

DRAFT

STANDARD OPERATING PROCEDURE  
to Implement Effective Community-Led  
Outreach and Microplanning Strategies  
in Key And Vulnerable Population Programmes  
in Tanzania



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“As the Global Fund, we believe micro-planning will optimise resource allocation for populations at risk of acquiring HIV in Tanzania, enhancing community impact. It will improve outcome tracking and funding efficiency, ensuring investments address the unique needs of the population for greater programme success” Helgar Musyoki, Key Populations Advisor, The Global Fund

### Developed by

Paul Sore, Partners for Health and Development in Africa, Nairobi, Kenya  
Mihayo Bupamba, Independent Consultant, Dar es Salaam, Tanzania

### TA support

UNAIDS Technical Support Mechanism

### With technical support from

Dr. Magreth Kagashe, Dr. Ona Machangu, Dr. Saro Pendo, Dr. Neema Mpanduji, Abdul Mashauri, Agnes Florence, Grace Mallya, Jackline Nora, Neema Makyao, Jackson Mbogela, Damali Lucas, Dr. Deodatha Lyochi, Dr. George Msalale, Dr. Emmanuel Kombe, Dr. Charles Shija, Maria Mensah, Parinita Bhattacharjee

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# ABBREVIATIONS



<b>AIDS</b>	Acquired Immunodeficiency Syndrome
<b>AMREF</b>	African Medical and Research Foundation
<b>BCC</b>	Behaviour Change Communication
<b>CDC</b>	Centers for Disease Control and Prevention
<b>DOD</b>	United States Department of Defense
<b>EGPAF</b>	Elizabeth Glaser Pediatric AIDS Foundation
<b>FHI 360</b>	Family Health International 360
<b>FSW</b>	Female Sex Worker
<b>GFATM</b>	Global Fund to Fight AIDS, Tuberculosis and Malaria
<b>GBV</b>	Gender-Based Violence
<b>HJFMRI</b>	Henry Jackson Foundation Medical Research International
<b>HIV</b>	Human Immunodeficiency Virus
<b>HIVST</b>	Human Immunodeficiency Virus Self-Test
<b>HTS</b>	Human Immunodeficiency Virus Testing Service
<b>ICAP</b>	International Center for AIDS Care and Treatment Programs
<b>IEC</b>	Information, Education, and Communication
<b>IP</b>	Implementing Partner
<b>KP</b>	Key Population
<b>KVP</b>	Key and Vulnerable Populations
<b>MAT</b>	Medically Assisted Treatment
<b>MDH</b>	Management and Development for Health
<b>MUHAS</b>	Muhimbili University of Health and Allied Sciences
<b>MDM</b>	Médecins du Monde
<b>MSM</b>	Men Who Have Sex with Men
<b>NASHCoP</b>	National AIDS, STIs and Hepatitis Control Programme
<b>NSP</b>	Needle-Syringe Programme
<b>OB</b>	Occurrence Book
<b>PE</b>	Peer Educator
<b>PEP</b>	Post-Exposure Prophylaxis
<b>PEPFAR</b>	United States President's Emergency Plan for AIDS Relief
<b>PRC</b>	Post Rape Care
<b>PrEP</b>	Pre-Exposure Prophylaxis
<b>PSAT</b>	Prevention Self-Assessment Tool
<b>PWID</b>	People Who Inject Drugs
<b>PWUD</b>	People Who Use Drugs
<b>SBCC</b>	Socio-Behavioural Change Communication
<b>SHDEPHA+</b>	Service, Health, and Development for People Living Positively with HIV/AIDS
<b>SOP</b>	Standard Operating Procedure
<b>STI</b>	Sexually Transmitted Infection
<b>SSLN</b>	South-to-South Learning Network
<b>TA</b>	Technical Assistance
<b>TACAIDS</b>	Tanzania Commission for AIDS
<b>TB</b>	Tuberculosis
<b>THPS</b>	Tanzania Health Promotion Support
<b>TIENAI</b>	Tanzania Informal Economy Network on AIDS Initiatives
<b>UIC</b>	Unique Identifier Code
<b>UNAIDS</b>	Joint United Nations Programme on HIV/AIDS
<b>USAID</b>	United States Agency for International Development
<b>ZAC</b>	Zanzibar AIDS Commission

# GLOSSARY



**Female sex workers** are adult women (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 more or less formal or organised.<sup>1</sup>

**Gender-based violence** is any form of violence that targets men or women based on their sex and results in sexual, physical, and psychological harm to the aggrieved party.

**Key populations** are defined groups who, due to specific higher-risk behaviours, are at increased risk of the human immunodeficiency virus (HIV) irrespective of the epidemic type or local context. They often have legal and social issues related to their behaviours that increase their vulnerability to HIV. This SOP focuses on three key populations: female sex workers, men who have sex with men, and people who inject drugs. Key populations are important to the dynamics of HIV transmission. They are also essential partners in an effective response to the epidemic.<sup>2</sup>

**Key and vulnerable populations** include sex workers and their clients; people who inject or use drugs; men who have sex with men; people in prisons and other closed settings; adolescent girls and young women; mobile populations (e.g., long distance truck drivers, fisher folks and fishing communities, miners and mining communities, construction and plantation workers); disabled persons in all forms; and street living or working children and displaced people.<sup>3</sup>

**Men who have sex with men** are 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 particular community or social group.

**Microplanning** is a process that decentralises outreach management and planning by engaging peer educators and empowering them to decide how to reach the maximum number of key population members.<sup>4</sup>

**Outreach** in this context is the process of taking services to key and vulnerable populations in locations where they typically spend time rather than relying on them to visit the programme sites/clinics. It provides an avenue for extending HIV prevention information, commodities, and services, while simultaneously providing implementers and health teams with information critical for programme management.

**Outreach worker** refers to NGO staff who manage a group of peer educators (usually 4–6).<sup>5</sup>

**Peer educator** refers to members of a particular community who are recruited and trained by an NGO to provide HIV prevention outreach to other members of the same group.<sup>6</sup>

<sup>1</sup>WHO. 2012. Prevention and Treatment of HIV and Other Sexually Transmitted Infections for Sex Workers in Low and Middle-Income Countries: Recommendations for a Public Health Approach. Geneva: WHO. <https://www.who.int/publications/i/item/9789241504744>

<sup>2</sup>WHO. 2011. Global Health Sector Strategy on HIV/AIDS 2011–2015. Geneva: WHO. <https://www.paho.org/en/node/70076>

<sup>3</sup>National AIDS Control Programme. 2019. National Guidelines for the Management of HIV and AIDS. 7th Edition. Dar es Salaam: Ministry of Health, Community Development, Gender, Elderly, and Children. The United Republic of Tanzania.

<sup>4</sup>Bill & Melinda Gates Foundation. 2013. Micro-Planning in Peer-Led Outreach Programs—A Handbook. New Delhi: Bill & Melinda Gates Foundation.

<sup>5</sup>Bill & Melinda Gates Foundation. 2013. Micro-Planning in Peer-Led Outreach Programs—A Handbook. New Delhi: Bill & Melinda Gates Foundation.

<sup>6</sup>Bill & Melinda Gates Foundation. 2013. Micro-Planning in Peer-Led Outreach Programs—A Handbook. New Delhi: Bill & Melinda Gates Foundation.

**People who inject drugs** are people who inject psychotropic (or psychoactive) substances for non-medical purposes. These drugs include 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 in this definition. The definition also does not include individuals who self-inject non-psychotropic substances, such as steroids or other hormones, for body shaping or improving athletic performance. These guidelines primarily focus on people who inject drugs, as they are at higher risk of HIV acquisition due to sharing blood-contaminated injection equipment. However, much of this guidance is also relevant for people who inject other substances.

**Sexually transmitted infections** are a group of diseases mainly transmitted through unprotected sexual contact with an infected person.

**Standard operating procedures** are step-by-step instructions designed to assist workers in performing routine operations. They aim to achieve efficiency, quality output, and uniformity of performance while reducing miscommunication and noncompliance with established procedures.

**Vulnerable populations** are groups of people who are particularly vulnerable to HIV infection in certain situations or contexts. Such groups are adolescents (particularly girls in sub-Saharan Africa), orphans, street children, people with disabilities, and migrant and mobile workers.<sup>7</sup>

<sup>7</sup>National AIDS Control Programme. 2019. National Guidelines for the Management of HIV and AIDS. 7th Edition. Dar es Salaam: Ministry of Health, Community Development, Gender, Elderly, and Children. The United Republic of Tanzania.

# INTRODUCTION

## Context

Tanzania has a varied HIV prevalence, which reflects differences in transmission risks, including

### GENDER

5.6% among adult women versus 3% among adult men<sup>8</sup>



### GEOGRAPHY

7.5% in urban areas versus 4.5% in rural areas<sup>9</sup>



### AGE GROUPS

0.7% among 15–19-year-olds, increasing with age for both sexes<sup>10</sup>



The HIV epidemic is concentrated among key and vulnerable populations (KVP), including



female sex workers (FSWs)



men who have sex with men (MSM)



people who inject drugs (PWID)

The Tanzania mainland has an estimated

Consensus estimates from 2014 for mainland Tanzania put HIV prevalence



155,459 female sex workers

26% among female sex workers



49,000 men who have sex with men

25% men who have sex with men



30,000 people who inject drugs

36% people who inject drugs<sup>11</sup>

<sup>8</sup>Tanzania Commission for AIDS, the Zanzibar AIDS Commission, and the Ministries of Health of the United Republic of Tanzania and the Revolutionary Government of Zanzibar. 2023. Tanzania HIV Impact Survey 2022–2023 Summary Sheet. [https://phia.icap.columbia.edu/wp-content/uploads/2023/12/THIS-SS\\_5DEC2023.pdf](https://phia.icap.columbia.edu/wp-content/uploads/2023/12/THIS-SS_5DEC2023.pdf)

<sup>9</sup>Global AIDS monitoring - Country progress report - United Republic of Tanzania, 2020. [https://www.unaids.org/sites/default/files/country/documents/TZA\\_2020\\_countryreport.pdf](https://www.unaids.org/sites/default/files/country/documents/TZA_2020_countryreport.pdf)

<sup>9</sup>Global AIDS monitoring - Country progress report - United Republic of Tanzania, 2020. [https://www.unaids.org/sites/default/files/country/documents/TZA\\_2020\\_countryreport.pdf](https://www.unaids.org/sites/default/files/country/documents/TZA_2020_countryreport.pdf)

<sup>10</sup>Tanzania Commission for AIDS, Zanzibar AIDS Commission. 2018. Tanzania HIV Impact Survey (THIS) 2016–2017: Final Report. Dar es Salaam, Tanzania.

<sup>11</sup>National AIDS Control Programme, Ministry of Health, Community Development, Gender, Elderly, and Children. 2014. Consensus Estimates on Key Population Size and HIV Prevalence in Tanzania. [https://www.healthpolicyproject.com/pubs/391\\_FORMATTEDTanzaniaKPconsensusmtgreport.pdf](https://www.healthpolicyproject.com/pubs/391_FORMATTEDTanzaniaKPconsensusmtgreport.pdf)

Tanzania has, however, made great strides in HIV prevention among key and vulnerable populations, as evidenced by the increase in condom distribution, from 28,589,379 in 2018 to 29,037,100 in 2019, and the establishment of a Key and Vulnerable Population Forum to operate as a platform for exchange between the Government and development partners.

A review of the implementation of key and vulnerable populations guidelines and national HIV strategies in 2019 showed that facility-led community outreach sessions were the most preferred approach to receiving services among the key and vulnerable populations. However, stigma and discrimination remain major barriers for key and vulnerable populations to access services in facilities. Therefore, there is an urgent need to strengthen community outreach service delivery while addressing the bottlenecks and impediments to service uptake.

## Key and Vulnerable Populations Programme in Tanzania

The Key and Vulnerable Populations Programme is implemented by eight implementing partners, namely AMREF, THPS, ICAP, MDH, FHI-360, HJFMRI, EGPAF, and Afya Yangu Project (a consortium of three organisations), which are zoned into regions where they support HIV prevention services within their areas of coverage. The main funders are GFATM and PEPFAR through CDC, USAID, and DOD.

So far, the programme is scaled up in all 26 regions of mainland Tanzania, and more than 180 district councils. The programme uses both outreach-based and facility-based models with government and private facilities. The outreach model is implemented at the venues where key and vulnerable populations operate, creating an avenue for them to receive education and services. The outreaches are conducted by peer educators (PEs) who provide information and mobilise the key and vulnerable populations for services in the facilities. The peer educators are trained in peer education, and they develop monthly plans that guide the outreaches.

## Journey to the development of this SOP

Tanzania entered the South-to-South Learning Network under the Global HIV Prevention Coalition in 2020 and conducted a self-assessment of the female sex worker and men who have sex with men programmes in the country, using the Prevention Self-Assessment Tool. The self-assessment identified the need to strengthen outreach in the Key and Vulnerable Populations Programme.

This document was therefore developed as a reference guide to strengthen outreach in the Key and Vulnerable Populations Programme through a multi-sectoral collaborative process with the leadership of the Tanzanian Government, specifically the National AIDS Control Programme (NACP), donors, all Key and Vulnerable Populations Programme implementing partners, and, most importantly, the key and vulnerable populations community.

## Purpose of this SOP

This standard operating procedure (SOP) aims to harmonise outreach and microplanning strategies with female sex workers, men who have sex with men, and people who inject drugs—hereafter referred to as key and vulnerable populations—in Tanzania. The manual describes a step-by-step approach for adopting microplanning tools to make outreach effective.

This document defines microplanning and describes the process, including community engagement, implementation, monitoring, and documentation. Microplanning tools, namely Site Load Mapping, Site Analysis, the Contact / Peer Listing Form, the Peer Registration Form, the Peer Plan, the Peer Educator Outreach Calendar, the Violence Reporting Form, and Opportunity Gap Analysis, are presented and explained. Guides for filling the tools are provided in the annexures.

## Objectives of this SOP

The goal of the document is to standardise the procedures for implementing community-led outreach among key and vulnerable populations by introducing tools for systematically planning and monitoring their access to HIV services.

<sup>12</sup>Global AIDS monitoring - Country progress report - United Republic of Tanzania, 2020. [https://www.unaids.org/sites/default/files/country/documents/TZA\\_2020\\_countryreport.pdf](https://www.unaids.org/sites/default/files/country/documents/TZA_2020_countryreport.pdf)

<sup>13</sup>Global AIDS monitoring - Country progress report - United Republic of Tanzania, 2020. [https://www.unaids.org/sites/default/files/country/documents/TZA\\_2020\\_countryreport.pdf](https://www.unaids.org/sites/default/files/country/documents/TZA_2020_countryreport.pdf)



## Users of this SOP

This SOP will be used by service providers such as healthcare workers, peer educators, programme staff, programme managers, and policy makers.

## Peer-led outreach

Outreach is the process of taking services to key and vulnerable populations in locations where they typically spend time, rather than relying on them to visit the programme sites/clinics. Outreach extends HIV prevention information, commodities, and services, while simultaneously providing implementers and health teams with critical information for programme management.

The outreach team comprises peer educators and outreach workers who are themselves members of key and vulnerable populations. In this context, the team is made up of peer educators who are supervised by programme field officers.

## Considerations when planning outreach for specific key and vulnerable population typologies

### Outreach with female sex workers

- For venue-based hotspots, outreach with female sex workers should primarily happen in the hotspots, while peer educators must obtain female sex workers' consent for outreach outside the hotspots.
- Build rapport and trust with gatekeepers to ensure that female sex workers are accessible and, more importantly, are able to receive services directly within these venues.
- Outreach to home-based female sex workers should happen discreetly in a place approved by the female sex workers.
- Age should be considered, as younger female sex workers have different concerns and needs than older ones.
- Consider female sex worker routines when planning outreach to optimise contact.
- Consider the impact and influence that third parties such as family members, community leaders, pimps, and bar managers have on the lives of female sex workers.

### Outreach for men who have sex with men

When designing outreach for men who have sex with men, focus on their needs related to STI / HIV prevention and treatment services, and avoid asking private questions about sexual roles. Men who have sex with men consider their identity, health needs, and social concerns as distinct, and may take offense at poor referencing.

### Outreach to people who inject drugs

Needle and syringe programmes (NSPs) provided through outreach increase access to clean injecting equipment, condoms, and information about safer sexual and injecting practices for people who use drugs and their sexual partners. For effective outreach, involve people who inject drugs in the situation assessment, planning, implementation, and evaluation of the intervention. For example, recruit people who use drugs as peer educators.

The peer educator-to-peer ratio as guided by this SOP is



1:60–90 for  
FSWs



1:30–40 for  
MSM



1:30–40 for  
PWID

## Microplanning

Microplanning is a process that decentralises outreach management and planning by engaging peer educators and empowering them to systematically conduct outreach to key population members.<sup>14</sup> The approach employs a set of tools that allow the community outreach team to collect and use data in their work. This data/information is then updated regularly (on a monthly, quarterly, and annual basis, depending on the tool), thereby guiding the activities within the outreach programme.

## Benefits of microplanning

Microplanning can improve the coverage and effectiveness of peer-led outreach by empowering peer educators to analyse data from their sites and use such information to plan and perform outreach. By ensuring a data-driven approach to peer outreach, microplanning

- helps provide a clearly defined area of operation for each peer educator, thus enhancing accountability;
- improves data collection and reporting by tracking each individual at a site and providing dashboard metrics that empower peer educators to act upon the data;
- enables peer educators to know who is due for clinical services, such as testing for HIV, tuberculosis, or sexually transmitted infections;
- helps peer educators to identify gaps in their outreach;
- increases demand for services; and
- creates community ownership.<sup>15</sup>

## Microplanning processes

1. Fieldstaff / peer educator supervisors should train peer educators to develop, implement, and update microplans for their sites.
2. Develop the microplans.
  - Define the geographical area of operation for each peer educator. This should be a peer educator-led activity with support from their supervisor.
  - The supervisors should produce their own microplan at their level by aggregating the microplans of the peer educators under them.
  - The supervisor supports peer educators in making their specific area map, enrolling peers and tracking them individually by using a unique identification code (UIC).
3. Monitor and document the implementation of the microplan.
  - In daily activity sheets and weekly reports, peer educators should document their implementation of microplans.
  - Microplans should be updated every month.

<sup>14</sup>Bill & Melinda Gates Foundation, 2013. Micro-Planning in Peer-Led Outreach Programs—A Handbook. New Delhi: Bill & Melinda Gates Foundation.

<sup>15</sup>Bill & Melinda Gates Foundation. 2013. Micro-Planning in Peer-Led Outreach Programs—A Handbook. New Delhi: Bill & Melinda Gates Foundation.

# MICROPLANNING ACTIVITIES AND TOOLS

Microplanning includes five main activities:



## SITE LOAD MAPPING

Peer educators draw a map of their zone or cluster, indicating the type of each hotspot and the “load” (i.e., number) of key and vulnerable population members typically present in each hotspot on a daily, weekly, and monthly basis. Site load mapping systematically validates and defines hotspots and their logical geographical boundaries.



## SITE ANALYSIS

Peer educators analyse information about each hotspot to prepare a differentiated outreach plan, with a focus on improving outreach services for the key and vulnerable population members in each site.



## CONTACT / PEER LISTING

Peer educators list the key and vulnerable population members whom they know in each site. They then compare lists and decide which peer educator will take responsibility as a peer educator for each key and vulnerable population member.

## PEER PLAN

A hotspot-based peer educator plan helps the peer educators plan outreach at the appropriate time, day, and place.



## OPPORTUNITY GAP ANALYSIS

Peer educators compare each key and vulnerable population member’s actual service use against their expected use to identify barriers that obstruct their use of programme services. This exercise reveals issues that the programme must address to increase service delivery.



# TOOL 1

## SITE LOAD MAPPING

### Purpose

To create site load maps that display the number of key and vulnerable population members in each hotspot throughout the day, week, and month. This information can help prioritise outreach planning and target specific spots during outreach.

### Description

Site Load Mapping is a visual exercise that helps programmes understand the geographical distribution of hotspots in a specific area of coverage. Peer educators draw a map of their zone or cluster, clearly indicating hotspots where key and vulnerable population members meet clients / cruise, engage in sex work, or inject drugs. Peer educators then record the typology of the spot and the number of key and vulnerable population members in each hotspot throughout the day, week, and month. This information can be used to maximise contact by scheduling outreach to coincide with peak or busy days in each hotspot. Site Load Mapping also helps validate mapping and population size estimation exercises.

### Who fills it

Peer educators with support from peer educator supervisors

### Frequency

Every 6 months

### Target users

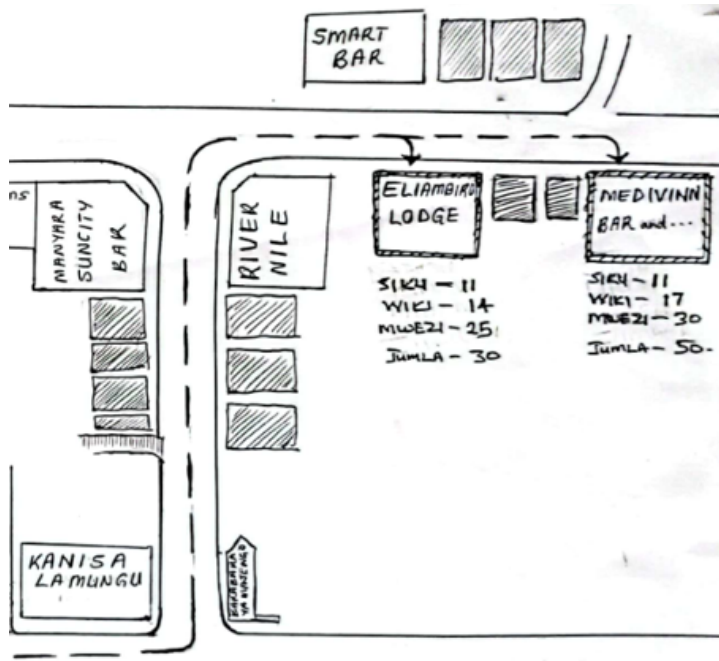
Peer educators, peer educator supervisors, programme and field officers, and service providers

### Procedure

1. Explain to peer educators that knowing the locations of hotspots is important to reach key and vulnerable populations.
2. Ask peer educators to draw a map of their zone or cluster, indicating hotspots and important landmarks and roads.
3. Record the typology of each hotspot, and the number of key and vulnerable population members in each hotspot throughout the day, week, and month.
4. Use the information gathered to prioritise outreach planning in areas with higher numbers of key and vulnerable population members and to emphasise outreach on peak or busy days in each hotspot.

Note: Different hotspots may have different characteristics. It is important to identify and understand these differences. Outreach should plan to cover all hotspots, with a special focus on areas with higher numbers of key and vulnerable population members. Additionally, outreach efforts should be intensified on peak or busy days in each hotspot. Service providers can also use this information to organise outreach clinics.

Figure 1: Sample Site Load Map



# 2

## TOOL 2 SITE ANALYSIS

### Purpose

To develop a differentiated outreach plan based on the characteristics of each hotspot.

### Description

Site Analysis enables programmes to compile and analyse the information gathered during the mapping and validation exercise in each hotspot to develop a more detailed profile of each hotspot and the key and vulnerable population members in each. This information is then used by the outreach team to develop a customised outreach plan that addresses the specific needs of each hotspot.

### Who fills it

Peer educators with support from their supervisors

### Frequency

Every 6 months

### Target users

Peer educators, peer educator supervisors, programme and field officers, and service providers

### Procedure

1. After completing the Site Load Mapping exercise, peer educators compile information about each site in consultation with key and vulnerable population members in the sites.
2. The information gathered includes
  - the typology of the site,
  - the number of key and vulnerable population members in the site,
  - the risk level of key and vulnerable population members in the site (including client volume),
  - the age of key and vulnerable population members in the site,
  - the time of day when key and vulnerable population members visit the site, and
  - the day(s) of the week when they are at the site.
3. The peer educators and outreach workers analyse this information to develop a differentiated outreach plan based on the needs and dynamics of each hotspot, with a focus on improving outreach services for key and vulnerable populations.

Note: Site Analysis should be done every six months, as changes in hotspot characteristics or programme priorities may require updates to the outreach plan. Additionally, outreach efforts should prioritise areas with higher numbers of key and vulnerable population members, members with high client volume, and younger members (i.e., below 24 years old), and should focus on times and days when they are most likely to be present. The selection of peer educators in the sites should be based on the profile of the site. Service providers can also use this information to provide outreach health services based on the characteristics of the site.

**Figure 2: Site Analysis Form**

1. Name of peer educator:		2. Name of location/ward:					
3. Name of hotspot:			4. Date of validation / analysis:				
5. Estimated number of KVP in the hotspot: High ( $\geq 50$ KVP) Average (30–50 KVP) Low ( $\leq 30$ KVP)							
6. Client / injecting volume	High > 50 clients per week		Average 30–50 clients per week		Low < 30 clients per week		
7. Number of KVP by age	18 to 19 years		20 to 24 years		25 to 35 years		Above 35 years
8. Peak day and operating times	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning (6 am–12 pm)							
Afternoon (12 pm–6 pm)							
Evening (6 pm–12 am)							
Night (12 am–6 am)							
Unknown / Irregular timing							
9. Notes and remarks							
10. Are condoms/needles easily accessible in the site?		Yes/No		11. Point of collection in the hotspot			
12. Name of the nearest health facility?					13. Is it a KVP-friendly facility?		Yes/No
14. Are there security issues in the hotspot?		Yes/No		15. Are the KVP stigmatised in the hotspot?			Yes/No

# 3 TOOL 3

## CONTACT / PEER LISTING

### Purpose

To validate the estimated key and vulnerable populations in the hotspots and assign peer educators based on their contacts.

### Description

Contact / Peer Listing is a critical process in validating the estimated key and vulnerable populations in the hotspots and assigning a peer educator to each hotspot based on their unique contacts (i.e., contacts known only to that peer educator). This is a rigorous exercise where peer educators list the names of all the key and vulnerable population members known to them in the selected hotspot.

### Who fills it

Peer educators with support from their supervisors

### Frequency

Every 6 months

### Target users

Peer educators, peer educator supervisors, programme and field officers, and service providers

### Procedure

1. Get the peer educators under each peer educator supervisor together and ask the peer educators to list the names of all the key and vulnerable population members known to them in the hotspots that they normally visit to cruise/ meet clients / inject drugs.
2. For each hotspot, count each peer educator's unique contacts.
3. Check all the peer educator lists to identify the peer educators who know the greatest number of key and vulnerable population members in a particular hotspot.
4. If there are hotspots where two or more peer educators have contacts, bring those peer educators together to see if their contacts are known to other peer educators.
5. Based on the contacts and discussion with peer educators, assign each hotspot to the peer educator with the highest number of contacts.
6. Repeat the exercise for all hotspots in which two or more peer educators have contacts.

**Figure 3:** Contact / Peer Listing Form

1. Name of hotspot: _____	
2. Name of peer educator: _____	
3. Date of contact listing: ___/___/____ (dd/mm/yyyy)	
4. S. no.	5. Names of contacts
1.	
2.	
3.	

Note: Ensure that each hotspot has a designated peer educator based on their contacts.



# TOOL 4

## PEER REGISTRATION FORM

### Purpose

To enable programme staff to identify new key and vulnerable population members and enrol them in the programme. During registration, information is collected to develop a profile of the member, based on which need-based services are provided.

### Description

Peer registration serves as the entry point to the programme from the community or facility level. It captures information about each key and vulnerable population member on their first entry to the programme and is completed only once. The Peer Registration Form (Figure 4) can be completed either in the field or at the facility level by a peer educator, clinician, or HTS provider.

### Who fills it

Peer educator, clinician, or HTS provider

### Frequency

Once, at first contact

### Target users

Peer educators, peer educator supervisors, programme and field officers, and service providers

### Procedure

1. This tool comes as a pre-printed form to collect each key and vulnerable population member's information after they consent to be enrolled in the programme.
2. The following information is captured on the form: • Location of hotspot • Hotspot name • Typology of key and vulnerable population member • Name of the key and vulnerable population member • Sex • Date of birth or age • Contact details • Site where the key and vulnerable population member mostly meets clients/cruises or injects • Contact with the programme • Number of sexual clients / partners / injecting episodes • Condom requirements • Experience of violence in the last 6 months • Use of alcohol or drugs in the last 6 months.
3. Once completed, the peer educator submits the form to the supervisor who reviews it with the peer educator to confirm the data.
4. The peer educator supervisor then submits it to the data office, where a unique identifier is assigned to the key and vulnerable population member for the programme. This identifier is shared with the key and vulnerable population member through the peer educator.
5. The peer educator then includes the key and vulnerable population member in their cohort, develops a Peer Plan (Tool 5), and tracks the services provided through the Peer Educator Outreach Calendar (Tool 6).

Note: Each programme must decide which data is most important and adapt the Peer Registration Form accordingly. The unique identifier generated by the data office is used by the peer educator and facility team to track services provided to the key and vulnerable population member. The peer educator must ensure the security of the forms if they are filled in the community. Otherwise, the peer educator can collect information on each new contact in a notebook and fill the form at the facility.

**Figure 4: Peer Registration Form**

1. Name of ward: _____		3. Name of hotspot: _____	
2. Village/street: _____		4. Name of peer educator: _____	
5. Date of first contact: ___/___/_____			
6. What is your name? (All three names. Add nickname)			
7. Sex:		1. Male	2. Female
8. Date of birth (dd/mm/yyyy):			
9. Age:			
10. UIC:			
11. Contact phone number:			
12. Alternative contact person and phone number:			
13. a) Have you been contacted by a PE?		1. Yes	2. No
b) If yes, which services do/have you received from the PE?			
14. a. Where do you MOSTLY operate/hangout/conduct sex work/Inject/meet your clients or partners? (Write down the name and physical address of the Hotspot MOSTLY frequented)			
b. Type of spot MOSTLY frequented			
1= Street, 2= Injecting den, 3= Uninhabitable building, 4= Parks, 5= Homes, 6= Beach, 7= Casino, 8= Bar with lodging, 9= Bar without lodging, 10= Sex den, 11= Strip club, 12= Highways, 13= Brothel, 14= Guest house/Hotels/ Lodgings, 15= Massage parlour, 16= Local brew den, 17= Barbershop/Salon, 18= Virtual space, 19= Other (specify)			
15. a. On average, how many clients do you see PER WEEK?			
b. On average, how many condoms do you need PER DAY?			
c. On average, how many times do you inject PER DAY (for PWID)			
16. Did you experience violence in the last 6 months?		1. Yes	2. No
17. a. Did you drink alcohol in the last 6 months?		1. Yes	2. No
b. If yes, how often did you drink it? (1) Every day (2) More than 3 times a week (3) Less than 3 times a week			
c. Did you use drugs in the last 6 months?		1. Yes	2. No
d. If yes, how often did you use drugs? (1) Every day (2) More than 3 times a week (3) Less than 3 times a week			

# 5

## TOOL 5 PEER PLAN

### Purpose

To plan outreach services for individual key and vulnerable population members based on their needs and characteristics.

### Description

A Peer Plan (Figure 5) is developed by peer educators to individualise outreach services based on the needs of each key and vulnerable population member in their cohort. It contains each key and vulnerable population member's unique identifier, their age, risk and vulnerability profile, and commodity needs, such as condoms, needles, and syringes. Based on this information, the intensity of outreach interventions is planned by the peer educator.

### Who fills it

Peer educators

### Frequency

Every quarter

### Target users

Peer educators, peer educator supervisors, programme and field officers, and service providers

### Procedure

1. The peer educator writes the name of the hotspot identified in the site / spot analysis exercise for which the peer educator is responsible.
2. Then they list all the key and vulnerable population members who have been registered in the programme from that hotspot.
3. For each key or vulnerable population member, using the peer registration form, the peer educator records the member's UIC; age; duration in sex work / male-with-male sex / injecting drugs; number of injecting episodes per day (for people who inject drugs); condom, needle, and syringe requirements per month; if the member experienced violence in the last 6 months; and if the key and vulnerable population member used alcohol or drugs daily in the last 6 months. This helps in developing a risk and vulnerability profile of each key and vulnerable population member.
4. Each peer educator has to develop a plan based on the risk and vulnerability profile of each key and vulnerable population member. For example, if a female sex worker or man who has sex with men or person who injects drugs in the Peer Plan is young (i.e., below 24 years old), has many clients (i.e., more than 20 clients a week), injects often, or experiences violence frequently, the peer educator needs to plan to meet the key and vulnerable population member through outreach every week and provide information and condoms. The peer educator should also ensure that the member comes to the clinic quarterly to access services and counselling. The peer educator should also focus on the member to ensure that they are aware of the violence support that the programme offers. The peer educator also links the member with other reproductive and sexual health services, as per their needs. The key and vulnerable population member's profile helps the peer educator calculate the number of condoms or needles and syringes that the member requires each month, and the plan ensures that those condoms, needles, and syringes are provided to the member.
5. If a peer educator has multiple hotspots, then the peer educator should repeat the exercise for all hotspots and all key and vulnerable population members in the peer educator's cohort.

Note: The information generated from a Peer Plan is sensitive and should be used for outreach delivery purposes only and kept secure. A site-based Peer Plan is a visual exercise done by peer educators and volunteers and facilitated by the outreach team. This tool works best when each peer educator is allocated to a hotspot(s) and each peer educator has a cohort of key and vulnerable population members who solicit/cruise/inject in the hotspot that the peer educator is accountable for.

**Figure 5: Peer Plan**

1. Ward: _____					4. Peak (high volume) day (s): _____							
2. Village/street: _____					5. Peak (high volume) time: _____							
3. Name of the hotspot (s): _____					6. Peer educator/volunteer: _____							
7. Date: ____/____/____												
8. S. no.	9. UIC	10. Age	11. New in sex work/ male to male sex / injecting drug use (Yes/ No)	12. Number of injecting episodes per day	13. NSP requirement per month	14. Number of sexual partners per week	15. Male condom requirement per month	16. Female condom requirement per month	17. Experience of violence in the last 6 months (Yes/ No)	18. Used alcohol every day in the last 6 months (Yes/ No)	19. Used drugs every day in the last 6 months (Yes/ No)	20. Remarks
1.												
2.												
3.												
4.												
5.												
6.												



# TOOL 6

## PEER EDUCATOR OUTREACH CALENDAR

### Purpose

To plan and track services provided by peer educators to key and vulnerable population members on a day-to-day basis.

### Description

The Peer Educator Outreach Calendar (Figure 6) captures all peer education and outreach services provided to each key and vulnerable population member. The peer educator fills it for all the key and vulnerable population members in the peer educator's cohort to track the services provided. The Peer Educator Outreach Calendar can be either written or pictorial.

### Who fills it

Peer educators

### Frequency

Every week

### Target users

Peer educators, peer educator supervisors, programme and field officers and service providers

### Procedure

1. This pre-printed tool is provided to the peer educators.
2. Each sheet contains space for the UIC for each key and vulnerable population member. The peer educator writes the UIC of each key and vulnerable population member in their cohort. The first part of the calendar has the same information that a Peer Plan has. The second part is extended by adding columns where the peer educator documents the services that they provide to the key and vulnerable population members on the list.
3. On a weekly or monthly basis, the peer educator meets with the peer educator supervisor. In this meeting, they use the outreach calendar to review the services and supplies that the peer educator has provided to each key and vulnerable population member, and to prepare an outreach plan for the following week / month that prioritises key and vulnerable population members who have higher risk and vulnerability.

**Figure 6: Peer Educator Outreach Calendar**

1. Name of ward						4. Name of village/street					
2. Name of hotspot						5. Name of PE					
3. Month/Year											
6. S.no.	7. UIC	8. Age (In completed years)	9. Condom requirements for the KVP per month	10. Needle requirements for the KVP per month	11. Contacted (Yes/No)	12. Behaviour change information provided (Yes /No)	13. Monthly service uptake	14. SBCC topics discussed (Refer to Key 1)	15. Number of male condoms issued	16. Number of female condoms issued	17. Number of NSP kits issued
1.							Wk1				
							Wk2				
							Wk3				
							Wk4				
2.							Wk1				
							Wk2				
							Wk3				
							Wk4				



# TOOL 7

## VIOLENCE REPORTING FORM

### Purpose

To record incidents of violence against key and vulnerable population members and the relevant actions taken by the programme in response to the violence.

### Description

The Violence Reporting Form (Figure 7) is filled whenever a violent incident is reported by a key and vulnerable population member to the peer educator at outreach.

### Who fills it

Peer educator supervisors or paralegal officers

### Frequency

Every time an incident of violence happens

### Target users

Peer educators, outreach workers, programme and field officers, and service providers

### Procedure

1. This is a pre-printed form that should be filled after an incident of violence happens.
2. This tool is filled by the peer educator supervisor to document the incident of violence by collecting information on the type of violence, perpetrators of the violence, date and time of the violence, and the action taken by the peer educator / peer educator supervisor / paralegals.

Note: If the incident occurs in a community where the peer educator / peer educator supervisor / paralegal officer doesn't have the form, they record the details in a notebook and later transfer the information to the pre-printed Violence Reporting Form. The peer educator supervisors collect copies of these forms and validate that the data is captured in the peer educator outreach calendar.





Non-sexual violence		
a) Treatment and care services		
b) Psychosocial / trauma counselling		
c) Complaint registration at police station (provide OB number)		
d) Legal support		
19. Follow-up action plan: Is the survivor linked to service? (Yes/No)		
Date: ___/___/___      Service:		
Date: ___/___/___      Service:		
20. Date issue was completely addressed: (dd/mm/yyyy) ___ / ___ / _____		

Programme officer (Enter name): \_\_\_\_\_



# TOOL 8

## OPPORTUNITY GAP ANALYSIS

### Purpose

To identify areas where the peer educator is performing well, as well as areas where there are gaps or opportunities for improvement.

### Description

Opportunity Gap Analysis is typically conducted on a weekly or monthly basis, and the results can be used to inform programme planning and decision-making. The analysis is usually conducted by peer educators and peer educator supervisors at the cohort level, but the results are relevant to programme managers, officers, and service providers as well.

### Who fills it

Peer educators and outreach workers

### Frequency

Every month

### Target users

Peer educators, peer educator supervisors, programme and field officers, and service providers

### Procedure

1. Define a set of indicators of programme performance, such as the number of key and vulnerable population members contacted, the number of condoms and needles and syringes distributed, or the number of referrals to healthcare services.
2. Set expected performance targets for each indicator based on baseline data and programme goals. This involves setting specific numerical targets, such as contacting a certain number of key and vulnerable population members each month,
3. Sitting with the peer educators, the community outreach workers compare the actual performance against the expected performance for each indicator. This involves using data from the peer educator outreach calendars to enter the actual data on the monthly performance.
4. The outreach worker should speak with the peer educator or the team of peer educators reporting to the outreach worker to identify areas where the peer educators are performing well, as well as areas where there are gaps or opportunities for improvement. Reasons for gaps are discussed and solutions are developed to address the gaps.

Note: If the incident occurs in a community where the peer educator / peer educator supervisor / paralegal officer doesn't have the form, they record the details in a notebook and later transfer the information to the pre-printed Violence Reporting Form. The peer educator supervisors collect copies of these forms and validate that the data is captured in the peer educator outreach calendar.

**Figure 8: Opportunity Gap Analysis Form**

1. Name of hotspot: _____					
2. Name of peer educator: _____					
3. Name of peer educator/volunteer supervisor: _____					
4. Date: (dd/mm/yyyy) ____/____/____					
5. Indicator	6. Number	7. Gap (#)	8. Gap (%)	9. Reasons for gap	10. Opportunities to address gaps
Estimated KVP		x	x	x	x
KVP enrolled in the programme					
KVP contacted					
Male condoms required by KVP in the month		x	x	x	x
Female condoms required by KVP in the month		x	x	x	x
Male condoms distributed in the month					
Female condoms distributed in the month					
NSP kits required by KVP in the month		x	x	x	x
NSP kits distributed in the month					
KVP referred for clinical services in the month		x	x	x	x
Referrals completed in the month					

# DOCUMENTATION AND REPORTING

## The process

1. At the end of each month, the peer educator supervisor will use the Key and Vulnerable Populations Monthly Outreach Indicator Reporting Form (Figure 9) to summarise the services provided by the peer educators.
2. The populated data will be used to review programme performance during site-level meetings, including peer educator meetings while conducting opportunity gap analysis.

**Figure 9: Key and Vulnerable Populations Monthly Outreach Indicator Reporting Form**

	Implementing partner name		Region				
	Council		Ward				
	Reporting month/year						
S. no.	Output	Indicator Detail	Data Source	FSW	MSM	PWUD	
						PWID	Non injecting
<b>1.</b>	<b>Programme Coverage</b>						
1.1	Number of physical sites/ spots through which KVP operate in the intervention geographical area	Total estimated number of physical sites/ spots through which KVP operate. This figure could be derived from the project's own mapping and microplanning process using site load mapping.	Hotspot list				
1.2	Estimated KVP in area of work	Total estimate of KVP in the specific geographical area that the IP is responsible for. This number can be derived from mapping or size estimation studies or microplanning exercise using site load mapping. The figure serves as the denominator.	PE Outreach Calendar				
<b>2</b>	<b>Outreach</b>						
2.1	Number of KVP registered in the programme up to the reporting period	This is a cumulative number of KVP who have been registered by the programme up to the reporting period. This is through contact registration using contact form.	Peer Registration Form				
2.2	Number of individual KVP contacted at least once in the reporting month	Total number of individual KVP met by the project team at least once through field outreach or project services in the reporting month. The contacts can be 1-to-1 contact or group contact.	PE Outreach Calendar				
2.3	Number of KVP who received peer education during the reporting month	Record the total number of individuals/ peers who received peer education services as provided by the peer educator and documented in the peer calendar.	PE Outreach Calendar				
<b>3</b>	<b>Commodities</b>						
3.1	Number of male condoms distributed by the peer educators during the reporting month (directly)	Total number of male condoms distributed by the peer educators directly to the KVP during the reporting month	PE Outreach Calendar				

3.2	Number of female condoms distributed by the peer educators during the reporting month (directly)	Total number of female condoms distributed by the peer educators directly to the KVP during the reporting month	PE Outreach Calendar				
3.3	Number of KVP who received male or female condoms directly from peer educators	Total number of KVP who received male or female condoms	PE Outreach Calendar				
3.4	Number of needles and syringes distributed to PWID during the reporting month (directly by peer educators)	Total number of needles and syringes distributed directly to the PWID by the peer educators during the reporting month (Assumption: needles:syringes is 1:1)	PE Outreach Calendar				
3.5	Number of KVP who received NS directly from peer educators	Total number of KVP who received NS	PE Outreach Calendar				
3.6	Number of HIV self-testing kits distributed during the reporting month	Total number of HIV self-testing kits distributed by the peer educators during the reporting month	PE Outreach Calendar				
3.7	Number of individual KVP who received HIV self-testing kits during the reporting month	Total number of individual KVP who received an HIV self-testing kit from a peer educator during the reporting month	PE Outreach Calendar				
<b>4</b>	<b>Clinic visit</b>						
4.1	Number of individual KVP referred for clinical services during the month	Total number of individual KVP referred to the clinic by the peer educator	PE Outreach Calendar				
4.2	Number of individual KVP who visited the clinic during the month	Total number of individual KVP who visited the clinic	PE Outreach Calendar				
<b>5</b>	<b>Structural interventions/ Enabling environment</b>						
5.1	Number of incidents of violence reported against the KVP during the month	Report all cases for the reporting month. This will include violence as reported by peer educators from all perpetrators where a violence form has been filled. Violence includes any incident experienced by the KVP, like extortion, abuse, physical assault, and rape.	Violence Reporting Form				
5.2	Number of incidents of violence addressed during the month	Addressing cases means that peers and/or project staff meet with affected community members within 24 hours to register a complaint with the police or other legal / mutually agreeable channels against perpetrators of violence and arrange for appropriate help. The case does not have to be resolved to be counted in this indicator, as resolution may take time.	Violence Reporting Form				
<b>6</b>	<b>Infrastructure and human resources</b>						
6.1	Number of peer educator supervisors	Total number of peer educator supervisors hired and engaged by the project to provide oversight and support to peer educators and conduct outreaches for KVP in a designated project area during the reporting period	Project documents				
6.2	Number of active peer educators	Individuals from the KVP community who are hired to provide outreach services in the reporting period. These individuals work with the project and collect data related to their activities, and may be paid an honorarium.	PE Outreach Calendar				

# ANNEXURE 1

## OVERVIEW OF THE SOP

Description of Microplanning Tools				
Microplanning tool	Who updates and uses it	Frequency	Description	Purpose
Site Load Mapping	Peer educators with Outreach workers	Every 6 months	A simple pictorial representation of locations where key populations solicit, cruise, or inject drugs. It includes streets; bars, old buildings, lodges, brothels, homes, clubs, parks etc. The map also indicates the number of KVP in the location on a normal and peak day.	Helps in planning the number of PEs needed for the site and prioritising outreach based on the population load in the site.
Site Analysis	Peer educators with Outreach workers	Every 6 months	A simple numerical profiling of locations identified under site load mapping to understand the number of KVP with high, medium or low client volume/ partner volume/ injecting episodes, age, frequency of visit and time of the visit.	Helps in understanding the type of PE to select for the time and plan for the day and time of outreach at the site.
Contact / Peer Listing	Peer educators	Every 6 months	A visual representation of the connections between PEs and other KVP within a location that lists the names of their friends and acquaintances among KVP.	Helps understand the social network of the PE at the site to confirm if this is the ideal site allocated to the PE. Also helps in selecting a PE if this is a new site.
Peer Registration Form	Peer educator	Every time a new KVP is met	A tool to document the profile of the new KVP and register them into the programme.	Helps understand the risk and vulnerability of each KVP and define an individualised plan. It also helps to develop the Peer Plan.
Peer Plan	Peer educator	Every quarter	A tool that uses standardised criteria to categorise each KVP's level of vulnerability and risk of acquiring HIV or other STIs.	Helps a PE plan outreach activities for the upcoming month based on the individual needs of the KVP. Helps prioritise KVP in the cohort who need more attention and support.
Peer Educator Outreach Calendar	Peer educator	Weekly	A complete record of all outreach activities that the PE conducted with each KVP during the week.	Helps in tracking all KVP in the cohort of each PE.
Violence Reporting Form	Peer educator supervisor	At each incidence of violence	A tool to document details of incidents of violence and the response.	Helps document incidents of violence and provide support where needed. Also helps in conducting evidence-based advocacy against the use of violence.
Opportunity Gap Analysis	Peer educator with peer educator supervisor	Monthly	A tool used to identify gaps between performance needs and actual performance.	Helps understand the reasons behind the gaps and plan to address the gaps and leverage opportunities that exist to improve the programme.

# ANNEXURE 2

## SITE LOAD MAPPING GUIDE

	Variables	Instructions
1.	Name of the implementing partner	Record the name of the organisation under which the peer educator is providing HIV services to KVP at the specific hotspot.
2.	Name of the region	Record the name of the region where the hotspot is located.
3.	Name of the council	Record the name of the council where the hotspot is located.
4.	Name of ward	Record the name of the ward where the hotspot is located.
5.	Name of the village/street	Record the name of the village/street where the hotspot is located.
6.	Date	Indicate the date in dd/mm/yyyy format.
7.	Daily	Indicate the estimated number of KVP visiting the hotspot daily.
8.	Weekly	Indicate the estimated number of KVP visiting the hotspot once every week.
9.	Monthly	Indicate the estimated number of KVP visiting the hotspot at least once a month.
10.	Total	Sum the estimated numbers of KVP who visit the hotspot daily, weekly, and monthly.



# ANNEXURE 3

## SITE ANALYSIS FORM FILLING GUIDE

Site analysis		
	Variables	Instructions
1.	Name of peer educator/volunteer	Write the full name of the PE/volunteer (first, middle, and surname).
2.	Name of the location	Record the name of the ward where the hotspot is located.
3.	Name of the hotspot	Record the name of the hotspot.
4.	Date of validation/analysis	Indicate the date hotspot analysis was conducted in dd/mm/yyyy format.
5.	Number of KVP in the hotspot	Indicate whether the hotspot is high volume ( $\geq 50$ KVP), medium volume (31–49 KVP), or low volume ( $\leq 30$ KVP). Mark against the correct estimate.
6.	Client volume / Injecting volume	Indicate the estimated number of KVP with high client volume ( $\geq 35$ clients per week), medium volume (20–34 clients per week), or low volume ( $\leq 19$ clients per week). Write numbers/ estimates against the correct section.
7.	Number of KVP by age	Indicate the estimated number of KVP in each of the age categories (18–19, 20–24, 25–35 and $>35$ ).
8.	Peak day and operating times	Indicate the estimated number of KVP at the hotspot between the listed times on each of the days of the week. This helps identify the most appropriate time to plan an outreach activity.
9.	Notes and remarks	Indicate any outstanding comments about the site.
10.	Are condoms/ NSP easily accessible to KVP in the site?	Indicate Yes or No.
11.	Point of collection in the hotspot	If Yes to number 10, indicate where the condoms/NSP are accessed at the hotspot, for example at the reception, dispenser, direct from peer educator, etc.
12.	Name of the nearest health facility?	Record the name of the nearest health facility.
13.	Is it a KVP-friendly facility?	Indicate Yes or No.
14.	Are there security issues in the hotspot?	Indicate Yes or No.
15.	Are the KVP stigmatised in the hotspot?	Indicate Yes or No.

# ANNEXURE 4

## CONTACT / PEER LISTING FORM FILLING GUIDE

	<b>Variables</b>	<b>Instructions</b>
1.	Name of the hotspot	Record the name of the hotspot.
2.	Name of peer educator/volunteer	Write the full name of the PE/volunteer (first, middle, and surname).
3.	Date of contact listing	Indicate the date contact listing was conducted in dd/mm/yyyy format.
4.	Serial no.	To be filled by the peer educator or volunteer.
5.	Names of contacts	List names of peers known to the peer educator.

# ANNEXURE 5

## PEER REGISTRATION FORM FILLING GUIDE

	Variables	Instructions
1.	Name of the ward	Record the name of the ward where the hotspot is located.
2.	Name of the village/street	Record the name of the village/street where the hotspot is located.
3.	Name of the hotspot	Record the name of the hotspot where this registration is taking place.
4.	Name of the peer educator	Record the name of the peer educator filling the form.
5.	Date of first contact	Record the day, month, and year when the KVP was first contacted by the programme. Use dd/mm/yyyy format.
6.	What is your name?	Record the three full names (first, middle, and surname) of the KVP. Also include the nickname of the individual.
7.	Sex	Record the sex as reported by the peer. Please circle Male or Female.
8.	Date of birth	Record date of birth as reported by the KVP. Use dd/mm/yyyy format.
9.	Age	Record age as calculated from the provided date of birth.
10.	Unique identifier code (UIC)	The programme provides this number following the standard <i>National Key &amp; Vulnerable Populations UIC Guide</i> . Once the data office has generated the KVP's UIC, write it here.
11.	Contact phone number	Record the telephone number of the KVP. NOTE: While phone numbers are not expected to change, any change in contact should be updated in the calendar.
12.	Alternative contact person and phone number	Record three names (first, middle, and surname) and telephone numbers of the alternative contact person, as provided by the KVP.
13.	Have you been contacted by a peer educator?	Record if the KVP has ever been contacted by a peer educator of the programme in the current place. Tick Yes or No.
	If yes, which services have you been receiving from the peer educator?	List all services provided by the peer educator.
14.	Where do you MOSTLY operate/ hang out / conduct sex work / meet your clients or partners?	Record the name of the hotspot and its physical location.
	Hotspot typology	Record the type of hotspot (e.g., bar, strip club, brothel, etc.) Circle all that apply. 1= Street, 2= Injecting den, 3= Uninhabitable building, 4= Parks, 5= Homes, 6= Beach, 7= Casino, 8= Bar with lodging, 9= Bar without lodging, 10= Sex den, 11= Strip club, 12= Highways, 13= Brothel, 14= Guest house/Hotels/ Lodgings, 15= Massage parlour, 16= Local brew den, 17= Barbershop/Salon, 18= Virtual Space, 19= Other (specify)
15.	a) On average, how many clients do you have PER WEEK?	Indicate the number of sexual partners per week.
	b) On average how many condoms do you require PER DAY?	Record the number of condoms required per day.
	c) On average, how many injecting episodes do you have PER DAY?	Indicate the number of injecting episodes per day.
16.	Did you experience violence in the last 6 months?	Indicate Yes or No.
17.	a) Did you use alcohol in the last 6 months?	Indicate Yes or No.
	b) If YES, how often did you drink alcohol?	Indicate from the options: 1) Every day 2) More than 3 times a week 3) less than 3 times a week
	c) Did you use drugs in the last 6 months?	Indicate Yes or No.
	d) If YES, how often did you use drugs?	Indicate from the options: 1) Every day 2) More than 3 times a week 3) less than 3 times a week

# ANNEXURE 6

## PEER PLAN FILLING GUIDE

	Variables	Instructions
1.	Name of ward	Record the name of the ward where the hotspot is located.
2.	Name of the village/street	Record the name of the village/street where the hotspot is located.
3.	Name of hotspot	Indicate the name of the hotspot.
4.	High volume day(s)	Record the day(s) of the week when the highest number of KVPs visit the hotspot.
5.	High volume time	Record the time of the high volume day(s) of the week when the highest number of KVPs visit the hotspot.
6.	Name of PE	Indicate the name of the peer educator.
7.	Date	Indicate the date the plan was developed in dd/mm/yyyy format.
8.	Serial no.	To be filled by the peer educator or volunteer.
9.	UIC	Record the UIC number.
10.	Age	Indicate age in completed years.
11.	New in sex work / male-with-male sex / drug injection	Yes = New in sex work / male-to-male sex / drug injection No = Not new in sex work / male-to-male sex / drug injection
12.	Number of injecting episodes per day	Record the number of injecting episodes per day.
13.	Needle and syringe kits requirement per month	Record the number of needle and syringe kits required per month.
14.	Number of sexual partners per week	Record the number of sexual partners per week
15.	Male condom requirement per month	Record the number of male condoms required per month.
16.	Female condom requirement per month	Record the number of female condoms required per month.
17.	Experience of violence in the last 6 months	Yes = Experienced violence in the last 6 months No = Did not experience violence in the last 6 months
18.	Used alcohol every day in the last 6 months (Yes/ No)	Yes = Used alcohol every day in the last 6 months No = Did not use alcohol every day in the last 6 months
19.	Used drugs every day in the last 6 months (Yes/ No)	Yes = Used drugs every day in the last 6 months No = Did not use drugs every day in the last 6 months
20.	Remarks	Comment on your plan for the peer.

# ANNEXURE 7

## PEER EDUCATOR OUTREACH CALENDAR FILLING GUIDE

	Variables	Instructions
1.	Name of the ward	Record the name of the ward where the hotspot is located.
2.	Name of the hotspot	Record the name of the hotspot where the PE is providing HIV services to key and vulnerable populations.
3.	Month/year	Write the month and year when the peer educator outreach calendar is being completed in the mm/yyyy format.
4.	Name of the village/street	Record the name of the village/street where the hotspot is located.
5.	Name of the peer educator	Write the name of the PE who is completing the peer educator outreach calendar.
6.	Serial no.	To be filled by the peer educator or volunteer.
7.	UIC	Record the KVP's UIC issued by the programme. The UIC should be obtained from the Peer Registration Form.
8.	Age (in completed years)	Record the current age of the client.
9.	Condom requirements for the KVP per month	Number of condoms required per day as per the Peer Registration Form multiplied by the number of days in the month.
10.	Needle and syringe requirements per month	Number of injecting episodes per week multiplied by 4 weeks
11.	Contacted	Indicate Yes or No.
12.	Behaviour change information provided	Indicate Yes or No.
13.	Monthly service uptake	Indicate the number of services used by the KVP member in week 1, week 2, week 3, and week 4.
14.	SBCC topics discussed	Indicate topics discussed with the peer (refer to the key provided).
15.	Number of male condoms issued	Indicate the number issued.
16.	Number of female condoms issued	Indicate the number issued.
17.	Number of NSP kits issued	Indicate the number issued.
18.	Number of HIVST kits issued	Indicate the number issued.
19.	Number of IEC/SBCC materials issued	Indicate the number issued.
20.	Clinical referrals made	Indicate referral site (refer to the key provided).
21.	Name of the place referred to	Indicate the place of referral as per the code in the key.
22.	Referral completed	Indicate Yes or No.
23.	Referral not completed	Indicate reasons for non-completion (refer to the key provided).
24.	Experienced violence during the month the month	Indicate Yes or No.
25.	Received violence support	Indicate Yes or No.
26.	Did not receive violence support	Indicate reason.
27.	Referred for structural support/community services	Record the type of service (refer to the key provided). Indicate service number.
28.	Name of the place referred to	Indicate the name of the place referred to.
29.	Referral completed	Indicate Yes or No.
30.	Remarks or comments	Record comments.

# ANNEXURE 8

## VIOLENCE REPORTING FORM FILLING GUIDE

	Variables	Instructions
1.	Name of the council	Record the name of the district where the violence was reported.
2.	Name of the ward	Record the name of the ward where the violence was reported.
3.	Name of the village/street	Record the name of the village/street where the violence was reported.
4.	Name of the hotspot	Record the name of the hotspot where the violence was reported.
5.	Name of PE supervisor	Record the name of the person the peer educators report to.
6.	Date	Write the date when the form was filled. Use the dd/mm/yyyy format.
7.	KVP UIC	Enter the UIC of the KVP member who experienced violence. The UIC should be as recorded in the peer registration form, peer educator outreach calendar, or any other records of the peer.
8.	KVP typology	Tick FSW/MSM/PWID.
9.	Sex	Enter 1 if the individual is Male or 2 if Female.
10.	Age	Indicate the individual's age in completed years at the time of the incident.
11.	Place of incident	Enter the name/address of the location where the violence happened.
12.	Date of incident	Enter the date when the violence occurred. Do not indicate the date the incident was reported unless it happens to be the same day. Use the dd/mm/yyyy format.
13.	Time of incident	Tick the boxes to indicate whether the violence occurred in the morning/afternoon/evening or at night.
14.	Abuse against an individual or group.	Tick whether the violence occurred against an individual KVP or a group.
15.	The form of incident	Tick the form of incident/violence from the provided list.
16.	Perpetrators	Tick from the choices provided in the list. If the perpetrator is another KVP, please specify.
17.	Date and time the crisis response team first attempted to address the incident	Record the date (dd/mm/yyyy) and time the programme staff first responded to the violent incident. Tick to indicate whether the response occurred in the morning/afternoon/evening or at night.
18.	Type of post-violence support provided	For the services listed, enter the duration of the post-violence support services provided, and tick the box to indicate if the service happened within five days of the incident. If another service was provided, please specify.
19.	Follow-up action plan	Indicate whether the survivor has been linked for post-violence support and note the date of follow-up.
20.	Date issue was completely addressed	Indicate the date (dd/mm/yyyy) the issue was completed or closed.

# ANNEXURE 9

## OPPORTUNITY GAP ANALYSIS FORM FILLING GUIDE

	Variables	Instructions
1.	Name of hotspot	Record the name of the hotspot.
2.	Name of peer educator	Write the name of the PE.
3.	Name of peer educator/volunteer supervisor	Record the name of the person the peer educator/volunteer reports to.
4.	Date	Write the date when the analysis was conducted. Use the dd/mm/yyyy format.
5.	Indicator	Indicate the variable the programme is interested in measuring.
6.	Number	Record the number achieved.
7.	Gap (#)	Calculate the difference between the target/estimate versus the number achieved.
8.	Gap (%)	Calculate the gap as a percentage of the target/estimate. (Divide the gap number by the target and then multiply by 100.)
9.	Reasons for gap	Record all reasons/explanations for the gap identified.
10.	Opportunities to address	Indicate proposed strategies to bridge the gap.



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5th Ngong Avenue Suites, 7th Floor Room 7-9,  
Ngong Road. PO Box: 3737-00506, Nairobi, Kenya

**Phone:** +254202101155 **Email:** [info@phdaf.org](mailto:info@phdaf.org)