
- 7) Anonymity will be maintained (no names and addresses of respondents will be collected or revealed).



## 2.5. Documents and tools required

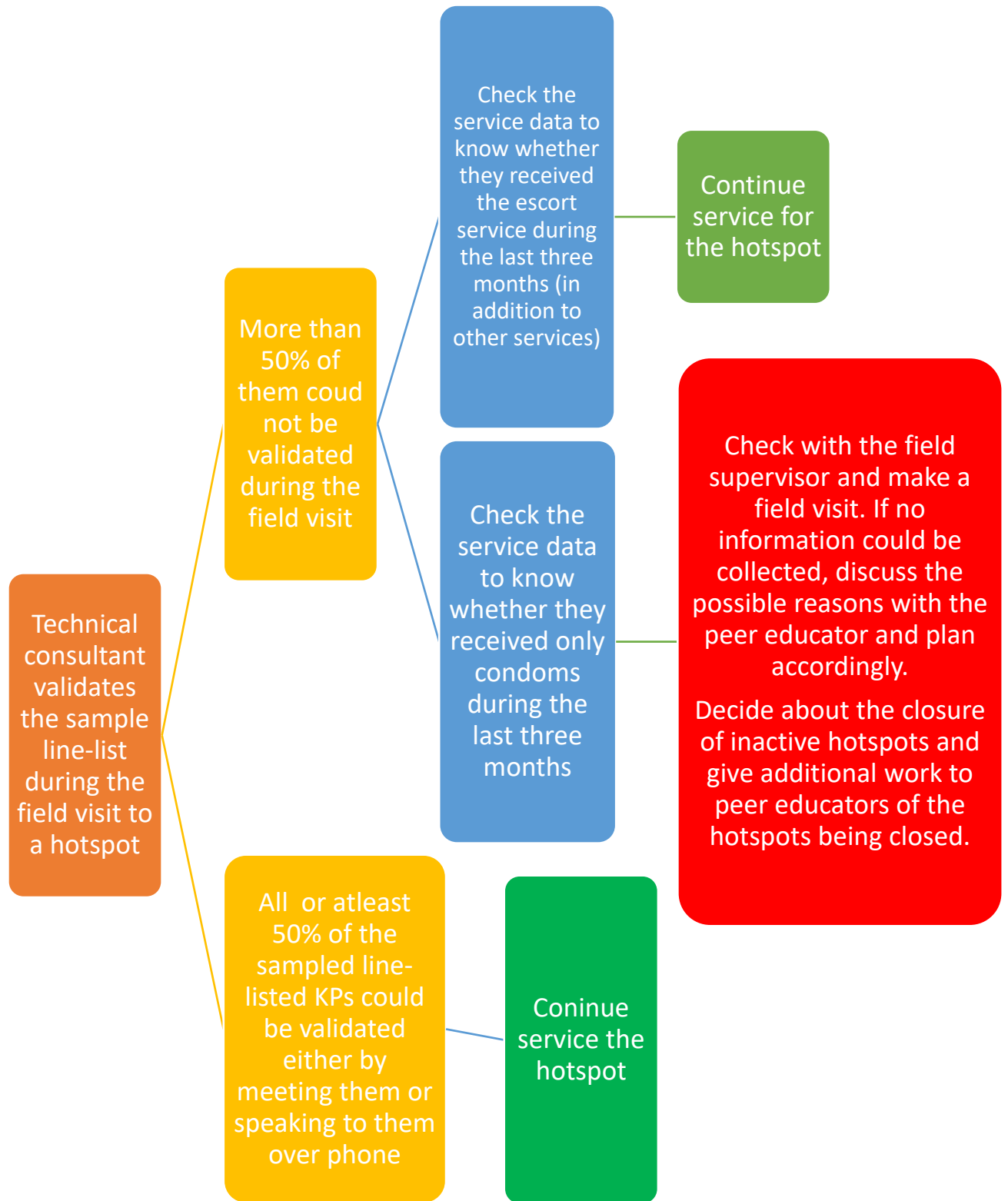
- 1) **List of hotspots** being covered by the program (address, names of key staff members, and phone numbers)
- 2) **Hotspot-wise data** on the current coverage (hotspot, address, KP size, etc.)
- 3) **Sample line-listing data for each hotspot**
- 4) **Hotspot information format** for validation and mapping
- 5) **Contact details** of important persons: field supervisors, district coordinators, technical consultants

## 2.6. Use of the data collected

The data collected through field work will be used for the following purposes:

- 1) Estimating the size of the KP community in a hotspot; this exercise should preferably be carried out before the annual planning meeting
- 2) Identifying new hotspots for scaling up the program
- 3) Identifying new hotspots and new KPs in an existing hotspot ; this will allow revision of service coverage targets
- 4) Reviewing the hotspots where KP could not be validated during the field visit. The process of review is mentioned below. This process is based on past experiences and may need to be adapted for use with KP groups and settings in the local context.
  - a) The technical consultant will present the validated sample line-list, stating whether all the line-listed KP were validated during the field visit or only a percentage of them were validated.
  - b) Use the flow diagram below (Figure 3) to plan the review process.
  - c) Share the findings of the review with the national program team and revise targets if required.
- 5) Use the data on usage of mobile phones and Internet to plan activities for reaching out and providing information on prevention and testing services on digital formats and popular social media platforms.
- 6) Use the data on violence to identify the next steps for advocacy and networking with stakeholders.
- 7) Use the data on various sub-types of hotspots to plan recruitment of peer educators who represent the same sub-typologies. This will be required if the number of KPs is considerable and the existing peer educators do not represent the sub-typologies.
- 8) In case of temporarily closed hotspots, plan fortnightly visit for the next two months to review their status and de-register the hotspot in case it was found inactive.
- 9) Plan outreach and pocket meetings during special days and peak days/peak hours.
- 10) In case there are other organizations providing HIV-related or other services to KPs or their family members, plan a coordination meeting and synergize activities to strengthen services for the community.

Figure 3: Process for review of hotspots based on the information collected during field visit



### 3. Worksheets

#### Worksheet 1: Stakeholders for programmatic mapping

| <b>Stakeholder type (Sector)</b>   | <b>Name of the organization</b> | <b>Contact person and information</b> | <b>Relevant KP group</b> |
|--|---------------------------------|---------------------------------------|--------------------------|
| Organizations led by KPs/network   |                                 |                                       |                          |
| Organizations led by and/or serving KPs  |                                 |                                       |                          |
| Service delivery organizations and medical providers   |                                 |                                       |                          |
| Ministry of Health or other relevant government agencies                                     |                                 |                                       |                          |
| Police and law enforcement representatives   |                                 |                                       |                          |
| Religious organizations  |                                 |                                       |                          |
| Traditional governance structures (e.g., traditional/municipal authorities, village leaders) |                                 |                                       |                          |
| Funder/donor organizations   |                                 |                                       |                          |
| Other  |                                 |                                       |                          |

## Worksheet 2: Typology of KP groups by type of location

|   | <b>Location</b>   | <b>Key Population</b> | <b>Operational definition of key population</b>                          |
|---|---|-----------------------|--|
| 1 | <u>Example:</u> Street sections/blocks identified as places where men buy sex | Female sex workers    | Any woman $\geq$ age 18 working in or regularly patronizing the location |
| 2 |   |                       |  |
| 3 |   |                       |  |
| 4 |   |                       |  |
| 5 |   |                       |  |

### Worksheet 3: List of KP groups to include in programmatic mapping and validation

| <b>Population</b>    | <b>Included?</b> | <b>Known sub-groups that should be included</b> | <b>Rationale</b> |
|----------------------|------------------|---|------------------|
| <u>Example:</u> PWUD | Yes or No        |   |                  |
| FSW                  | Yes or no        |   |                  |
| MSM                  | Yes or No        |   |                  |
| TG persons           | Yes or No        |   |                  |
| Other population     | Yes or No        |   |                  |

#### Worksheet 4: List of local terms used by various groups

| <b>Population</b> | <b>Local terms used by KPs</b> | <b>Local terms used by clients</b> |
|-------------------|--------------------------------|------------------------------------|
| PWUD              |                                |                                    |
| FSW               |                                |                                    |
| MSM               |                                |                                    |
| TG men            |                                |                                    |
| TG women          |                                |                                    |

## Worksheet 5: LINKAGES programmatic mapping and validation tool

Refer to the Excel tool to be used for data entry. The details of the excel sheet is mentioned below, the participants can prepare their own excel sheet using these details.

| Name of the hotspot  | Whether mapped was done earlier (if yes, mention the year) | Currently Active as per Program Data | Status as reported in validation                                      | Type of Hotspot  | Location | District | Zone |
|----------------------|--|--------------------------------------|---|--|----------|----------|------|
| Codes for data entry |  |                                      | (Active-1, Inactive-2, Inaccessible-3, Validation not done -4, New-5) | 1=Brothel, 2=Home, 3=Bar/parlor/Night club/Disco, 4=Lodge/dhaba/hotel, 5=Street, 6=Railway station, 7=Bus stand, 8=Park, 9=Market place, 10=Cinema hall, 11=Abandoned area, 12=Under the bridge, 13=Public toilet, 14=Overnight truck stop 15=local video/TV rooms 16=Others |          |          |      |
| Column Number        | 1  | 2                                    | 3   | 5  | 5        | 6        | 7    |
| Add more rows        |  |                                      |   |  |          |          |      |

| Name of the hotspot  | Type of KP |         |         |          | Type of Respondent | Nature of Hotspot                         | Name of the community Consultant visited | Date when visited | Estimated number of KP mapped in the same hotspot in last mapping/estimates |
|----------------------|------------|---------|---------|----------|--------------------|---|--|-------------------|---|
|                      | FSW (1)    | MSM (2) | TGW (3) | PWID (4) |                    |   |  |                   |   |
| Codes for data entry |            |         |         |          | 1=KP, 2 = Others   | 1=Active, 2=Inactive, 3=Temporally Closed |  |                   |   |
| Column Number        | 8a         | 8b      | 8c      | 8d       | 9                  | 10  | 11                                       | 12                | 13  |
| Add more rows        |            |         |         |          |                    |   |  |                   |   |

| Name of the hotspot  | 1. How many KPs work/visit this hotspot on a usual/ typical day? |     | Number of KP being provided services in the hotspot as per the latest program report during last month | Variance (Number of KP provided service as per the program report and the number of maximum number of KP reported visiting the hotspots) | 2. What is the peak time of the day when we find the maximum number of KPs at the hotspot? |                        |                     |                         |               |
|----------------------|--|-----|--|--|--|------------------------|---------------------|-------------------------|---------------|
|                      | Min  | Max |  |  | MORNING (BEFORE 12 NOON)   | AFTERNOON (12 PM-5 PM) | EVENING (5 PM-9 PM) | NIGHT (9 PM-LATE NIGHT) | All 24 hours  |
| Codes for data entry |  |     |  |  | 1=Yes, 2 = No  | 1=Yes, 2 = No          | 1=Yes, 2 = No       | 1=Yes, 2 = No           | 1=Yes, 2 = No |
| Column Number        | 14a  | 14b | 15   | 16   | 17a  | 17b                    | 17c                 | 17d                     | 17e           |
| Add more rows        |  |     |  |  |  |                        |                     |                         |               |

| Name of the hotspot  | 3. What day of the week we find the maximum number of KPs at the hotspot (Peak Day)? |               |               |               |               |               |               | 4. On a peak day of the week, how many KPs work/visit this hotspot (min – max) |            | 5. Name any special day/ period (if any) when the number of KPs is higher than the normal time. |
|----------------------|--|---------------|---------------|---------------|---------------|---------------|---------------|--|------------|---|
|                      | MONDAY   | TUESDAY       | WEDNESDAY     | THURSDAY      | FRIDAY        | SATURDAY      | SUNDAY        | Min  | Max        |   |
| Codes for data entry | 1=Yes, 2 = No  | 1=Yes, 2 = No | 1=Yes, 2 = No | 1=Yes, 2 = No | 1=Yes, 2 = No | 1=Yes, 2 = No | 1=Yes, 2 = No |  |            |   |
| Column Number        | <b>18a</b>   | <b>18b</b>    | <b>18c</b>    | <b>18d</b>    | <b>18e</b>    | <b>18f</b>    | <b>18g</b>    | <b>19a</b>   | <b>19b</b> | <b>20</b>   |
|                      |  |               |               |               |               |               |               |  |            |   |
| Add more rows        |  |               |               |               |               |               |               |  |            |   |

| Name of the hotspot  | 6. If so, how many KPs work/visit this hotspot (min – max) on that special day? |            | 7. How many hotspots where KPs solicit in addition to this hotspot (within one Km) | 8. What is the number of KPs (min – max) who also work/ visit other nearby hotspots? |            | 9. What is the number of KPs (min – max) who come from other nearby hotspots? |            | 10. What is the number of KPs (min – max) who transitioned out (migration, stopping sex work due to other reasons) from the hotspot in the last 3 months? |            |
|----------------------|---|------------|--|--|------------|---|------------|---|------------|
|                      | Min   | Max        |  | Min  | Max        | Min   | Max        | Min   | Max        |
| Codes for data entry |   |            |  |  |            |   |            |   |            |
| Column Number        | <b>21a</b>  | <b>21b</b> | <b>22</b>  | <b>23a</b>   | <b>23b</b> | <b>24a</b>  | <b>24b</b> | <b>26a</b>  | <b>26b</b> |
|                      |   |            |  |  |            |   |            |   |            |
| Add more rows        |   |            |  |  |            |   |            |   |            |

| Name of the hotspot  | 11. What is the number of KPs (min – max) who are new for soliciting in the hotspot during the last 3 months only? |            | 12. What is the number of KPs (min – max) who also use mobile for soliciting? |            | 13. What is the number of KPs (min – max) who also use internet for soliciting clients? |            | 14. What is the number of KPs (min – max) who are aged below 25 years? |            | 15. How many clients on an average KPs entertain per Week on this hotspot |            |
|----------------------|--|------------|---|------------|---|------------|--|------------|---|------------|
|                      | Min  | Max        | Min   | Max        | Min   | Max        | Min  | Max        | Min   | Max        |
| Codes for data entry |  |            |   |            |   |            |  |            |   |            |
| Column Number        | <b>27a</b>   | <b>27b</b> | <b>28a</b>  | <b>28b</b> | <b>29a</b>  | <b>29b</b> | <b>30a</b>   | <b>30b</b> | <b>31a</b>  | <b>31b</b> |
|                      |  |            |   |            |   |            |  |            |   |            |
| Add more rows        |  |            |   |            |   |            |  |            |   |            |

| Name of the hotspot  | 16. Are there any of the following HIV/AIDS prevention & Care activities were conducted in this site during last 12 months (1. Yes 2. No 9 Don't Know) |                          |                                  |                                |                         |                          |
|----------------------|--|--------------------------|----------------------------------|--------------------------------|-------------------------|--------------------------|
|                      | A. ANY FREE DISTRIBUTION OF CONDOMS?   | B. ANY CONDOMS FOR SALE? | C. HIV testing for this hotspot? | D. SAFER SEX EDUCATION BY PEs? | E. PEER EDUCATOR VISITS | F. ANY OTHER ACTIVITIES? |
| Codes for data entry | 1=Yes, 2 =NO   | 1=Yes, 2 =NO             | 1=Yes, 2 =NO                     | 1=Yes, 2 =NO                   | 1=Yes, 2 =NO            | 1=Yes, 2 =NO             |
| Column Number        | <b>32a</b>   | <b>32b</b>               | <b>32c</b>                       | <b>32d</b>                     | <b>32e</b>              | <b>32f</b>               |
|                      |  |                          |                                  |                                |                         |                          |
| Add more rows        |  |                          |                                  |                                |                         |                          |



|                      |   |                                 |   |                       |  |                  |
|----------------------|---|---------------------------------|---|-----------------------|--|------------------|
| Name of the hotspot  | 17. In the past 12 months, how often have free condoms been available here? | 18. Are there condoms here now? | 19. Any NGO/CSO working for HIV in this hotspot currently | If Yes<br>Name of NGO | 20. KPs Experienced any violence in last three months on this hotspot? | If yes ? By whom |
| Codes for data entry | ALWAYS..... 1<br>SOMETIMES.. 2<br>NEVER ..3<br>DON'T KNOW... 9              | 1=Yes, 2 =NO                    | 1=Yes, 2 =NO  |                       | 1=Yes, 2 =NO   |                  |
| Column Number        | <b>33</b>   | <b>34</b>                       | <b>35</b>   | <b>36</b>             | <b>37</b>  | <b>38</b>        |
|                      |   |                                 |   |                       |  |                  |
| Add more rows        |   |                                 |   |                       |  |                  |



Hotspot validation  
- Data entry sheet.xl

Worksheet 6: Sample information from the line-list of the existing database

| <b>Reference number as per the registration number in the GFATM data</b> | <b>District</b> | <b>Age</b> | <b>Hotspot code</b> | <b>Phone number</b> | <b>Peer educator name</b> |
|--|-----------------|------------|---------------------|---------------------|---------------------------|
|  |                 |            |                     |                     |                           |
|  |                 |            |                     |                     |                           |

## Worksheet 7: Sample terms of reference for consultants

### TECHNICAL CONSULTANTS

#### Scope of work:

1. Attend the training on methodology, protocols, and tools for mapping.
2. Coordinate with the assigned targeted intervention and KP civil society organization to list the locations, sites, and hotspots, including the number and typology of KPs.
3. Collect data from existing and new sites through KP interviews and key informant interviews, respectively.
4. Prepare manual maps of sites/hotspots and the number of KPs; work with community consultants for this task.
5. Ensure quality of data collection by visiting at least two hotspots for each of the community consultants every week.
6. Undertake documentation and report to the learning site partner.
7. Timely submit data to the learning site partner.
8. Ensure confidentiality of the information collected.
9. Attend team meetings as required.

#### Deliverables:

1. Data collection for programmatic mapping of KPs in the assigned area in the district
  2. Manual maps of sites and hotspots, including the number of KPs and HIV services/facilities
- The technical consultants will coordinate with community consultants to accomplish work.

#### Desired profile, qualifications, and experience:

1. At least one-year experience of working with the KP community  
Experience of mapping KPs (FSW, MSM, TGW, PWUD/PWID)
2. Ability to read and write in the local language

No existing staff from the GFATM program will be considered.

### COMMUNITY CONSULTANTS

#### Scope of work:

1. Attend training on the methodology, protocols, and tools for mapping; the training will be conducted by a technical consultant at the district level.
2. Coordinate with the assigned targeted interventions and KP civil society organizations to list locations, sites, and hotspots, including the number and typology of KPs.
3. Collect data from existing and new sites through KP interviews and key informant interviews, respectively.
4. Prepare manual maps of sites/hotspots and the number of KPs with the help of technical consultants.
5. Ensure quality of data collection.
6. Undertake documentation and report to the technical consultant.
7. Timely submit data to the technical consultant.
8. Ensure confidentiality of the information collected.

9. Attend team meetings as required.

**Deliverables:**

1. Data collection for programmatic mapping of KPs in the assigned area in a particular district
2. Manual map of sites and hotspots, including the number of KPs and HIV services/facilities

The community consultants will coordinate with technical consultant to accomplish the work.

**Desired profile, qualifications, and experience:**

1. Should belong to the local KP community
2. Experience of mapping KPs (FSW, MSM, TG, PWUD/PWID)
3. Ability to read and write in the local language

## Worksheet 8: Sample workplan

| Name of hotspot | Planning details              |  |                             |                            |                                      | Monitoring visit observations |               |                    |                               |   | Remarks |
|-----------------|-------------------------------|--|-----------------------------|----------------------------|--------------------------------------|-------------------------------|---------------|--------------------|-------------------------------|---|---------|
|                 | Who is conducting the mapping | When is the date for field visit planned | Who is the field supervisor | Who is planning to monitor | When is the monitoring visit planned | Who visited                   | Date of visit | How is the quality | Whether the map was available | Whether the hotspot information sheet is same as per the monitoring visit |         |
|                 |                               |  |                             |                            |                                      |                               |               |                    |                               |   |         |

## Worksheet 9: Training of consultants

### Agenda for the training:

| Topic  | Duration    |
|--|-------------|
| Introduction to the activity   | 30 minutes  |
| <b>Group Work I:</b><br>Why hotspot validation is necessary<br>Reaching out to unreached populations (Game-based, finding the cards)   | 60 minutes  |
| <b>How to conduct validation:</b><br>1. Protocols<br>2. Steps<br>3. Ethical considerations<br>4. DO's and DON'Ts                       | 120 minutes |
| Lunch  | 60 minutes  |
| <b>Group Work II:</b><br>Mapping a hotspot (Participants will observe a defined area and draw a map describing all that they observed) | 45 minutes  |
| <b>Introducing the validation tool:</b><br>Explain each question and the ways to extract a response for each question                  | 120 minutes |
| <b>Field visit</b> to use the tool with a group of KPs   | 120 minutes |
| <b>Next steps</b> and timelines  | 60 minutes  |

### Requirements

1. List of hotspots currently being covered by program
2. Sufficient flip charts and color pens
3. LCD/LED projector
4. Seating arrangements should be such that participants are able to move freely between the session for group work and other activities.

## Worksheet 10: Hotspot information format

### Steps to be followed by technical consultants:

- Take the list of hotspots and information on the current coverage in the hotspots.
- Prepare a plan for field visit in coordination with community consultants and field supervisor.
- Support the community consultants in carrying out validation of existing hotspots.
- Collect information about new hotspots and discuss with other consultants before planning mapping.
- Collect information on stakeholders, prepare a map, and document current level of engagement by program staff.
- Collect information about the challenges faced by the community and the challenges the program staff faces in providing services.

### Steps to be followed by community consultants:

- Have chart paper, color pens for drawing the map, and daily calendar ready with you.
- Select a space where small focus group discussion can be carried out with 4–6 community members.
- Plan your visit when the community members are available (it may be any time of the day).
- Meet the field supervisor and have the small focus group discussion.
- Collect information in the sheet below.
- List down nearby hotspots and new hotspots in the area.

For any clarifications, please contact the program manager responsible for coordinating the exercise.

### HOTSPOT INFORMATION FORMAT (HIF)

|                             |  |                             |                 |
|-----------------------------|--|-----------------------------|-----------------|
| Name of hotspot             |  | Hotspot type <sup>1</sup>   |                 |
| Location                    |  | District                    |                 |
|                             |  | Zone                        |                 |
| Type of KP available        | 1=FSW, 2=MSM, 3=TG, 4=PWID                                   | Respondent                  | 1=KP, 2=Others, |
| Nature of hotspot           | 1=Active, 2=Inactive, 3=Temporarily closed, 4 = Inaccessible |                             |                 |
| Mapping team                | 1. _____ 2. _____  |                             |                 |
| Date of visit 1 (DD/MM/YY): | ____/____/____   | Date of visit 2 (DD/MM/YY): | ____/____/____  |
| Time of visit:              |  | Time of visit:              |                 |

<sup>1</sup> Codes for types of hotspot: 1=Brothel, 2=Home, 3=Bar/parlor/night club/disco, 4=Lodge/dhaba/hotel, 5=Street, 6=Railway station, 7=Bus stand, 8=Park, 9=Marketplace, 10=Cinema hall, 11=Abandoned area, 12=Under the bridge, 13=Public toilet, 14=Overnight truck stop, 15=Local video/TV rooms, 16=Others \_\_\_\_\_ (specify)

| S. No. | HOTSPOT PROFILE  |  |
|--------|--|--|
| 1      | How many <b>KPs</b> work/visit this hotspot on a usual/ typical day?   | MIN <input type="text"/> <input type="text"/> <input type="text"/> MAX <input type="text"/> <input type="text"/> <input type="text"/>                      |
| 2      | What is the <b>peak time</b> of the day when we find the maximum number of KPs at the hotspot?<br><b>CIRCLE AS APPLICABLE</b><br><b>(Multiple responses are possible)</b>      | MORNING (BEFORE 12 NOON) .....A<br>AFTERNOON (12 PM–5 PM) ..... B<br>EVENING (5 PM–9 PM) .....C<br>NIGHT (9 PM–LATE NIGHT) ,.....D<br>All 24 hours ..... E |
| 3      | What day of the week will we find the maximum number of KPs at the hotspot ( <b>peak day</b> )?<br><br><b>CIRCLE AS APPLICABLE</b><br><b>(Multiple responses are possible)</b> | MONDAY ..... A<br>TUESDAY..... B<br>WEDNESDAY..... C<br>THURSDAY ..... D<br>FRIDAY .....E<br>SATURDAY .....F<br>SUNDAY ..... G                             |
| 4      | On a <b>peak day</b> of the week, <b>how many</b> KPs work/visit this hotspot (min – max)  | MIN <input type="text"/> <input type="text"/> <input type="text"/> MAX <input type="text"/> <input type="text"/> <input type="text"/>                      |
| 5      | Name any <b>special day/period</b> (if any) when the <b>number of KPs is higher than the normal</b> time.  |  |
| 6      | If so, <b>how many KPs</b> work/visit this hotspot (min – max) on that <b>special day</b> ?  | MIN <input type="text"/> <input type="text"/> <input type="text"/> MAX <input type="text"/> <input type="text"/> <input type="text"/>                      |
| 7      | How many hotspots where KPs solicit in addition to this hotspot (within one km)  |  |
| 8      | What is the number of KPs (min – max) who also work/visit other <b>nearby hotspots</b> ?   | MIN <input type="text"/> <input type="text"/> <input type="text"/> MAX <input type="text"/> <input type="text"/> <input type="text"/>                      |
| 9      | What is the number of KPs (min – max) who <b>come from other</b> nearby hotspots?  | MIN <input type="text"/> <input type="text"/> <input type="text"/> MAX <input type="text"/> <input type="text"/> <input type="text"/>                      |
| 10     | What is the number of KPs (min – max) who <b>transitioned out</b> (migration, stopping sex work due to some reason) from the hotspot in the last <b>3 months</b> ?             | MIN <input type="text"/> <input type="text"/> <input type="text"/> MAX <input type="text"/> <input type="text"/> <input type="text"/>                      |
| 11     | What is the number of KPs (min – max) who are new to soliciting in the hotspot in the <b>last 3 months only</b> ?  | MIN <input type="text"/> <input type="text"/> <input type="text"/> MAX <input type="text"/> <input type="text"/> <input type="text"/>                      |
| 12     | What is the number of KPs (min – max) who also use <b>mobile phone</b> for soliciting clients?   | MIN <input type="text"/> <input type="text"/> <input type="text"/> MAX <input type="text"/> <input type="text"/> <input type="text"/>                      |
| 13     | What is the number of KPs (min – max) who also use <b>Internet</b> for soliciting clients?   | MIN <input type="text"/> <input type="text"/> <input type="text"/> MAX <input type="text"/> <input type="text"/> <input type="text"/>                      |
| 14     | What is the number of KPs (min – max) who are aged <b>below 25 years</b> ?   | MIN <input type="text"/> <input type="text"/> <input type="text"/> MAX <input type="text"/> <input type="text"/> <input type="text"/>                      |
| 15     | How many clients on an average do KPs entertain per week in this hotspot?  | <input type="text"/> <input type="text"/> <input type="text"/>   |

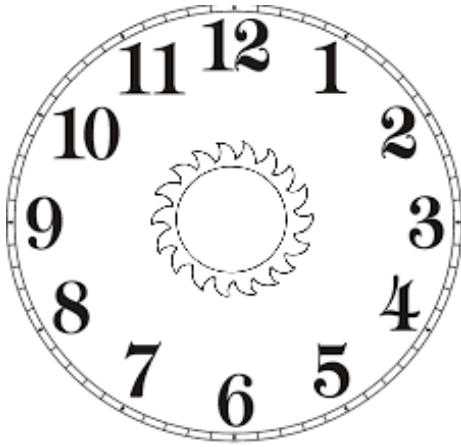


| S. No. |  | HOTSPOT PROFILE   |   |   |   |
|--------|--|---|---|---|---|
| 16     | Were any of the following HIV/AIDS prevention and care activities conducted at this site during the last 12 months?<br>1. Yes 2. No 9 Don't Know |   | 1 | 2 | 9 |
|        |  | A. ANY FREE DISTRIBUTION OF CONDOMS?                                    |   |   |   |
|        |  | B. ANY CONDOMS FOR SALE?  |   |   |   |
|        |  | C. HIV testing for this hotspot?  |   |   |   |
|        |  | D. SAFE SEX EDUCATION BY PEs?   |   |   |   |
|        |  | E. PEER EDUCATOR IN THIS HOTSPOT?                                       |   |   |   |
|        | F. ANY OTHER ACTIVITIES?   |   |   |   |   |
| 17     | In the past 12 months, how often have free condoms been available here?  | ALWAYS..... 1<br>SOMETIMES..... 2<br>NEVER ..... 3<br>DON'T KNOW..... 9 |   |   |   |
| 18     | Are there condoms here now?  | YES 1 NO 2  |   |   |   |
| 19     | Any NGO/CSO working for HIV in this hotspot currently?   | YES 1 NO 2 If Yes Name _____  |   |   |   |
| 20     | Have KPs experienced any violence in the last 3 months in this hotspot?  | YES 1 NO 2 If Yes by Whom _____   |   |   |   |

| S. No. |  | INFORMATION OF OTHER SPOTS         |  |
|--------|--|------------------------------------|--|
|        | Do you know any other place like this in this city/village/commune where KPs work/visit?<br>YES <input type="checkbox"/> NO <input type="checkbox"/> |                                    |  |
|        | <b>HOTSPOT NAME/ADDRESS</b>  | <b>TYPE OF HOTSPOT<sup>2</sup></b> |  |
| 1      |  |                                    |  |
| 2      |  |                                    |  |
| 3      |  |                                    |  |
| 4      |  |                                    |  |
| 5      |  |                                    |  |
| 6      |  |                                    |  |
| 7      |  |                                    |  |
| 8      |  |                                    |  |

<sup>2</sup> Codes for type of hotspot: 1=Brothel, 2=Home, 3=Bar/parlor/night club/disco, 4=Lodge/dhaba/hotel, 5=Street, 6=Railway station, 7=Bus stand, 8=Park, 9=Marketplace, 10=Cinema hall, 11=Abandoned area, 12=Under the bridge, 13=Public toilet, 14=Overnight truck stop, 15=Local video/TV rooms, 16=Others \_\_\_\_\_ (specify)

Write the number of KP members available during the day and night hours. Write the numbers of KPs available across the hours in the clock shown below.



Write the names of the lodges/spas/massage parlors/brothels and other sites available in the hotspot.

දත්ත රැස්කිරීමේ උපකරණ

තාක්ෂණික උපදේශකවරුන් විසින් හොට්ස්පොට් තක්සේරු කිරීමේ පියවරයන්:

- හොට්ස්පොට් ලිස්ට් එක සහ දැනට ආවරණය වන ප්‍රමාණය පිලිබඳ අවධානය කරන්න
- ක්ෂේත්‍ර පරීක්ෂක හෝ ප්‍රජා උපදේශකවරුන් සමග ක්ෂේත්‍ර සංචාරයක් සුදානම් කරගන්න
- දැනට පවත්නා හොට්ස්පොට් ස්ථාන පිලිබඳ කරුණු රැස් කිරීමට ප්‍රජා උපදේශකයින්ට සහාය දීම
- ප්‍රජා සිතියම් කිරීමට පෙර නව හොට්ස්පොට් ස්ථාන පිලිබඳ තොරතුරු වෙනත් උපදේශකයින් සමග සාකච්ඡා කරන්න
- පාර්ශ්වකරුවන් පිලිබඳ තොරතුරු රැස් කිරීම, සිතියම් සකස් කිරීම සහ ව්‍යාපෘති සේවකයන් විසින් වර්තමානයේ සිදු කරනු ලබන වැඩ කටයුතු පිලිබඳ සොයා බලන්න
- ප්‍රජාවන් සහ ව්‍යාපෘති සේවකයන් සේවාවන් ලබා දීමේදී මුහුණ දෙන අභියෝග ගැන තොරතුරු රැස් කරන්න

ප්‍රජා උපදේශකයන් විසින් අනුගමනය කළ යුතු පියවර

- සිතියම ඇඳීම, දින කැලැන්ඩර සඳහා පාට පෑන් සහ වාට් කොළ පාවිච්චි කරන්න
- ප්‍රජා සාමාජිකයන් සමග සාකච්චාවන් කිරීමේදී සාමාජිකයන් 4-6 අතර පිරිසක් මුණ ගැසීමට සුදුසු ස්ථානයක් සොයා ගන්න.
- ඔබ මෙම ස්ථාන වලට යාමේදී ප්‍රජාවන් වැඩිපුරම සිටින වෙලාව තොර ගන්න.
- ක්ෂේත්‍ර පරීක්ෂක මුණ ගැසී කුඩා කණ්ඩායම් සාකච්චාවන් පවත්වන්න
- පත්‍රිකාවල තොරතුරු රැස්කරන්න
- එම ප්‍රදේශයේ ඇති අනෙකුත් හොට්ස්පොට් සහ නව හොට්ස්පොට් ලැයිස්තුගත කරන්න

ඕනෑම පැහැදිලි කිරීමක් සඳහා කරුණාකර අමතන්න:

**HOTSPOT තොරතුරු ආකෘතිය (HIF)**

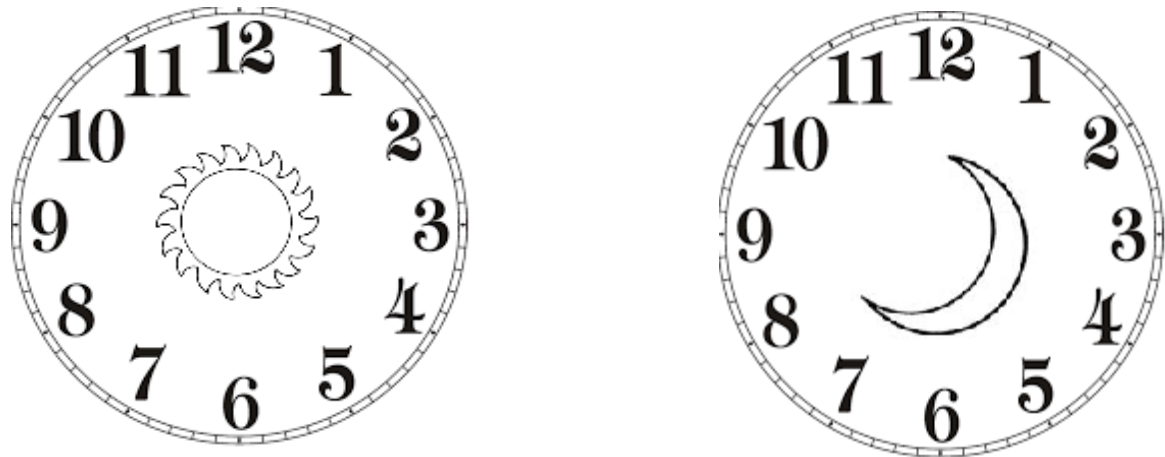
|  |   |                      |   |
|--|---|----------------------|---|
| හොට්ස්පොට් එකේ නම                            |   | හොට්ස්පොට් එකේ වර්ගය |   |
| ස්ථානය                                       |   | දිස්ත්‍රික්කය        |   |
|  |   | කලාපය                |   |
| අධි අවධානම් පුද්ගල කණ්ඩායම                   | 1=FSW(කාන්තා ලිංගික සේවක),<br>2=MSM,<br>3=TG( සංක්‍රාන්ති ලිංගික),<br>4=PWID ( මත් ද්‍රව්‍ය පාවිච්චි කරන්නන්) | පිළිතුර              | 1=අධි අවධානම් පුද්ගලයන් ,<br>2= අන් අය, |
| හොට්ස්පොට් වල ස්වභාවය                        | 1 = ක්‍රියාකාරී 2 = ක්‍රියාකාරී නැත 3 = තාවකාලිකව වසා ඇත 4 = යාමට නොහැක                                       |                      |   |
| සිතියම් කණ්ඩායම                              | 2. _____ 2. _____   |                      |   |
| දිනය 1 (DD/MM/YY): ____/____/____<br>වෙලාව : | දිනය 2 (DD/MM/YY): ____/____/____<br>වෙලාව :  |                      |   |

| Sl. No. | HOTSPOT PROFILE  |
|---------|--|
| 1       | <p>අධි අවධානම් පුද්ගලයන් කොපමණ ප්‍රමාණයක් සාමාන්‍ය දිනයකදී මෙම හොට්ස්පොට් වෙත පැමිණෙනවාද?</p> <p style="text-align: right;">අවම <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> උපරිම <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>  |
| 2       | <p>සාමාන්‍ය දිනයකදී අධි අවධානම් පුද්ගලයන් වැඩිම ප්‍රමාණයක් මෙම හොට්ස්පොට් වෙත පැමිණෙන වෙලාව කුමක්ද?</p> <p>හරි පිළිතුර රවුම් කරන්න.<br/>පිළිතුරු කීපයක් දිය හැක.</p> <p>උදය වරුවේ (දවල් 12ක පෙර) .....A<br/>දවල් (12 සිට සවස 5 දක්වා) .....B<br/>හවස (සවස 5 සිට රාත්‍රී 9 දක්වා) .....C<br/>රාත්‍රියේ ( ධ 9 සිට මැදියම් රැය දක්වා) .....D<br/>දවසේ මුළු පැය 24 තුළම ..... E</p>                              |
| 3       | <p>සතිය තුළ අධි අවධානම් පුද්ගලයන් වැඩිම ප්‍රමාණයක් මෙම හොට්ස්පොට් වෙත පැමිණෙන දවස කුමක්ද?</p> <p>හරි පිළිතුර රවුම් කරන්න.<br/>පිළිතුරු කීපයක් දිය හැක.</p> <p>සඳුදා ..... A<br/>අඟහරුවාදා ..... B<br/>බදාදා ..... C<br/>බ්‍රහස්පතින්දා ..... D<br/>සිකුරාදා .....E<br/>සෙනසුරාදා .....F<br/>ඉරිදා ..... G</p>  |
| 4       | <p>එම දිනයේදී හොට්ස්පොට් වලට අධි අවධානම් පුද්ගලයන් කොපමණ ප්‍රමාණයක් පැමිණෙනවාද?</p> <p>(අවම - උපරිම)</p> <p style="text-align: right;">අවම <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> උපරිම <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>                                       |
| 5       | <p>සාමාන්‍ය දිනයකට වඩා අධි අවධානම් ප්‍රජාවන් වැඩියෙන් මෙම ස්ථාන වලට පැමිණෙන විශේෂ දින / වෙලාවක් තිබේ නම් සඳහන් කරන්න.</p>  |
| 6       | <p>එසේ නම්, එම දිනයේදී ඔවුන් කොපමණ ප්‍රමාණයක් පැමිණෙනවාද? (අවම - උපරිම)</p> <p style="text-align: right;">අවම <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> උපරිම <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>  |
| 7       | <p>කිලෝමීටරයක් ඇතුළත මෙම හොට්ස්පොට් එකට අමතරව තවත් හොට්ස්පොට් කීයක් තිබේද?</p>   |
| 8       | <p>මෙම හොට්ස්පොට් එකට අමතරව අනෙකුත් හොට්ස්පොට් වල සිටින අධි අවධානම් ප්‍රජාවන් කොපමණ ප්‍රමාණයක් සිටිනවාද?</p> <p style="text-align: right;">අවම <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> උපරිම <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>                                   |
| 9       | <p>මෙම හොට්ස්පොට් එකට සහ අනෙකුත් හොට්ස්පොට් වලට පිටින් පැමිණෙන අධි අවධානම් ප්‍රජාවන් කොපමණ ප්‍රමාණයක් සිටිනවාද?</p> <p style="text-align: right;">අවම <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> උපරිම <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>                            |
| 10      | <p>පසුගිය මාස 3 තුළදී අවතැන් වූ සංකර්මණිකයින් (සංකර්මණය, ලිංගික වැඩ කටයුතු වෙනත් හේතු නිසා නවතා දැමීම) KPs (අවම - උපරිම)කොපමණද?</p> <p style="text-align: right;">අවම <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> උපරිම <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>            |
| 11      | <p>පසුගිය මාස 3 තුළදී හොට්ස්පොට් වල සිටින අයගෙන් කී දෙනෙක් හොට්ස්පොට් වලට පැමිණීම නතර කලේ ද?( රට රැකියාවට ගොස් හෝ වෙනත් වෙනත් කරුණක් නිසා)</p> <p style="text-align: right;">අවම <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> උපරිම <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> |
| 12      | <p>සහකරුවන් සොයා ගැනීම සඳහා ජංගම දුරකථන භාවිතා කරන අධි අවධානම් පුද්ගලයන් සංඛ්‍යාව කොපමණද?</p> <p style="text-align: right;">අවම <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> උපරිම <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>  |
| 13      | <p>සහකරුවන් සොයා ගැනීම සඳහා අන්තර් ජාලය භාවිතා කරන අධි අවධානම් පුද්ගලයන් සංඛ්‍යාව කොපමණද?</p> <p style="text-align: right;">අවම <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> උපරිම <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>  |
| 14      | <p>අවුරුදු 25 ට අඩු අධි අවධානම් පුද්ගලයන් සංඛ්‍යාව කොපමණද?</p> <p style="text-align: right;">අවම <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> උපරිම <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>   |

| Sl. No. | HOTSPOT PROFILE  |   |         |                               |   |
|---------|--|---|---------|-------------------------------|---|
| 15      | මෙම හොට්ස්පොට් එක තුළ අධි අවධානම් ප්‍රජාවන් සමග ලිංගිකව හැසිරෙන අනෙකුත් පිරිස කොපමණද?                                    | අවම   |         | උපරිම                         |   |
| 16      | පසුගිය මාස 12 තුළ මෙම හොට්ස්පොට් එක තුළ HIV හෝ STI රෝග නිවාරණ හා සත්කාරක කටයුතු සිදු කර තිබේද?<br>1- ඔව් 2- නැත 9- නොදනී |   | 1       | 2                             | 9 |
|         |  | A. කොන්ඩම් නොමිලේ බෙදාහැරීම සිදුවෙනවද?              |         |                               |   |
|         |  | B. කොන්ඩම් මිලට ගැනීමට හැකි ද?                      |         |                               |   |
|         |  | C. මෙම ස්ථාන වල HIV පරීක්ෂාව                        |         |                               |   |
|         |  | D. සහවර නායකයන් හරහා ආරක්ෂාකාරී ලිංගික දැනුම දෙනවද? |         |                               |   |
|         |  | E . මෙම හොට්ස්පොට් එකේ සහවර නායකයෙක් සිටිනවද?       |         |                               |   |
| 17      | පසුගිය මාස 12 තුළදී නොමිලේ කොන්ඩම් ලබාදීම සිදුවූනේ කොපමණ කාලෙකින්ද ?   | හැව්විටම .....                                      | 1       |                               |   |
|         |  | සමහර විට .....                                      | 2       |                               |   |
|         |  | කවදාවත් නැත .....                                   | 3       |                               |   |
|         |  | නොදනී .....   | 9       |                               |   |
| 18      | මේ අවස්ථාවේ කොන්ඩම් තිබේද?   | ඔව් 1   | නැත     | 2                             |   |
| 19      | මෙම හොට්ස්පොට් වල HIV පිලිබඳ කටයුතු කරන සංවිධාන තිබේද?   | ඔව් -1  | නැත- 2  | ඔව් නම් ඒවායේ නම් සඳහන් කරන්න |   |
| 20      | පසුගිය මාස තුන තුළ මෙම ස්ථාන වලදී අධි අවධානම් පුද්ගලයන් හට හිංසනයන් සිදු වී ඇත්ද ?                                       | ඔව් - 1   | නැත - 2 | ඔව් නම් කාගෙන්ද?              |   |

| අංකය | අනෙකුත් හොට්ස්පොට් පිළිබඳ තොරතුරු  |                   |
|------|--|-------------------|
|      | මෙවැනි හොට්ස්පොට් ඔබගේ දිස්ත්‍රික්කයේ , ගමේ, නගරයේ තිබේද?<br>ඔව් <input type="checkbox"/> නැත <input type="checkbox"/> |                   |
|      | හොට්ස්පොට් නම / ලිපිනය   | හොට්ස්පොට් එකේ නම |
| 1    |  |                   |
| 2    |  |                   |
| 3    |  |                   |
| 4    |  |                   |
| 5    |  |                   |
| 6    |  |                   |
| 7    |  |                   |
| 8    |  |                   |

දිවා සහ රාත්‍රී කාලයේදී දැක ගත හැකි අධි අවධානම් පුද්ගලයන් ප්‍රමාණය නම් කරන්න, ඔරලෝසුවේ පැය ගණන දක්වන ඉලක්කම් වලින් එය සඳහන් කරන්න



හොට්ස්පොට ලෙස පාවිච්චි කරන අනෙකුත් තැන් වල නම් සඳහන් කරන්න. (නවාතැන් / ස්පා / සම්බාහන ශාලා / ගණිකා මඩම් ආදී)

## Worksheet 11: Sample verbal consent form

Everything you say is confidential and your name will not be associated with anything you say. We will take notes from the conversation to help us write the report later. If you agree, we may also take photos of this interaction. Your participation in this discussion is voluntary. Your opinion is very important, and we request for your full participation. You can choose to not answer any question you feel uncomfortable about. You can end the discussion anytime you want. Will you be interested in being part of this group discussion?

Yes \_\_\_\_\_ No \_\_\_\_\_

Name:

Signature:

Date: