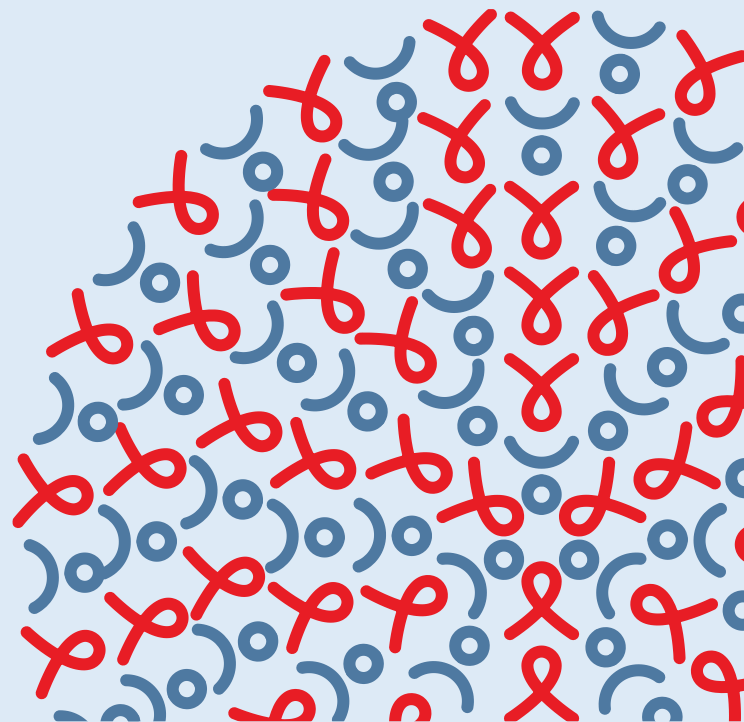


MEETING TARGETS AND MAINTAINING
EPIDEMIC CONTROL (EPIC) PROJECT

COOPERATIVE AGREEMENT NO.
7200AA19CA00002

Guideline for Conducting a Rapid Coverage Survey of HIV Services among Key Populations

NOVEMBER 2023



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FOREWORD

Members of key populations (KPs)—including men who have sex with men, transgender people, sex workers, and people who inject drugs—face disproportionately high HIV infection risks and often more limited access to HIV prevention and treatment services due to stigma, discrimination, and criminalization. According to the Joint United Nations Programme on HIV/AIDS,¹ while KPs are less than 5% of the global population, they and their sexual partners comprised 70% of new HIV infections in 2021. In response to this fact, global guidance produced by the World Health Organization² includes programs for KPs as an essential part of tackling the HIV epidemic.

According to the WHO recommendations, KP programs should deliver a minimum package of HIV prevention and care services generally through a combination of outreach to sites of congregation known as hot spots, often engaging KP individuals in providing outreach. To obtain services not provided at hot spots, people may be referred to public or private health facilities, community-based organizations (CBOs) or nongovernmental organizations (NGOs) working within defined geographic areas. Because KP programs contain a continuum of services across hot spots, with referral to alternative service delivery sites, and involve follow-up visits and services, monitoring coverage and utilization can be complex. While routinely collected program data measures number of persons reached with different services, routine data collection often does not capture the full picture of service coverage along the continuum of prevention to treatment.

Coverage of HIV services at population level is estimated in multiple ways. For example, in many countries coverage of KP services is measured using biobehavioral surveys (BBSs). These surveys, generally conducted at an interval of from three to 10 years, often create estimates of coverage using samples of KPs. However, these studies are relatively infrequent and do not provide granular details that would allow for precise and responsive program implementation at local levels. This underscores the need for supplemental measurement approaches to coverage of HIV services among KPs.

The measurement approach described in this guideline—a rapid coverage survey of HIV services among KP individuals—aims to fill this knowledge gap. It provides a simple, inexpensive but robust means to measure reach and coverage of HIV prevention, care, and treatment interventions for KP individuals and communities. This survey is not research designed to produce generalizable knowledge about KPs, rather it is designed to inform programs with a goal to improve the quality, relevance, and coverage of services. A random selection of hot spots helps ensure generalizability of the survey findings for the whole population served by the program. The methodology is designed to use relatively small investments of time and financial resources to design, implement, and analyze.

¹ Joint United Nations Programme on HIV/AIDS (UNAIDS). In danger: UNAIDS global AIDS update 2022. Geneva: UNAIDS; 2022. Available from: <https://www.unaids.org/en/resources/documents/2022/in-danger-global-aids-update>.

² World Health Organization (WHO). Consolidated guidelines on HIV prevention, testing, treatment, service delivery and monitoring: recommendations for a public health approach. Geneva: WHO; 2021. Available from: <https://www.who.int/publications/i/item/9789240031593>.

The survey is designed to be conducted by the implementing agency—a governmental organization, NGO, or civil society organization (CSO)—and integrated into routine programmatic work, using existing human resources (staff and peer outreach workers) and skills. When repeated on an annual basis, the rapid coverage survey can help implementers track progress toward program goals, identify gaps in services or outreach, and improve interventions. It can also provide program implementers and managers at the subnational or national levels with a detailed picture of coverage. Ultimately, this rapid HIV service coverage assessment can help provide better, more targeted, and more effective HIV prevention, care, and treatment programs to individuals in the KP community.

INTRODUCTION

This guide is intended to provide specific instructions for program implementers on how to design and conduct a survey to assess coverage of HIV services among individuals in the KP community. The survey described can be conducted by non-research personnel, such as peer outreach workers or program staff. The survey is conducted among KP members who frequent or work in social venues associated with high HIV transmission, known as hot spots. The survey team will conduct the survey at selected hot spots in the geographic areas covered by the program, and will collect basic information about KP individuals' exposure to programs, services they are receiving or would like to receive, and HIV risk and vulnerability. Conducted as instructed, this survey can help organizations improve and tailor programming, assess coverage and some dimensions of quality, and track progress toward targets for KP-oriented HIV programs. The survey is designed to be generalizable while still providing granular level information for venue-based HIV programs.

Why this survey is needed

HIV prevention, care, and treatment programs for KPs are essential to achieve and sustain HIV epidemic control. Global guidance on services that should be included in programming for KPs has been issued by WHO, including: access to condoms and lubricants; harm reduction interventions; behavioral interventions; HIV testing and counseling; access to pre-exposure prophylaxis (PrEP); HIV treatment and care for those who are infected; prevention and management of viral hepatitis, tuberculosis (TB), and mental health conditions; sexual and reproductive health interventions including screening and treatment for sexually transmitted infections (STIs); and interventions for addressing violence.² A common approach to implementing prevention programs for KP communities involves outreach to physical sites or geographic locations where KPs congregate (hot spots). To better estimate coverage of the minimum services described above, program planners need to understand what proportion of KP individuals who frequent hot spots are currently reached with the recommended package of services. Acceptability measures, such as whether outreach services are convenient and accessible, are also extremely helpful for planning good services and attaining high coverage. While in some countries these questions are answered through an integrated biological and behavioral surveillance (BBS) or similar survey, often these measures do not provide granular, local-level information that can be used by implementers. Further, although an organization may capture routine program results, that data alone may not provide all the information needed to understand and improve access to essential HIV services.

This rapid coverage survey is a way to obtain a more complete, granular level picture of an organization's coverage with minimum services as well as progress toward program goals, with the objective of improving quality.

Improving HIV prevention, care, and treatment for KPs

This information obtained from the survey can help your organization gauge the extent to which HIV prevention and other health needs of KPs are being met, as stated in national or global guidelines.

The survey questions provide needed information including:

- What proportion of KPs are being reached with services at hot spots in your target areas?
- Which services are individual KP members accessing?
- Which prevention products are KP members using and how are they accessing the products?
- Which services are needed by KP members, and how would they like to receive those services?
- What proportion of KPs report being aware of their HIV or viral suppression status?
- What proportion of KP members report experiencing stigma, discrimination, or violence?
- What proportion of KP members report being diagnosed with an STI?

By repeating the survey annually or as frequently as needed, your program team will be able to see the progress of your work, identify gaps, and understand better the changes happening within your program area.

The survey is designed to provide information for your program team to gauge the coverage and quality of programs and to inform improvements. This survey is not designed to make generalizable estimates or compare performance of different implementers. The survey is meant to inform programs only and is not considered research. This means that the findings are only generalizable to KP individuals who visit hot spots in the program area.

When applied as designed—a program measurement tool—and not to generate generalizable knowledge, the rapid coverage survey:

- Is NOT a population size estimate methodology
- Does NOT map hot spots or HIV prevention, care, and treatment services available to KP communities
- Does NOT replace programmatic mapping

How to use the survey

In contrast to research studies, the rapid coverage survey:

- Is simple, quick, and relatively inexpensive to implement
- Provides granular data for the geographic area (province, district) in which it is conducted
- Can be conducted as frequently as needed
- Supplements and triangulates routine data collected by programs
- Provides information to feed back into ongoing work to improve program implementation

Table 1. Comparison of a rapid coverage survey with programmatic mapping and BBS

Characteristic	Rapid Coverage Survey	Programmatic Mapping	BBS
Assesses proportion of KP members receiving services in the program area?	Yes	No	Yes
Estimate of HIV prevalence	No	No	Yes
ART coverage, viral suppression	No	No	Yes
Implemented quickly	Yes	Yes	No
Minimal costs	Yes	Yes	No
Led by program staff and peers	Yes	Yes	No
Frequency	Annual or as needed	Annual or as needed	3–10 years
Geographic coverage	Program coverage area	Program coverage area	District/Region/City
Conducted at all hot spots	No	Yes	No
Maps services at hot spots	No	Yes	No
Produces size estimate for KP	No	No	Yes
Used for identifying specific hot spots for outreach?	No	Yes	No
Requires large number of CBO staff and peer outreach workers?	No	Yes	No

Locations and time frame

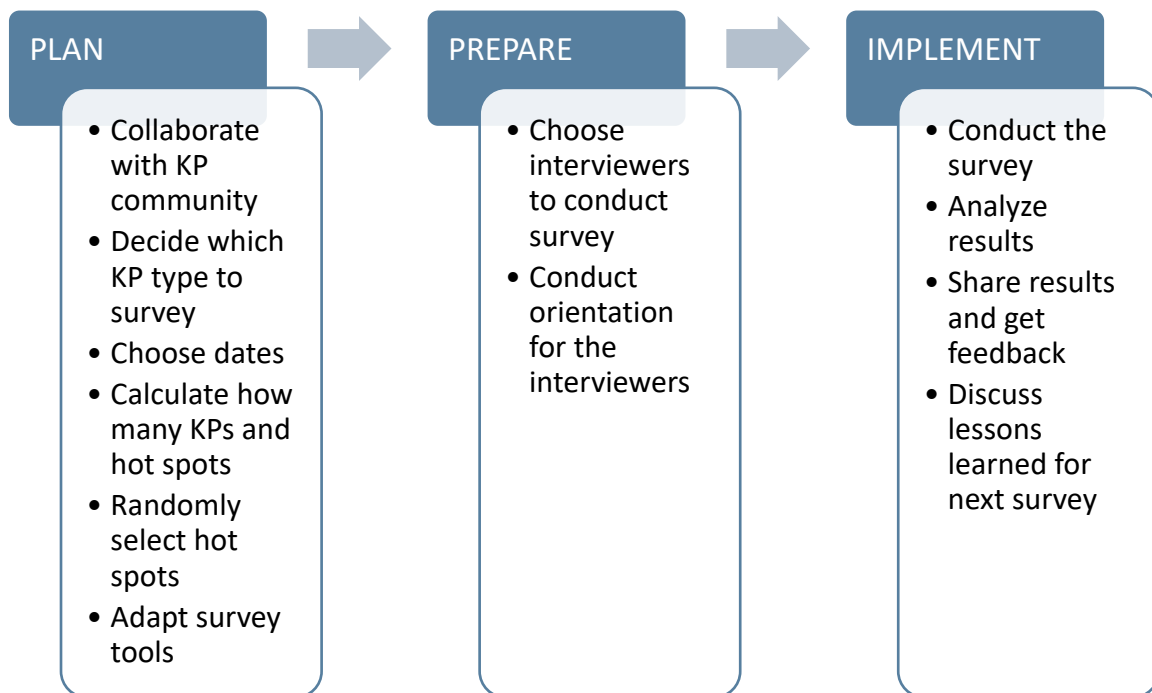
The rapid coverage survey is done at a sample of hot spots in your organization’s program coverage area, with the goal of measuring the proportion of KPs who visit these hot spots that are reached with essential services. The results cannot be generalized to KPs outside of the catchment area of your program.

If your program is small (10 or fewer hot spots), then no sampling will be needed. All the hot spots should be included in the survey. The survey can be conducted by program staff, peer outreach workers, or others after orientation and training using the materials included in this package.

The recommended time frame for conducting the survey is annually. The process of planning, collecting, and organizing the data, and analyzing the results can take approximately four weeks, including about one week for data collection. As needed, arrange for strategic information (SI) staff/consultants to support you in planning, design, implementation, and analysis of the survey.

This guide for planning, implementing, and analyzing survey data includes template, tools, and other resources to help your organization conduct the survey. Accompanying materials, including the training slides and other survey tools, are listed in the Annexes.

Steps for conducting the survey are summarized in the figure below and described throughout this document.



PLANNING THE SURVEY

Collaborate with the KP community

Engage with representatives of the KP community at the beginning of the process so they understand the purpose of the survey and how it will help provide better services. There are numerous ways to involve the KP community. Please use the approach that fits with previous engagement work you have done with KPs. For example, your program might involve the KP program advisory group or community board in the planning and implementation of the survey by actively soliciting and incorporating their input (e.g., informal focus group) and engaging them in survey-related activities as appropriate (e.g., extend an invitation to KP representatives to attend the orientation/training sessions for those conducting the survey). Topics to discuss include:

- What the survey is for
- When it will be conducted (solicit input on best timing for the survey)
- How the hot spots will be chosen (the reason for choosing them at random and the process for doing so, explained further below)
- Who will conduct the interviews, how they will be chosen, and the orientation they will receive before going out for interviews
- What questions will be included in the survey questionnaire
- What additional questions might be added that could improve programs
- Steps that will be taken to preserve confidentiality and anonymity of respondents
- How the findings will be used and shared
- Opportunities for the KP community or representatives to be involved

Make it clear to the KP representatives that no one will be required to take part in the survey if they do not want to, and choosing not to take part will not affect their access to any project-supported services or services from other providers.

Role of institutional review board for the survey

Ethical oversight, as determined by an institutional review board (IRB), is required for research involving human subjects. To qualify for IRB review, an activity must be both (1) research (producing generalizable knowledge) and (2) conducted with human subjects. Program monitoring is generally not considered research as it does not contribute to generalizable knowledge. This means that the findings are not generalizable beyond the population in which it was conducted and cannot be used to draw conclusions beyond the program.

Some characteristics of programmatic assessment are:

- Not designed to draw conclusions beyond the groups sampled (it is acceptable to draw conclusions about the population served by the program. For example, you can use the survey results to say “commercial sex workers in the program area felt that...”)
- Not generalizable beyond the immediate geographic area and population in which it was conducted.

Some characteristics of research are:

- Will use the results to characterize populations broadly (for example, “commercial sex workers in Uganda felt that...”)

The rapid coverage survey is designed to be integrated into program work (such as programmatic mapping); thus, by most definitions it is a non-research activity. However, because the survey involves interviewing people, you may wish to consult a local IRB to receive a non-research determination, or to proceed with IRB review if the board determines that the activity fits the definition of research with human subjects. Because all IRBs are independent entities and governed by national research standards and policies, please consult with an in-country IRB before proceeding with the assessment.

This article³ on public health practice provides some background for determining whether an activity is research or program monitoring.

Determine KP type for survey participants

You will be conducting separate sampling, using a different interview guide, and likely using different interviewers for each KP group reached by your organization’s programs. For example, if your organization provides services to both FSWs and MSM, all the steps for the survey will have to be done separately for each group. This requires creating questionnaires specific for FSWs and MSM, developing separate estimates of sample size for each, and selecting separate hot spots to target for each. However, it is possible that the hot spots will be the same for different KP groups—in this case, the surveys can be conducted concurrently, using the correct questionnaire and interviewer for the participant.

³ Otto JL, Holodniy M, DeFraités RF. Public health practice is not research. *Am J Public Health*. 2014;104(4):596-602. doi: 10.2105/AJPH.2013.301663. Available from: <https://ajph.aphapublications.org/doi/full/10.2105/AJPH.2013.301663>.

Questions to include in the survey

Examples of core questions that should be included in the survey are provided in Annexes 2–4. However, you can add questions to reflect the program your organization is conducting as well as support, triangulate, or add to findings from other program data. Questions can also be added to reflect learning priorities of the KP community according to the KP representatives.

Annexes 2–4 provide core questions for three KP groups. In general, survey questions should always cover the following areas:

- Demographic information
- Confirmation that the person is a KP member
- Whether the KP is enrolled and/or received services from your organization’s program or another program
- Services desired that have not been received
- Access to and use of prevention products
- HIV risk behaviors and protective behaviors
- Self-reported knowledge of HIV status
- Experiences of stigma and discrimination
- Experiences of violence

Have the survey and consent form (Annex 1) translated into the local language(s) used at the hot spots, if needed. Once translated, test it with several KP members (e.g., peer outreach workers or KP community representatives) who speak the language to make sure the translation is accurate, and the consent and questions are being interpreted as intended.

Consideration: Repeating the questions in each round of the survey will facilitate comparison of results from one round to the next. Therefore, as much as possible, do not change the wording of the questions from one round to the next.

Consider timing of the survey

The size of program, number of hot spots to sample, and number of participants in the survey will vary among programs; this will determine the time frame of the survey. Planning and analysis may take about the same time regardless of program size. Start with a plan that allots two weeks to prepare, one week to conduct data collection, and one week for analysis. The process may take a bit longer the first time, or be quicker if you have more staff or other people available to conduct the survey. Use mapping data to identify the best time period for the survey: for example, you may want to avoid data collection during periods such as holidays or events when there is a lot of seasonal mobility. Also consider factors that may make logistics difficult, such as seasonal weather or political events. Timing should facilitate interviewers reaching the hot spot and finding KP members there, preferably in a way that reflects the environment and community throughout the year. Discussions with peer outreach workers and KP representatives will also help determine a good time for the survey.

Determine sample size: the number of KP individuals to be interviewed

This survey is designed to be representative of people from the KP community who frequent venues/hot spots in the program area. The findings will be representative for a program, not country level.

Not every member of the KP community, or even every individual reached by the KP program, will be interviewed as part of the survey. Instead, a minimum number of individuals will be included in the sample so your program team can draw conclusions about the program. This minimum number is called the sample size; it is calculated using **Tool 1** (Excel workbook). Repeat this calculation for each KP type in your program.

To use Tool 1, you will need the following information:

- Most recent estimate of the number of KPs in the catchment area served by your program
- Estimated proportion (%) of KPs who are reached by your program
- A recent list of hot spots in the catchment area

Other parameters are already fixed in the tool.

Once you have entered the total KP population size and the proportion reached by your program, the tool will automatically calculate the required number of KPs to recruit for the survey. This example (Table 2) shows an excerpt of the fields in Tool 1 and data used for calculating sample size for a survey among MSM in Bagmati Province, Nepal.

Table 2. Excerpt from Tool 1 for determining number of people to include in the survey

Sample Size – Number of KPs required for the survey			
Parameters	Descriptions	Instructions	Values
N	MSM population size in Bagamati Province (from program estimates)	ENTER A VALUE HERE	4,000
P	Proportion of MSM who were reached with your organization’s HIV prevention intervention (from program estimates)	ENTER A VALUE HERE	73%
E	Margin of Error	Standard Value	5%
$Z_{1-\alpha/2}$	z-score required for 95% confidence level	Standard Value	1.96
X	Finite correction	Auto Calculated	0.76
n	Minimum Sample Size Required		282

For the example, information on total number of MSM in Bagmati Province (4,000) was derived from 2018 programmatic mapping conducted by the EpiC project in Nepal. Data on the proportion of MSM who were reached by the program (73%) was derived from routine programmatic data. If you are unable to estimate this proportion using your routine program data, you can use 50%.

Calculate number of hot spots to be visited

Once the number of persons required for the survey is determined, the next step is to calculate the number of hot spots that need to be visited. For this step, you will need to know the number of active hot spots in the catchment area. This is obtained from the most recent programmatic mapping conducted in the program area.

Once this information is entered into Tool 1, it automatically generates the total number of hot spots that will need to be visited to recruit the 282 KP individuals required for the survey. Table 3 shows an excerpt from Tool 1 for the MSM survey in Bagmati Province.

Table 3. Excerpt from Tool 1 for determining number of hot spots to visit for the survey

Information on KP Numbers and Hot Spots		
Total sample size	Pre-Populated	4,000
# of active MSM hot spots in Bagamati Province	YOU WILL ENTER A VALUE HERE	200
Average # of MSM per hot spot	Auto Calculated	20
Total Hot Spots to be Covered for Achieving the Sample Size		14

For the survey in Bagmati Province, the program counted 200 active MSM hot spots in Bagamati during their last programmatic mapping. Once this information is entered into Tool 1, it automatically calculates:

- Average number of MSM per hot spot
- Number of hot spots that must be included to recruit the desired number of persons required for the survey

Determine specific hot spots to visit

Once you have used Tool 1 to calculate the minimum sample and number of hot spots to be visited, you will then select the specific hot spots to visit. *Hot spots to be visited for the survey must be chosen at random.* Random sampling is used in the survey to ensure the sites selected to be visited are not biased or only show some characteristics of KPs. Using random sampling helps make the survey representative of all the KP individuals who frequent hot spots in your program area.

If you choose hot spots because you believe the coverage is particularly high or low, they are easier to reach, or even because you think they are typical of all your hot spots, your sample may potentially be biased, making it harder to draw conclusions about your program.

Here are two ways to conduct random selection of hot spots to be included in the survey:

Option 1: Use Tool 2 (Excel workbook). Make a numbered list of all hot spots in your program area and then use Tool 2 to select the required number of hot spots you determined in the previous step. Using the example given above, the Nepal team entered all their hot spots in Tool 2 and then used it to randomly select 14. This is a quick and simple method.

Option 2: Draw names of hot spots for each KP type out of a bag, using the following steps:

- Write the name of each hot spot on a separate slip of paper. For the example above with 200 hot spots, there would be 200 slips of paper.
- Fold each slip the same way so the name cannot be seen, and place all in a bowl or bag. Shake it to mix up the slips.
- Draw one slip from the bowl at a time until you have drawn the desired number of hot spots. These are the hot spots where the survey will be conducted. For the example above, 14 slips of paper would be drawn from the bag.

Reaching the minimum sample size: If, while going out to conduct interviews, the survey team finds hot spots that are either closed or not operational or unreachable, continue the random selection process described above to select a replacement hot spot.

Note: If your program serves multiple KP groups (such as FSWs and MSM), the sampling, calculation of number of hot spots needed, and random selection of hot spots *must be conducted separately for each KP type*. However, if the same hot spot is selected through the random selection process, there is no problem interviewing both FSWs and MSM at the same hot spot, using a different interviewer and the appropriate interview tool.

Individuals to be interviewed at the hot spots

Once the survey team arrives at the selected hot spots, a “take-all” approach is used for selecting KP members to be interviewed. With this approach, all eligible KP members who are present at the selected hot spot should be included in the survey. While interviewers are at the hot spots, they should interview all KP members who were approached and consented to be part of the survey. If at the end of data collection, the target number of interviews (sample size) is not met then additional hot spots can be randomly selected from the master list.

Further planning for survey logistics

Following the steps above, your team should know the total number of KP individuals to be surveyed to reach the minimum sample, the hot spots to be visited to reach the target, and the estimated number of survey respondents who could be reached at the selected hot spots. Now, use the knowledge you have about the selected hot spots to plan how many interviewers to assign to conduct the interviews and the best time to visit each hot spot. You may choose to review programmatic mapping data from these hot spots and get guidance from the regular peer outreach workers for each hot spot on the best days and times to reach the greatest number of KP individuals. For example, a hot spot may be active only from Friday to Sunday, in which case the survey should be done over those three days. Or it may be busy each evening during the week, in which case the survey could be done over the space of a week.

For planning purposes, we estimate that interviewers will probably be able to interview about three KP individuals in one hour (during survey training, your team will practice using the questionnaire to see how long it takes to complete a survey). Depending on the size of the hot spot and its level of activity, your team may adjust the number of interviewers to interview a sufficient number of KP individuals in the time available.

For example:

- If the team expects to interview 60 KP individuals at one of the selected hot spots, and the hot spot is active three days per week, this may require two interviewers three hours per day for three days.
- If 80 KP individuals are expected at a selected hot spot, and the hot spot is active seven evenings a week, potentially one interviewer would need to work four hours an evening for seven evenings, or two interviewers would need to work two hours an evening for seven evenings. In this instance, to reduce the number of trips/visits to that hot spot, you might consider sending four interviewers for three evenings.

Considerations for data collection: Depending on the environment, you may wish to assign interviewers in pairs for increased safety and to improve productivity. It may be helpful to orient two or three additional pairs of interviewers in case someone you have oriented is unable to conduct the survey.

CHOOSING AND ORIENTING INTERVIEWERS FOR THE SURVEY

Choosing interviewers

Interviewers should be people who are familiar with the culture, language, and environment of the hot spot, and have good rapport with the KP community. For this reason, peer outreach workers are often ideally suited to conduct interviews for the rapid coverage survey. If peer outreach workers are not used to conduct the survey, ensure that the individuals selected are oriented to the program, sensitized to the needs of KPs, accepted by members of the KP community, and can develop a rapport with KP individuals. Having prior experience conducting interviews is beneficial. The training slides that accompany this guide lay out essential topics to cover.

If the survey is conducted by peer outreach workers, *interviews in the hot spots should not be conducted by the regular peer outreach worker for that hot spot*. This is essential to reduce bias in responses of those interviewed. In other words, if interviews are conducted among people who already know each other, their history, relationships, and other factors may influence who feels comfortable speaking to whom, what information they might share, and what responses they will give to the survey questions. Further, some KP individuals may worry that if they say something negative about program services to their regular peer outreach worker, it will jeopardize their access to services. This may stop them from responding honestly to survey questions. It is important to have interviews conducted by those interviewers who have been oriented to the survey but do not normally work in or frequent that hot spot.

The best interviewers for this survey will:

- Identify with the KP type of the individuals they will be interviewing
- Be experienced in outreach
- Be good at talking to KP members, including ones they do not already know
- Have motivational interviewing skills (Annex 6)
- Have good attention to detail (e.g., they fill in their peer logbooks regularly and completely)
- Be available during the survey data collection time frame
- Be willing to take part in and successfully complete the survey orientation

Orienting the interviewers and other survey staff

A comprehensive orientation to the survey methods is important and is typically conducted over two days. The PowerPoint slides included in the resources with this guide provide an overview of the essential topics to cover in an orientation. Those directly involved in the survey (e.g., interviewers, survey coordinators) and key users of the survey information should attend all sessions. Other people who would be appropriate to include in the orientation include program staff—such as the outreach supervisor, monitoring and evaluation (M&E) and strategic information (SI) staff, potentially subnational health authorities, as well as KP community representatives. It would also be beneficial for peer outreach workers who are not serving as interviewers to attend some of the

orientation to share information about the hot spots where they work and to gain knowledge of the survey so that they can promote survey participation during outreach.

The Data Collectors Training presentation will guide you through the important topics to cover during orientation. These topics include:

Overview

- Why the survey is important and useful
- Who to include in the survey
- Who will be assigned to conduct the survey in the hot spot locations

Informed consent

- Importance of obtaining consent and what constitutes informed consent
- How to obtain verbal consent

Confidentiality and privacy

- Importance of privacy and confidentiality and how to apply those in this survey
- Management of survey data collection forms to preserve privacy and confidentiality

Orientation to the questionnaires

- Familiarity with all the questions on the questionnaire
- How to administer the questionnaire, using role-plays
- How to record responses to questions for the questionnaire
- How to talk to survey participants about experiences with violence
- How to identify people who are KP individuals at the hot spot (consult peer outreach worker for that hot spot)
- Clarification that no incentives will be offered to KP individuals to participate in the survey

Data management

- How to fill in the Survey Record Sheet (Annex 5)
- How to download data from tablets (Annex 9) and/or what to do with completed paper questionnaires

Logistics

- Confirm the dates and times for conducting the survey
- Discuss any other safety concerns and where to seek help if needed
- Discuss reimbursement of transportation costs and any other payments associated with the survey
- How interviewers can ensure they have adequate printed copies of questionnaire, or functioning tablet with charger
- Who to contact and how to troubleshoot problems that arise
- Referral forms for survey participants who express interest in HIV testing and other services

CONDUCTING THE SURVEY

Coordinate survey with ongoing outreach and services

This survey is intended to be conducted annually. Even so, program planners should take steps to ensure that, as much as possible, the survey does not interfere with regular services and outreach at the hot spots. Thus, during the orientation, when all those working at the hot spot are together,

discuss coordination of the survey process with outreach and service delivery. By necessity, peer outreach workers or program staff who are conducting the survey will not be at their usual sites or places of work; plan accordingly to avoid service coverage interruption.

Resources needed

Provide the following resources to each interviewer or interviewer team:

- Any map available that shows the geographic location of the hot spot or surrounding area
- A form of ID that shows they are affiliated with the program/organization implementing the survey
- Other ID for interviewer who is not a peer outreach worker
- Survey introduction and consent script
- Hard copy of questionnaires (if data is to be collected manually) — sufficient for sampled number of KP members and extras for contingency
- Tablet or other device for online survey data recording (if data is to be collected electronically); charger for tablet
- Sufficient airtime to connect tablet with server for upload
- Survey record sheet
- Pens
- Supervisor's name and phone number
- Cash for transportation to and from the hot spot, if needed
- Community to Facility Referral Card

Supervision, feedback, and evaluation

The survey requires that one (or more) individual is a supervisor during the survey period, and that person is accessible by phone during the data collection period. Make sure the interviewers know who their designated supervisor is along with relevant contact information. Interviewers completing the forms on paper should return completed questionnaires to the supervisor daily, as soon as possible after completing data collection. Those using electronic data collection, should upload filled questionnaires daily.

Supervisors should check the questionnaires (or uploaded data) each day to make sure they are completed correctly. Arrange a feedback session with all the interviewers after the first day of the survey to promptly identify and address any concerns and correct any data problems, such as incomplete or illegible responses. It is important to identify problems with the questionnaire on the first two days so they can be fixed, or correct challenges with the way interviewers are asking questions.

Additionally, supervisors, M&E/SI staff, or other program staff should monitor survey implementation by conducting site visits to several hot spots during the survey to observe the data collection process. Discuss any issues/concerns raised during the interviewer feedback sessions or from observations of supervisors. This could include data entry errors, interpretation of responses, management of the filled questionnaires, or other operational concerns.

After the survey period is over, arrange a feedback and acknowledgment session with the program and survey implementation team (peer outreach workers and SI staff). The evaluation will ideally have a structured feedback session or form to capture recommendations on how to improve the process of the survey, as well as any mitigating circumstances that should be considered when interpreting the findings.

DATA ENTRY AND ANALYSIS

Data entry

The survey guide has an accompanying tool in KoboToolbox (see Annex 9). Data entry can be conducted in two ways: (1) interviewers at the hot spots enter data into the questionnaire, which has been programmed into tablets directly as they conduct the interview, and sync the files when they are connected to Wi-Fi and the tools upload to a server; (2) interviewers complete the questionnaire on paper, take the filled sheet back to a survey supervisor, and the information is entered in the Kobo Toolbox file by a data entry person.

Data analysis

After data entry and data cleaning (discrepancies or unclear responses are questioned and corrections made where necessary), information entered in KoboToolbox is exported as a CSV file. The CSV file can then be uploaded into the program of choice. This may be Excel, Power BI, or a statistical analysis program like SPSS or STATA. From that program, analyses can be conducted and data visualization created.

This section describes key analyses used to examine findings of the survey. Note that the tables and graphs are examples only; you are free to choose additional information to analyze and display. Your program team may wish to include the peer outreach workers (who conducted the survey) and other community representatives in the process of data analysis and presentation. Ensure that the presentation of data is clear and uncomplicated, especially when making presentations to non-technical audiences.

Summary information

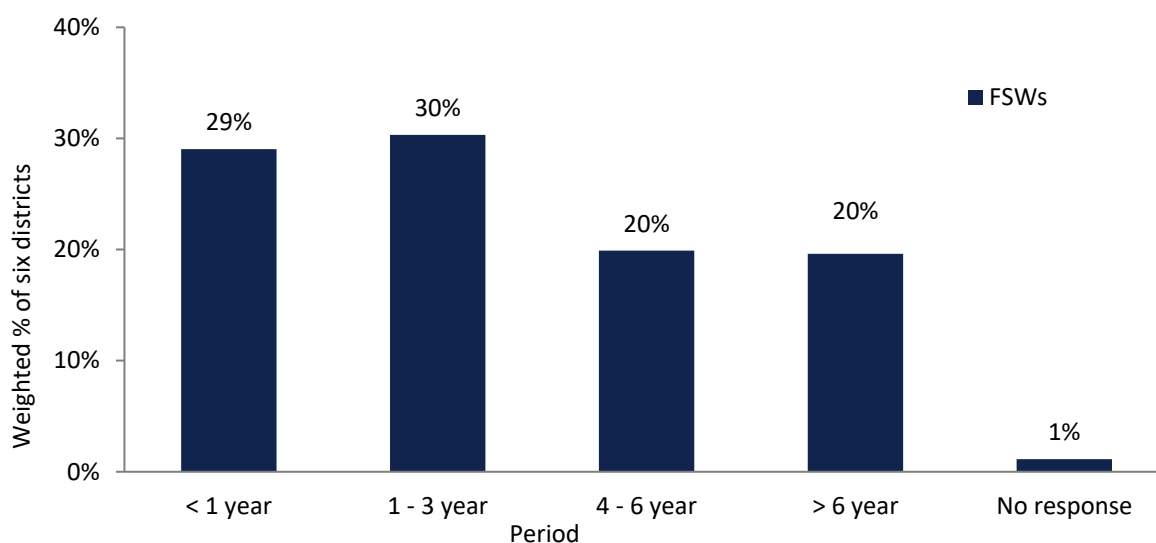
Summarize aggregated (not individual) descriptive statistics on the participants, including number of people surveyed per location, average and median age, sex of respondents, KP group, and any other background information about the respondents.

See the following examples (tables and figures) on demographic information from Nepal.

Variables	Population	District 1	District 2	District 3	District 4	District 5	Total
		N (%)	N (%)	N (%)	N (%)	N (%)	N (%)
Number of KPs who were met at hot spots	FSW	48	63	120	127	76	483
	MSM	228	118	116	100	78	704
	Total	276	181	236	227	154	1187
Number of KPs who participated in the survey	FSW	48 (100)	49 (78)	106 (88)	123 (97)	74 (97)	447 (93)
	MSM	219 (96)	117 (99)	113 (97)	100 (100)	77 (99)	690 (98)

Characteristics of the people surveyed in terms of risk behavior are shown in this figure.

Duration of time FSWs were in sex work (N=441)



Minimum service package analysis

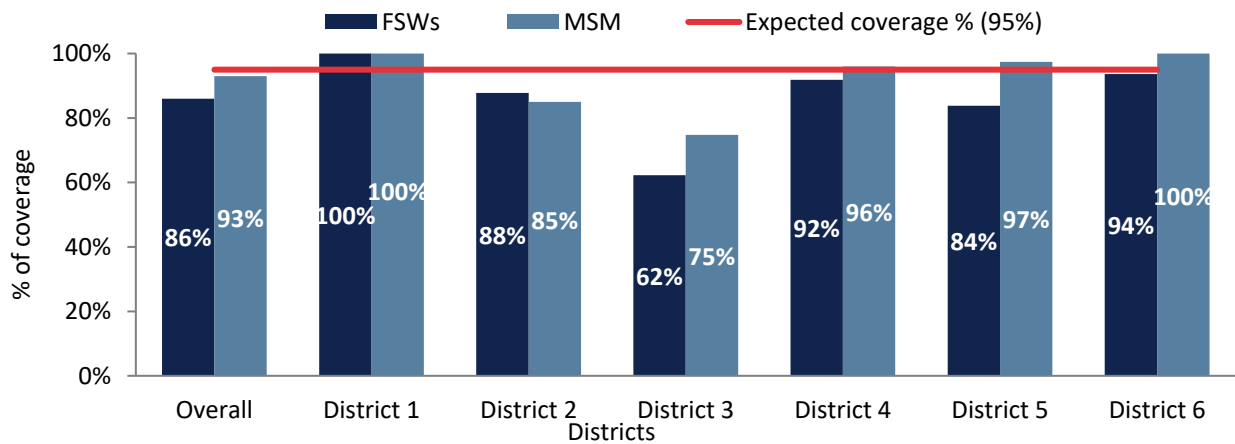
A minimum service package table can present the proportion of KPs interviewed for the survey who are receiving each component of the WHO-recommended minimum service package to compare with targets. Separate or combined tables can be created to examine service access stratified by age, hot spot, or demographic characteristics.

Table of indicators for minimum service package

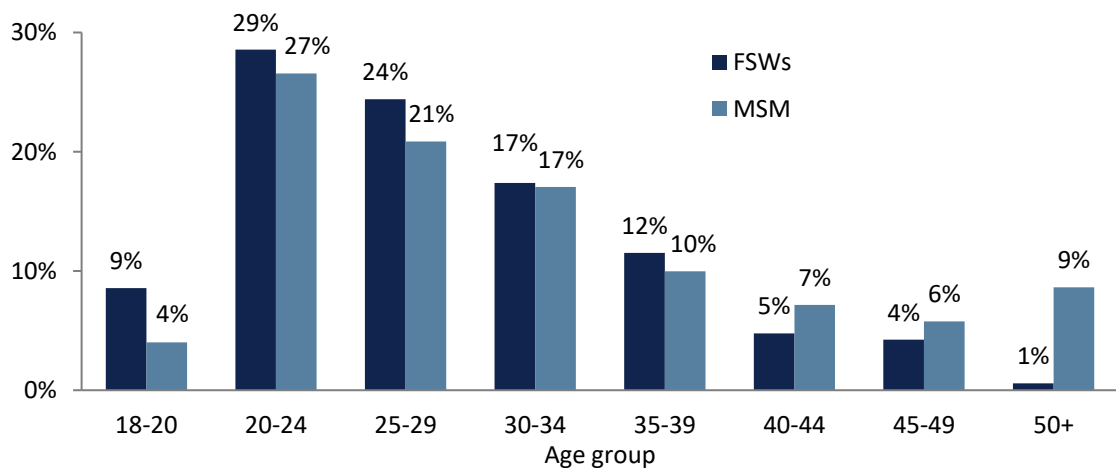
Indicator	Percentage of surveyed KPs receiving service	Target
% of KPs who received condoms and lubricants	90%	100%
% of KPs who received behavioral intervention (contact from peer outreach worker)	95%	100%
% of eligible KPs who were tested for HIV in past 3 months	23%	25%
% of KPs who reported being on antiretroviral therapy (ART) among those who reported they are HIV positive	5%	95%
% of KPs who received screening/treatment for hepatitis	15%	25%
% of KPs who received screening for STIs	18%	25%
% of KPs who received treatment for STIs	8%	100%
% of KPs who received screening treatment for mental health	7%	25%

Analysis can also focus on percent of coverage of key services in the minimum service package broken out by district and compared to the expected coverage target, as in the following examples.

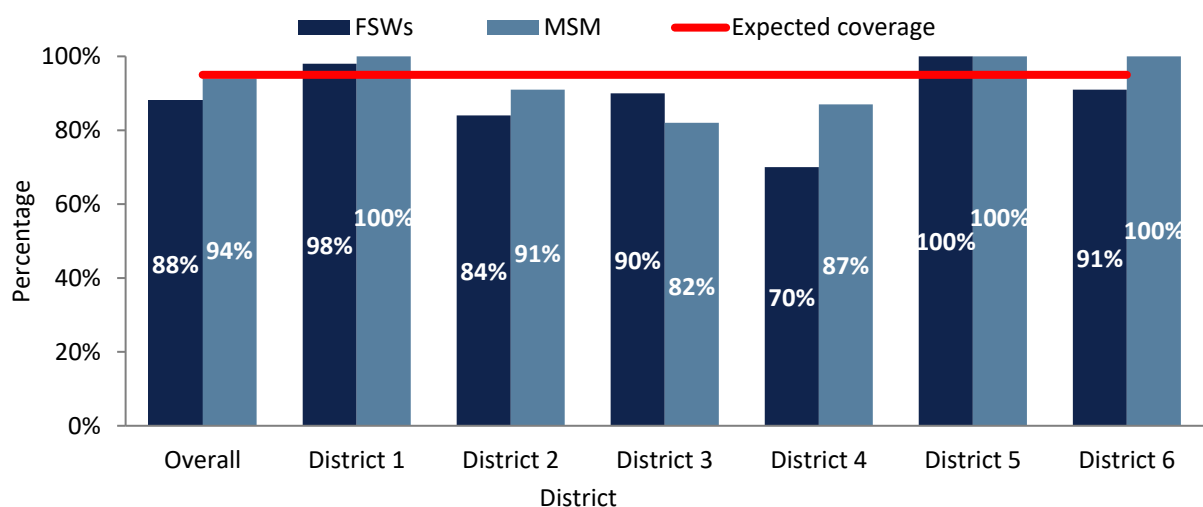
Percent of MSM and FSWs reached by outreach services in the past 3 months



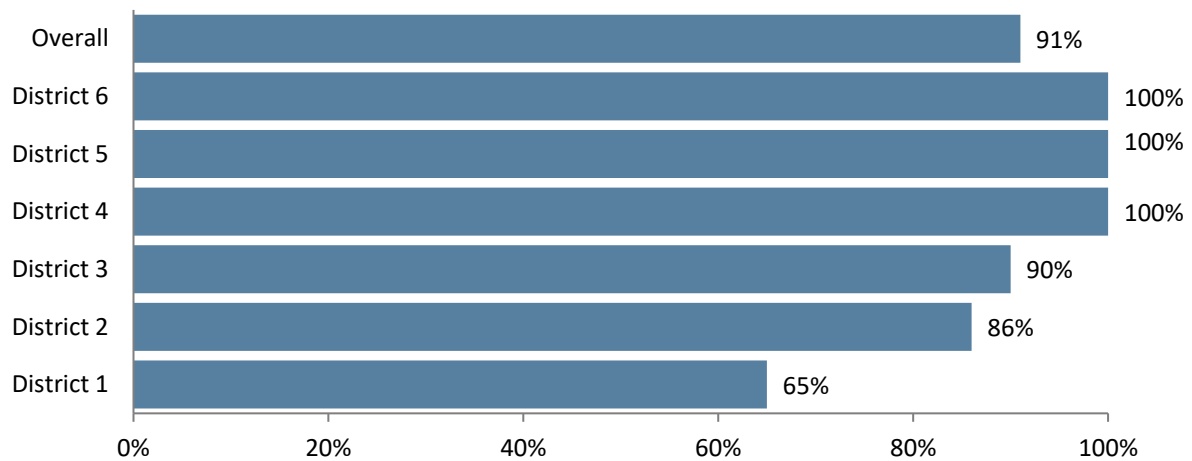
Percent of FSWs and MSM accessing outreach services in past 3 months by age



Percent of FSWs and MSM accessing free condoms by district



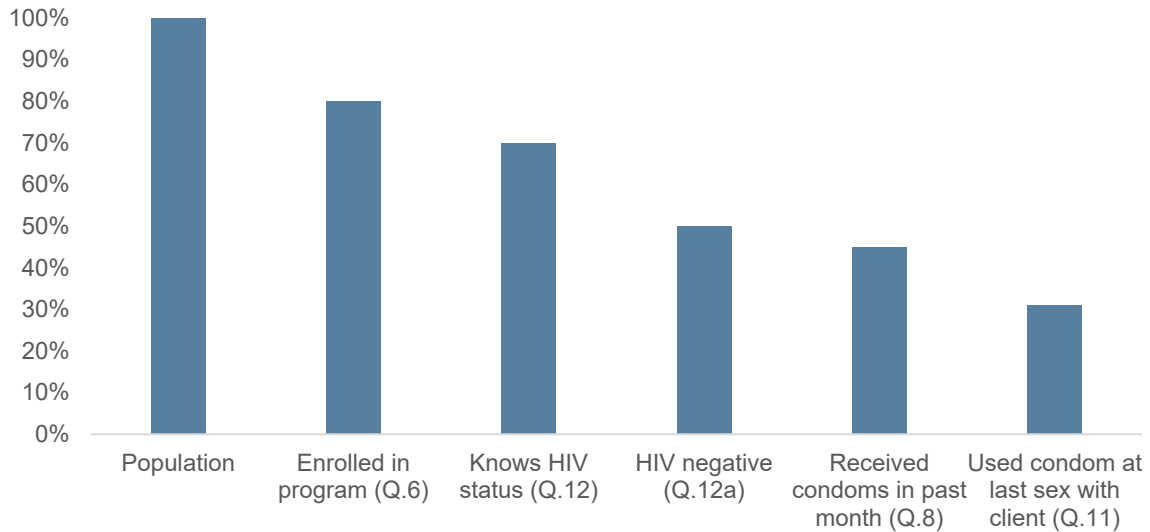
Percentage of MSM accessing free lubricants



Cascade analysis

A **cascade** shows what proportion of survey respondents receive milestone services sequentially. For a good example of a cascade analysis, please refer to *EpiC Strategies for Epidemic Control*, page 3.⁴ A prevention cascade might show the proportion of respondents who reported receiving and using condoms. Various cascade analyses can be drawn from the survey results and displayed in a figure, as seen below, drawn from the Nepal survey.

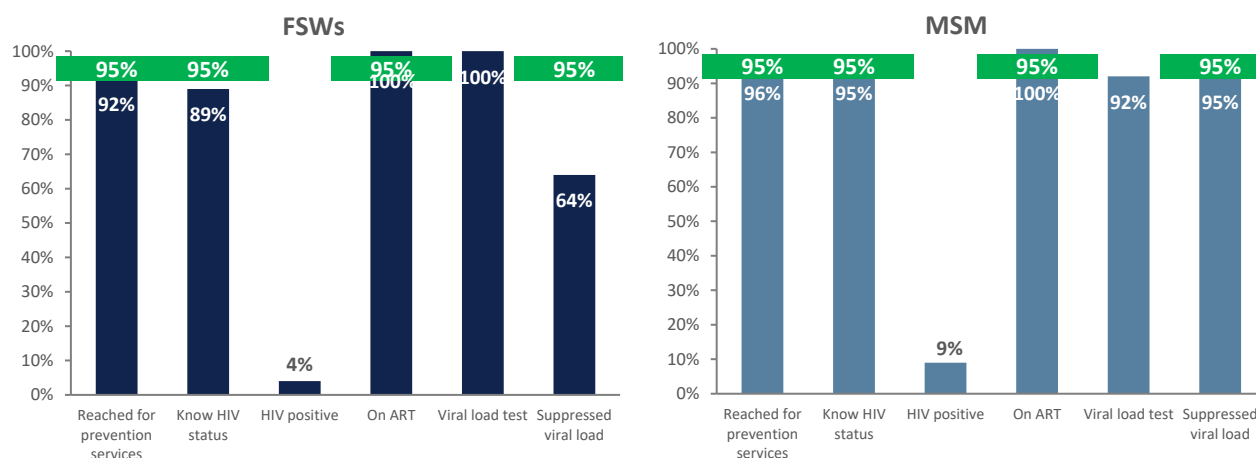
Services cascade for FSWs in Nepal



⁴ Meeting Targets and Maintaining Epidemic Control (EpiC) project. Strategies for epidemic control: EpiC's menu of technical strategies to address key gaps for epidemic control and service delivery continuation. Durham (NC): FHI 360; 2020. Available from: [epic-technical-strategies-menu.pdf \(fhi360.org\)](https://www.fhi360.org/publications/epic-technical-strategies-menu.pdf).

Here is an example of a cascade analysis compared to 95-95-95 targets.

Prevention and treatment cascade against 95-95-95 targets



Sharing the results

This survey is designed to generate usable data to improve program coverage, quality, and relevance. Part of the process of making improvements is sharing, learning, and getting input from others. Sharing programmatic results from this survey (as well as regular program data) is important to increase buy-in, coordinate programmatic efforts, and inform others working toward the same goals. After analysis has been completed, some of the most important entities with whom to share findings may include:

- Members of the KP community
- Peer outreach workers (who conducted the survey and others)
- KP program advisory committee, if applicable in your setting
- District-level government officials or other subnational health authorities

Results should be shared in such a way that the privacy and confidentiality of respondents is protected, as the aggregated data is presented in figures above. If individual survey responses are shared, such as quotations from an individual, they should be presented in a way that does not tie them back to a person.

Potentially, donors may also be interested in seeing results. When sharing results, be sure all findings are anonymized as much as possible. In addition to being careful that no personally identifiable information is presented (such as name), care should be taken that individuals (and, in some cases, locations or establishment names) are **not** identifiable based on findings presented. KP program advisory committees or the KP community may provide helpful guidance on what information may be particularly sensitive to anonymize when sharing results.

REFLECTING AND NEXT STEPS

Congratulations to your team on completing the rapid coverage survey of HIV services for key populations. Your team can expand on what you have learned by reflecting on these suggested questions and thinking about the next round:

- What have you learned from the survey?
- How do survey findings compare with routine program data?
- What gaps in services were discovered?
- How will your team change or strengthen outreach and services in response to the findings?
- How can your team improve the process and outputs of the survey next time?
- When should the next survey be conducted?

ANNEXES

Annex 1: Survey introduction and consent

Hello, my name is XXX, and I am a XXX worker with XXX organization and the XXX program.

We are doing a short survey to ask KP individuals about the types of services they are receiving. The survey will give us information to improve services to protect the community against HIV.

I'd like to ask you some questions. It will take about 20 minutes.

This survey is voluntary. You don't have to take part if you don't want to. Also, if you have already completed the survey with another interviewer, please let me know. If you don't participate it won't affect any services you're receiving, and it will not stop you from getting services in the future if you want them.

If you do take part, you can choose not to answer a particular question if you don't want to, and you can stop the survey at any time. It won't affect any services you receive.

All the information you give me will be confidential. Your name and other personal details will not be collected, and whatever information I collect will not be linked to you. It will only be shared with the staff at XXX organization who will be analyzing all the responses from the survey.

Do I have your consent to participate? *(If yes, check the consent box on the questionnaire.)*

Is there anything you'd like to ask me before we start?

If you don't understand any of the questions I ask, please tell me. And if you want to change your answer to any of the questions, let me know.

If the person does not want to participate, ask:

- Can I come back and talk to you at another time? What's the best day, time, and place? Can I give you my mobile number in case you need to change plans?
- If you're not already getting services from XXX organization and the XXX program, would you like a peer outreach worker to contact you to talk about HIV prevention and what services you can get? *If yes, ask for a name and mobile number.*
- Is there anyone else from the community around here who you think may want to take part in this survey?

Annex 2: Sample questionnaire for female sex workers

DEMOGRAPHIC QUESTIONS <i>(Adapt as needed and include as a cover sheet with FSW, MSM, and PWID surveys)</i>		
Date ____/____/____ mm / dd / yyyy	Time Start (hh:mm): ____ : ____ Finish (hh:mm): ____ : ____	Survey # _____
Interviewer Name	_____	
District Name	_____	
Municipality	_____	
Hot Spot Name	_____	
Type of Hot Spot	<input type="checkbox"/> Home <input type="checkbox"/> Bar/parlor/night club/disco lodge/hotel <input type="checkbox"/> Street <input type="checkbox"/> Bus stand <input type="checkbox"/> Park <input type="checkbox"/> Market place <input type="checkbox"/> Cinema hall <input type="checkbox"/> Abandoned area <input type="checkbox"/> Under the bridge <input type="checkbox"/> Public toilet <input type="checkbox"/> Overnight bus/truck stop local video/TV room <input type="checkbox"/> Other (describe): _____	
Location	latitude (x.y °) _____ longitude (x.y °) _____ altitude (m) _____ accuracy (m) _____	
Confirm Eligibility	Have you been interviewed by someone else for this same survey? If Yes, thank the individual for their participation and locate another participant. If No, proceed to the Core Questions in the survey.	

CORE QUESTIONS – FEMALE SEX WORKERS			
THE PERSON HAS GIVEN THEIR CONSENT TO PARTICIPATE IN THE SURVEY (Only check this box if the individual gives their voluntary consent, and do not ask any of the questions until they have done so.)			<input type="checkbox"/> YES
Q.	Question	Response	
Confirming KP identity, demographics, and hot spot affiliation			
1	In the past year, have you had sex in exchange for money?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Go to Q2</i> <i>Thank them and do not continue the survey.</i>
2	Have you been exchanging sex for money for more than one year? N/A = Not Answered	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
3	What is your age in years?	_____	
4	Is this the place where you most frequently go to meet clients?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
5	Do you also use Facebook, WhatsApp, or other online platforms to meet clients?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Program coverage			
6	Are you receiving services or being reached by someone from the <name of program, e.g., XXX> program/<insert name of CBO>?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<i>Go to Q7</i> <i>Go to Q6a</i> <i>Go to Q6a</i>
6a	<i>If no to 6:</i> Are you receiving services or being reached by someone from another HIV prevention program in this area?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<i>Go to Q7</i>
7	Have you received any services from a peer educator or counselor in the past three months?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<i>Go to Q7a</i> <i>Go to Q10</i> <i>Go to Q10</i>
7a	<i>If yes to 7:</i> Where did you receive services? (Check all that apply.)	<input type="checkbox"/> Hot spot <input type="checkbox"/> DIC <input type="checkbox"/> Virtual (online)	
8	Have you received condoms from a peer educator or counselor in the past month?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
8a	Have you received lubricant from a peer educator or counselor in the past month?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
9	Have you been to a drop-in center in the past month?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Access to prevention products			
10	Can you easily obtain free condoms and lubricant when you need them?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

Risk behaviors		
11	Did you use a condom the last time you had sex with a client?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
11a	Were you using PrEP last time you had sex with a client?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Coverage of HIV testing		
12	Do you know your HIV status?	<input type="checkbox"/> Yes <i>Go to Q12a</i> <input type="checkbox"/> No <i>Go to Q14</i> <input type="checkbox"/> N/A <i>Go to Q14</i>
12a	If yes to 12: When last were you tested?	<input type="checkbox"/> <3 months <input type="checkbox"/> 3-6 months <input type="checkbox"/> >6 months
12b	If yes to 12: Are you willing to tell me your HIV status?	<input type="checkbox"/> HIV+ <i>Go to Q13</i> <input type="checkbox"/> HIV- <i>Go to Q12c</i> <input type="checkbox"/> No <i>Go to Q14</i>
12c	If HIV negative: Have you ever heard of PrEP?	<input type="checkbox"/> Yes <i>Go to 12d</i> <input type="checkbox"/> No <i>Go to 14</i> <input type="checkbox"/> N/A <i>Go to 14</i>
12d	If 12c Yes: Have you ever taken PrEP?	<input type="checkbox"/> Yes <i>Go to 12e</i> <input type="checkbox"/> No <i>Go to 14</i> <input type="checkbox"/> N/A <i>Go to 14</i>
12e	If HIV negative: Are you currently taking PrEP to protect yourself from HIV?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Coverage of ART (if reporting HIV positive)		
13	If yes to 12b HIV +: Are you currently taking ART to treat HIV?	<input type="checkbox"/> Yes <i>Go to Q13a</i> <input type="checkbox"/> No <i>Go to Q14</i> <input type="checkbox"/> N/A <i>Go to Q14</i>
13a	If yes to 13: Have you had your viral load tested in the past six months?	<input type="checkbox"/> Yes <i>Go to Q13b</i> <input type="checkbox"/> No <i>Go to Q14</i> <input type="checkbox"/> N/A <i>Go to Q14</i> <input type="checkbox"/> Don't know <i>Go to Q14</i>
13b	If yes to 13a: Did the health care provider tell you whether the amount of virus in your blood was low or high?	<input type="checkbox"/> High <input type="checkbox"/> Low <i>Go to Q14</i> <input type="checkbox"/> Don't know
Other medical services		
14	Have you had a test or treatment for hepatitis in the last three months?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
15	Have you had a check-up or treatment for tuberculosis (TB) in the last three months?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
16	Have you had a check-up for sexually transmitted infections (STIs) or sexual and reproductive health in the last three months?	<input type="checkbox"/> Yes <i>Go to Q16a</i> <input type="checkbox"/> No <i>Go to Q17</i> <input type="checkbox"/> N/A <i>Go to Q17</i>
16a	If yes to 16: Have you been treated for an STI in the last three months?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

17	Has a doctor or nurse asked you about your mental health, or offered you mental-health treatment, in the last three months?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Experience of stigma, discrimination, violence			
18	In the past year, have you been treated unfairly by anyone because you are a sex worker?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
19	In the past year, have you experienced physical or sexual violence from anyone?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<i>Go to Q19a</i> <i>Go to Q20</i> <i>Go to Q20</i>
19a	<i>If yes to 19:</i> Were you referred for help or did you receive services after this happened?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<i>Go to Q19b</i>
19b	<i>If yes to 19:</i> Are you still in need of support because of the violence you experienced? <i>If “yes”, provide referral to appropriate support.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<i>Go to Q20</i>
20	In the past year, do you think this area has become safer for you, less safe, or stayed about the same?	<input type="checkbox"/> More <input type="checkbox"/> Less <input type="checkbox"/> Same <input type="checkbox"/> N/A	
HIV testing (omit if you are not including voluntary HIV testing in your survey)			
21	<i>Only ask this question if the KP answered “no” to Q12. Otherwise, go to Q22:</i> You told me that you do not know your HIV status. Would you like to take an HIV test now so that you will know your HIV status? <i>If the KP answers “Yes”, refer to accompanying staff to provide HIV test.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Go to Q22</i> <i>Go to Q22</i>
Referral to other KPs			
22	Do you know other female sex workers in this area who you think are not being reached by someone from the [XXX program/name of CBO]?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<i>Go to Q22a</i> <i>End survey</i> <i>End survey</i>
22a	If yes to 22: Would you be willing to introduce me to them so that I can ask them if they would like to take part in this survey?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>End survey</i>

Annex 3: Sample questionnaire for men who have sex with men

CORE QUESTIONS – MEN WHO HAVE SEX WITH MEN			
THE PERSON HAS GIVEN THEIR CONSENT TO PARTICIPATE IN THE SURVEY <i>(Only check this box if the individual gives their voluntary consent, and do not ask any of the questions until they have done so.)</i>			<input type="checkbox"/> YES
Q.	Question	Response	
Confirming KP identity, demographics, and hot spot affiliation			
1	In the past year, have you had sex with another man?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Go to Q3 Thank them and do not continue the survey.
Note: There is no question 2 in this survey.			
3	What is your age in years?	_____	
4	Is this the place where you most frequently go to meet men for sex?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
5	Do you also use Facebook, WhatsApp, or other online platforms to meet other men for sex? <i>N/A = Not Answered</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Program coverage			
6	Are you receiving services or being reached by someone from the <insert name of program, e.g., XXX program>/<insert name of CBO>?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Go to Q7 Go to Q6a Go to Q6a
6a	<i>If no to 6:</i> Are you receiving services or being reached by someone from another HIV prevention program in this area?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Go to Q7 Go to Q8
7	<i>If yes to 6 or 6a:</i> Have you received any services from a peer educator or counselor in the past three months?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Go to Q7a Go to Q10 Go to Q10
7a	<i>If yes to 7:</i> Where did you receive services? <i>(Check all that apply.)</i>	<input type="checkbox"/> Hot-spot <input type="checkbox"/> DIC <input type="checkbox"/> Virtual (online)	
8	Have you received condoms from a peer educator or counselor in the past month?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
8a	Have you received lubricant from a peer educator or counselor in the past month?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
9	Have you been to a drop-in center in the past month?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Access to prevention products			
10	Can you easily obtain free condoms and lubricant when you need them?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

Risk behaviors			
11	The last time you had sex with a man, did you or your partner use a condom?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
11a	Were you using PrEP last time you had sex with another man?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Coverage of HIV testing			
12	Do you know your current HIV status?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<i>Go to Q12a</i> <i>Go to Q14</i> <i>Go to Q14</i>
12a	If yes to 12: When last were you tested?	<input type="checkbox"/> <3 months <input type="checkbox"/> 3-6 months <input type="checkbox"/> >6 months	
12b	<i>If yes to 12:</i> Are you willing to tell me your HIV status?	<input type="checkbox"/> HIV+ <input type="checkbox"/> HIV- <input type="checkbox"/> No	<i>Go to Q13</i> <i>Go to Q12c</i> <i>Go to Q14</i>
12c	<i>If HIV negative:</i> Are you aware of PrEP?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<i>Go to 12d</i> <i>Go to 14</i> <i>Go to 14</i>
12d	<i>If HIV negative:</i> Have you ever taken PrEP?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<i>Go to 12e</i> <i>Go to 14</i> <i>Go to 14</i>
12e	<i>If HIV negative:</i> Are you currently taking PrEP to protect yourself from HIV?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Coverage of ART (if reporting HIV+)			
13	<i>If yes to 12b and HIV positive:</i> Are you currently taking ART to treat HIV?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<i>Go to Q13a</i> <i>Go to Q14</i> <i>Go to Q14</i>
13a	<i>If yes to 13:</i> Have you had your viral load tested in the past six months?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> N/A	<i>Go to Q13b</i> <i>Go to Q14</i> <i>Go to Q14</i>
13b	<i>If yes to 13a:</i> Did the health care provider tell you whether the virus level in your blood was low or high?	<input type="checkbox"/> High <input type="checkbox"/> Low <input type="checkbox"/> Don't know	<i>Go to Q14</i>
Other medical services			
14	Have you had a test or treatment for hepatitis in the last three months?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
15	Have you had a check-up or treatment for tuberculosis (TB) in the last three months?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
16	Have you had a check-up for sexually transmitted infections (STIs) or sexual and reproductive health in the last three months?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<i>Go to Q16a</i> <i>Go to Q17</i> <i>Go to Q17</i>

16a	<i>If yes to 16:</i> Have you been treated for an STI in the last three months?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
17	Has a doctor or nurse asked you about your mental health, or offered you mental-health treatment, in the last three months?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Experience of stigma, discrimination, violence			
18	In the past year, have you been treated unfairly by anyone because you have sex with men?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
19	In the past year, have you experienced physical or sexual violence from anyone?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<i>Go to Q19a</i> <i>Go to Q20</i> <i>Go to Q20</i>
19a	<i>If yes to 19:</i> Were you referred for help or did you receive services after this happened?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<i>Go to Q19b</i>
19b	<i>If yes to 19:</i> Are you still in need of support because of the violence you experienced? <i>If “yes”, provide referral to appropriate support.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<i>Go to Q20</i>
20	In the past year, do you think this area has become safer for you, less safe, or stayed about the same?	<input type="checkbox"/> More <input type="checkbox"/> Less <input type="checkbox"/> Same <input type="checkbox"/> N/A	
HIV testing (omit if you are not including voluntary HIV testing in your survey)			
21	<i>Only ask this question if the KP answered “no” to Q12.</i> <i>Otherwise, go to Q22:</i> You told me that you do not know your HIV status. Would you like to take an HIV test now so that you will know your HIV status?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Referral to other KPs			
22	Do you know other men who have sex with men in this area who you think are not being reached by someone from the [XXX program/name of CBO]?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<i>Go to Q22a</i> <i>End survey</i> <i>End survey</i>
22a	If yes to 22: Would you be willing to introduce me to them so that I can ask them if they would like to take part in this survey?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>End survey</i>

Annex 4: Sample questionnaire for people who inject drugs

CORE QUESTIONS – PEOPLE WHO INJECT DRUGS			
THE PERSON HAS GIVEN THEIR CONSENT TO PARTICIPATE IN THE SURVEY <i>(Only check this box if the individual gives their voluntary consent, and do not ask any of the questions until they have done so.)</i>			<input type="checkbox"/> YES
Q.	Question	Response	
Confirming KP identity, demographics, and hot spot affiliation			
1	In the past year, have you injected drugs?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Go to Q2 Thank them and do not continue the survey.</i>
2	Have you been injecting drugs for more than one year? <i>N/A = Not Answered</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
3	What is your age in years?	_____	
4	Is this the place where you most frequently go to inject drugs?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Note: There is no question 5 in this survey.			
Program coverage			
6	Are you receiving services or being reached by someone from the <Insert name of program, e.g., XXX program>/<insert name of CBO>?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<i>Go to Q7 Go to Q6a Go to Q6a</i>
6a	<i>If no to 6:</i> Are you receiving services or being reached by someone from another HIV prevention program in this area?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<i>Go to Q7 Go to Q8 Go to Q8</i>
7	<i>If yes to 6 or 6a:</i> Have you received any services from a peer educator or counselor in the past three months?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<i>Go to Q7a Go to Q10 Go to Q10</i>
7a	<i>If yes to 7:</i> Where did you receive services? <i>(Check all that apply.)</i>	<input type="checkbox"/> Hotspot <input type="checkbox"/> DIC <input type="checkbox"/> Virtual (online)	
8	Have you received sterile needles/syringes from a peer educator or another service provider in the past month?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
9	Have you been to a drop-in center in the past month?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Access to prevention products			
10	Can you easily obtain sterile needles and syringes when you need them?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
10a	Can you easily obtain free condoms and lubricant when you need them?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
10b	Can you access OST (opioid substitution therapy) if you want to?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

Risk behaviors			
11	Did you use sterile injecting equipment the last time you injected drugs?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
11a	Did you or your partner use a condom the last time you had sex?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
11b	The last time you had sex, were you using PrEP?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
11c	If yes, what type?	<input type="checkbox"/> Daily oral <input type="checkbox"/> ED-PrEP <input type="checkbox"/> Other <input type="checkbox"/> N/A	
Coverage of HIV testing			
12	Do you know your current HIV status?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<i>Go to Q12a</i> <i>Go to Q12e</i> <i>Go to Q12e</i>
12a	<i>If yes to 12:</i> Are you willing to tell me your HIV status?	<input type="checkbox"/> HIV+ <input type="checkbox"/> HIV- <input type="checkbox"/> No	<i>Go to Q13</i> <i>Go to Q12b</i> <i>Go to Q14</i>
12b	<i>If HIV negative:</i> Are you aware of PrEP?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<i>Go to 12c</i> <i>Go to 12e</i> <i>Go to 12e</i>
12c	<i>If HIV negative:</i> Have you ever taken PrEP?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<i>Go to 12d</i> <i>Go to 12e</i> <i>Go to 12e</i>
12d	<i>If HIV negative:</i> Are you currently taking PrEP to protect yourself from HIV?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<i>Go to Q12e</i> <i>Go to Q12e</i>
12e	<i>If no or N/A to 12, or answered 12a No:</i> Have you taken an HIV test in the past <i>three to six months</i> ? <i>[according to national guidelines]</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<i>Go to Q14</i>
Coverage of ART (if reporting HIV+)			
13	<i>If yes to 12a and HIV positive:</i> Are you currently taking ART to treat HIV?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<i>Go to Q13a</i> <i>Go to Q14</i> <i>Go to Q14</i>
13a	<i>If yes to 13:</i> Have you had your viral load tested in the past six months?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<i>Go to Q13b</i> <i>Go to Q14</i> <i>Go to Q14</i>
13b	<i>If yes to 13a:</i> When you were last tested, did the health care provider say that the virus level was low or high compared to how it should be?	<input type="checkbox"/> High <input type="checkbox"/> Low <input type="checkbox"/> Don't know	<i>Go to Q14</i>
Other medical services			
14	Have you had a blood test for hepatitis in the last three months?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<i>Go to Q14a</i> <i>Go to Q15</i> <i>Go to Q15</i>
14a	Have you been treated for hepatitis C in the last three months?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

15	Have you had a check-up or treatment for tuberculosis (TB) in the last three months?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
16	Have you had a check-up for sexually transmitted infections (STIs) or sexual and reproductive health in the last three months?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<i>Go to Q16a</i> <i>Go to Q17</i> <i>Go to Q17</i>
16a	<i>If yes to 16:</i> Have you been treated for an STI in the last three months?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<i>Go to Q17</i>
17	Has a doctor or nurse asked you about your mental health, or offered you mental-health treatment, in the last three months?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Experience of stigma, discrimination, violence			
18	In the past year, have you been treated unfairly by anyone because you inject drugs?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
19	In the past year, have you experienced physical or sexual violence from anyone?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<i>Go to Q19a</i> <i>Go to Q20</i> <i>Go to Q20</i>
19a	<i>If yes to 19:</i> Were you referred for help or did you receive services after this happened?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<i>Go to Q20</i> <i>Go to Q19b</i> <i>Go to Q19b</i>
19b	<i>If yes to 19:</i> Are you still in need of support because of the violence you experienced? <i>If "yes", provide referral to appropriate support.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<i>Go to Q20</i>
20	In the past year, do you think this area has become safer for you, less safe, or stayed about the same?	<input type="checkbox"/> More <input type="checkbox"/> Less <input type="checkbox"/> Same <input type="checkbox"/> N/A	
HIV testing (omit if you are not including voluntary HIV testing in your survey)			
21	<i>Only ask this question if the KP answered "no" to Q12.</i> <i>Otherwise, go to Q22:</i> You told me that you haven't taken an HIV test recently. Would you like to take an HIV test now so that you will know your HIV status?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Referral to other KPs			
22	Do you know other people who inject drugs in this area who you think are not being reached by someone from the [XXX program/name of CBO]?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<i>Go to Q22a</i> <i>End survey</i> <i>End survey</i>
22a	If yes to 22: Would you be willing to introduce me to them so that I can ask them if they would like to take part in this survey?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>End survey</i>

Annex 5: Survey record sheet

This survey management/tracking tool measures how many people were approached for an interview, how many accepted, and how many refused at each hot spot. The information from this sheet can be compared to records in the database for each site for quality assurance purposes.

This sheet is kept by the interviewer. Complete the header section. Subsequent sections are completed each time the interviewer goes out to do the survey. Recording the number of KP individuals who were approached—even if they decline to participate—is important because it provides a sense of the overall number of KP members at the hot spot.

Interviewer's name		
Name of hot spot		
Starting date of data collection at hot spot		
Survey Date 1: Month _____ Day _____		
Number of KPs approached: _____	Number agreed to survey: _____	Number declined survey: _____
Total number of surveys completed: _____		
Number of completed questionnaires delivered/ questionnaires uploaded from tablet		_____
Date _____	Received by: _____	
Survey Date 2: Month _____ Day _____		
Number of KPs approached: _____	Number agreed to survey: _____	Number declined survey: _____
Total number of surveys completed: _____		
Number of completed questionnaires delivered/ questionnaires uploaded from tablet		_____
Date _____	Received by: _____	
Survey Date 3: Month _____ Day _____		
Number of KPs approached: _____	Number agreed to survey: _____	Number declined survey: _____
Total number of surveys completed: _____		
Number of completed questionnaires delivered/ questionnaires uploaded from tablet		_____
Date _____	Received by: _____	
Survey Date 4: Month _____ Day _____		
Number of KPs approached: _____	Number agreed to survey: _____	Number declined survey: _____
Total number of surveys completed: _____		
Number of completed questionnaires delivered/ questionnaires uploaded from tablet		_____
Date _____	Received by: _____	

Annex 6: Effective interviewing techniques

1. Introduce yourself, your organization, and the purpose of the survey (show document or certificate if necessary).
2. Maintain confidentiality:
 - Do not interview the respondent in the presence of others (unless he/she indicates otherwise).
 - Explain that all answers will be kept confidential.
3. Ask questions exactly as written or with minor changes that were agreed upon during the orientation.
4. Wait for a response; be silent, then probe.
5. If the respondent doesn't understand or the answer is unclear, ask the question again, making as few changes in wording as possible.
6. Do not suggest—by tone of voice, facial expression, or body language—the answer you want.
7. Do not ask leading questions, questions that signal the correct answer, or questions that suggest the answer you would like.
8. Try not to react to answers in such a way as to show that you approve or disapprove.
9. If one answer is inconsistent with another, try to clear up the confusion.
10. Maintain a conversational tone of voice; don't make the interview seem like an interrogation.
11. Know the local words for sensitive/delicate topics.
12. Use neutral probes (e.g., anything more?)

Source: Valdez JJ, Weiss M, Leburg C, Davis R. Assessing Community Health Programs: A Participant's Manual and Workbook: Using LQAS for Baseline Surveys and Regular Monitoring. St. Albans (UK): Teaching Aids at Low Cost (TALC) [now Health Books International]; 2002, p. 56.

Annex 7: Process checklist for interviewers

- Obtain interviewer packet; ensure packet contains all the items on the materials checklist.
- Bring a cell phone so you can contact the survey supervisor as needed.
- Travel to hot spot on assigned days/times with your assigned team.
- Wear your ID badge.
- Introduce yourself to the owner of the establishment or the KP representative at the hot spot.
- Locate private space(s) for conducting the interviews.
- Identify KP individuals/potential survey participants.
- Take notes about how many enrolled and non-enrolled KP members decline the survey.
- Conduct interviews:
 - Read the informed consent statement and comply with participant's decision to participate or not.
 - Complete the entire questionnaire (demographic questions and core questions for FSWs, MSM, or PWID)
 - Record the responses on paper form or tablet.
 - Save completed response form in a secure location (on tablet or folder/packet).
 - Thank the individual for their participation.
 - Ask if they know of other individuals who may be interested in participating.
- After completing the final interview of the day, tabulate the number of enrolled and non-enrolled KP individuals who completed or declined the survey; write the totals on the Survey Record Sheet.
- Return completed questionnaire to supervisor or upload data as instructed.
- Call or meet with the survey supervisor to provide a progress update and discuss concerns.
- Re-stock response forms and/or re-charge tablet.
- After final day of survey, return completed Survey Record Sheet and all survey resources to the survey supervisor.

Annex 8: Sample roles and responsibilities of survey team

Program Supervisors*

- Provide general administrative and logistics support/resources (ID cards, travel/expense authorizations, tablets, printing, etc.)
- Convene meeting with KP community representatives
- Finalize survey implementation plan (coordinate with SI/M&E staff)
- Organize orientation/training for all individuals who are involved in the survey
- Assign interviewers to hot spots (coordinate with SI/M&E staff)
- Ensure outreach work continues uninterrupted
- Compile interviewer packets (coordinate with SI/M&E staff)
- Share survey results (coordinate with SI/M&E staff)
- Compile feedback/lessons learned (in conjunction with SI/M&E staff)

Monitoring and Evaluation (M&E)/Strategic Information (SI) Staff*

- Provide logistics/administrative support for implementation
- Provide programmatic data for calculating sample sizes for each KP type
- Create current hot spot list for generating random sample of hot spots
- Develop guidelines and document package required for conducting the survey
- Code questionnaires and program tablets; arrange for data entry
- Conduct daily update with each interviewer in person (or via cell for tablets):
 - Number of KP individuals approached
 - Number of interviews completed
 - Challenges/solutions
- Update management daily about progress toward targets and challenges
- Conduct four to five field visits to monitor implementation of survey
- Review automated data entries daily; or arrange for manual entry
- Conduct data analysis and report results

* *Program staff may need to request technical assistance and/or consult with SI technical experts when conducting a survey for the first time.*

Interviewers

- Successfully complete orientation/training
- Obtain interviewer packet
- Travel to hot spot on assigned days/times
- Identify KP individuals for survey participants
- Locate private spaces for conducting interview
- Conduct interviews (see process checklist, Annex 7)
- Return completed questionnaires and Survey Record Sheet (Annex 5) daily
- Provide feedback about issues or concerns

Community-based KP Representatives


- Participate in survey training/orientation
- Along with regular peer outreach workers, share characteristics of hot spots
- Accompany interviewers or M&E implementation monitors to hot spot and provide introductions to hot spot owner
- Introduce interviewers to FSWs and MSM individuals who may be interested in participating in the survey (if needed)
- Inform members of the KP community about the survey

Annex 9: How to use the KoboCollect toolkit with a tablet

To set app and server

1. Search and install below app using Google Play store



2. Open KoboCollect app
3. Click on “Manually enter project details”
4. Type below:
 - URL: <https://kc.kobotoolbox.org>
 - User Name: <Type user name>
 - Password: <Password>
5. Click on “”
6. Click on “Setting”
7. Click on “Server”
8. Add “<server name>” at the end of URL for example: “/fhi_360_nepal”

To download questionnaire

1. Click on “Get Blank Form”
2. Ensure both question check boxes are checked
3. Click on “Get selected”
4. Click on “OK”

To enter survey data

1. Click on “Fill Blank” form
2. Fill in the questions
3. Ensure all questions have filled in
4. Save the form
5. Click on “Send Finalized Form”

Annex 10: List of additional resources

Tool 1. Sample size calculator

See Excel workbook

Tool 2. Hot spot list generator

See Excel workbook

Tool 3. Hot spot list

See Excel workbook

Tool 4. Data consolidation sheet

See Excel workbook

Tool 5. Data total sheet

See Excel workbook

Slide presentations for training/orientation*

1. [Pre-survey Preparation](#) Hyperlink to file
2. [Stakeholder Engagement Meeting](#) Hyperlink to file
3. [Data Collectors Training](#) Hyperlink to file

**Slides in the PowerPoint files include speaker notes and instructions for conducting activities.*