LINKAGES STANDARD OPERATING PROCEDURE

Programmatic Mapping and Microplanning

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LINKAGES
Across the Continuum of HIV Services for Key Populations

ACRONYMS

FSW	Female sex worker
HIV	Human immunodeficiency virus
KP	Key population
LINKAGES	Linkages across the Continuum of HIV Services for Key Populations Affected by HIV
MSM	Men who have sex with men
ORW	Outreach worker
POW	Peer outreach worker
PWID	People who inject drugs
PM	Programmatic mapping
SW	Sex worker
TG	Transgender
WHO	World Health Organization

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Introduction

PURPOSE

This document provides guidance for conducting programmatic mapping of key population (KP) hot spots or validation of previously mapped hot spots and for microplanning. The guidance includes procedures for mapping geographical locations and profiling the hot spots, estimating the size of KP groups in defined geographic areas, assessing prevention, testing, care and treatment service availability near these sites, and managing data to enable tracking service coverage over time.

Microplanning is the process of gathering information about KPs, including where they work and network, what their needs are, what their risk profile is, when they are available for outreach, and the type of environment in which they operate. This information is vital for planning outreach tailored to the unique risks and needs of KP individuals. Microplanning helps prioritize outreach to clients at the highest risk for exposure to HIV and at locations that may have conditions for the highest risk. It also ensures maximum coverage of KPs in any targeted area.

SCOPE

These guidelines are intended for use by all LINKAGES implementing partners and staff from other organizations involved in mapping or using information from mapping and gathering information to use for microplanning.

DEFINITIONS[1]

Programmatic mapping (PM): Systematic identification of the location of sites where KPs congregate and can be reached with services. Mapping also provides an idea of the types and estimated numbers of KP individuals who visit each location.

Microplanning: Using a set of tools to gather information about target populations at the local level in order to plan outreach and services ensuring that services are tailored to meet the unique needs of everyone especially those with greatest need or at highest risk.

Hot spot: Any physical venue, spot, or place where KPs congregate. These may include bars, brothels, hotels, sex den, strip club, street corner or highways, house, casino, guest house/rest house, lodgings, massage parlors, parks, public toilets. The specific names of the hot spots may be different in different country contexts.

[1]World Health Organization (WHO). Consolidated guidelines on HIV prevention, diagnosis, treatment and care for key populations: 2016 update. Geneva: WHO; 2016.

Female sex workers (FSWs): Females 18 years of age and above who receive money or goods in exchange for sexual services, either regularly or occasionally. Sex work is consensual sex between adults, can take many forms, and varies between and within countries and communities. Sex work also varies in the degree to which it is "formal," or organized. As defined in the Convention on the Rights of the Child (CRC), children and adolescents under the age of 18 who exchange sex for money, goods, or favors are "sexually exploited" and not defined as SWs.

Men who have sex with men (MSM): Men who engage in sexual and/or romantic relations with other men. The words "men" and "sex" are interpreted differently in diverse cultures and societies and by the individuals involved. Therefore, the term encompasses the large variety of settings and contexts in which male-to-male sex takes place, regardless of multiple motivations for engaging in sex, self-determined sexual and gender identities, and various identifications with any community or social group.

Transgender person: An umbrella term for people whose gender identity and expression does not conform to the norms and expectations traditionally associated with the sex assigned to them at birth; it includes people who are transsexual, transgender, or otherwise gender nonconforming.

People who inject drugs (PWID): People who inject psychotropic (or psychoactive) substances for nonmedical purposes. These drugs include, but are not limited to, opioids, amphetamine-type stimulants, cocaine, hypno-sedatives, and hallucinogens. Injection may be through intravenous, intramuscular, subcutaneous, or other injectable routes. People who self-inject medicines for medical purposes—referred to as "therapeutic injection"—are not included and neither are individuals who self-inject nonpsychotropic substances, such as steroids or other hormones, for body shaping or improving athletic performance.

Section I: Programmatic Mapping of Key Populations

Programmatic mapping is a systematic approach for identification of the physical locations of hot spots—places where KPs gather and can be reached with services—such as bars or surrounding neighborhoods, streets or spots for solicitation, cruising areas, and drug-injecting houses. Mapping provides detailed data showing where KPs can be found, the types of KPs, number of individuals, and times they are present. To deliver services effectively, a KP program should focus its interventions on areas with the greatest number of hot spots and develop intervention sites (clusters of hot spots) with a clinical facility or drop-in center accessible nearby. Programmatic mapping can also help identify and document existing structures and partners (clinics, hospitals, health posts, mobile clinic services, outreach clinics, drop-in centers, etc.) within the targeted sites that could play a key role in providing services.

PROCEDURES

Four main steps for programmatic mapping

1. Preparation
2. Data collection
3. Data management and analysis
4. Data dissemination

Step	Description	Responsible person
	1. **Preparation**	
	This phase includes the following activities: • Finalize the scope of work for mapping • Conduct a readiness assessment • Adapt data collection tools - Annex 2 – Hot Spot Listing Form - Annex 3 and 4 – Hot Spot Validation Forms	
1.1	**Finalize scope of work** including a protocol that clearly describes each of the following as detailed in Annex 1: Outline of Scope of Work • Definitions of each KP group and subgroup • Geographic areas to be covered by this mapping • Who will do the mapping: organizations involved, KP representatives, other potential respondents • Whether each KP group will be mapped separately or together • Timeline • Estimate of human resource requirement (budget for the activity should be developed separately)	

Step	Description	Responsible person
1.2	**Conduct a readiness assessment** to determine whether programmatic mapping can be implemented in a way that protects the safety, well-being, and confidentiality of individuals and KP groups in a particular community. [2]Take the following steps: • Secure funding for conducting the programmatic mapping • Identify areas where mapping needs to be conducted • Identify knowledgeable community members to take up the activities • Prepare a clear concept note identifying steps • Obtain consent of local government authorities for conducting the activity **Ethical issues** to consider as part of readiness assessment: • Meaningful engagement of KPs to ensure safety and confidentiality during data collection, data storage, and use • Assess risks and benefits of programmatic mapping and develop appropriate safeguards in collaboration with KPs, national agencies, or others who will use data • Ensure that the procedure for obtaining informed consent is followed • Treat mapping data with care, especially when individuals or locations are being identified. Size estimates should not be shared with any media representatives or people who are not connected with the intervention, including, in some cases, government departments.	
1.3	**Adapt data collection tools** • Review existing standard data collection tools in Annexes 1-3 • Adapt and contextualize to local needs, ensuring that terminologies fit the local context and translating to local language as needed • No need to use all questions. Only select those that are essential for meeting program needs.	

[2]See University of North Carolina-Chapel Hill Gillings School of Public Health. Programmatic mapping readiness assessment for use with key populations. Durham (NC): FHI 360; 2017.

Step	Description	Responsible person
	2. Data collection	
	This phase includes the following activities: • Training • Site listing • Assign data collectors to areas to be mapped • Site validation	
2.1	**Training of data collectors** • Train data collectors (peer educators) and supervisors on the mapping process, tools to be used, and the expectations • Train on ethics and interviewing techniques • Have peer educators practice how to introduce themselves, ask questions, and record information • Pre-test the tool during training to suit the local context	
2.2	**Site listing** • For existing programs use previous mapping reports to list all identified hot spots • Conduct interviews with community informants to obtain a complete list of additional venues where KPs meet using Annex 4: Discussion Guide for Hot Spot Information Collection. • For new projects or where no previous list exists conduct interviews with community informants using the guide in Annex 4 to compile a comprehensive list of hot spots. - Primary informants are KP members - Secondary informants are pimps, taxi drivers, tea vendors, petty shop owners, security agents, bar owners, students, street sweeper, bikers, etc. • Use Annex 1: Hot Spot Listing Form to organize data gathered from the community interviews or previous mapping reports; record the hot spot names and addresses.	

Step	Description	Responsible person
2.3	**Assign data collectors areas to be mapped** • Using the hot spot list, divide each geographic area into zones • Create mapping teams of two to three peer educators to visit each venue together • Set criteria for the number of hot spots to be mapped by each mapping team in specific zones	
2.4	**Site validation** • Mapping team should know the hot spot (address), directions to the location, and who the potential key informants are • Mapping team should have the Hot Spot Validation Forms (Annex 2 and 3), paper and pens to draw maps, boundaries, and landmarks • All listed hot spots should be visited at different times/days to capture the information comprehensively • Three to five key informants who are KP members are interviewed at the hot spot; one estimate of the number of KPs should be determined for each hot spot after interviewing key Informants and/or secondary informants • Characteristics of the hot spot are obtained including number of KP members visiting there and whether outreach services are available • If the team is unable to obtain characteristics of the hot spot on the first visit, they should try at least three to four times to complete the information. If information is not obtained after a fourth attempt, the site can be dropped as redundant. • Mapping team should submit the completed Hot Spot Validation Form and a detailed map of the area with symbols to depict landmark, structures, and resources available.	
	3. Data management and analysis	
	This phase includes the following activities: • Data entry • Dealing with missing values • Calculating crude size estimates • Adjusting crude estimates	

Step	Description	Responsible person
3.1	**Data entry** Check the completeness and accuracy of submitted forms. • Enter all data from the Hot Spot Listing Form in an Excel database. • Give each newly found hot spot a code that provides unique identification. If previously found hot spots are added, use the codes previously assigned at that time.	
3.2	**Dealing with missing values** • If both minimum and maximum estimates are missing for a hot spot in the Hot Spot Validation Form, use estimates from the Hot Spot Listing Form. • If no estimates are available, use an average: either (1) district average estimate or (2) hot spot typology average. • If either the minimum or maximum value is missing, use the other one, e.g., if 10 is the minimum estimate and no value is provided for the maximum, use 10 for the maximum.	
3.3	**Calculating crude size estimates** Below is a list of the kinds of analysis that can be done using data from the Hot Spot Validation Forms. lnitial analysis will produce crude estimates. • Number of hot spots and by KP type • Number of KP members: minimum, maximum, average • Peak periods and times • Number of KP members using Internet or phone to solicit clients • Types of services available in the hot spots • Condom and lubricant availability at the hot spots • Violence experiences at the hot spots Data analysis can be done by: • Summarizing the number of hot spots within each zone/council and for each typology • Calculating a total estimate for the entire mapping area using the sum of all zone/council estimates • Using the pivot table option to manage the various analyses	

Step	Description	Responsible person
3.4	**Adjusting crude estimates for duplication** (multiple spots used by same KP) This adjustment is done at a zonal or sub-national unit (SNU) level. However, this could be done for each typology as well. Data from Q8 in Annex 2: "How many KP individuals who come to this hot spot also work at/visit other nearby hot spots" is used to calculate the proportion of KPs who solicit at multiple spots (pi), and data from Q9 in Annex 2: "How many hot spots (including this one) do KP individuals usually go to in a day to meet other key population individuals or clients" is used to estimate the average number of spots a KP member solicits (mi). The adjusted estimate (Ei) is a function of: $Ei = si(1-pi)+ (si*pi/mi)$ Proportion of KPs who solicit at multiple spots (pi) Estimate at the site level (si) Mean number of sites a KP member solicits (mi) For example, the crude estimate for FSWs is from 321 to 399 in zone 1. If 50% of the primary KIs interviewed solicit/cruise at more than one site with an average of 2.4 sites; then The overall estimate in this zone is: Min: 321*(1-0.5) + 321*0.5/2.4 = 228 Max: 399*(1-0.5) + 399*0.5/2.4 = 283	
	4. Data use and dissemination	
4.1	**Mapping data** can be used in the following ways. A. **Routinely**, in planning service delivery, such as: • In microplanning to inform decisions on the number of peer educators to be deployed based on the KP size and number of hot spots. • If GPS coordinates for hot spots are available, visual maps of the coverage areas can be developed to assist allocation of peer educators. • Using information on peak days and peak times, peer educators re-visit mapped hot spots to list contacts of KP members who regularly use the hot spot and assess their risk as a first step to microplanning.	

Step	Description	Responsible person
	B. **Periodically**, to evaluate progress in coverage with services by: • Comparing mapping results to total individuals reached by the program • Comparing hot spots mapped and those served and the frequency at which hot spots are serviced • Assessing changes over time as a result of specific interventions, for example, reduced gender violence, condom availability, etc.	

Section II: Localized Program Planning using Microplanning

Microplanning is a process that decentralizes outreach management and planning by engaging outreach workers (ORWs) and peer outreach workers (POWs), empowering them to make decisions on how to best reach the maximum number of key population (KP) members and provide the necessary services based on unique needs. The approach employs a set of tools that allows them to collect and use data to better understand the needs of their clients and provide tailored services at hot spots. Hot spots are areas where KPs meet, work, and/or socialize such as a bar or club but may also be a private home or park. This data is updated regularly (daily, weekly, monthly, and/or quarterly) depending on the tool, thereby guiding the activities within the outreach program.

Why microplanning is important

To plan outreach tailored to the unique risks and needs of KP individuals, it is vital to understand where they work and network, what their needs are, what their risk profile is, when they are available for outreach, and the type of environment in which they operate. Microplanning helps prioritize outreach to clients at the highest risk for exposure to HIV and at locations that may have conditions for the highest risk. It also ensures maximum coverage of KPs in any targeted area.

How and when to conduct microplanning

Microplanning should typically take place after hot spot mapping or validation, since it is based on the data collected through these processes. The four main steps are listed below followed by more detailed instructions.

PROCEDURES

Steps	Frequency	Tools	Responsible person
1. **Hot spot profiling**	Every six months/yearly	Annex 1: Hot Spot Listing tool	ORW
2. **Peer deployment and service delivery planning**	Once at the beginning of the program, and as new hot spots are identified		Program manager and ORWs
3. **Contact listing and risk assessment**	Every six months	Blue and green section in Annex 5: Monitoring Guide	POW
4. **Services to KPs**	Monthly		POW

Step 1: Hot spot profiling

A list of hot spots should already be available prior to this microplanning exercise through programmatic mapping, site walks, or other similar exercises (see pages 32–37 in the Monitoring Guide[3]).

Hot spot profiling is the process in which information is collected about each hot spot that has been identified. This information may include but is not limited to what is shown in the table.

Data collected	What the data tells us
Location of the hot spot (region, district, health zone, commune, etc.)	Context of the environment
Typology of hot spot (bar, brothel, night club, park, home, café, etc.)	Context of the environment
Type of KP (FSW, MSM, MSW, transgender people, PWID)	Types of service the peers will need
Services available at the hot spot	What services they already have access to and what services they need
Estimated number of KP members visiting the hot spot (range of maximum and minimum)	When the outreach should be conducted to reach the most peers
Days of operation/days the hot spot is active	
Peak days of the week/times of the day when hot spot is busiest	
Important stakeholder(s) of the hot spot (e.g., bar owners, brothel owners, host of a private home, etc.)	To get access and provide continuous support to the hot spot for outreach activities

Hot spot profiling provides the basic information needed to devise a customized outreach plan for each hot spot with its unique characteristics. For example, ORWs in Burundi found that SWs mostly frequented the local bar at 3:00 a.m., after regular hours. This hot spot was also located close to a brothel, so it was a prime location for them. Based on this, POWs planned their outreach to this local bar and brothel around this peak time when they could reach more peers.

In the Microplanning Tool (Annex 6), use the top two rows in pink to record this information about the hot spots.

[3]LINKAGES. Monitoring guide and toolkit for key Pppulation HIV prevention, care, and treatment programs. Durham (NC): FHI 360/Linkages across the Continuum of HIV Services for Key Populations Affected by HIV (LINKAGES) Project; 2016. Available from: https://www.fhi360.org/sites/default/files/media/documents/resource-linkages-monitoring-tools.pdf.

Step 2: Peer deployment and service delivery planning

Peer deployment is the process in which the human resources needed per hot spot is estimated. The approximate number of KP members visiting a hot spot, collected through hot spot profiling, determines how many ORWs and POWs will be needed for each hot spot. The program manager, or the point person of the microplanning intervention, will make this determination according to the recommended ratio of POWs to peers (Table 1). For example, the recommended ratio for an FSW hot spot is 1:30–50, so a hot spot of 1,000 FSWs will need 20–30 POWs. The recommended ratio for an ORW to POWs is 1:4–5 (Table 1) so for a hot spot with 20–30 POWs, 4–6 ORWs will need to be assigned.

Once the ORWs are assigned to a hot spot, they will be responsible for identifying 4–5 POWs from respective hot spots. It is important for each of the selected POWs to be a member of the hot spot in which they will conduct outreach because POWs are more likely to be able to build a relationship with and be trusted by their peers.

Table 1. Recommended ratios by type of KP

Type of KP	POW to peer ratio per hot spot*	ORW to POW ratio*
FSW	1:30–50	1:4–5
MSM/MSW/Transgender person	1:25–40	
PWID	1:20–35	

*This decision will be made by the local manager based on the geographic distribution and density of hot spots.

Once the POWs are identified, a three- to five-day POW and ORW training should be held prior to initiating outreach. ORWs should ensure that the POWs they supervise are well-trained in the tools and data collection and understand the purposes of the data being collected. ORWs should also be trained on how to mentor and monitor the POWs working in the field.

IMPORTANT: Once the POWs are trained, they should immediately start providing services. The steps following peer deployment are activities to enhance the outreach services they provide. There should be no delay in the initiation of outreach once the POWs are trained.

Service delivery planning

Through service delivery planning, POWs and ORWs can determine what services should be provided at each hot spot and when.

Data on the days of operation and peak days of the week/times of the day of a hot spot can inform when POWs should plan their outreach to reach the most peers. The type of hot spot and important stakeholders can provide insight into what services the KP members may need. For example, a hot spot of street-based SWs may be more at-risk of police violence, which would mean they could benefit from interventions and resources to prevent and respond to

violence. Hot spots with identified stakeholders may benefit from efforts and resources in advocacy with the stakeholders.

Step 3: Contact listing and risk assessment

Contact listing

Once a POW is identified, the POW will make contact or acquaintance with as many peers as they can in their assigned hot spots. They will then be asked to list the contacts they have made. The POWs assigned to a single hot spot will compare and adjust their lists to make sure there is no overlap of peers on their lists. The blue section of the Microplanning Tool **(Annex 5)** will be used for this exercise. Contact listing helps create the cohort for each POW and ensure that only one POW is assigned to each peer.

Once the cohort is created, each POW will reach out to each of their peers to see if the peers would like to enroll in the program. It may take a few contacts before an individual starts to trust the program and decides to register. Building this cohort of peers who trust and agree to register with the program is the initial stage of providing services. The POW is tasked with building a friendly relationship with each peer in their cohort and communicating the types of services that can be provided for them. Once the peer decides to receive these services and agrees to register, the POW will use the Outreach Enrollment Form (Tool 6A and 6B in the Monitoring Guide) to enroll each peer.

Once registered, each peer will be assigned a unique identifier code (UIC) (see pages 90–96 of the Monitoring Guide for more information). If the program does not have a UIC system, the individual will be tracked by their name or nickname.

Risk profiling

The POW conducts risk profiling with each peer at the time they enroll in the program. This risk assessment is recorded using the green columns of the Microplanning Tool (Annex 5).

The POW training covers the manner to use and what messages to communicate during these risk assessments. POWs gather the following:

- Age (less than or greater than 25)
- Duration in sex work (less than or greater than two years)
- Number of sexual acts/clients per week (less than or greater than 20)
- Experience of physical/sexual violence (yes or no)
- Alcohol or drug use during solicitation (yes or no)
- Use of condom in the last sex act (yes or no)

This information is combined to provide the overall risk of each peer, which will not only help POWs prioritize to whom to provide services more closely but also understand which services the peer will need most. The overall risk is calculated by totaling the score of the peer's risk assessment and assessing according to the legend below.

Table 2. Risk scoring categories

Risk behaviors	Scoring*
Age (<25 or >25)	0: >= 25 years 1: < 25 years
Duration in sex work (<2 years or >2 years)	0: < 2 years 1: >= 2 years
Number of sexual acts/clients per week (>20 or <20)	0: <20 clients 1: 20+ clients
Experience of physical/sexual violence (yes or no)	0: No 1: Yes
Alcohol or drug use during solicitation (yes or no)	0: No 1: Yes
Use of condom in the last sex act (yes or no)	0: No 1: Yes

***** *Risk level by scores: Low risk 0; Medium risk 1-2; High risk 3-4*

Step 4: Services to KPs (IPC/HIV testing and care)

Through the risk assessment, the POW and the ORW can devise a plan for each peer including what services to provide, when, and to whom.

For example, if the POW knows an MSM does not use condoms, has three partners, and has sex six days a week, then he/she knows to provide the MSM six condoms and lubricant every week and also provide counseling on condom use and sexually transmitted infection (STI) prevention. The care peers provide should be customized to each peer and their needs rather than providing the same care to all peers.

Once a plan of service delivery is created for each peer based on the risk assessments, the POWs and ORWs can record the services that have been provided to each peer using the yellow section of the Microplanning Tool (Annex 5). The services delivered by the peer include, but are not limited to:

- Outreach activities and social behavioral change communication
- Referral to services including HIV testing, antiretroviral treatment, STI treatment, reproductive health care, hepatitis treatment, tuberculosis treatment, etc.
- Gender-based violence screening
- Distribution of condoms and lubricants

Annex 1: Outline of Scope of Work for Programmatic Mapping

I. Introduction

[Country situation regarding HIV/AIDS situation and how key populations are an important part of the HIV program]

II. Rationale for programmatic mapping of key population hot spots

[Why programmatic mapping is needed in the country]

III. Basic Principles of programmatic mapping

[Principals of mapping]

IV. Approaching the mapping exercise

A. Geographic areas to be covered
B. Preparation before programmatic mapping exercise
C. Fieldwork implementation plan
D. Importance of involving community consultants

V. Ethical issues while conducting programmatic mapping

VI. Steps while planning the programmatic mapping exercise

VII. Human resources required

VIII. Timeline

Annex 2: Hot Spot Listing Form

HOT SPOT LIST

Implementing Partner Name: _____

Month/Year: _____ Type of KP: FSW ☐ MSM ☐ Transgender ☐

NAME OF HOT SPOT	HOT SPOT CODE	LOCATION	DISTRICT NAME	TYPE OF HOT SPOT	ESTIMATED NO. (AVG)	PEAK DAYS	PEAK TIME	PEER OUTREACH WORKER RESPONSIBLE

Annex 3: Hot Spot Validation Form for FSWs

TOOL 1A: HOT SPOT VALIDATION FORM

Implementing Partner		**Peer Outreach Worker**	
Hot spot name		**District**	
Address/Location			
Hot spot type*	☐	***Hot spot type:** **1**=Bar with lodging, **2**=Bar without lodging, **3**=Brothel, **4**=Night club, **5**=Street corner, **6**=Home, **7**=Casino, **8**=Bus stations **9**=Guest house/Hotel **10**=Massage parlor, **11**=Park, **12**=Beer tavern, **13**=Public toilet, **14**=Uninhabited building, **15**=Other (specify)	
Respondent 1=FSW 2=Other (specify)_____ 3=None	☐	**Status of hotspot** 1=Active 2=Inactive 3=Duplicate 4=Closed 5=Not found	☐
Geo Coordinates	Latitude		Longitude
Name of interviewer		**Signature**	
Date of visit 1 (DD/MM/YY) ____/_____/_____		**Date of visit 2** (DD/MM/YY) ____/_____/_____	

INFORMED CONSENT	
"My name is _____. I work for _____ CSO. We are visiting sites today to understand more about the people who visit this site. It is OK if I ask you some questions?"	
Informed consent was requested from respondent.	*YES* ☐ *NO* ☐
Respondent gave their informed consent to participate.	*YES* ☐ *NO* ☐

HOT SPOT PROFILE		
1	On a typical (normal) day, how many FSWs work at/visit this hot spot?	*MIN* ☐☐☐ *MAX* ☐☐☐
2	At what time of day are the greatest number of FSWs to be found at this hot spot (what is the peak time)? **CIRCLE AS APPLICABLE (MULTIPLE RESPONSES POSSIBLE)**	*MORNING* ..... *A* *AFTERNOON* ..... *B* *EVENING* ..... *C* *NIGHT* ..... *D* *ALL 24 hrs* ..... *E*
3	On which day/s of the week, if any, is the maximum number of FSWs found at this hot spot (what is the peak day)? **CIRCLE AS APPLICABLE (MULTIPLE RESPONSES POSSIBLE)**	*MONDAY* ..... *A* *TUESDAY* ..... *B* *WEDNESDAY* ..... *C* *THURSDAY* ..... *D* *FRIDAY* ..... *E* *SATURDAY* ..... *F* *SUNDAY* ..... *G*
4	On a peak day, how many FSWs work at/visit this hot spot?	*MIN* ☐☐☐ *MAX* ☐☐☐
5	Name any special day (or period) when the number of FSWs is higher than on a peak day.	_____
6	On that special day or period, how many FSW individuals work at/visit this hot spot?	*MIN* ☐☐☐ *MAX* ☐☐☐

7	How many unique FSWs work at/visit this hot spot? (*Regularly = more than once in a week; Occasionally = less than once a week)*	REGULARLY OCCASIONALLY	☐☐☐ ☐☐☐
8	How many FSW individuals who come to this hot spot also work at/visit other nearby hot spots?		☐☐☐
9	How many hot spots (including this one) do FSW individuals usually go to in a day to meet other key population individuals or clients?		☐☐☐
10	How many FSW individuals who come to this hot spot also use a mobile phone to arrange meetings with other key population individuals or clients?	*MIN* ☐☐☐ *MAX*	☐☐☐
11	How many FSW individuals who come to this hot spot also use the internet/social media to arrange meetings with other key population individuals or clients?	*MIN* ☐☐☐ *MAX*	☐☐☐
12	What is the number of FSWs who transitioned out (migration, stopping sex work due to other reasons) from the hot spot in the last three months?	*MIN* ☐☐☐ *MAX*	☐☐☐
13	What is the number of FSWs who are aged below 25 years?	*MIN* ☐☐☐ *MAX*	☐☐☐
14	Were any of the following available at this hot spot during the last 12 months?	*Free condoms/lubes* *Condoms/ lubes for sale* *Safer sex education provided by NGO/CSO* *HIV testing at this hot spot*	*YES* ☐ *NO* ☐ *YES* ☐ *NO* ☐ *YES* ☐ *NO* ☐ *YES* ☐ *NO* ☐
15	Are there condoms available now?	*YES* ☐ *NO* ☐	
16	In the past three months, have you observed cases of violence against FSW individuals at this hot spot?	*YES* ☐ *NO* ☐	
17	If yes, who was/were the perpetrator(s)?	1. _____ 2. _____ 3. _____	

INFORMATION ON OTHER HOT SPOTS		
18	Do you know any other place like this in this city/town/village where FSWs work/visit? *If yes, enter the information below.*	
	HOT SPOT NAME AND ADDRESS/LOCATION	**CONTACT**
A		
B		

Annex 4: Hot Spot Validation Form for MSM and Transgender People

TOOL 1A: HOT SPOT VALIDATION FORM

Implementing Partner			**Peer Outreach Worker**	
Hot spot name			**District**	
Address/Location				
Hot spot type*	☐	***Hot spot type: 1**=Bar with lodging, **2**=Bar without lodging, **3**=Street/Highway, **4**=Home, **5**=Casino**, 6**=Guest house/Hotel/Lodging, **7**=Massage parlor**, 8**=Park, **9**=Beer tavern, **10**=Public toilet, **11**= Injecting den, **12**=Uninhabited building, **13**=Other (specify)		
Respondent 1=MSM/ TG 2=Other (specify) _____ 3=None	☐	**Status of hot spot** 1=Active 2=Inactive 3=Duplicate 4=Closed 5=Not found	☐	
Geo Coordinates	Latitude		Longitude	
Name of interviewer		**Signature**		
Date of visit 1 (DD/MM/YY) ____/_____/_____		**Date of visit 2** (DD/MM/YY) ____/_____/_____		

INFORMED CONSENT		
"My name is _____. I work for _____ CSO. We are visiting sites today to understand more about the people who visit this site. It is OK if I ask you some questions?"		
Informed consent was requested from respondent.	*YES* ☐ *NO* ☐	
Respondent gave their informed consent to participate.	*YES* ☐ *NO* ☐	

HOT SPOT PROFILE		
1	On a typical (normal) day, how many MSM and transgender individuals work at/visit this hot spot?	*MIN* ☐☐☐ *MAX* ☐☐☐
2	At what time of day are the greatest number of MSM and transgender individuals to be found at this hot spot (what is the peak time)? **CIRCLE AS APPLICABLE (MULTIPLE RESPONSES POSSIBLE)**	*MORNING*.....*A* *AFTERNOON*.....*B* *EVENING*.....*C* *NIGHT*.....*D* *ALL 24 hrs*.....*E*
3	On which day/s of the week, if any, is the maximum number of MSM and transgender individuals found at this hot spot (what is the peak day)? **CIRCLE AS APPLICABLE (MULTIPLE RESPONSES POSSIBLE)**	*MONDAY*.....*A* *TUESDAY*.....*B* *WEDNESDAY*.....*C* *THURSDAY*.....*D* *FRIDAY*.....*E* *SATURDAY*.....*F* *SUNDAY*.....*G*
4	On a peak day, how many MSM and transgender individuals work at/visit this hot spot?	*MIN* ☐☐☐ *MAX* ☐☐☐
5	Name any special day (or period) when the number of MSM and transgender individuals is higher than on a peak day.	_____

6	On that special day or period, how many MSM and transgender individuals work at/visit this hot spot?	*MIN* ☐☐☐ *MAX* ☐☐☐
7	How many unique MSM and transgender individuals work at/visit this hot spot? (*Regularly = more than once in a week; Occasionally = less than once a week)*	REGULARLY ☐☐☐ OCCASIONALLY ☐☐☐
8	How many MSM and transgender individuals who come to this hot spot also work at/visit other nearby hot spots?	☐☐☐
9	How many hot spots (including this one) do MSM and transgender individuals usually go to in a day to meet other MSM and transgender individuals or clients?	☐☐☐
10	How many MSM and transgender individuals who come to this hot spot also use a mobile phone to arrange meetings with other MSM and transgender individuals or clients?	*MIN* ☐☐☐ *MAX* ☐☐☐
11	How many MSM and transgender individuals who come to this hot spot also use the internet/social media to arrange meetings with other key population individuals or clients?	*MIN* ☐☐☐ *MAX* ☐☐☐
12	What is the number of MSM and transgender individuals who transitioned out (migrated) from the hot spot in the last three months?	*MIN* ☐☐☐ *MAX* ☐☐☐
13	Were any of the following available at this hot spot during the last 12 months?	*Free condoms/lubes* *YES* ☐ *NO* ☐ *Condoms/ lubes for sale* *YES* ☐ *NO* ☐ *Safer sex education provided by NGO/CSO* *YES* ☐ *NO* ☐ *HIV testing at this hot spot* *YES* ☐ *NO* ☐
14	Are there condoms available now?	*YES* ☐ *NO* ☐
15	In the past three months, have you observed cases of violence against MSM and transgender individuals at this hot spot?	*YES* ☐ *NO* ☐
16	If yes, who was/were the perpetrator(s)?	1. _____ 2. _____ 3. _____

INFORMATION ON OTHER HOT SPOTS		
16	Do you know any other place like this in this city/town/village where MSM and transgender individuals work/visit? *If yes, enter the information below.*	
	HOT SPOT NAME AND ADDRESS/LOCATION	**CONTACT**
A		
B		

Annex 5: Discussion Guide for Hot Spot Information Collection

Discussion Guide for Community Consultants

Revalidation and Mapping of Key Population Hot Spots and Size Estimation

Instructions

The team **introduces** themselves to the stakeholders (government representatives/civil society organization (CSO) members/community leaders/influencers) and

- Describes the purpose of the exercise
- Informs the respondents on the purpose and process of mapping
- Thanks everyone for being supportive of revalidation and mapping and agreeing to participate in the discussion
- Explains the session could last up to an hour
- Mentions that the findings of the study will be shared with the community and key stakeholders

Suggested Questions

These questions are designed to trigger discussion in order to collect the required information.

- Are there subgroups or geographical areas with whom and where the HIV prevention program was never undertaken? What groups and geographical areas? These subgroups could be extremely hidden, and the areas could be remote and inaccessible.
- Are there areas and subgroups with whom there are no ongoing interventions? Are there areas that were never mapped and brought under programmatic intervention?
- Within the existing coverage, do you think there are any subgroups of KPs who are not accessed by the CSO to provide services?
- Do you know of any KP subgroups who are using the Internet to solicit clients? Do you know of programs not being able to access these groups to provide prevention services? What are these groups and their geographical areas?
- What do you know about KPs soliciting at multiple hot spots within the area? What are these districts and which partners are covering these areas?
- Are there geographical areas and KP subgroups where you find more members in the younger age group (18 to 25 years)?
- Do you think there are other HIV vulnerable KP groups not covered in the program so far whom the prevention program should target?

Annex 6: Microplanning Tool

PEER Calender

Region:	District:	Commune:	IP/CBO:
Peak days:	Peak time:	Name Sup:	Name of PE:

Sr. No	General Information			Risk behavours								SBCC activities														
	Nick Name	UIC	Type of KP	Age	Duration in SW	# of sex acts per week	Experienced physical/sexual violence	Alcohol/drug during soliciation	Used condom with boyfriend during last sex	Overall risk	Status HIV****	SBC in small group			SBC to individual			Years of service at organization			SBC session theme			HIV testing		
												M1	M2	M3	M1	M2	M3	M1	M2	M3	M1	M2	M3	M1	M2	M3
1																										
2																										
3																										
4																										
5																										
6																										
7																										
8																										
9																										
10																										

Name hotspot:	Type of hotspot:
Signature of PE:	Quarter:

Reference activities																		GBV screening			Distribution of Commodities								
Refused to go for testing			ART treatment			STI			Reproductive Health (FP/PMTCT)			Hepatitis			TB						Male condom			Female condom			Lubricant		
M1	M2	M3	M1	M2	M3	M1	M2	M3	M1	M2	M3	M1	M2	M3	M1	M2	M3	M1	M2	M3	M1	M2	M3	M1	M2	M3	M1	M2	M3