

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

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

## FACILITATORS' MANUAL ON RISK PROFILING AND MICRO-PLANNING

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**LINKAGES**

*Across the Continuum of HIV  
Services for Key Populations*

*The Facilitators' Manual on Risk Profiling and Micro-planning* has been adapted from the *Key Population Program Implementation Guide* published by the LINKAGES project.

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## 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 become a reality, NSACP collaborates with several development 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 peer-led outreach interventions 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; and other high risk and vulnerable populations.

FHI 360, the US-based NGO, collaborated with NSACP and local CSOs to address emerging challenges to achieve optimal coverage and HIV testing among key populations. This technical assistance was part of a two-year collaborative partnership between the U.S. Agency for International Development (USAID) India and USAID Sri Lanka and Maldives Missions and 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 **Risk Profiling Facilitators' Manual** is meant for facilitators to train peer educators on how to assess risk of key population members using standardized tools; and subsequently, based on the risk profile, to plan the frequency of their outreach and linkages to HIV and other services accordingly. This manual can be used to train local CSO and STD clinic-led community outreach staff in Sri Lanka to deliver differentiated HIV prevention services based on the risk profile of the key population member(s).

On behalf of NSACP, I extend my deep appreciation to USAID and FHI 360 for their contribution in developing this manual by holding community consultations, 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.

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# 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.

This manual — *Facilitators' Manual on Risk Profiling and Micro-planning* — has been developed to build the skills of the KP program's field supervisors and peer educators in understanding the unique needs and vulnerabilities of KP members and better planning to provide them the required information, services, and commodities.

## 1.1 Risk profiling

Risk profiling refers to the process of understanding the risk and vulnerability factors involved in sex work/needle sharing. Understanding these risks and vulnerabilities can help peer educators and field supervisors in better provision of services for risk reduction in KPs. It can also help them understand the different networks that exist among KPs and KP groups, thereby allowing them to reach the unreached or hard-to-reach KPs.

In the context of Sri Lanka, risk profiling has been used to understand the risks and vulnerabilities KPs face and to design and deliver services based on differentiated risk levels. For ease of reference, KPs are categorized as high-risk, medium-risk, and low-risk KPs, based on which services can accordingly be planned and delivered by peer educators and field supervisors.

Risk profiling information should preferably be collected every six months and used to categorize KPs into the three or more risk categories. Over a period, the program's effectiveness can also be assessed using the risk level data and understanding the areas of continuing priority.

## 1.2 Micro-planning

Micro-planning helps the peer outreach worker in planning and monitoring outreach to KPs of different risk levels. It supports the outreach worker in providing information, services, and commodities based on individual needs and factors such as age, typology, risk profile, and the best time to reach the individual KP. The risk profiling information feeds into the development, implementation, and monitoring of micro-plans by peer educators.

## 1.3 About the training

The LINKAGES project and its implementing partners have developed a three-day training on risk profiling and micro-planning for peer educators and field supervisors. The *Facilitators' Manual on Risk Profiling and Micro-planning* has been developed to support the training, which includes the following sessions:

- I. Importance of finding hotspots and the available support services (2 hours)

- II. Mapping the hotspots and surrounding areas and services (2 hours)
- III. Risk profiling to understand individual risks and vulnerabilities (2 hours)
- IV. Micro-planning by peer educators and using the minimum package of services (2 hours)
- V. Condom demand calculation and supply chain management (45 minutes)
- VI. Monitoring outreach services – Opportunity gap analysis (1 hour)
- VII. Crisis management (1 hour 15 minutes)
- VIII. Planning for the field visit (2 hours)

**Expected outcomes:**

At the end of the three-day training, the peer educators and field supervisors will be able to:

- Categorize their line-listed KPs into three or more categories based on risk levels
- Identify individual risks and vulnerabilities and the services required for each KP
- Use various tools to plan delivery of services
- Provide services as per the needs of a KP member

**Preparation for the training:**

The training will include two days of classroom training and one day of field visit to provide practice on the tools for risk profiling and preparing micro-plan. The materials required include chart paper, color pens, and copies of tools to collection information on risk profile. Detailed agenda of the training is available in Annexure 1.

## 2. Sessions

### Session I: Understanding the importance of finding hotspots and the available support services

(2 hours)

#### Objectives:

The session will help the participants understand the need for finding hotspots and the KPs available at these hotspots. This information is needed to better plan and deliver services. The objectives of the session are:

- To develop skills on using various methods of collecting information on hotspots
- To develop skills on using hotspot level information to plan resources and deliver services based on individual needs

#### Preparation and materials needed:

- About 70–80 color paper cards (size: 4" x 10") with random numbers written on them  
Before the arrival of training participants, place these cards at different places within the training room; several of these cards should be hidden (e.g., on and below the furniture, under the tablecloth, in participants' kits, inside writing pads). Some cards should be completely hidden, a few should be visible, and a few should be visible but not reachable.
- Chart papers, color pens, white board, projector

#### Session details:

Start the discussion by speaking about hotspots and the participants' understanding of hotspots. Explain the need for defining hotspots. Write down on a white board the various definitions they offer; some possible responses are given below.

Hotspots are places where KPs meet their partners or clients but do not necessarily indicate places where the activities happen.	List the names of possible such sites	Sources of information ( <i>from where the information in Column 1 is obtained</i> )
Hotspots are places where KPs can be met with conveniently and the program's services can be provided to them.	List the names of possible such sites and discuss how they are different from the category above	Sources of information ( <i>from where the information in Column 1 is obtained</i> )
Hotspots are places where KPs meet, especially those who use drugs and meet to share drugs or consume/inject drugs in a group	List the possible names and discuss whether they are different from the above two types	Sources of information ( <i>from where the information in Column 1 is obtained</i> )



Discuss the use of hotspots in the program's context. Ask participants that if there were no known hotspots, how would the services be delivered. Explore whether there are innovative ways of providing services, such as through unmanned depots for condom distribution (condom boxes fitted in public toilets, shops, and other public places), etc.

List the various uses of hotspots based on the experiences of peer educators and field supervisors.

Hotspots where KPs can be met with, but provision of services is difficult due to several reasons	Hotspots where KPs cannot be met with because of several reasons	Hotspots where there are KPs but they cannot be met with because they do not want to be registered	Hotspots where only services can be provided

Now play the card game.

### Card game

The game will help the participants understand the need for continuously finding hotspots within the same area and reaching out to new KPs and understanding the dynamics of a hotspot.

#### Steps:

1. Ask the participants to get up from their seats and spend the next five minutes looking around the room to find the cards you had earlier placed around the room.
2. Ask them to think of the room as a site with several hotspots, and the numbers written on the cards as being the KPs available in these hotspots. Let the participants work as a team and try to find all the cards (hotspots). Remind them to complete the task in five minutes.
3. After five minutes, ask the participants to stop and go back to their seats.
4. Ask each participant about the number of cards they collected. The participants will usually be able to find only 60–70 percent of the hidden cards.
5. Now show the participants the cards that had not been found. A few of these were visible or accessible but the participants did not find them. Several were hidden and needed the participants to make extra effort.

Learning: It is important to think out of the box because hotspots can be hidden and additional effort is needed to identify them.

Now do group work.

### Group work

Tell the participants to form three sub-groups, with representation from both field supervisors and peer educators.

Ask the participants of each sub-group about the number of cards (hotspots) they collected as a group. Then, ask the sub-groups to add up the numbers written on their cards to find the total number of KPs available in these hotspots. Now ask the participants to write the names of the hotspots where they currently work on the cards. Tell each sub-group to assemble at one end of the room and spread out their cards (hotspots) in clusters to illustrate the spread of hotspots in a site.

Now ask the sub-groups to use additional cards to mark the hotspots or locations where services are provided by the project, such as a drop-in-center, community-based testing, HIV testing in STD clinics,

and avenues to provide STD check-ups and treatment services. Once all the services have been marked by all three sub-groups, ask each sub-group to complete the following table:

Number of hotspots and number of KPs available	
Number of clusters identified	
Number of clusters where services (drop-in-center, STD clinics) are available within a 5 km area	
Number of clusters where no services are available	
Number of peer educators required to cover all the hotspots	
How will the peer educators be deployed for all the hotspots	
What services will be need to be scaled up, i.e., the new services that need to be planned	
Number of hotspots that reported KPs receiving any services from general physicians	
Number of hotspots where general physicians are providing HIV screening services	
Locations where condom depots can be established	

Ask the sub-groups to present the information they have written in the table. Encourage discussion to make the participants understand the need for mapping both hotspots and support services and how this information can be used to deliver services better.

Summarize the discussion through the following key takeaways:

- There is a need to continuously collect information from various sources to understand the dynamics of a hotspot.
- The dynamics of a hotspot pertain to availability of KPs, the timings they can be accessed, and need and availability of services.
- This information is of use in planning allocation of peer educators, condom depots, community-based testing, drop-in-centers, and linkages with STD services.

## Session II: Mapping hotspots and surrounding areas and services

(2 hours)

### Objectives:

The session focuses on building the skills needed to map hotspots and use the information for program purposes. The objectives of the session are:

- To develop skills in collecting information during the mapping of hotspots
- To develop skills in preparing peer educator map, with details of surrounding areas and services

### Preparation and materials needed:

- This session will require the participants to move around the training facility (both within and outside the building) in sub-groups. The facilitators and organizers will need to accompany each sub-group and facilitate the session. Prior permission must be obtained for accessing other parts of the building.
- Chart papers and color pens

**Session details:**

Start the session with a mapping exercise.

**Mapping Exercise**Steps:

1. Ask the participants to form sub-groups; at least four sub-groups should be formed.
2. Give the sub-groups the task of going out of the training room to the specific area each sub-group is assigned. For example, if the training is being conducted in a hotel, the assigned areas could be the restaurant, lobby, lawn, and parking area.
3. Tell the sub-groups they will need to draw a detailed map of the assigned area. Give the sub-groups 15 minutes to observe the area and come back and draw what they observed. The participants are expected to observe the minutest things that are available and important in the area assigned to them. They are expected to identify all the important and relevant details in an area and place them on map.
4. After 15 minutes, ask them to present their map with all the details.

Learning: Once the sub-groups have finished presenting their maps, the facilitator will explain how it is important for a peer educator to map their area carefully, including the landmarks in a hotspot; relevant parts/areas, such as a mall, building, or spa where KPs can be met with; and relevant services, including clinics, chemists with condom availability, condom depots, and known safe spaces for KPs (someone's private place, club, etc.). These minute details will help in reaching the KPs at their convenience and more effectively linking them with services.

Summarize the discussion through the following key takeaways:

- Mapping of hotspots cannot be a one-time exercise; it is a continuous process. Once the peer educator starts contacting KP peers, the minutest details of the hotspot will get explored.
- These minute details will help in reaching the known KP peers as well as those KPs who still need to be registered with the program.
- The details will also help in delivering services in coordination with other service providers (condom distribution through condom depots, HIV screening through private providers, referral and linkages to STD clinics through preferred providers).

## Session III: Risk profiling to understand individual risks and vulnerabilities

(2 hours)

**Objectives:**

The session will help the participants understand the need for using individual-level risk and vulnerability information about KP members to better meet their needs. The objectives of the session are:

- To develop skills on using the risk profiling tool to determine individual level of risk and vulnerability
- To develop skills in using the information to categorize KP into three categories and accordingly plan services

**Materials needed:**

- Chart paper, marker pens

**Session details:**

In this session, the participants will brainstorm based on their experience and understanding of the service needs of KPs and how these address their risks and vulnerabilities.

Begin by discussing the various examples of risk that the participants may come across in their daily life; e.g., a motorcyclist driving at a very high speed without wearing a helmet, people hanging out of the train compartment while travelling by train, construction labor working on a high-rise without any protective gear.

Ask the participants what risky behavior means in the context of HIV and AIDS. Responses may include:

- Unprotected anal, vaginal, or oral sex
- Sharing of used needles/syringes

Now ask what are the conditions that make an individual KP prone to risk, such as not using a condom or not using a new needle/syringe each time. These conditions indicate their vulnerabilities. Vulnerabilities do not directly lead to HIV infection but increase the chances of risky behaviors.

Now do group work.

**Group Work**

Divide the participants into 3–5 sub-groups depending on different sub-types of KPs, as mentioned in the table below.

FSW	Sub-typologies can be home-based, lodge-based, street-based, spa/massage parlor-based, vehicle-based, <i>shanti</i> -based, those who use drugs
MSM	Sub-typologies based on sexual preference, such as penetrators, receivers, double decker (who play the role of both penetrator and receiver), married
PWUD/PWID	Sub-typologies based drug use patterns, such as oral use, injection use, who buy or sell sex

Ask the sub-groups to write down the risks and vulnerabilities based on their observations and experience of working with KPs. Tell the sub-groups they have 30 minutes to do this exercise.

At the end of 30 minutes, ask the sub-groups to present their group work.

During the presentation discuss why it is very important to know individual level and group level risks and vulnerabilities. Explain that all individuals are not at equal risk because individual risk is determined by various personal, environmental (where they live, work), and structural (law, societal norms) factors. Share some examples from the table below.

KP type	Risks	Vulnerabilities
FSW	<ul style="list-style-type: none"> <li>• Low/no condom use</li> <li>• Untreated/badly treated STD</li> </ul>	<ul style="list-style-type: none"> <li>• Pressure from brothel/lodge/spa owner</li> <li>• Dependence on the regular partner</li> <li>• Lack of financial resources</li> <li>• Substance abuse</li> <li>• Fear of carrying condoms</li> <li>• High client load</li> </ul>

KP type	Risks	Vulnerabilities
		<ul style="list-style-type: none"> <li>• Young age</li> <li>• Anal sex</li> <li>• Exposure to violence (also domestic)</li> <li>• Police raids and arrests</li> </ul>
MSM and transgender person	<ul style="list-style-type: none"> <li>• Low/no condom use</li> <li>• Untreated/badly treated STD</li> </ul>	<ul style="list-style-type: none"> <li>• Harassment from local goons and others</li> <li>• Lack of financial resources</li> <li>• No access to condoms in public places such toilets, parks</li> <li>• Substance abuse</li> <li>• A number of partners</li> <li>• Dependence on the regular partner</li> <li>• Married but having male partners</li> </ul>
Drug user/injecting drug user	<ul style="list-style-type: none"> <li>• Low/no condom use</li> <li>• Sharing needles/syringes</li> <li>• Untreated/badly treated STD</li> </ul>	<ul style="list-style-type: none"> <li>• Harassment by police</li> <li>• Lack of financial resources</li> <li>• A number of needle sharing partners</li> <li>• Multiple sex partners</li> <li>• Stigma and discrimination by family, partners, employers</li> <li>• Drug-induced state</li> <li>• Transition from oral to injecting drug use</li> </ul>

Now practice the use of the risk profiling tool.

### Use of Risk Profiling Tool

Ask the participants to think about which of the listed risk and vulnerability factors can be addressed through the program. Explain that to prioritize service delivery to KPs, we need a simple tool that gathers enough information to categorize KPs into one of the three or more categories, such as high risk, medium risk, and low risk.

Such categorization will help us to plan services based on:

- Individual need
- Number of times the services are needed
- Services that they can get through linkages with other agencies

The LINKAGES project uses a standard risk profiling tool where information is collected by the peer educator every six months to:

- Categorize peers/KPs into one of the three categories and deliver services accordingly
- Understand an individual KP's transition from high to low risk or from low to high risk, enabling targeting of those who have moved from low to high risk in the last six months

Ask the participants to brainstorm on the list created earlier during group work. Tell the participants to concentrate on the following:

- Age
- Duration in sex work or in injecting/oral drug use
- Number of sex acts/injecting episodes per week

- Experience of physical/sexual violence
- Use of alcohol/drugs during solicitation (only in the case of FSW, MSM, and TG)
- Use of condom during the last sex act, including anal sex
- Use of condom with the boyfriend/regular partner during last sex
- In case of drug users,
  - whether sold or bought sex in the last month to get drugs
  - whether shared needles/syringes or borrowed needles/syringes
  - whether was arrested and in lock-up during the last month

Implementing the risk profiling tool in the field:

- Use the existing peer educator diary to collect the information. There is no need to introduce new formats.
- Design your peer educator diary as per the format given below.

Peer code	AGE	Duration in sex work	# of sex acts per week	Experience of physical/sexual violence	Alcohol/drug during solicitation	Used condom during last anal sex	Used condom with boyfriend/regular partner during last sex

Peer code	1. වයස	2. සතියකට පැමිණෙන ගනුදෙනුකරුවන් ප්‍රමාණය	3. සතියකට සිදු කරන ගුද ලිංගික ක්‍රියා ප්‍රමාණය	4. ඔබ අවසන් වරට ඔබේ සහකරු හැර වෙනත් කෙනෙක් සමඟ ලිංගිකව හැසිරීමේදී කොන්ඩම් භාවිතා කළේද?	5. ඔබ පසුගිය මස තුළදී මත්පැන් හෝ මත්ද්‍රව්‍ය භාවිතා කළේද?	6. පසුගිය මස තුළදී ඔබ ලිංගාශ්‍රිත රෝගයකින් පෙළුනේද හෝ ඒ පිළිබඳ වාර්ථා වූයේද?	7. පසුගිය මස තුළදී ඔබව පොලීසිය විසින් අත්අඩංගුවට ගෙන සිරගතව සිටියේද?	8. පසුගිය මස තුළදී ඔබ ඔබේ පවුලෙන් හෝ යාලුවන්ගෙන් වෙනස්කොට සැලකීමකට හා කොන්කිරීමකට ලක් වූයේද?	9. ඔබ පසුගිය මාස 06 තුළදී පවුලේ සාමාජිකයන්ගෙන් හෝ ගනුදෙනුකරුවන්ගේ නිංසනයට ලක් වූයේද?

- After information collection, transfer the data into an Excel sheet and study the risk scores. Accordingly, in the peer diary highlight with a red circle the KPs who are at high risk; use a blue circle to identify those at medium risk.
- Plan condom distribution, for instance, as per the number of sex acts per week. Also provide information/messages on condom use and avoiding drugs/alcohol.
- Use this printouts to cut and paste in the peer diary (Annexure -3)

Following are some risk reduction strategies for different risk behaviors:

<b>Risk behavior(s)</b>	<b>Role of peer education – Risk reduction measures</b>
Unprotected sex (vaginal, anal, oral)	<ul style="list-style-type: none"> <li>• Encourage correct and consistent condom use for all types of sex</li> <li>• Provide adequate number of condoms</li> <li>• Do condom demonstration and get re-demonstration done by the KP</li> </ul>
Police raids/harassment	<ul style="list-style-type: none"> <li>• Along with field supervisors, do advocacy with the local police</li> <li>• Advocate (at the project level) with NSACP and other partners to sensitize on the need for ensuring the health of KPs</li> <li>• Be available, if possible, for FSWs arrested during raids</li> </ul>
Exposure to violence on the street from auto drivers, goons, etc.	<ul style="list-style-type: none"> <li>• Encourage KPs to look out for each other when they solicit on the road. Form small support groups if required.</li> </ul>
Difficulty in carrying condoms	<ul style="list-style-type: none"> <li>• Establish a condom depot at the site. Key informants, lodge/spa owners, private place/house of a KP, local chemists, etc., could also serve this role.</li> </ul>
Fear of exposure leading to high-risk quick encounters	<ul style="list-style-type: none"> <li>• Work with KP groups, especially MSM, to increase their self-esteem and accept their sexuality.</li> </ul>
Sharing of needles/syringes	<ul style="list-style-type: none"> <li>• Provide adequate number of new needles/syringes.</li> </ul>
Stigma faced from society, family members	<ul style="list-style-type: none"> <li>• Link KPs and their families with counseling services</li> </ul>

Once the group work is done, invite one sub-group to come up and present their ideas with all the participants. Encourage additions by other participants and address doubts, if any.

Summarize the discussion through the following key takeaways:

- Behavior change cannot be achieved without first understanding and addressing risk behaviors and vulnerability factors.
- Only when vulnerabilities are addressed do people respond favorably to knowledge and information.
- As peer educators, it is important to understand, accept, and address vulnerability factors.

## Session IV: Micro-planning by peer educators and using the minimum package of services

(2 hours)

### Objectives:

The session will enable the participants to understand the minimum package of services that need to be delivered based on the individual KP's level of risk and vulnerability. The objectives of the session are:

- To plan frequency and package of services based on individual KP's level of risk and vulnerability
- To develop skills in using information to provide or link KPs with services

## Materials needed:

White chart paper, marker pens, and different colored *bindis* (in three colors; at least 10 packets in total), copies of blank peer calendar format (needed for each peer educator)

## Session details:

During this session, the participants will discuss their experiences of delivering services. They will brainstorm about how the frequency and package of services can be defined based on an individual KP's risk and vulnerability.

Ask the participants to draw two big circles on a white chart paper: one for high risk and the other for low risk. Ask them to write down the names of suitable KPs in these two circles.

Now ask them to write down the number of times they met each of them directly in the last 15 days and the KPs who were provided condoms through other KPs or over the phone in the last 15 days. Make a circle over the names of KPs who were met with directly, make a square over those contacted indirectly, and make a cross over those not met with or contacted in the last 15 days.

Ask the participants to observe and analyze this information. Insights may include:

- KPs are available at a physical location and can be contacted according to their convenience.
- KP are not available at a physical location but can be contacted through their network.
- Some KPs cannot be contacted regularly because of several reasons.

Now ask the participants to divide themselves into three sub-groups, one each for high risk, low risk, and medium risk. If there is a large number of participants, sub-groups can be made on the basis of sub-typology; e.g., for FSWs – street, lodge, spa-based; for MSM – penetrators, receivers, double decker; for PWUDs/PWIDs – daily or weekly injectors/drug users, married, unmarried, etc.

Now do group work.

## Group Work

- Tell the participants they will need to prepare a map of the area where they work. Provide chart papers, color markers, and different color *bindis* to each group.
- Ask the participants to draw on the chart paper an area where they work. Tell them to include roads and important places nearby, like school, hospital, tree, shops, beer bars, etc.
- After they complete their drawing, ask them to mark the areas where the high-risk KPs (FSWs, MSM, or PWUDs/PWIUs) are located and also note how many are located at each location. For example, if it is a brothel area, the participants may draw houses and write the number of women in each brothel. Similarly, if it is a site for MSM, like a public urinal, the participants can draw a small structure and write the number of MSM at that site.
- Along with making a note of the places and the number of high-risk KPs, ask the participants to also note the timings when these KPs will be found at that site.
- Explain to participants that this is a **broad mapping of the area that each peer educator works in**. Tell them that this is just one of the tools they can use for their work.

Now ask the participants to further understand the topic through the following:

Learning	Action points
Location and timings	Peer education should be done during the time when high-risk KPs are available. For example, if



	street-based sex workers are available at night, peer education and provision of condoms should be planned accordingly.
Overlapping of different KP groups in the same hotspot	Greater coordination is required among the staff of different partners working with different KP groups. Share the overlapping risks and messages that need to be used for all KP groups.
Mapping of site helps in service delivery	Mapping provides information about where condom depots can be planned and about chemists who sell condoms, injectables, etc.

Now ask the participants to further focus on some hotspots to understand the risk and vulnerability patterns. Tell the participants to note down on a chart paper the information needed in the table below; do this for at least three hotspots. Once the information is filled-in on the left side of the table, ask the participants to think about the services to be offered.

<b>Risk and vulnerability level</b>	<b>Services to be offered</b>
<u>Volume of clients:</u> High volume (more than 10 clients/week), medium volume (5–9 clients/week), low volume (less than 4 clients/week)	The volume of clients/drug use frequency indicate the number of condoms/needles/syringes the KPs will need to keep themselves safe. The KPs will need to have the same number of commodities as their client volume.  Hence, distribution of condoms/needles/syringes must be based on individual needs, and the same number must not be supplied to everyone.
<u>Injecting/drug use frequency:</u> High volume (more than 3 times a day), medium volume (1–2 times a day), low volume (less than 3 times a week)	
<u>Type of sex worker:</u> Home-based, street-based, brothel-based, lodge-based, spa/massage parlor-based <u>Type of MSM:</u> Receiver, penetrator, double decker	Field supervisors can work with FSWs/MSM directly or reach them through networks.  However, for lodge-based sex workers, the outreach worker must advocate with lodge owners and work through lodge boys. Lodge-based sex workers can also be reached at the points of service, i.e., in the lodge. The same is true for spa/massage parlors.
<u>Age:</u> Below 20 years, 20–30 years, 30–40 years, above 40 years	Younger KPs are more at risk, and thus require more interaction and more information on how to deal with clients and how to be safe.
<u>Time of operation:</u> Morning (6am–10am), afternoon (10am–2pm), evening (2pm–8pm), night (8pm–6am)	Understanding the time and day of operation will help plan outreach accordingly. For example, there are certain days in a month when more sex workers/MSM come to a spot such as a market. Outreach needs to be strengthened during those days of the month. Similarly, evenings and nights may be very busy in certain spots, and the project will need to ensure that outreach is planned during those times.
<u>Frequency of operation:</u> Daily, weekly, monthly	Knowledge about the frequency of operation will help in planning meetings with KPs.

Now ask the participants to examine three hotspots and summarize:

Hotspot name	Day and timing of outreach	How many times contact is required	How many condoms are required
Hotspot number 1			
Hotspot number 2			
Hotspot number 3			

Now ask the participants to plan their services so that the KPs can be linked to STD clinics and community-based HIV testing. Tell the participants to think about which KPs are at risk of STDs and need regular check-ups for STDs and HIV status.

Ask the participants to re-examine their three hotspots and list the KPs who are:

- High risk (age, type of sex they engage in, number of clients, mobility)
- Those who have never visited an STD clinic and do not know their HIV status
- Those who were tested more than six months ago

Tell the participants to list the KPs they have been providing services to in the blank peer calendar sheet provided to them. Ask them to make a red circle over those who are at high risk, make a blue circle over those who are at medium risk, and make a black circle over those who are at low risk.

Now ask the participants to make a cross for those who have never visited an STD clinic or community-based testing or those who had visited six months earlier.

Tell the participants to discuss the reasons why a few of them could access the services and some could not. Ask what can be done to change this scenario and who can influence these changes.

Tell the participants to brainstorm the possible solutions. Ask if they are aware of the following activities supported by LINKAGES, which can improve access to services.

- HIV screening offered by the nearest general practitioner
- Engagement of community champions who can discuss a community's issues and mobilize them for services
- Addressing stigma and discrimination at the facility level by sensitizing clinic staff

Ask the participants to write down in the peer calendar, the number of condoms they will be supplying to each peer; the number of weekly contacts to be made, along with details on day and timings; and referral and linkages dates for STD clinics.

End the session by discussing the following key takeaways:

- As the risk and vulnerability of an individual changes frequently and depends on many external factors, it is important for the peer educator to prepare the micro-plan at least once every six months.
- Micro-plan will help the peer educator in delivering services as per the individual KP's risk and vulnerability.
- Micro-plan will help in identifying the day and timing when the KP can be easily provided the services.
- Micro-plan will help identify those who need linkages with STD clinics and HIV testing/screening services.

## Session V: Condom demand calculation and supply chain management

(45 minutes)

### Objectives:

The session aims to enable the participants in understanding the condom requirements of each KP and how the supply can be managed to ensure there are no stock-outs in the field. The objectives of the session are:

- To calculate the condom demand for KPs serviced by each peer educator
- To manage the supply of condoms in the program to ensure there are no stock-outs

### Materials required:

Chart paper, marker pens, and different colored *bindis* (in three colors; at least 10 packets in total), copies of blank peer calendar format (required for each peer educator)

### Session details:

During this session, the participants will reflect on their experience of providing condoms to individual KPs and the issues faced by the program. They will also brainstorm about solutions to improve condom availability to ensure that every sex act is safe.

Begin by asking for one volunteer from each of the three sub-groups. Ask the volunteers to share their experiences on the following:

- How do they know that each peer is getting the number of condoms they need?
- Apart from when the KPs receive condoms from the peer educator, do the KPs buy condoms or do their sex partners bring the condom?

Note down the narrated experiences on a chart paper and initiate discussion with the larger group on the following:

	KP who is married and has multiple sex partners	KP who is not married and has multiple sex partners
Number of sex acts per week		
Number of condoms required		
Number of condoms brought by the client/partner		
Number of condoms bought by the peer		
Actual number of condoms required from the project <b><math>D = (S \times I \times N) - C</math></b>  D = Condom requirement as per the number of sex acts S = Number of KPs I = Number of days each KP is active in a week C = Number of condoms brought by the partner and bought by the KP		
Number of anal sex acts per week		
Number of lubricants sachet required		

Ask the group some questions about the correct usage of condoms. Sum up the discussion with the following points:

1. While putting on the condom if one realizes that the side is wrong, one should not use the same condom by changing the side. As the condom has already touched the body, some body fluids may already be on it, carrying the risk of infection. In such cases, one should discard this piece and use a new condom.
2. Chances of infection are low in oral sex, but use of condoms is still essential.
3. Using a condom requires skill; one should practice and develop comfort in putting it on.
5. Condoms should be kept in a cool and dry place away from sunlight and water.
6. There is no need to use extra lubricant, as condoms are already lubricated. However, if required, one can use water-based lubricants (not oil).
4. There are various types of condoms, such as flavored (chocolate and strawberry flavored condoms, etc.) and textured (dotted and ribbed condoms, etc.).
5. Condoms are available free of cost for distribution through peer educators and in drop-in-centers and STD clinics. These condoms are of good quality, having been quality checked at reputed laboratories.
7. Condoms provide dual protection (from infections and from unwanted pregnancy).
8. Nowadays female condoms are also available in the market but are expensive.

Now ask one of the field supervisors to volunteer for a discussion. Ask him/her the following:

Number of peer educators he/she has	
Number of peers served by the peer educator	
Total number of condoms required for distribution each week	
Number of condoms required for demonstration by the peer educator each week	
Total number of condoms required per week (sum of above two)	
Total number of condoms required each month	
Total number of condoms already available with peer educators (as of last month)	
Total number of condoms required to be supplied to each peer educators	
Total number of condoms required for the project (calculated for current month and for the next three months as buffer stock)	

Finally, ask the participants to prepare a table for FSW/MSM/PWUDs/PWIDs/TG their area, using the table below as an example.

	Street	Lodge	Spa/parlor	Total
Number of KPs served by the peer educator				
Average number of clients per week				
Condom requirements based on the formula:				

	Street	Lodge	Spa/parlor	Total
No. of condoms required= (No. of clients per week x No. of sex acts per week)				
Condoms in stock with the peer educator				
Condoms required for the project				

Summarize the discussion through the following key takeaways:

- It is important that each sexual act be protected through correct use of condoms.
- Hence, there is a need to calculate the number of condoms required for each individual KP and to supply these during the weekly contact.

## Session VI: Monitoring outreach activities – Opportunity gap analysis

(1 hour)

### Objectives:

The session will help the participants use simple tools to monitor their outreach activities. The objectives of the session are:

- To help the participants understand why documentation of their work is important
- To train participants on the formats to be used for documentation

### Materials required:

- Chart paper, marker pens, filled-in peer calendars and field diaries

### Session details:

During this session, the participants will use their existing peer calendar data and field diary to fill up the opportunity gap analysis tool.

Start the session by providing some background information on the need for monitoring outreach.

Discuss why monitoring is **necessity and useful**, using the points given below:

- Gives a clear understanding of day-to-day performance
- Helps in understanding how much has been achieved
- Helps in understanding how services can be improved
- Helps in identifying problems in day-to-day processes and performance
- Helps in developing strategies to overcome the problems
- Helps to plan follow-up activities

### Areas for monitoring:

Qualitative
Do the peer educators know what they are expected to do in the field?
Are the peer educators aware of the issues that impede service uptake?
What motivates the peers/KPs to seek services, visit STD clinics, and use condoms?
What support is required to improve services?

<b>Quantitative</b>
How many KP are registered under each peer educator?
How many KPs received condoms, visited the drop-in-center, visited STD clinics, and received community-based testing services?
How many KPs could not receive any services and why?
How many incidences of violence were reported by the community and affected field work?

Ask the participants whether they agree with these areas for outreach monitoring. Ask if understanding these areas and their continuous monitoring will help improve program outcomes.

Now ask the participants to divide into four sub-groups, preferably by sub-typologies of KPs or even without any pre-defined criteria.

Ask the participants to use the following tool to make note of opportunities and gaps; this will help them in coming up with targets and an action plan for the next month.

Activities	Target	Achievement	Opportunity	Gaps	Reasons		Action plan
					Internal	External	
New registration							
Monthly contacts							
Pocket meeting contacts							
Drop-in-center contacts							
STD check-ups							
Escort services							
Community-based testing							
HIV testing (every six months)							
Condom distribution							
Lubes distribution							
Needles/syringes distribution							
Activities to support KPs who have reported crisis/violence							

Explain that there are various outreach processes (contacts, registration, STD treatment) that take place in the field. However, during these processes some individuals drop-out; these are called 'opportunity gaps'. Highlight the following in the discussion:

- Analysis should be done for district and hotspot level.
- Make note of the status of each indicator in the opportunity gap analysis framework  
Opportunity gap analysis will help the program leverage opportunities and address challenges by introducing new skills among staff, newer approaches to program implementation, improving ongoing demand creation activities, and creating an enabling environment.
- For each indicator, identify the gap and the reasons for this gap; also make note of the next steps to address the gap.
- Gaps may be due to internal and external factors.
  - Internal factors: where the project has direct control, such as, working hours of outreach workers and peer educators.
  - External factors: which are not under the project's control, such as high mobility of sex workers on a daily basis
- The underlying issues related to the number of community members who have faced a crisis/violence need to be discussed and the ongoing activities accordingly revised and new crisis intervention activities implemented.

Encourage the sub-groups to complete the tool in the previous table using flip charts and marker pens. After completing the tool, encourage one of the sub-groups to make a presentation before the larger group.

Encourage discussion on the following:

- What was the process followed by the group?
- What is the outcome of the exercise?
- How will this exercise help in planning outreach?
- What are the common mistakes people make in completing this tool?
- What consequences do these mistakes have?

Summarize the discussion through the following key takeaways:

- Once the field team is aware of their successes and failures as well as the associated factors, they will be able to improve their performance.
- Understanding internal and external factors helps in improving the learning and performance of staff and the networking with stakeholders.

## Session VII: Crisis management

(1 hour 15 minutes)

### Objectives:

The session aims to help the participants understand their role in solving any crisis faced by the KP community and to gain the community's trust.

### Materials needed:

- Chart paper, marker pens

**Session details:**

During this session, the participants will use their existing knowledge and experience to reflect on and better understand the community's needs and how to help the community during crisis.

Start the session by asking the participants to list the crises faced by the community – at the individual level by KPs and by the KP community as a whole.

Make note of the types of crisis, as stated by the participants. If possible, divide the inputs into two categories: individual crisis and group crisis.

Divide the group into two sub-group. Give each sub-group one of the situations given below. Read out the situation or write it down in advance and paste on the walls of the room. Similar situations for MSM, PWUD/PWID can be prepared after discussing with the staff. The situations given below are only examples.

**Situation 1:**

During the field visit, a peer educator meets some community members who tell her about a police raid that occurred the previous night when she was away. Some of the women were arrested while they were sleeping. The peer educator realizes that such raids have become a regular feature in the hotspot.

**Situation 2:**

During interaction with a community member, a peer educator realizes that the community member is tense because last night a local goon/lodge owner/spa owner forcefully had sex with her without using a condom. This has become a regular practice with many other community members in the area.

Ask the participants to go around the room and read the situations and discuss the following:

- Is this a common situation faced by community members?
- How is this currently handled at the field level?

Ask each sub-group to share their thoughts with the larger group.

After the presentation, initiate a discussion on current methods of dealing with other crisis situations. Encourage the participants to share their experiences.

Ask the participants whether crisis situations affect the project's performance, safety and health of individual KPs, and their human rights.

Refer to the previous two situations and ask the group the following:

- Could there be a mechanism to handle this and another crisis at the field level?
- Would the community feel secure and trust the peer educator more if such a system is developed?
- What would such a crisis management system include?

Share an experience of a good crisis management system and its components. Discuss and highlight the following as important for good crisis management:

1. Trained and committed members who are willing to be 'on call' 24 hours a day and to respond immediately when a crisis happens
2. Effective communication mechanisms (i.e., helpline/hotlines/phone number of a responsible person in the organization) that the community can contact during a crisis  
These can be dedicated phone numbers of active community members and can be displayed at the drop-in-center, mentioned on leaflets/awareness building materials, and distributed during pocket meetings.
3. Availability of information about crisis response to community members
4. Experienced and committed lawyers who are willing to provide assistance 24 hours a day



5. Networking, alliance building, and sensitization work with local stakeholders (especially high-risk groups) through regular meetings and by providing the required education
6. Encouraging community members to be aware of their rights; educating them on seeking legal advice through legal literacy sessions in pocket meetings
7. Close alliances with other civil society organizations, activists, and local media contacts who can advocate on behalf of the community when necessary
8. Reflecting on crisis management cases to improve and build internal capacities

End the session by stating the following key takeaways:

- Crisis response interventions increase outreach to members of the high-risk group, thereby strengthening the NGO's relationship with them and gaining their trust.
- There can be many ways to establish a crisis response system, and it depends on the availability of resources and the requirements of KP community members.
- Peer educators should discuss the formation of crisis management systems at the project level and with community members and come up with appropriate systems.

## Session VIII: Planning for the field visit

(2 hours)

Ideally each field team should have 4–5 peer educators and one field supervisor/supervisor cadre staff. In the field, the participants are expected to use the following tools and share their experiences with the larger group after the field visit:

- Hotspot mapping
- Risk profiling
- Micro-planning for the hotspot
- Condom demand calculation
- Opportunity gap analysis for the hotspot visited by the team

Each field team will spend about three hours in the field, excluding travel time. After completion of field work, the teams will make short presentations about their experience, the challenges they faced in using the tools, and their learning from the interactions with community members.

## Annexure 1

### Agenda for Training on Hotspot Mapping, Risk Profiling, and Micro-planning (for Peer Educators and Field Supervisors)

Date:

Organized by:

Venue:

Timings	Topic/Activities	Methodology/Tools	Facilitators	Expected Outcomes
<b>Day 1</b>				
9.00–9.30 am	Registration and introduction of participants		Learning site team	
9.30–10.30 am	Roles and responsibilities of the outreach team (district coordinator, field supervisor, and peer educator)	Group work and presentation	Master trainer	Understanding the work they do every day and every week and the skills needed to do this work
10.30–10.45 am	Tea break			
10.45–11.45 am	Knowing KPs (what is their daily life, what they like and dislike, why they are at risk, and what are their behaviors and practices)	Group work and presentation	Master trainer	Understanding KPs, why they are at risk of HIV and STDs, and which of their behaviors we need to change
11.45–12.45 pm	Why some people are more at risk than others (reasons, behaviors, practices, etc.)	Presentation and discussion	Master trainer	Understanding that each KP individual and their needs are unique Understanding the various KP types and their needs
12.45–1.30 pm	Lunch break			
1.30–3.00 pm	Importance of findings hotspots; importance of finding high-risk KPs (card game and mapping)	Group work and presentation	Master trainer	Understanding the need for meeting KPs and the places where they can be met and can receive services
3.00–3.15 pm	Tea break			
3.15–4.30 pm	Introduction to risk-profiling tools	Presentation and discussion	Master trainer	Understanding the need for risk profiling and the need for differentiated services based on individuals' risk levels
4.30–4.45 pm	Summary of the day		Participant	
<b>Day 2</b>				
9.00–9.30 am	Recap of Day 1			
9.30–10.30 am	Exercise on risk-profiling tools	Group work and presentation	Master trainers	Hands-on experience in asking various questions on risk profiling and recording these in the peer diary
10.30–11.30 am	Micro-planning tools and principles of micro-planning Maintaining list, put notes, updates	Discussion on tools	Master trainer	Understanding maps and micro-plans for service delivery

Timings	Topic/Activities	Methodology/Tools	Facilitators	Expected Outcomes
11.30–11.45 am	Tea break			
11.45–12.45 pm	Micro-planning tools – how to link with services for KPs	Presentation and discussion	Master trainer	Understanding the need for a package of services and delivering them
12.45–1.30 pm	Lunch break			
1.30–5.00 pm	Field visit to prepare map, fill the risk profiling tools			Field practice of tools
<b>Day 3</b>				
9.30–11.30 am	Presentation of risk-profiling information and map	Presentation	Master trainer	Presentation by field teams on the learning and issues faced
11.30–12.30 pm	Preparation of micro-plan based on the data collected during the field visit	Group work	Master trainer	Preparation of a service plan for individual KPs (based on age, availability on a day/time, hotspot name, number of partners, condom use pattern, condoms required per week, due date of HIV testing, plan for meeting in a week)
12.30–1.30 pm	Lunch break			
1.30–2.30 pm	Calculating condom demand, condom distribution, condom use demo	Presentation, group work, and discussion	Master trainer	Understanding the need for providing condoms and condom demo in the field
2.30–3.30 pm	Conducting a peer education session with a KP in the field	Role play and discussion	Master trainer	Understanding the need for participatory communication (two-way and dialogue-based communication)
3.30–4.30 pm	Action planning		Learning site partner	Preparation of an action plan; the time by which micro-plans should be completed
4.30–5.00 pm	Wrap up		Learning site partner	

**Participants:** Peer educators, field supervisors, and district coordinator

**Preparation required:**

- Flip charts, marker pens, colored cards (in at least 4 colors; 50 each; size 6 inches x 8 inches), sticky notes (3 different colors)
- Copies of the attached tools in the local language
  - Session 2 (network analysis tool): A4 size paper (copies as per the number of participants)
  - Session 3 and 4 (two tools): A4 size paper (copies as per the number of participants) – page no. 8 and 9
  - Session 7 (two tools – micro-planning): A4 size paper (copies as per the number of participants) – page no. 17
  - Session 9 (condom demand calculation): A4 size paper (copies as per the number of field supervisors) – page no. 19
- Peer educator diaries with attached risk profiling tool (notebooks) – (copies as per the number of participants)

## නායාය පත්‍රය

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සංවිධානය කරනුයේ:

ස්ථානය:

වේලාව	මාතෘකාව/ක්‍රියාකාරකම්	ක්‍රමවේදය/මෙවලම	පහසුකම් සපයන්නා	අපේක්ෂිත ප්‍රතිඵලය
<b>1 වන දවස</b>				
9.00 – 9.30 පෙ.ව.	සහභාගීකයන් ලියාපදිංචිය හා හඳුන්වා දීම		ඉගෙනුම් සහකරු	
9.30 – 10.30 පෙ.ව.	බාහිර සේවා සපයන්නාගේ කාර්ය සහ වගකීම් මොනවාද? (දිස්ත්‍රික් සම්භන්ධීකාරක, ක්ෂේත්‍ර නිලධාරී සහ සහවර සන්නිවේදිතාව)	කණ්ඩායම් ක්‍රියාකාරකම සහ ඉදිරිපත්කිරීම	ප්‍රධාන පුහුණුකරු	ඔවුන් සෑම දවසකම, සෑම සතියකම කලයුතු දේ මෙන්ම එම කාර්යයන් ඉටු කිරීමට අවශ්‍ය කුසලතා පිළිබඳව මනා අවබෝධයක් ඇති වීම.
10.30-10.45 පෙ.ව.	තේ වීචේකය			
10.45 -11.45 පෙ.ව.	තමන්ගේ ප්‍රජාව (අධි අවධානම් ප්‍රජාව) පිළිබඳව දැනගැනීම (ඔවුන්ගේ දින වර්ෂාව කුමක්ද?, ඔවුන් කැමති සහ අකැමති දේ මොනවාද?, ඔවුන් අවධානම් යැයි පවසන්නේ ඇයි? සහ ඔවුන්ගේ හැසිරීම් හා පුරුදු මොනවාද?)	කණ්ඩායම් ක්‍රියාකාරකම සහ ඉදිරිපත්කිරීම	ප්‍රධාන පුහුණුකරු	අධි අවධානම් ප්‍රජාව පිළිබඳව අවබෝධයක් ඇති වීම. . ඔවුන් HIV සහ අනෙකුත් ලිංගාශ්‍රිත රෝග සඳහා අවධාන ඇයි? , අප විසින් වෙනස් කලයුතු ඔවුන්ගේ හැසිරීම් මොනවාද?
11.45 – 12.45 ප.ව.	සමහර පුද්ගලයින් අනෙක් පුද්ගලයන්ට වඩා අවධානම් වන්නේ ඇයි? හේතු, හැසිරීම් රටා, පුරුදු ආදිය	ඉදිරිපත්කිරීම් හා සාකච්චාව	ප්‍රධාන පුහුණුකරු	අදාළ ආදී අවධානම් ප්‍රජාව තුළ සිටින පුද්ගලයින් එකිනෙකාට වෙනස් බවත් ඒ අනුව ඔවුන්ගේ අවශ්‍යතාද වෙනස් බව අවබෝධ කර ගැනීම. විවිධ වර්ගයේ පුද්ගලයින් හා අවශ්‍යතා පිළිබඳව සාකච්චා කිරීම
12.45- 1.30 ප.ව.	දිවා ආහාරය			
1.30 – 3.00 ප.ව.	හොටස්පොටස් සෙවීමේ වැදගත්කම අධි අවධානම් පුද්ගලයින් සෙවීමේ වැදගත්කම (කාර්ඩ් සෙවීමේ ක්‍රීඩාව හා සිතියම් ගත කිරීම ඇතුළත් වේ)	කණ්ඩායම් ක්‍රියාකාරකම සහ ඉදිරිපත්කිරීම	ප්‍රධාන පුහුණුකරු	අධි අවධානම් ප්‍රජාව මුණ ගැසීමේ අවශ්‍යතාවය, ඔවුන්ව මුණ ගැසිය හැක්කේ කුමන ස්ථානවලදීද හා ඔවුන්ට ලබා ගත හැකි සේවාවන් පිළිබඳව අවබෝධයක් ඇති වීම.
3.00 – 3.15 ප.ව.	තේ වීචේකය			
3.15 – 4.30 ප.ව.	අවධානම් මට්ටම නිශ්චය කිරීමේ මෙවලම් හඳුන්වාදීම.	ඉදිරිපත්කිරීම් හා සාකච්චාව	ප්‍රධාන පුහුණුකරු	අවධානම් මට්ටම නිශ්චය කිරීමේ අවශ්‍යතාවය හා එකිනෙකාගේ අවධානම් මට්ටම් අනුව ලබා දිය යුතු සේවාවන් පිළිබඳව අවබෝධයක් ඇති වීම.
4.30 – 4.45 ප.ව.	වැඩසටහන් සාරාංශය		සහභාගිවන්නෙකු	

වේලාව	මාතෘකාව/ක්‍රියාකාරකම්	ක්‍රමවේදය/මෙවලම	පහසුකම් සපයන්නා	අපේක්ෂිත ප්‍රතිඵලය
<b>2 වන දවස</b>				
9.00 – 9.30 පෙ.ව.	1 වන දවස පිළිබඳව නැවත මතක් කිරීම			
9.30 – 10.30 පෙ.ව.	අවධානම් මට්ටම නිශ්චය කිරීමේ මෙවලම් පිළිබඳ අභ්‍යාසය	කණ්ඩායම් ක්‍රියාකාරකම සහ ඉදිරිපත්කිරීම	ප්‍රධාන පුහුණුකරු	අවධානම් මට්ටම නිශ්චය කිරීමට අදාළ විවිද ප්‍රශ්න අසන්නේ කෙසේද හා එම තොරතුරු සහවර දින පොතේ සටහන් කරන්නේ කෙසේද පිළිබඳව අත්දැකීම් ලබා ගැනීම.
10.30 – 11.30 පෙ.ව.	සුක්ෂ්ම සැලසුම් කිරීමේ මෙවලම්, සුක්ෂ්ම සැලසුම් පවත්වාගෙන යාමේ ලැයිස්තුවේ මූලධර්ම,සටහන් තැබීම,යාවත්කාලීන කිරීම	මෙවලම පදනම් කරගෙන සාකච්ඡා කිරීම	ප්‍රධාන පුහුණුකරු	සිතියම් හා සේවාවන් ලබා දීම සඳහා සුක්ෂ්ම සැලසුම් සකස් කිරීම පිළිබඳව අවබෝදයක් ඇති වීම.
<b>11.30 – 11.45 පෙ.ව.</b>	තේ වීඩියෝ			
11.45 – 12.45 ප.ව.	සුක්ෂ්ම සැලසුම් කිරීමේ මෙවලම් - අධි අවධානම් ප්‍රජාවට සපයා සේවාවන් සමග සම්බන්ධ කරන්නේ කෙසේද?	ඉදිරිපත්කිරීම් හා සාකච්ඡාව	ප්‍රධාන පුහුණුකරු	සේවා පැකේජයේ අවශ්‍යතාවය හා ප්‍රජාවට එය ලබා දෙන්නේ කෙසේද යන්න පිළිබඳව අවබෝදයක් ඇති වීම.
<b>12. 45 -1.30 ප.ව.</b>	දිවා ආහාරය			
<b>1.30 – 5.00 ප.ව.</b>	සිතියම් නිර්මාණය හා අවධානම් මට්ටම නිශ්චය කිරීමේ මෙවලම් සම්පූර්ණ කිරීම සඳහා ක්ෂේත්‍ර නිරීක්ෂණය			මෙවලම් ක්ෂේත්‍රයේ භාවිතා කිරීමේ ප්‍රයෝගික අත්දැකීම් ලබා ගැනීම.
<b>3 වන දවස</b>				
9.30 – 11.30 පෙ.ව.	අවධානම් මට්ටම නිශ්චය කිරීමේ තොරතුරු හා සිතියම් ඉදිරිපත් කිරීම.	ඉදිරිපත්කිරීමක්	ප්‍රධාන පුහුණුකරු	කණ්ඩායම් විසින් ක්ෂේත්‍ර නිරීක්ෂණයේ ඉගෙනුම් හා මුහුණ දුන් බාධක ඉදිරිපත් කිරීම
11.30 – 12.30 ප.ව.	ක්ෂේත්‍ර නිරීක්ෂණයේදී එකතු කරගත් දත්ත පදනම් කරගෙන සුක්ෂ්ම සැලසුම් සකස් කිරීම.	කණ්ඩායම් ක්‍රියාකාරකම	ප්‍රධාන පුහුණුකරු	ආදී අවධානම් ප්‍රජාවේ තනි පුද්ගලයෙකු සඳහා සේවා සැලසුමක් සකස් කිරීම. (වයස කීයද?, රැදි සිටින දිනය හා වේලාව?, හොට්ස්පොට්ස් නම, සහකරුවන් කීයද, කොන්ඩම් භාවිතයේ පුරුද්ද, සතියකට කොන්ඩම් අවශ්‍යතාවය, HIV පරීක්ෂණයට නියමිත දිනය, සතියකින් හමුවීමට සැලසුමට)
<b>12.30 – 1.30 ප.ව.</b>	දිවා ආහාරය			
1.30 – 2.30 ප.ව.	කොන්ඩම් ඉල්ලුම හා බෙදාහැරීම ගණනය කරන්නේ කෙසේද?, කොන්ඩම් පැළඳීම නිරූපණය කරන්නේ කෙසේද?	ඉදිරිපත්කිරීම්, කණ්ඩායම් ක්‍රියාකාරකම සහ සාකච්ඡා කිරීම.	ප්‍රධාන පුහුණුකරු	කොන්ඩම් සැපයීමේ අවශ්‍යතාවය හා කොන්ඩම් පැළඳීම ක්ෂේත්‍රයේ නිරූපණය කරන්නේ කෙසේද යන්න පිළිබඳව අවබෝධයක් ඇති වීම.
2.30 – 3.30 ප.ව.	ක්ෂේත්‍රය තුළදී අධි අවධානම් ප්‍රජාව සමඟ සහවර අධ්‍යාපන සැසි පවත්වන්නේ කෙසේද?	භූමිකා රංගනය හා සාකච්ඡාව	ප්‍රධාන පුහුණුකරු	සහායකයින්ගේ සන්නිවේදන අවශ්‍යතාවය පිළිබඳව අවබෝධයක් ඇති වීම.(ද්වි මාර්ග සන්නිවේදනය සහ දෙබස් පදනම)

වේලාව	මාතෘකාව/ක්‍රියාකාරකම්	ක්‍රමවේදය/මෙවලම	පහසුකම් සපයන්නා	අපේක්ෂිත ප්‍රතිඵලය
3.30 – 4.30 ප.ව.	ක්‍රියාකාරී සැලසුම සකස් කිරීම		ඉගෙනුම් සහකරු	සුක්ෂ්ම සැලසුම් සකස් කිරීම සම්පූර්ණ කළ හැක්කේ කවදාද යන්න ඇතුළත්ව ක්‍රියාකාරී සැලසුම සකස් කිරීම.
4.30 – 5.00 ප.ව.	සමාලෝචනය		ඉගෙනුම් සහකරු	

සහභාගිකයින් : සහවර සන්නිවේදකාවන්, ක්ෂේත්‍ර පරීක්ෂකවරුන් සහ දිස්ත්‍රික් සම්බන්ධීකාරක

## Annexure 2

### Pre- and Post-test Questionnaire for Training on Risk-profiling and Micro-planning

Kindly answer the questions below. Your responses will help to plan sessions in this training as well as future training programs. You are not required to write your name or mention any other personal detail.

#### Section 1

1. Your designation in the project:
2. Your age in years:
3. Years of experience working with key population program:

#### Section 2

TICK THE APPROPRIATE BOX	True	False	Don't Know
<b>What do you think about the statements given below?</b>			
Transgender people feel that their gender identity does not match their biological state.			
Homosexuals have female mannerisms.			
If parents are strict about their children's upbringing, they would be able to control their sexual orientation.			
Vulnerability means that there are factors that expose a certain group to risk or to engaging in risky behaviors.			
It is the right of MSM to access social and health services as and when they need them.			
When parents accept their son's sexual orientation, they help him come to terms with it.			

#### Section 3

TICK THE APPROPRIATE BOX	True	False	Don't Know
<b>What do you think about the statements given below?</b>			
You can tell if someone has HIV from their physical appearance.			
You can find out if you have HIV by having a special blood test.			
HIV is transmitted through:			
- Insect and mosquito bites			
- Unprotected sex with an infected person or a person whose HIV status is not known			
- Sharing eating utensils			
- Objects that are sharp and contaminated with the HIV virus			
- Mother-to-child transmission before or during birth and through breastfeeding			
- Blood contaminated with the HIV virus			
- Hugging and kissing on the cheek			
<b>What do you think about the statements given below?</b>			
Testing should be mandatory for all homosexuals and sex workers to stop the spread of HIV.			
HIV testing should respect privacy and confidentiality and be voluntary and available.			
A person infected with HIV does not live long.			
Having multiple sex partners does not spread HIV.			
It is impossible to be protected from STDs.			

<b>TICK THE APPROPRIATE BOX</b>	<b>True</b>	<b>False</b>	<b>Don't Know</b>
There is no cure for every STD.			
Untreated STDs cause complications.			
STDs affect only men.			
A person infected with an STD is more likely to develop AIDS.			
<b>Common beliefs about condoms</b>			
We can use two condoms at the same time for extra protection.			
Using greasy moisturizer as a lubricant helps during sex.			
Lubricant has to be water based and good quantity			
Lubricant facilitates intercourse.			
Lubricant kills sperm, thereby reducing the chance of getting HIV infection.			
Condoms also can protect us from HIV during oral sex.			

#### **Section 4**

<b>TICK THE APPROPRIATE BOX</b>	<b>True</b>	<b>False</b>	<b>Don't Know</b>
<b>What do you think about the statements given below?</b>			
Behavioral change happens in stages and takes a long time.			
The information provided depends on the readiness of the person to make the necessary changes.			
Behavioral change requires providing the necessary information, skills, and dialogue.			
Only giving condom will lead to change in behavior.			
In addition to condoms, KPs need information on how to negotiate with the partner and use condoms.			
<b>What do you think about the statements given below?</b>			
All KP community members are at equal risk of STD and HIV.			
Younger KP members are at lower risk of STD and HIV.			
KP members with few partners are more at risk of STD and HIV.			
KP members who are married and also have more sexual partners are more at risk.			
KP members who prefer anal sex are at lower risk of STD and HIV.			
KP members who do not use condoms during every sex act are at lower risk of STD and HIV.			
KP members who use drugs and alcohol are at lower risk of STD and HIV.			
KP members who are subjected to violence are at risk of STD and HIV.			
We must reach everyone who is at risk because this will help us in keeping our community safe.			



අවධානම් පැතිකඩ හා සුක්ෂ්ම සැලසුම් සකස්කිරීම පිළිබඳව සහවර සන්නිවේදිතාවන් හා ක්ෂේත්‍ර නිලධාරීන්ට ලබා දෙන පුහුණුව සඳහා පෙර හා පසු පරීක්ෂණ ප්‍රශ්න

මෙම ප්‍රශ්නවලට පිළිතුරු සපයන ලෙස අපි ඔබෙන් ඉල්ලා සිටින අතර ප්‍රතිචාර පුහුණු කාලය තුළ සැසි සැලසුම් කිරීමට මෙන්ම අනාගත පුහුණු වැඩසටහන් සඳහා ද යොදා ගැනේ. ඔබේ නම හෝ වෙනත් පෞද්ගලික තොරතුරු ලිවීමට අවශ්‍ය නොවේ.

## 1 - අංශය

1. ව්‍යාපෘතියේ ඔබ දරණ තනතුර:
2. ඔබේ වයස වසර වලින්:
3. අධි අවධානම් ප්‍රජාවේ වැඩසටහන් සමග කොපමණ වසර ප්‍රමාණයක අත්දැකීම් තිබේද?:

## 2 - අංශය

සුදුසු කොටුව තුළ සලකුණු කරන්න	නිවැරදි	වැරදි	නොදනී
මෙම ප්‍රකාශයන් පිළිබඳව ඔබ කුමක් සිතන්නේද?			
සංක්‍රාන්ති ලිංගිකයින්ට හැඟෙන්නේ ඔවුන්ගේ ස්ත්‍රී පුරුෂ අන්‍යෝන්‍යය ඔවුන්ගේ ජීව විද්‍යාත්මක තත්ත්වයට නොගැලපෙන බවයි.			
සමලිංගිකය පුද්ගලයන්ට ස්ත්‍රී හැසිරීම් ඇත.			
දෙමව්පියන් තම දරුවන් ඇති දැඩි කිරීම පිළිබඳව දැඩි ලෙස කටයුතු කළේ නම් ඔවුන්ගේ ලිංගික දිශානතිය පාලනය කිරීමට ඔවුන්ට හැකි වේ.			
අවදානම යනු යම් කණ්ඩායමක් අවදානමට හෝ අවදානම් සහගත හැසිරීම් වලට නිරාවරණය වීමට හැකි සාධක ඇති බවයි.			
සමාජ හා සෞඛ්‍ය සේවාවන්ට අවශ්‍ය විටෙක ප්‍රවේශ වීම MSM හි අයිතියයි.			
දෙමව්පියන් තම පුතාගේ ලිංගික දිශානතිය පිළිගත් විට ඔහුට ඒ කරා ඒමට උදව් කරයි.			

## 3 - අංශය

සුදුසු කොටුව තුළ සලකුණු කරන්න	නිවැරදි	වැරදි	නොදනී
මෙම ප්‍රකාශයන් පිළිබඳව ඔබ කුමක් සිතන්නේද?			
පුද්ගලයෙකුගේ බාහිර පෙනුමෙන් ඔහුට HIV වැලදී ඇතැයි ඔබට කිව හැකිය.			
විශේෂ රුධිර පරීක්ෂාවකින් ඔබට එච්.අයි.වී තිබේදැයි සොයා ගත හැකිය			
<b>HIV බෝ විය හැකිය,</b>			
කෘමීන් හා මදුරුවන් දෂ්ට කිරීමකින්.			
ආසාදිත පුද්ගලයෙකු හෝ එච්.අයි.වී තත්ත්වය නොදන්නා පුද්ගලයෙකු සමඟ අනාරක්ෂිත ලිංගික සම්බන්ධකම් පැවැත්වීම තුළින්.			
ආහාර ගැනීමේ භාජන බෙදා ගැනීම මගින්			
නියුණු හා HIV වෛරසය තිබෙන රුධිරය ස්පර්ශ වූ දේවල් මගින්			
උපතින් පෙර හෝ උපතේදී මව්කිරි දීමෙන් මවගෙන් දරුවාට HIV වෛරසය සම්ප්‍රේෂණය වේ.			
<b>HIV වෛරසය තිබෙන රුධිරය මගින්.</b>			
සිපගැනීමෙන් හෝ වලන්දගැනීම මගින්.			
මෙම ප්‍රකාශයන් පිළිබඳව ඔබ කුමක් සිතන්නේද?			
සියලුම සමලිංගිකයින්ට, ලිංගික ශ්‍රමිකයින්ට එච්.අයි.වී පැතිරීම නැවැත්වීම සඳහා HIV පරීක්ෂණ අනිවාර්ය විය යුතුය			
<b>HIV පරීක්ෂාවේදී පෞද්ගලිකත්වයට සහ රහස්‍යභාවයට ගරු කළ යුතු අතර ස්වේච්ඡාවෙන් ලබා ගත හැකිය.</b>			
<b>HIV ආසාදිත පුද්ගලයෙකු දිගු කලක් ජීවත් නොවේ.</b>			
බහු ලිංගික සහකරුවන් සිටීම HIV පැතිරෙන්නේ නැත.			
ලිංගාශ්‍රිතව බෝවන රෝග වලින් ආරක්ෂා වීම අපහසුය.			

සුදුසු කොටුව තුළ සලකුණු කරන්න	නිවැරදි	වැරදි	නොදනී
සෑම ලිංගාශ්‍රිත රෝග සඳහාම ප්‍රතිකාරයක් නොමැත.			
ප්‍රතිකාර නොකළ ලිංගාශ්‍රිත රෝග සංකූලතා ඇති කරයි.			
ලිංගිකව සම්ප්‍රේෂණය වන රෝග වලට බලපාන්නේ පිරිමින්ට පමණි.			
ලිංගාශ්‍රිතව බෝවන රෝගයකින් පෙළෙන පුද්ගලයෙකුට ඒකීය වැළඳීමේ අවදානම වැඩිය.			
කොන්ඩම් ගැන පොදු විශ්වාසයන්			
අමතර ආරක්ෂාව සඳහා අපට එකවර කොන්ඩම් දෙකක් භාවිතා කළ හැකිය.			
ලිහිසිකාරක ලෙස වෙනත් සාමාන්‍ය ක්‍රීම් භාවිතා කිරීම ලිංගිකව හැසිරෙන විට අපට උපකාරී වේ.			
ලිහිසිකාරක ජලයේ දිය නොවිය යුතු අතර හොඳ ප්‍රමාණයක් විය යුතුය.			
ලිහිසිකාරක සංසර්ගය සඳහා පහසුකම් සපයයි			
ලිහිසිකාරක ශුක්‍රාණු විනාශ කරන අතර එම නිසා HIV ආසාදනය වීමේ අවදානම අඩු කරයි			
මුඛ සංසර්ගයේ යෙදෙන විට කොන්ඩම් පැළඳීම මගින් HIV වලින් ආරක්ෂා වීමට හැකිය.			

#### 4 - අංශය

සුදුසු කොටුව තුළ සලකුණු කරන්න	නිවැරදි	වැරදි	නොදනී
මෙම ප්‍රකාශයන් පිළිබඳව ඔබ කුමක් සිතන්නේද?			
වර්යාත්මක වෙනසක් අදියර වශයෙන් සිදුවන අතර ඒ සඳහා දිගු කාලයක් ගතවේ.			
ලබා දී ඇති තොරතුරු රඳා පවතින්නේ අවශ්‍ය වෙනස්කම් කිරීමට පුද්ගලයාගේ ඇති සුදානම මත ය.			
වර්යාත්මක වෙනසකට අවශ්‍ය තොරතුරු, කුසලතා සහ සංවාදය සැපයීම අවශ්‍ය වේ.			
හැසිරීම වෙනස් වීමට හේතු වන්නේ කොන්ඩම් ලබා දීමෙන් පමණි.			
කොන්ඩම් වලට අමතරව, හවුල්කරු සමඟ සාකච්ඡා කර කොන්ඩම් භාවිතා කරන්නේ කෙසේද යන්න පිළිබඳ තොරතුරු සාමාජිකාවන්ට අවශ්‍ය වේ.			
මෙම ප්‍රකාශයන් පිළිබඳව ඔබ කුමක් සිතන්නේද?			
ප්‍රජාවේ සියළුම සාමාජිකයින් ලිංගාශ්‍රිත රෝග හා HIV සඳහා සමාන අවධානම් මට්ටමක සිටී.			
ප්‍රජාවේ සිටින තරුණ සාමාජිකයාට ලිංගාශ්‍රිත රෝග හා HIV සඳහා අඩු අවධානමක් පවතී.			
සහකරුවන් කිහිප දෙනෙකු සමඟ සිටින ප්‍රජාවේ සාමාජිකාවක/කයෙකු ලිංගාශ්‍රිත රෝග හා HIV සඳහා වැඩි අවධානමක් සිටී.			
විවාහක මෙන්ම බොහෝ ලිංගික සහකරුවන් සිටින ප්‍රජාවේ සාමාජිකාවක/කයෙකු වැඩි අවධානමක සිටී.			
ගුද ලිංගික ක්‍රියාකාරී වල නිරත ප්‍රජාවේ සාමාජිකාවක/කයෙකු අඩු අවධානම් මට්ටමක සිටී.			
සෑම ලිංගික ක්‍රියාවකදීම කොන්ඩම් භාවිතා නොකරන සාමාජිකාවක/කයෙකු ලිංගාශ්‍රිත රෝග හා HIV සඳහා අඩු අවධානමක් සිටී.			
මත්ද්‍රව්‍ය හා මත්පැන් භාවිතා කරන සාමාජිකාවක/කයෙකු ලිංගාශ්‍රිත රෝග හා HIV සඳහා අඩු අවධානමක සිටී.			
යම් සාමාජිකාවක/කයෙකු නිසනය සඳහා මුහුණ දෙන්නේද ඔහු /ඇය ලිංගාශ්‍රිත රෝග හා HIV සඳහා අවධානමක සිටී.			
අවදානමට ලක්ව සිටින සෑම කෙනෙකුටම අපට ළඟා විය හැකි නිසා මෙය අපගේ ප්‍රජාව ආරක්ෂිතව තබා ගැනීමට උපකාරී වේ.			

## Annexure 3

Risk profile areas to be used in peer educator diary:

Peer code	AGE	Duration in sex work	# of sex acts per week	Experience of physical/sexual violence	Alcohol/drug during solicitation	Used condom during last anal sex	Used condom with boyfriend/regular partner during last sex

Peer code	1. වයස	2. සතියකට පැමිණෙන ගනුදෙනුකරුවන් ප්‍රමාණය	3. සතියකට සිදු කරන ගුද ලිංගික ක්‍රියා ප්‍රමාණය	4. ඔබ අවසන් වරට ඔබේ සහකරු හැර වෙනත් කෙනෙක් සමඟ ලිංගිකව හැසිරීමේදී කොන්ඩම් භාවිතා කළේද?	5. ඔබ පසුගිය මස තුළදී මත්පැන් හෝ මත්ද්‍රව්‍ය භාවිතා කළේද?	6. පසුගිය මස තුළදී ඔබ ලිංගාශ්‍රිත රෝගයකින් පෙළුනේද හෝ ඒ පිළිබඳ වාර්ථා වූයේද?	7. පසුගිය මස තුළදී ඔබව පොලිසිය විසින් අත්අඩංගුවට ගෙන සිරගතව සිටියේද?	8. පසුගිය මස තුළදී ඔබ ඔබේ පවුලෙන් හෝ යාලුවන්ගෙන් වෙනස්කොට සැලකීමකට හා කොන්කිරීමකට ලක් වූයේද?	9. ඔබ පසුගිය මාස 06 තුළදී පවුලේ සාමාජිකයන්ගෙන් හෝ ගනුදෙනුකරුවන්ගේ භීෂනයට ලක් වූයේද?