National AIDS Control Organisation
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Ministry of Health & Family Welfare, Government of India
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सत्यमेव जयते
Ministry of Health & Family Welfare
Government of India

PROGRAMMATIC MAPPING AND POPULATION SIZE ESTIMATION (p-MPSE) OF HIGH-RISK GROUPS

OPERATIONAL MANUAL

National AIDS Control Organization, Ministry of Health & Family Welfare, Government of India

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PROGRAMMATIC MAPPING AND POPULATION SIZE ESTIMATION (p-MPSE) OF HIGH-RISK GROUPS

OPERATIONAL MANUAL

GoI/NACO/Surveillance/p-MPSE of High-Risk Groups: Operational Manual/030720

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Dated the 6th July, 2020

FOREWORD

The HIV epidemic in India is concentrated in nature as per World Health Organization (WHO) and The Joint United Nations Programme on HIV and AIDS (UNAIDS). This means that HIV has spread rapidly in one or more defined sub-populations but is not well established in the general population. Knowing the size estimates of this sub-population which is more at risk than the rest of the population is critical, to inform not only the current estimates and future projections of HIV epidemic but also for planning and funding the interventions.

In India, Female Sex Workers (FSW), Men who have Sex with Men (MSM), Hijras/Transgender (H/TG) people, and Injecting Drug Users (IDU), collectively referred as High-Risk Groups (HRGs) under National AIDS Control Programme (NACP), are more infected with HIV than the rest of the population. HIV prevalence in these groups is 7-28 times that of overall adult HIV prevalence of 0.22%. However, the size estimates of the FSW, MSM and IDU under NACP are almost a decade old and do not reflect the current status and dynamics among high risk group people. For H/TG people, last mapping and size estimation was done in 2012-13 in 10% of the sampled districts in 17 States.

Programmatic Mapping and Population Size Estimation (p-MPSE) under NACP has been developed as a systematic and scientific method to periodically update the size estimation of HRGs for epidemiological and programmatic purposes through a robust approach. A white paper on HRGs size estimation reviewed the various methods suggesting the most feasible approach in Indian context. Programmatic MPSE was recommended as the most feasible approach for which a detailed protocol was developed and piloted under the guidance of NACO's Technical Resource Group on Surveillance & Estimation. This led to a community-led approach in terms of implementation and supervision, complete in terms of coverage of the districts and comprehensive in terms of mapping of physical locations as well as network operators for estimating HRGs size.

This operational manual details the technical and operational framework for the world's largest Mapping and Population Size Estimation of high-risk groups. It will ensure implementation standardisation improving not only the quality of data collection but also inter-district comparisons. I am confident that this operational manual will be used extensively by our front-line workers, technical support units, targeted intervention and strategic information division under the leadership of Project Directors of State AIDS Control Societies to robustly implement p-MPSE and thus facilitate evidence-driven decision making towards achieving "End of AIDS" as a Public Health threat by 2030.

(Arti Ahuja)

आलोक सक्सेना
संयुक्त सचिव
Alok Saxena
Joint Secretary

राष्ट्रीय एड्स नियंत्रण संगठन
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PREFACE

Evidence-driven policy formulation and implementation design are the hallmarks of the AIDS response under the National AIDS Control Programme (NACP) since its inception. A very robust institutional system for HIV surveillance and epidemiology under NACP has established multiple HIV epidemics in the country with diversity in terms of location, population, and behaviours. The population of female sex workers, men who have sex with men, injecting drug users and hijra/ transgender people forms a significant group in this diverse epidemic and continue to be at higher risk for HIV infection.

Size estimates of the high-risk groups under NACP are not updated as frequently as other epidemiological indicators. This was noted in Mid Term Appraisal of the NACP-lV (2016), Expert Consultation on HIV Surveillance and Estimations in India (2016) and in India's National Strategic Plan (2017-2024). The 'White Paper' on size estimates provided the technical roadmap for undertaking population size estimation in India. Programmatic Mapping and Population Size Estimation (p-MPSE) has been accepted as the method of choice in the Indian context and is integrated into the NACP'S implementation framework.

This operational manual, developed through a series of consultations with technical and community experts and then further enriched by experiences of States, intends to be the one-stop reference document for standardization of this massive exercise. It details the methodology and further focusses on the ethical considerations, roles and responsibilities, and institutional structures like State Steering Committee and Community Advisory Boards. The unique feature of NACP's p-MPSE is the acknowledgement of the changing dynamics of high-risk behaviour and hence there is a detailed chapter on the mapping of the 'Network Operators' and estimation of the HRGs associated with this model.

NACO is implementing perhaps the world's largest and most comprehensive HRGs size estimates. This will require thorough planning and execution under the leadership of Project Directors with active engagement of the communities and front-line team of peer educators and outreach workers. I am confident that all of them will find this operational manual extremely helpful towards achieving an estimate of high-quality HRGs under NACP.

(Alok Saxena)

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अपनी एचआइवी अवस्था जानें, निकटतम सरकारी अस्पताल में मुफ्त सलाह व जाँच पाएँ
Know your HIV status, go to the nearest Government Hospital for free Voluntary Counselling and Testing

MESSAGE FROM UNAIDS

These guidelines have been developed following the publication by NACO in 2019 of the "White Paper on Mapping and Population Size Estimation of High-Risk Groups for HIV in India".

Recommendations on how to proceed with the estimations of the size of Key Populations were provided in that "White Paper'' and these new guidelines detail with precision every step of the methodology developed which was piloted and adopted by the Strategic Information Technical Resource Group under the leadership of NACO and the support of UNAIDS, WHO and CDC. The methodology is built upon a very strong existing institutional experience, a wide scope to include previously uncovered areas and engaging Key Populations' community through their large networks.

These guidelines are published at the most opportune moment. As the UNAIDS Global AIDS updates report 2020 "Seizing the moment'' states, it is high time to tackle entrenched inequalities to end AIDS and we must redouble our efforts to sustain and improve progress achieved.

These guidelines with the institutionalization of the programmatic mapping and size estimates of Key Populations exercise biennially with a revalidation step between two rounds, will guide strategic actions towards closing the gaps in prevention coverage and reach out to each person at risk of been infected by HIV to further reduce incidence of HIV.

These guidelines emphasise two main features :1) the mapping will focus on Key Populations but broaden the definition and the spaces for mapping, to capture populations previously left out of the prevention programmes, and 2) the programmatic mapping will be community-led within a technical framework provided by NACO.

NACO sustained focus on people living with HIV and Key Populations (men who have sex with men, sex workers, people who inject drugs and transgender) as they continue to carry the burden of the HIV epidemic in India, with targeted interventions will certainly pay off.

Key populations persistently have low access to services. We know that where HIV services are comprehensively provided, and locally tailored, HIV transmission levels are reduced significantly. To develop a tailored response, Key Populations must be meaningfully engaged. The guidelines show how their communities can be collaboratively involved in each step of the mapping process.

This remarkable endeavour of greater involvement of Key Populations is even more relevant in the current context of the COVID-19 pandemic which has already impacted severely these populations and has the potential to severely disrupt HIV services provision, therefore, understanding how they will operate in the new double epidemic context is crucial to address their specific needs and sustain a meaningful services provision to them

This renewed mapping and size estimates exercise will also provide concrete information that will be used to assess program coverage for improved reach of services. Size estimates of Key Populations will finally inform HIV estimations and projections, planning, and resource needs and allocations.

UNAIDS congratulates NACO once more for its leadership in advancing its data-driven HIV response towards ending AIDS by 2030 as part of the Sustainable Development Goals.

Dr Bilali Camara
Medical Epidemiologist,
UNAIDS Country Director for India

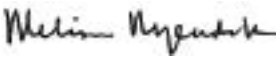
MESSAGE FROM US CENTRES FOR DISEASE CONTROL AND PREVENTION (CDC)

The National AIDS Control Organization (NACO) promotes the principles of evidence-based decision making, adopting best practices for high risk groups, innovating community centric service delivery for prevention, testing, and treatment with a laser-like focus to end AIDS by 2030.

The country-wide programmatic Mapping and Population Size Estimation (p-MPSE) underscores NACO's commitment on the inclusion of the communities they serve in the generation and use of real time data to estimate the size of key populations for improved programming. Generating denominators in a concentrated epidemic like India's is vital to provide granular data for decision making to reach all key populations among whom HIV incidence is the highest. The methodology for the p-MPSE is based on the White Paper on Mapping and Population Size Estimation, which NACO prepared through a joint collaboration with UNAIDS, WHO and CDC. This paper examined the global key population estimation methodological landscape and contextualized the learnings to India's epidemic.

This p-MPSE methodology has several unique features, including the use of existing programmatic structures for carrying out the mapping and size estimations and community representation in all aspects of planning, implementation and analysis. The State and District AIDS Control Societies, Technical Support Units, District Health Societies and District AIDS Prevention and Control Units will support Targeted Intervention staff as they implement one of the world's largest local area estimates attempted by a national programme. Community voices will be a part of the planning stage, through their representation and participation in the national, State and district working groups and advisory boards, the implementation phase, where they will provide oversight to the field work and addressing of adverse events through their participation in district-level Community Advisory Boards, and the reporting phase, where they will be deeply involved in the review and release of estimates and final recommendations. The p-MPSE is truly 'of the programme' and 'for the community', as much as it is 'by the community'.

The US Centres for Disease Control and Prevention, under the President's Emergency Plan for AIDS Relief (PEPFAR) is committed to furthering the National AIDS Control Programme objectives through its time-tested partnership with NACO. The p-MPSE combines the power of India's data-driven, established programme with a longstanding, healthy partnership with communities. I would like to congratulate NACO for maintaining the momentum and realizing the community-led, programmatic estimation process. Now, with the added challenges of the COVID-19 pandemic, it is precisely the time to implement the p-MPSE to lean into robust denominators, ensuring that communities at-risk are at once part of the estimation process and are simultaneously counted to generate the critical estimations needed to reach the goal of ending HIV/AIDS by 2030.



Dr Melissa Nyendak
MD, MHS, Director,
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World Health Organization
India

MESSAGE FROM DEPUTY WHO REPRESENTATIVE TO INDIA

The National AIDS Control Organization (NACO) of India is very well known for its use of strategic information for continuously improving the coverage, access and quality of the national HIV/AIDS programme. NACO implements one of the oldest and biggest national HIV sentinel surveillance surveys every two years. It recently completed the largest biological and behavioral survey ever conducted anywhere in the world.

The National AIDS Control Programme (NACP) periodically implemented Mapping and Population Size Estimation (MPSE) to inform design, implementation, monitoring and evaluation of comprehensive package of interventions among High-Risk Groups (HRGs). National and sub-national level MPSE were conducted in 2006, 2009, 2011 and 2013. The approaches and methodologies adopted in the past had certain limitations, including lack of consensus on operational definition of the HRGs, changing dynamics of the HRGs, non-availability of required information to deal with duplication due to mobility of the HRGs across the locations, as well as differences in the methodology used by different states, etc. Therefore, NACO felt the need for a concerted effort to critically review existing methods for HRGs size estimation and to develop and promote a simple, standard, user-friendly approach, which could be applicable at the national level. This was recommended in the 2016 Mid Term Appraisal (MTA) of NACP-IV and further emphasized in India's National Strategic Plan (2017-2024). NACO, along with UNAIDS, WHO, CDC and other partners, developed a white paper on MPSE to critically review all the available methods and experiences in similar contexts and suggest a suitable approach for MPSE to be implemented under NACP. The white paper recommended integration of the MPSE as a periodic exercise within targeted interventions with active engagement of community and supportive supervision of institutions like Technical Support Units.

This operational manual for community-led programmatic Mapping and Population Size Estimation (p-MPSE) was developed by NACO with technical support from CDC, WHO and UNAIDS. It provides comprehensive technical as well as operational guidance in implementing the national p-MPSE exercise across the country. All the technical and field staff involved in implementing p-MPSE are being trained using this reference manual. Publication and wider dissemination of this manual will also provide technical and operational insights to those implementing p-MPSE in the future.

Implementing p-MPSE is instrumental to better understand the HIV epidemic, the geographical areas and communities most affected, and guiding NACP to meet the target of ending AIDS by 2030. WHO is committed to continue supporting NACO in adapting its program response and to further strengthen its surveillance system to inform the last mile towards the elimination of HIV as a public health problem by 2030.

Ms Payden

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National AIDS Control Programme (NACP) is undertaking programmatic Mapping and Population Size Estimation (p-MPSE) of the high-risk population group. This operational manual provides implementation framework on all aspects of the activity. Many stakeholders have contributed to the development of this operational manual. We hereby acknowledge the contributions made by various stakeholders engaged in the process.

The Technical Resource Group for HIV Surveillance and Estimation, first under the chairpersonship of Shri Sanjeeva Kumar (former Special Secretary & DG, NACO, MoHFW, GoI) and now under the chairpersonship of Smt. Arti Ahuja (Additional Secretary & DG, NACO, MoHFW, GoI) and co-chairpersonship of Dr Sanjay Mehendale (Former Additional DG, ICMR) steered the development of p-MPSE guidelines under NACP, Shri Alok Saxena (Joint Secretary, NACO) provided his constant guidance for this fully domestically funded exercise. Dr DCS Reddy, Professor Arvind Pandey, Dr Shashi Kant, Mx Abhina Aher, Dr S.K. Singh and Dr Shajy Isac ensured technical rigour. Programmatic context and support have been provided by Dr Sunil Gupta (Additional DG, NACO), Dr R.S. Gupta (Former DDG, NACO), Dr Naresh Goel (DDG, NACO) and Dr Anoop Kumar Puri (DDG, NACO). NACO's Ethics Committee under the chairpersonship of Dr Srikant P. Tripathy reviewed and approved the ethical considerations. We place on record our sincere thanks to NACO's leadership and senior experts for providing vision, insight, and support towards the development of p-MPSE guidelines.

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Last but not the least, the credit for this robust document goes to our field personnel who piloted the method and provided critical inputs to ensure high-quality p-MPSE. We thank all of them for their contribution towards the development of the operational manual for the first round of programmatic-MPSE under NACP.

Shobini Rajan

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Abbreviations

ADG	Assistant Director General
AD	Assistant Director
AIDS	Acquired Immunodeficiency Syndrome
ANC	Antenatal Clinic
ANM	Auxiliary Nurse Midwife
ASHA	Accredited Social Health Activist
ART	Antiretroviral Treatment
BSD	Basic Services Division
CDC-DGHT	The US Centres for Disesase Control and Prevention-Division of Global HIV & TB
CAB	Community Advisory Board
CHC	Community Health Centre
CL	Community Liaison
CLW	Cluster Link Worker
CST	Care Support and Treatment
DAPCU	District AIDS Prevention and Control Unit
DBS	Dried Blood Spot
DRP	District Resource Person
FSW	Female Sex Worker
GD	Group Discussion
HIF	Hotspot Information Format
HIV	Human Immunodeficiency Virus
HRG	High-Risk Group
HSS	HIV Sentinel Surveillance
H/TG	Hijra/Transgender
IBBS	Integrated Biological and Behavioural Survey
ICTC	Integrated Counselling and Testing Centre
ICF	Informed Consent Form
IDU	Injecting Drug User
IEC	Information Education Communication
JD	Joint Director
KII	Key Informant Interview
KP	Key Populations
LWS	Link Worker Scheme
p-MPSE	Programmatic Mapping and Population Size Estimation
MPSE	Mapping and Population Size Estimation

MSM	Men who have Sex with Men
M&E	Monitoring and Evaluation
MSJE	Ministry of Social Justice and Empowerment
MTA	Mid-Term Appraisal
NACO	National AIDS Control Organization
NACP	National AIDS Control Programme
NGO	Non-Governmental Organization
NSP	National Strategic Plan
NWO	Network Operator
OBG	Obstetrics & Gynaecology
OPD	Out-patient Department
ORW	Outreach Worker
PE	Peer Educator
PD SACS	Project Director SACS
PIS	Participant Information Sheet
PLHIV	People Living with HIV
PM/PC	Project Manager/Project Coordinator
PO	Programme Officer
PO ELM	Programmme Officer- Employer-led model
POC	Point of Contact
PSE	Population Size Estimation
RFA	Rapid Field Assessment
SACS	State AIDS Control Society
SIMU	Strategic Information Management Unit
SOP	Standard Operating Procedure
TB	Tuberculosis
TE-SPIR	Technical Expert Strategic Planning, Information and Research
TI	Targeted Interventions
TOT	Training of Trainers
TSU	Technical Support Unit
UNAIDS	The Joint United Nations Programme on HIV and AIDS
VIF	Village Information Format
WG	Working Group
WHO	World Health Organization

01

Introduction

In India, the HIV epidemic is concentrated in Female Sex Workers (FSW), Men who have Sex with Men (MSM), Hijras/Transgender (H/TG) people, and Injecting Drug Users (IDU). Compared to the other groups these populations are key factors in controlling the epidemic and to its response being most at risk of acquiring or transmitting HIV. They are often 'hidden' as their behaviours continue to be stigmatized, and because they are often mistreated and discriminated despite progress in legal frameworks. While it is difficult to identify the High-Risk Groups (HRGs), these population groups, also globally known as 'key populations', remain critical to a successful national AIDS response, with their full engagement and participation.

1.1 Why Does the Size of HRG Populations Matter?

Knowing the size of the HRG populations is important to assess programmatic needs across different locations, and plan prevention, care and treatment interventions. It also facilitates policy development, target setting, budgeting for or costing of programme interventions for efficient allocation of resources. HRGs size estimates provide the needed evidence to advocate with decision-makers for effective actions and adequate resources. HRGs sizes are also used as the inputs into epidemiological models like Spectrum to produce estimations and projections of the HIV epidemic at national and sub-national level. This generates core indicators including estimated number of new HIV infections, number of people living with HIV, number of AIDS-related deaths, HIV incidence and prevalence, and HIV-positive pregnant women requiring Antiretroviral Treatment (ART). These indicators are essential for measuring the epidemic and the impact of the programme response. They ensure that National AIDS Control Organization (NACO) reaches the objectives articulated in the current National Strategic Plan (NSP) 2017-2024.

1.2 Why is Estimating the Size of HRG Populations Challenging?

Estimating the size of HRGs is a challenging endeavour. Populations at high risk of acquiring or transmitting HIV are not uniformly distributed across the country. They are also largely hidden or conceal their identity to escape social stigma and discrimination. The first and often most difficult challenge is to define the population whose size we wish to estimate. In public health terms, we are most concerned with people whose behaviours put them at higher risk of acquiring HIV. That may well not be all members of a defined population: there may be significant sub-populations within that group at lesser risk. The definition used for size estimation may be very narrow to focus on the people at the highest risk, under-representing the size of people at moderate risk or too broad including people who have a minimal risk and service need. Reviewing the definition of the HRG whose size is going to be estimated, it is important in the context of changing risk behaviours to capture all the HRGs who would need services.

Secondly, aggregating the HRGs local area size estimates and arriving at the direct population size estimates is not always easy. One factor

that throws off the estimates based on the sum of separate regional estimates is mobility or migration that often induces double counting. For example, if people only sell sex in a city for six months on average before moving to another city, the annual total will be twice as high as the total at any one time.

Thirdly, behaviours that carry a risk for HIV are, like all behaviours, subject to change over time. The economy, changes in drug routes or tourism patterns, seasonal migration, politics, fashion - all can affect the prevalence of the high-risk behaviours, the duration and the frequency of risk behaviours and, therefore, the size of the population.

1.3 Mapping and Population Size Estimation under NACP

The National AIDS Control Programme (NACP) has periodically implemented, Mapping and Population Size Estimation (MPSE) to inform the designing, implementation, monitoring and evaluation of a comprehensive package of interventions for HRGs. National and sub-national level HRGs size estimates were conducted in 2006, 2009, 2011 and in 2013 for H/TG. The approaches used in the past had several challenges and limitations. The limitations include: lack of consensus on operational definitions of HRG, the changing dynamics of the HRGs within physical and virtual space, lack of appropriate information to tackle duplication due to mobility, process of extrapolation of local estimates for arriving at State and national estimates, and uniformity of the methodology used. Therefore, NACO felt the need for a concerted effort to critically review existing methods of the HRGs size estimation and to recommend a simple, standard, user-friendly approach, which could be applicable at the national-level. This was recommended in the 2016 Mid Term Appraisal (MTA) of NACP-IV and further reiterated in India's National Strategic Plan (2017-2024) and Expert Consultations on HIV Surveillance and Estimations in India (2016 and 2018). The recommendation also emphasized the need for regular updates of size estimations for the HRGs, to facilitate strategic planning, costing, monitoring and evaluation and reporting.

The National AIDS Control Programme (NACP) has periodically implemented Mapping and Population Size Estimation (MPSE) to inform the designing, implementation and monitoring of a comprehensive package of interventions for HRGs.

NACO commissioned a White Paper on MPSE to critically review the existing methods and provide the contour of MPSE to be implemented under NACP. The White Paper recommended integration of the MPSE as a periodic exercise within targeted interventions. It encourages active engagement of and supportive supervision by institutions like State AIDS Control Societies (SACS), Technical Support Units (TSU) as a community-driven, programmatic, sustainable and high-quality mechanism in the Indian context. Additionally, the White Paper encouraged the interim size estimations of HRGs using all available secondary data sources and evidences till a full-fledged nationwide MPSE is carried out[1].The White Paper also acknowledged the presence of a significant proportion of the HRGs, particularly among MSM and FSWs, operating exclusively through virtual spaces and the need for a standardized method to estimate their size. It further recognized the fact that there will be periodic bio-behavioural surveillance under the programme and wherever possible, size estimation methods like programme multiplier, unique object distribution, capture-recapture, reverse tracking method etc. will be built into such surveys to triangulate the estimates generated through the MPSE.

[1]National AIDS Control Organization (2019). White Paper on Mapping and Population Size Estimation of High Risk Groups for HIV in India. New Delhi: NACO, Ministry of Health and Family Welfare, Government of India.

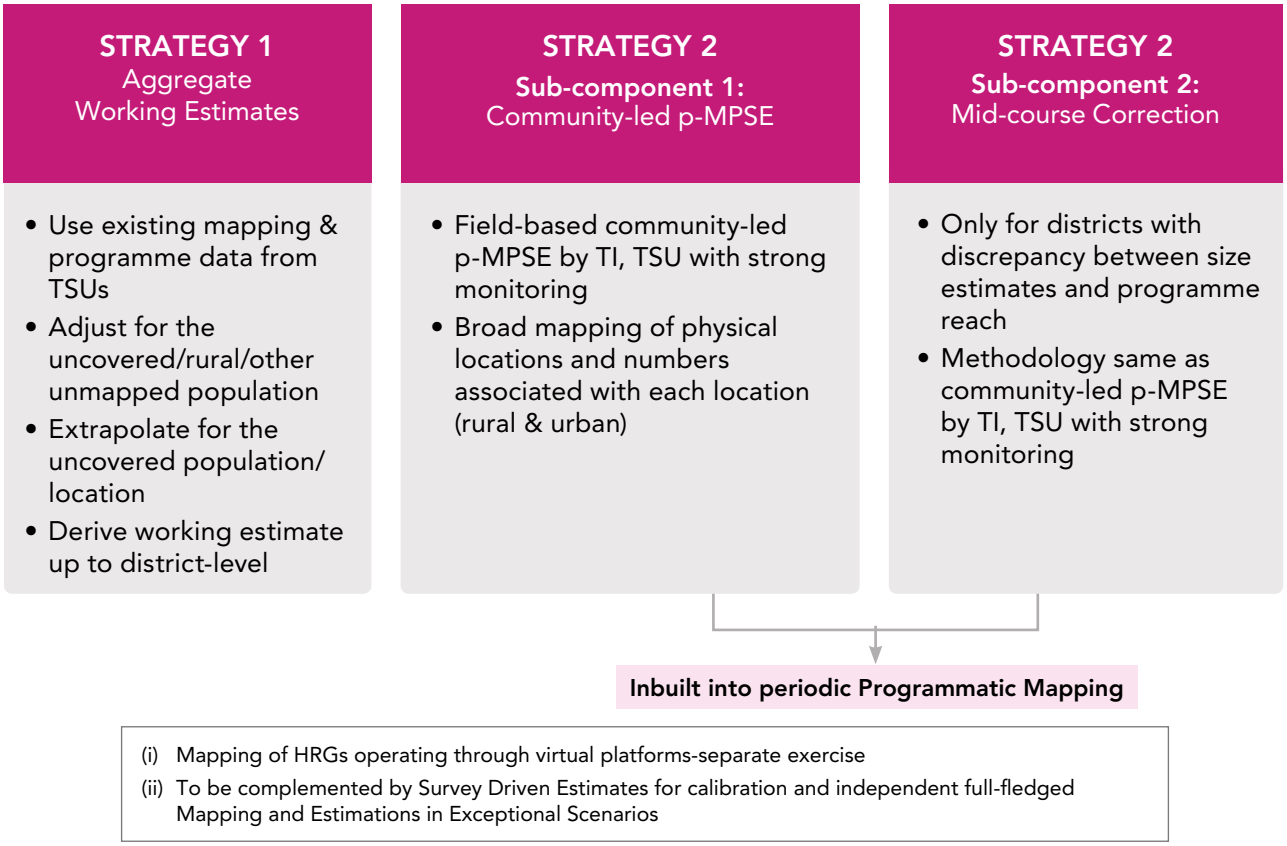
1.4 Two-pronged p-MPSE Strategy under NACP

A two-pronged strategy has been adopted for programmatic MPSE under NACP in line with recommendations of the White Paper on MPSE under the revamped TI and TSU functions (Figure 1).

1. **The first strategy** will focus on developing working estimates based on available evidence at State, district and sub-district levels, from existing mapping and coverage data on HRGs under the NACP. This will be done centrally by a Surveillance & Epidemiology team within the Strategic Information Management Unit (SIMU) Division of NACO. NACO will engage its robust institutional arrangements with active support of State AIDS Control Societies (SACS) and TSUs who will provide the most updated field-based data available. The estimates will be aggregated and will be used primarily to inform the epidemiological assumptions under disease burden exercises. However, the outputs will also serve as a lighthouse to the programme, aiding its navigation towards maximum possible programme coverage.

2. **The second strategy** of mapping of the locations or hotspots and then estimating the HRG population associated with these locations or hotspots have two sub-components. Under the **first sub-component**—community-led programmatic MPSE (p-MPSE) exercise- the hotspots will be mapped and the size of HRG populations, using community peers and institutional structures like TSU in a State, will be estimated through a Rapid Field Assessment (RFA) by visiting each and every hotspot identified. This process will include and will also go beyond the locations and districts already being covered under the programme. The objective is to provide local area estimates of the HRGs that can be used immediately for programme planning, implementation and monitoring.

Figure 1: Two-Pronged Strategy for p-MPSE under revamped TI guidelines of NACP-IV



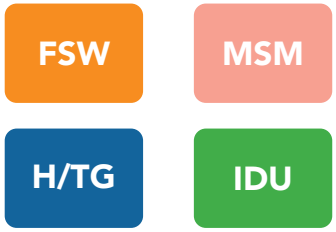
Sub-component 2 of the second strategy entails a mid-course correction of the estimated size of the HRGs. As programme implementation starts after community-led p-MPSE, there is a scope of variance to be observed between the size estimates provided by community-led p-MPSE and what programme has been able to reach. This strategy makes provisions to identify the significant variations, examining them carefully and making mid-course corrections in the size of HRGs.

NACO and the SACS also envision the estimation of populations operating through virtual spaces, as many HRGs operate through them. However, the methods for the same are still evolving and a more informed decision for a systematic approach to respond to the size estimates will be taken up in future, when more reliable and convincing methods are available.

As stated above, the direct size estimates through community-led p-MPSE under the revamped TI strategy will be further complemented through the use of multiplier and capture-recapture methods through independent surveys, whenever the opportunity arises. Large-scale behavioural surveillance surveys, other national studies etc. will attempt to include size estimation in local-level data collection efforts. However, these surveys are subject to objective alignment and resource availability. Depending upon need, size estimation exercises focusing on specific locations and populations may be also undertaken to inform the p-MPSE under the programme.

1.5 Community-led p-MPSE under Revamped TI Model: Who will be Mapped?

The community led p-MPSE will map the following HRGs:



They are associated with traditional physical locations such as brothels, bars, homes, highways, etc. In addition to them, the p-MPSE will also map people with whom a group of HRGs are linked, for soliciting clients and sexual/injecting partners. Henceforth, in this document, people with whom HRGs are associated will be referred to as Network Operators.

Networks among the various typologies could be organized in different ways and for different reasons.

1. For FSW, these networks generally would be for solicitation.
2. For MSM and H/TG, networks may be used for solicitation, socialization/seeking partners, as well as information sharing.
3. For IDU, these networks may be used for exchanging information on availability of drugs, or injection.

Thus, this document will make repeated reference to HRGs in physical hotspots, as well as HRGs operating through Network Operators (NWO).

1.6 Operational Manual

The implementation of this p-MPSE is going to engage multiple stakeholders from national, State, district and sub-district levels. This operational manual has been prepared as a reference document detailing the operational as well as technical aspects and thus facilitates standardized implementation of this extremely important exercise.

The manual is divided into twelve chapters,

each providing a detailed description on a specific aspect of the p-MPSE, as summarized below:

1 Introduction

This chapter includes the introduction to p-MPSE under NACP with the rationale and reasons for p-MPSE.

2 Overview of Methodology

This chapter explains the operational definition of population groups included in the p-MPSE. The overall approach and technical framework is also summarized in this chapter.

3 Roles and Responsibilities

Roles and responsibilities of all the stakeholders are explained in detail in this chapter.

4 Ethical Considerations

This chapter includes the ethical measures taken due to the sensitive nature of this exercise. These include consent forms and measures to ensure confidentiality and anonymity of the data.

5 Preparation for Community-led p-MPSE

This chapter explains the activities to be undertaken at regional, State and district levels prior to the commencement of the fieldwork.

6 Community Engagement

This chapter explains the involvement of key local stakeholders and community members for smooth implementation of community-led p-MPSE. It also explains the establishment and objectives of the district-level Community Advisory Board (CAB).

7 Community Liaison

Community Liaisons (CLs) are the communicating bridge to the community. They will play an extremely important role in every aspect of the implementation of p-MPSE in the locations which are not covered under the programme. This chapter explains their roles and responsibilities.

8 Mapping and Size Estimation in districts with TI /LWS

This chapter details the set of activities that will be carried out as a part of the community-led p-MPSE in districts with TIs and LWS.

9 Mapping and Size Estimation in districts with no TI/LWS

This chapter explains the enhanced role of the TSU-PO, who will carry out GDs and KIIs to list out all hotspots in the district and carry out Rapid Field Assessment (RFA) in such hotspots which are not covered by the programme.

10 Mapping and Population Size Estimation of HRGs Operating through Networks

The community-led p-MPSE will also cover HRGs in networks, associated with network operators.

11 Consolidate and Derive the Final Size Estimates

This chapter describes the process of aggregating all hotspots to district, districts to State and States to national estimates, to provide an estimated size for each HRG (MSM-FSW-H/TG-IDU).

12 Mid-Course Correction of the Size Estimates

This chapter explains the context and steps for implementing the mid-course correction as designed under the p-MPSE under revamped TI strategy.

02

Overview of Methodology

The p-MPSE under the revamped TI model will be carried out for four population groups across all States and Union Territories of India, namely FSW, MSM, H/TG and IDU. This chapter summarises the key methodological aspects of the p-MPSE.

2.1 Operational Definition of HRGs

The definitions of the HRGs to be used for the p-MPSE are as follows:

Female sex worker:

Adult women who engaged in consensual sex in exchange for money/ payment in kind at least once as a means of livelihood in the last six months.

Men who have sex with men:

Adult men who had anal or oral sex with more than one male/hijra partner at least once in the last six months.

Hijra/ Transgender people:

Sexually active adult person having more than one sexual partner in the last six months and whose self-identity does not confirm unambiguously to conventional notions of male or female gender roles but combines or moves between these.

Injecting drug user:

Adult men and women who use addictive substances for recreational or non-medical reasons, through injections, at least once in the last six months.

2.2 Implementation Design and Phases

As explained above, the first strategy of arriving at the working size estimates of HRGs (before the size estimates from the p-MPSE exercise are available) through an analysis of the existing secondary information on mapping and size estimates of HRGs will be undertaken centrally, with help from the SACS and TSUs. There will be adjustments and extrapolations made to the data to derive a working estimate for the country.

For the second strategy of the p-MPSE, there are two distinct sub-components:

1. Community-led p-MPSE, and
2. TSU-driven mid-course correction

During this training, the State teams will be informed about the category of all districts in the State for the community-led p-MPSE, i.e., which districts will have a full-fledged community-led p-MPSE field work, and for which districts the estimates will be extrapolated. These should be clearly documented and disseminated, for each HRG, at this meeting, so that everyone is clear about the category of districts for the field work (RFA).

2.2.1 Community-led p-MPSE

1. National Training of Trainers

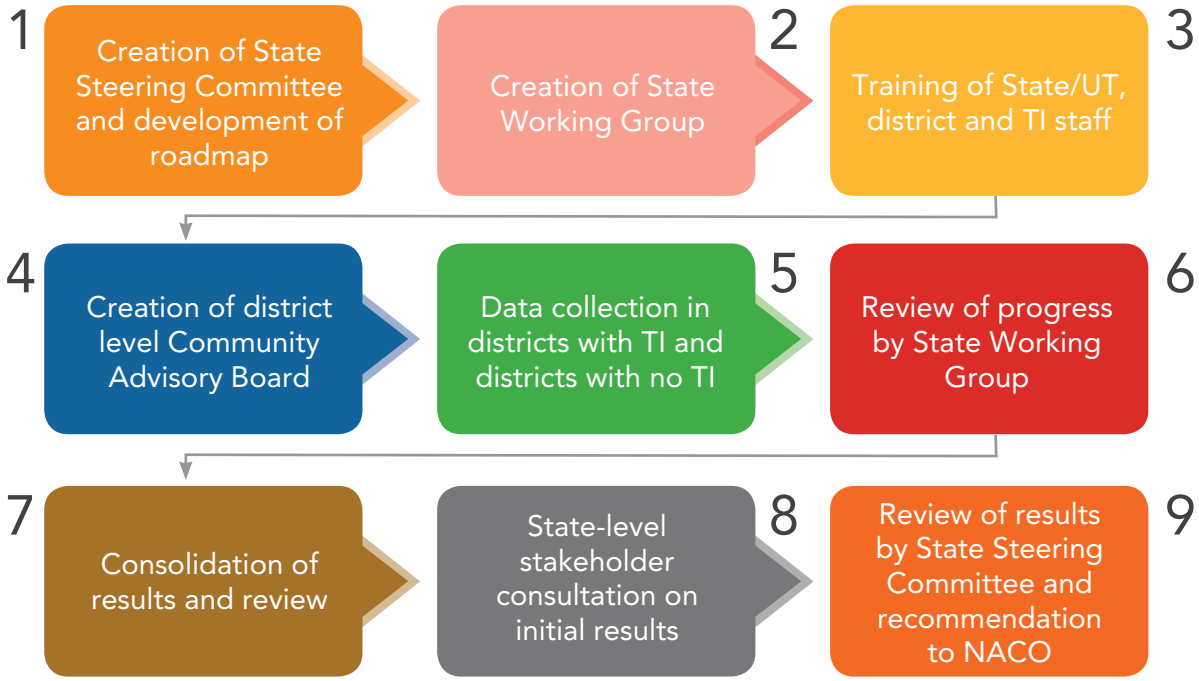
The process of initiating the community-led p-MPSE will begin with a National Training of Trainers (TOT). Here all Joint Directors (JD)-Targeted Interventions (TI), Team Leaders-TSU/Technical Expert-TI, Technical Expert-Strategic Planning, Information and Research (Technical Expert-SPIR), SIMU representatives from SACS, and community representatives will be trained on the various methodological, technical and operational aspects of the community-led p-MPSE. Special emphasis will be laid on the importance of training field staff, who will interact with community members, key informants— the main source of information on population size estimates. A gender and sexuality training element will be built into the training to sensitize attendees on the nuances of gender constructs and how to approach the p-MPSE exercise, particularly the RFA component. A detailed training of the web-based p-MPSE portal will be provided. This will house the data, along with all aspects of mobilization of local governance structures, community preparation and engagement, field micro planning, data collection tools and review processes.

2. Regional Training of Trainers

Next, regional trainings will be organized to ensure that all TSU Programme Officers (TSU-POs) and the remaining staff from TI and SIMU division of States are trained. In addition, even in the regional trainings, selected community representatives will be trained. Individuals who have been trained in the national TOT will take the lead as resource persons in the regional trainings. In addition, subject matter experts and experts from development partner organizations will help facilitate the trainings. During this training, the State teams will be informed about the category of all districts in the State for the community-led p-MPSE, i.e., which districts will have a full-fledged community-led p-MPSE field work, and for which districts the estimates will be extrapolated. **These should be clearly documented and disseminated, for each HRG (MSM-FSW-H/TG-IDU) at this meeting, so that everyone is clear about the category of districts for the field work (RFA).**

3. Implementation Steps of the Community-led p-MPSE

Figure 2: Implementation Steps of the Community-led p-MPSE



A. Creation of State Steering Committee and Development of Roadmap

The community-led p-MPSE will be initiated with the constitution of the State p-MPSE Steering Committee under the chairpersonship of SACS project director. It will oversee the implementation in the State/UT and finally review and provide feedback on the results of p-MPSE of the State/UT, for a final recommendation to NACO (Figure 2). Besides having the representatives of the programme divisions, the committee will also have members from the community (FSW, MSM, IDU and H/TG) as well as from the community medicine and social science disciplines. The State Steering Committee will meet and prepare a broad roadmap that will include formation of the State Working Group as well as other details related to conducting community-led p-MPSE in the State. It will also send communication to all relevant stakeholders to inform them of the community-led p-MPSE exercise, broad plans and timelines. The communication will also state the expectations in terms of support and cooperation, for conducting the community-led p-MSPE.

Detailed descriptions of the above processes are provided in the follow-on chapters of the manual.

Development of the Roadmap:

1. **Constitution of the State working group**
2. **Preparation of community-led p-MPSE operational plan for the State**
3. **Broad timelines for all milestones to be reached under community-led p-MPSE**

B. Creation of State Working Group

This State p-MPSE Steering Committee will constitute a State Working Group (SWG) under chairpersonship of the SACS additional project director (or designee) and with members from SACS-Targeted Interventions/Basic Services Division/Care Support and Treatment/ Monitoring & Evaluation and Technical Support Unit divisions. This working group will be responsible for overall operational planning, management, monitoring, data review, supportive supervision and troubleshooting in the context of field activities under community-led p-MPSE.

As a part of the operational plan, the State working group will also firm up the category of the districts for community-led p-MPSE in consultation with NACO's SI-Surveillance and TI team. This working group will meet weekly during the community-led p-MPSE implementation to review the progress and take specific actions as and when required. The group may meet more frequently if required based on prevailing circumstances.

PLEASE NOTE: It is important to note that the community-led p-MPSE is unique to each of the HRG (FSW, MSM, H/TG and IDU) and accordingly the decisions about community-led p-MPSE approach, as summarized in Table 1, will be separate for each of the HRG.

Table1: Geographical Coverage of the Community-led p-MPSE Type of Districts

Type of Districts		Coverage of p-MPSE exercise	Extrapolation needed (Yes/No)
Districts with TI for FSW/MSM/H/TG/IDU and/or LWS		All districts to be included within the State	No
Districts without any TI for FSW/MSM/IDU/H/ TG and/or LWS		Categorize districts into high/low vulnerability. This determination will be based on the following criteria as well as other criteria that may be identified locally: • HIV Positivity • Prevalence Trends • PLHIV Burden as per ART • Size of HRG in district • Any other vulnerabilities viz. tourism, highways, festivals, etc.	
▸	Districts with **high** vulnerability	All high vulnerability districts to be included for p-MPSE, within the State.	No
▸	Districts with **low** vulnerability	Up to 25% districts to be randomly selected for p-MPSE, within the State.	Yes, for the remaining 75% of the districts with low vulnerability.

C. Training of State/UT, district and TI staff

The creation of State Steering Committee and State Working Group, and preparation of roadmaps will be followed by sensitizing the stakeholders on p-MPSE and consultation with them on the roadmap for the State. This will be essential to take community and other relevant stakeholders on board for this critical and sensitive exercise.

i. Trainings for field staff: The sensitization of relevant stakeholders will be followed by trainings for field staff who will carry out the field activities under the community-led p-MPSE. The resource persons for this training will be the individuals who have already been trained in the national and regional TOTs. This training will cover technical as well as operational aspects of implementing the community-led p-MPSE in the State/UT.

The training will also cover various aspects of the field work to be implemented by TI/Link Worker scheme (LWS) personnel including their roles and responsibilities with specific focus on Rapid Field Assessments (RFA) to be carried out at hotspots in their catchment areas. Field personnel who will be carrying out fieldwork in non-TI catchment areas or with network operator, will be trained on gathering information from key informants about the location of possible hotpots within those areas, and how to conduct the mapping and size estimation.

These trainings will have a special focus on the process of developing the micro plans for fieldwork and will lead to the drafting of the micro plans. Teams will go back to their districts and finalize these micro plans and share them with the State Working Group.

After the training, establishment of CABs for each of the selected districts will be facilitated by DAPCUs (where they exist), or the district nodal officer for the HIV/AIDS programme, with support from Technical Support Unit-Programme Officers (TSU-PO).

D. Creation of district-level Community Advisory Board

After the training, establishment of CABs for each of the selected districts will be facilitated by DAPCUs (where they exist), or the district nodal officer for the HIV/AIDS programme, with support from Technical Support Unit-Programme Officers (TSU-PO). This will be critical for engaging community and other relevant stakeholders in districts, understanding community concerns and addressing them. (See section 6.2.1 for more detail on chairpersonship and membership of this group)

E. Data collection in districts with TI/ LWS and districts with no TI/LWS

The following illustrations describe the field work scenarios for districts with TIs and LWS and districts without TIs and LWS.

Figure 3: Community-led p-MPSE for districts with or without TI

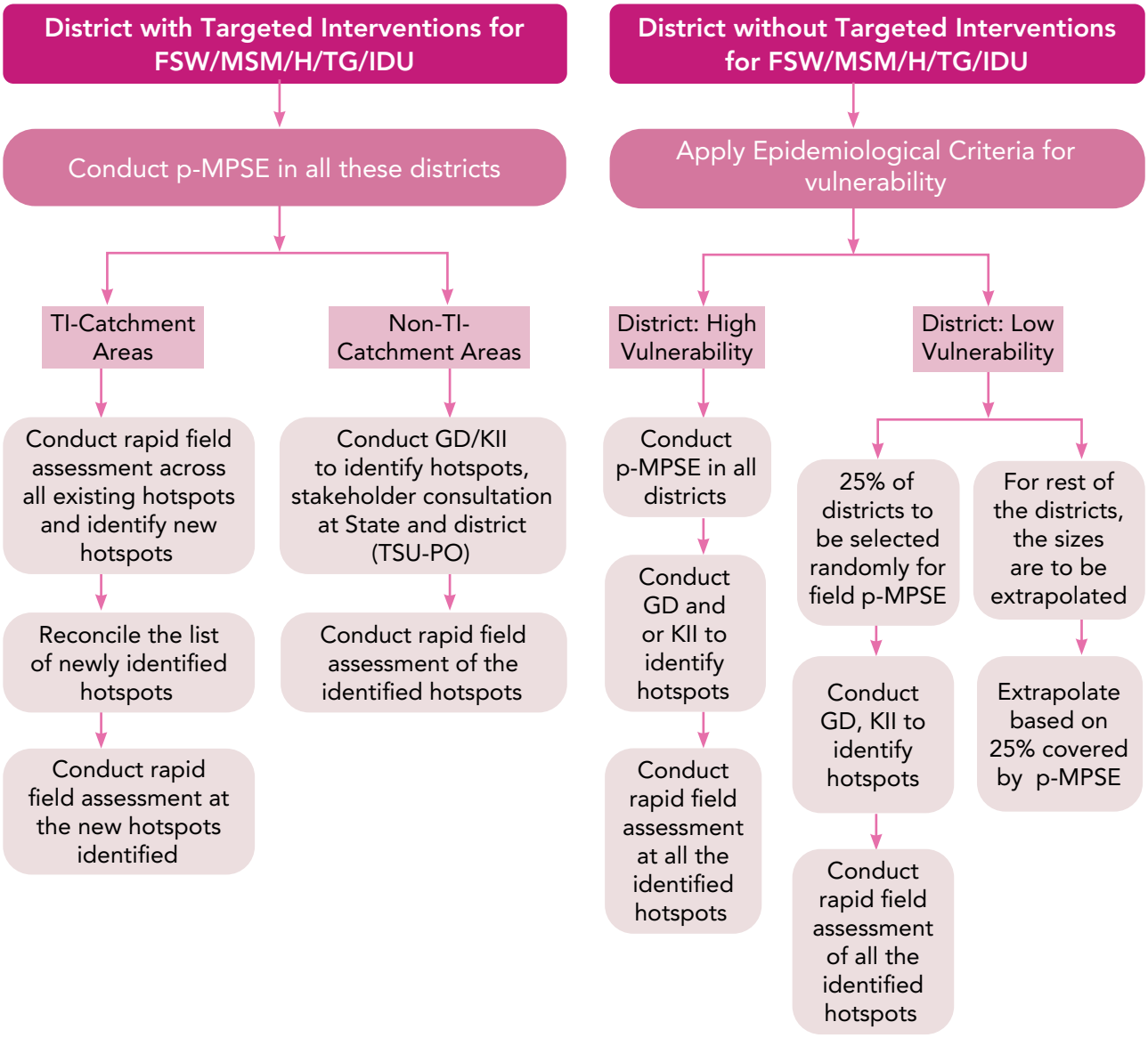
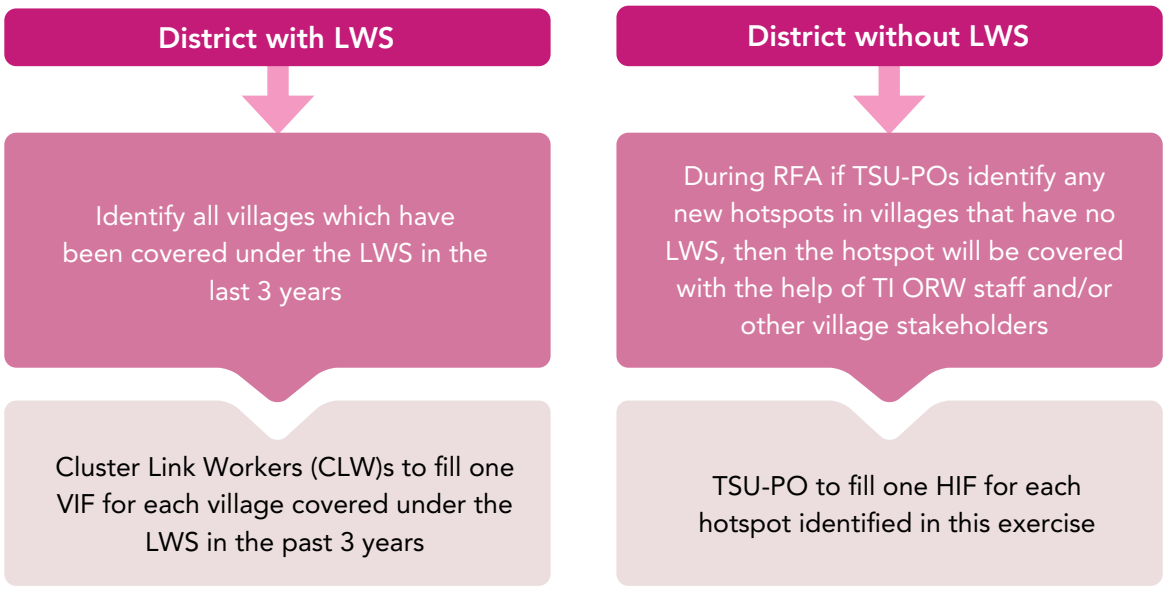


Figure 4: Community-led p-MPSE for districts with or without Link Worker Scheme (LWS)



i. Initiation of field work in districts with TI/ LWS: Following the constitution of the CAB and its first meeting, data collection for p-MPSE will be initiated in districts having TI coverage, through staff of TI/LWS including community peer educators/outreach workers under direct monitoring of TSU-PO with support from members of the CAB including the District AIDS Prevention and Control Units (DAPCU).

ii. Initiation of field work in districts with no TIs: The TSU-PO will initiate data collection in the districts not covered by the TIs as allotted through the State Working Group.

TSU-PO will carry out Group Discussions (GDs) and Key Informant Interviews (KII) by using the tools provided in the guidelines to:

- Get an overview of the district regarding the existing HRGs and their distribution in the district, identify broad locations with presence of HRG populations.
- Find out more about other (non-traditional) HRGs and their distribution in the district

RFA at each identified HRG hotspot will be implemented by the TSU-POs with the help of a community liaison. (See section 7.1 for more details on recruitment and role of community liaisons)

F. Review of progress by State Steering Committee

The completion of the p-MPSE activities in districts with TIs and LWS will be followed by a second meeting of the State Steering Committee. The objective of this meeting will be to appraise the Steering Committee on progress so far, deciding on next steps, as well as sharing any critical issues faced during the field work. Thereafter, data collection for districts without TIs will be undertaken as stated in the previous point.

G. Consolidation of results and review

Consolidation and review of the results will be the next step after completion of the data collection phase. The CAB will meet to review the data and recommend it for review by the State Working Group.

Next, the State Working Group under the chairpersonship of the additional project director of SACS (or designee), will review the data and prepare to share this data with State level stakeholders for a broader review. The IT-enabled data collection system developed for p-MPSE will support this data review, as the repository of all the data generated through the community-led p-MPSE (See section 2.4 for details on the web-enabled system).

H. State-level stakeholder consultation on initial results

This review will be followed by State-level stakeholder consultations which will also include all TSU-POs and select CAB members engaged in this exercise. The summarised data will be presented during the consultation, with specific focus on unexpected results. Stakeholder inputs will be taken on board to explain or resolve unexpected results. Plausible explanations must be properly documented and where necessary, estimates will be worked out further (if required) based on local knowledge of HRGs networks and dynamics.

I. Review of results by State Steering Committee and recommendation to NACO

In a final step for the community-led p-MPSE, the overall process, findings and key issues will be presented to the State Steering Committee for their review, guidance and recommendations. The State Steering Committee will make a formal recommendation to NACO, on the estimated population size of all HRGs. NACO will review and analyse data provided by all the States/UTs and will arrive at the estimates for all States/UTs, leading to revised HRGs population size estimates for the country. This will conclude Sub-component 1 of Strategy 2 of the p-MPSE.

2.2.2 TSU-driven mid-course correction

As mentioned above, the second component of the second strategy for the p-MPSE process will be the mid-course correction. As programme implementers start to cover the estimated

HRG populations, as identified through the community-led p-MPSE, it is possible that there will be a mismatch between size estimates provided by the community-led p-MPSE and number of HRGs that the programme has been able to reach. To take this variance into account, the p-MPSE makes provisions for examining the extent of this variance and select districts with variance beyond pre-defined threshold, to analyse the causes of this discrepancy, and repeat the p-MPSE in the districts where the discrepancy cannot be explained sufficiently through programmatic or operational or contextual factors.

Section 12 provides more details on this process.

2.3 Data Collection Tools

The field data collection under p-MPSE will be conducted using two sets of tools:

1. Interviews of key Informants or key stakeholders to identify the potential hotspots where HRGs can meet.
2. Hotspot information format/Village information format/ Network operator format to estimate the size of the HRG population associated with that hotspots including those in the villages as well as HRGs associated through network operators.

During the RFA, each and every identified potential hotspot will be visited, and data will be collected using a Hotspot Information Format (HIF) by interacting with HRGs and other relevant stakeholders through group discussions at the hotspot. The HIF will be filled by consulting with all key informants appropriately, to generate a consensus on the size of the population associated with the hotspot. The Village Information Format (VIF) will be filled by the cluster link worker, with the best information available with her/him about the village and the HRGs estimates. The Network Operator Format (NOF) will be filled by the ORW/TI-Project Manager/TSU-PO, based on their interactions with network operators. The Format of HIF/NOF/VIF is in annexure 1, 2 and 10.

The data for the entire p-MPSE exercise will be captured in a web-portal, to facilitate quality assurance, aggregation, fact sheets generation as well as dissemination.

2.4 Data Management

The data for the entire p-MPSE exercise will be captured in a web-portal, to facilitate quality assurance, aggregation, fact sheets generation as well as dissemination.

Keeping in mind the scalability, robustness and security, this online system is being developed using the latest web technologies. Data for p-MPSE will be managed through this web-based online system. The portal will not only provide a platform for efficient and timely data collection but will also help to track progress and monitor the activity.

The web-based system will be hosted on a secure centralized server.

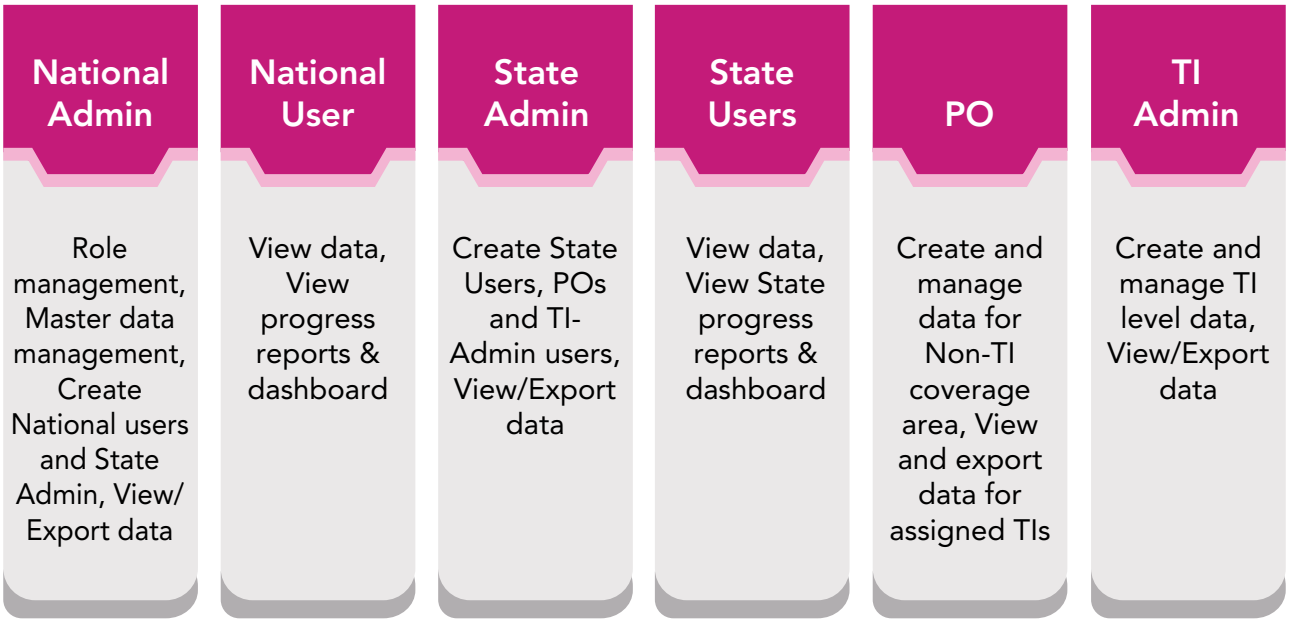
The portal has these modules:

Role Management: Different roles are defined within the system for specific functions within the system. Figure 5 depicts the role and their functions within the system through a chart. The web system has role-based and geographic level-based authorization, this means a TI programme manager will be able to create, view and manage the data for their own TI. Similarly, a State-level user will have the privileges to view data for the assigned State only, but they will not be able to make any changes to the data.

Users will be able to access the web-portal through the Internet browsers like Microsoft Edge, Chrome, Internet Explorer 11, Safari, etc. The portal will have a responsive user interface and will also enable mobile-friendly interface through mobile phone browsers.

Master data management: As a pre-requisite, the master data will be loaded into the system from the backend. Master data includes the

Figure 5: p-MPSE Web Portal Roles and Responsibilities



list of all the Targeted Interventions. List of Districts, Blocks and City/Town/Villages. The Census 2011 data will be used for the list of district, blocks and city/town/villages. There may be some changes in census list as the district or blocks may be split after 2011. However, for the purpose of uniformity census 2011 list would be followed in the portal.

User Management: All the users will be provided with a username and password for accessing the system. Users must have an email account as the email ID will be the username for accessing the system.

A National Administrator will be designated from NACO in the system. The national admin will create the national-level users and designated State Admins. The State Admin will create State, district-level and TI Admin users. The TI Programme Managers or TI M&E will be designated as the TI Admin user. Once the user is created, the user credentials (username and password) will be automatically sent to the user via email and SMS by the system.

The TI Admin user entering the data will log in using the credentials received through SMS or email. After successful authentication, the user can access the form through the menu. The TI Admin user can view, create, edit and delete the HIFs, VIFs or Network operator format record for their TIs. Validations will be built in to prevent invalid entries. For easy reference, a hotspot code will be manually generated; this is basically a unique serial number within the TI for a given typology.

The first hotspot in the order of data collection will be assigned a numeric code, 1. The subsequent records will be serially incremented. After the record is successfully submitted, the corresponding hard copy will be marked as "Data Entered".

The data can be exported to Excel sheet and verified with the hard copies for any data entry errors. The TI programme manager must ensure that data is entered on routine or weekly basis and check for correctness and completeness.

It is advised that the data is entered using the laptop or computer at the TI office or DIC. If due to some unavoidable reasons a user has to use a public computer, privacy must be ensured during data entry. The user must remember to logout of the portal after work is completed.

For any issues, support or clarifications, the TI Admin should get in touch with the concerned Programme Officer or the designated State Admin. If the State Admin is unable to resolve the issue at their level, they can reach out to the National Admin.

2.5 Monitoring and Supportive Supervision

The p-MPSE implementation will have layers of monitoring and supportive supervision to facilitate high quality implementation. The TSU-POs will be the first layer of supervisors to guide community peer educators, outreach workers etc. during the community-led p-MPSE. The supervisory team will also comprise members from SACS, TSU and other members of the State Working Group and the State Steering Committee as well as national team, who will be periodically carrying out field visits to monitor and support the field work by TI personnel and TSU-POs. Special State monitoring teams may be specially constituted for this exercise, to ensure collection of high-quality data.

Supervisors will use a defined checklist to check for adherence to the p-MPSE procedures, especially with regard to the selection of key informants, estimation of minimum and maximum numbers associated with days of the week and times of the day. The supervisory team will take necessary actions for augmenting the quality of data collection (as and when required). They will report with their observations in a pre-defined tool in the p-MPSE web portal.

As HIFs and the hotspot lists will be entered in the p-MPSE web portal, there will be continuous on-line monitoring of the progress of the field activities as well. A critical alert system will be built into the web-based application which will capture all the data that is entered. Alerts will be generated in response to unusual findings during the progress of the field work. For example, if population size estimates for specific hotspots are higher than 50, an alert will be generated to signal a deeper dive into the field activity and the team's approach to population size estimation data gathering.

Modalities for monitoring: The supportive supervision (by the supervisory team) will include processes to ensure a high-quality output from the p-MPSE exercise. Supervision during the RFA (spot-checks), as well as after the RFA (back-checks) will be undertaken to ensure strict adherence to the methodology.

Supervision during the RFA (spot checks), as well as after the RFA (back-checks) will be undertaken, to ensure that there is strict adherence to the methodology.

Spot-check: This kind of check will include observation of the data collection from key informants at the hotspot by community peer educators, outreach workers, etc. The data to be monitored are selection of key informants, quality of the group discussion and documentation of the outcome in the hotspot information format, etc. Spot-check is meant to observe the adherence to the methodology as well as to do the handholding of the community peer educators, outreach workers, etc. during the data collection.

Back-check: This will be done after data collection is completed by community peer educators, outreach workers etc. in the district. As a part of the back-check, supervisors (TSU-PO or any other personnel identified in specific cases) will randomly visit a proportion (10% of hotspots in the TI or 10 hotspots, whichever is higher) of selected hotspots/network operators. They will collect data from them using the same tool as that of the community peer educators, outreach workers etc. The results from this back-check exercise will be compared to the estimates generated by the field staff. Field work will be repeated at all hotspots in the given TI if there is a >50% variance between these two results 'for 50% or more' of the hotspots visited that could not be explained by change in local dynamics. This exercise will help to accomplish a thorough size estimation.

The personnel to be engaged in the spot-check, back-check and the expected frequency of checks by them are described in Table 2 below:

Table 2: Guidance on Spot-checks and Back-checks under p-MPSE

Personnel	Spot-Check	Back-Check
TI Programme Manager	5-10% (with minimum of 15 hotspots) for TI concerned	–
TSU Programme Officer	5-10% (with minimum of 10 hotspots) for the district concerned	10% (with minimum of 10 hotspots) for TI concerned
SACS Strategic Information Management Team	Up to 3-5 districts covering 2-3 hotspots in each district	
State TI team	Up to 3-5 districts covering 2-3 hotspots in each district	
TSU-Technical Experts, Team Leaders, PO-M&E and PO-Employer-Led Model	Up to 2-3 districts for each covering minimum five hotspots in each district	
Central Team (NACO, regional and national institutes of surveillance, WHO, UNAIDS, CDC-Division of Global HIV and TB and other partners)	Based on feasibility and availability with an objective to at least one visit for the State during field work	–
Community Advisory Board members	10-20% (with minimum of 15 hotspots) for districts concerned	

The spot-check and back-check planning shall ensure that a hotspot/network operator is visited only once. It will be critical to have a wider coverage of the hotspot/network operator during the process. Further, the support from the local TI team/community key informant (hereby referred as community liaison) may be sought for implementation feasibility.

In districts with no TI, where TSU-PO is leading the p-MPSE implementation, there will be no back-check.

Monitoring pace of implementation: The pace of implementation will be also monitored by PM-TI. Any inordinate delays will be immediately brought to the notice of the TSU-POs in the district. If the escalation does not have desired effect, this will be further escalated to the State Working Group.

Since all HIF/VIF/NOF will be entered in the p-MPSE web-portal, there will be continuous on-line monitoring of the progress of the field activities. A weekly reconciliation meeting at the district-level will be held. It will be a very important monitoring tool to de-duplicate hotspots and to assign field coverage to concerned TI in case of the uncovered hotspots. This meeting will be convened by the TIs with the support from TSU-PO. The respective programme manager will be responsible for ensuring that all field level personnel attend and exchange hotspot lists. This will be done to ensure that "new" hotspots identified are not already covered by another TI in another TI catchment area. It will also ensure that services in these "new" hotspots are extended in a systematic manner.

A weekly reconciliation meeting at the district-level will be held. It will be a very important monitoring tool to de-duplicate hotspots and to assign field coverage to concerned TI in case of the uncovered hotspots.

03 Roles and Responsibilities

Conducting a large-scale p-MPSE, particularly in a country like India, involves tremendous team effort at all levels—starting from Peer Educators of the TIs to the senior leadership at SACS. It involves conducting field work across many districts and also carrying out an extrapolation exercise, through joint team effort, for areas where no data is available. During this exercise, all key stakeholders e.g., SACS, TSU, TIs and community members need to work together for the entire phase of this exercise. Hence, p-MPSE will be implemented as per the prescribed guidelines, without any bias and as per the roles and responsibilities detailed below.

3.1 National AIDS Control Organization

NACO is the nodal agency for managing the operational and technical aspects of p-MPSE under NACP. It will:

- Facilitate p-MPSE through existing implementation and technical support institution structures through leadership of SACS under NACP. This includes funding to the SACS for implementation of p-MPSE as a part of their approved action plan.
- Develop the technical framework including the operational guidelines through its Technical Resource Group on Surveillance & Estimation, programme divisions and development partners (WHO, UNAIDS, CDC etc).
- Provide guidance on vulnerability category of districts which are not covered by TI programme for the specific HRG population.
- Organize the national training of the trainers to create a group of resource persons comprising members from SACS (TI and SI division) and TSUs, who will lead the p-MPSE in their respective States.
- Develop the database systems capturing the hotspot-wise information facilitating data quality assurance, aggregation and fact sheets generation. The system will be capable of adjusting size estimates specific to districts.
- Monitor and supervise the field-level activities of p-MPSE including State and district-level trainings.
- Analyse and disseminate the top-line findings and national report under the guidance of its TRG on Surveillance and Estimation upon receipt of data and reports, as received from SACS.

3.2 State AIDS Control Society

SACS will be the nodal organizations for implementing the p-MPSE in their State. They will:

- Facilitate the implementation of the fieldwork activities for p-MPSE as per the prescribed protocol using the structures of technical support units and targeted interventions and with active involvement of community members.
- Constitute a State Steering Committee under the chairpersonship of SACS project director to oversee the project implementation in the State and review and ratify the final adjusted numbers recommended by the districts.

Composition of the State Steering Committee

- Representatives from all SACS programme divisions
- Epidemiologist (if applicable)
- Technical Support Units (Team Leader TSU/ Team Leader TI/TE-TI, TE-SPIR)
- Members from the community (FSW, MSM, IDU and H/TG)
- Members from LWS, migrant and bridge populations
- Members from community medicine departments of leading medical institutions
- Members from social science disciplines
- Members from State administrative authorities, MSJE State nodal officers, appropriate NGO representatives working in the development sector in the non-covered locations.

- These members may also visit the field to oversee field work. This Committee will meet at least three times during the community-led p-MPSE and twice during the mid-course correction phase. More meetings may be convened if required, based on field situations

As a part of the operational plan, the State Working Group will also firm up the category of the districts for community-led p-MPSE.

- Constitute a working group under the chairpersonship of SACS additional project director/designee. This working group will be responsible for overall operational planning, management, field monitoring and troubleshooting in the context of field activities under p- MPSE.
- As a part of the operational plan, the State Working Group will also firm up the category of the districts for community-led p-MPSE. This working group will meet weekly during the p-MPSE implementation to review the progress and take specifics actions as and when required. The group may meet frequently if required based on the circumstances.
- Depute officers from M&E and TI division of SACS for participation in various national/regional trainings and review meetings as and when planned.
- Guide and issue necessary instructions to TSU about organization of State and district-level trainings for the p-MPSE.
- Send formal communication to all the State and district administration (district collector) and other departments that are relevant to the p-MPSE, e.g. MSJE State representatives, DAPCU, TIs, LWS, institutes and experts, law enforcement bodies e.g. State and

Composition of the State Working Group

- Members from SACS-TI Division
- Members from SACS-SI division (DD-SIMU/Epidemiologist/Assistant Director-M&E)
- Members from other division of SACS
- TSU representatives

district police heads, community members organizations, etc. to ask for their help and cooperation for smooth implementation of p-MPSE activities.

- Prepare and implement an integrated monitoring plan, comprising members from State Steering Committee, State Working Group, TSU as well as any other representatives from SACS.
- Organize stakeholder consultations to review and take inputs on the key findings from p-MPSE.
- Take any other necessary actions under the advice of NACO for smooth implementation of p-MPSE.

Communication from SACS Project Director

- All State and district administration (district collector/deputy commissioners etc.) and other departments that are relevant to the p-MPSE, e.g. MSJE State representatives
- DAPCU, TI, LWS
- District-level Institutes and experts
- Law enforcement bodies e.g. State and district police heads

3.3 Technical Support Unit

Technical Support Units will be primarily responsible for capacity building, field supervision and implementing the p-MPSE in all the districts within the State, with a special focus on areas uncovered by the TI programme. They will:

- Depute Technical Experts (TE) from Strategic Planning Information and Research (SPIR) and TI for the National /Regional TOTs. In cases where TE concerned are not available, other TE may be deputed appropriately.
- Support SACS for overall operational planning, management, field monitoring and troubleshooting in the context of field activities under p-MPSE.
- Organize the State-level training of the TSU-PO and all other TE under advice of SACS through TE-SPIR and TE-TI.
- Allocate districts to TSU-TE for advising the TSU-PO during the field work as well as for monitoring of the field work. Each TSU-TE will do spot-check for minimum five hotspots in each allotted district.
- Allocate the districts with no TI coverage for a population group to a TSU-PO for implementing p-MPSE as per the guidelines.
- Assist the nodal officer under NACP in a district, through the concerned TSU-PO, in identifying and constituting the district-level CAB as well as in organizing its meetings. It will include participation in CAB meetings as resource persons.
- Assist in the selection of the TI staff (peer educator/out-reach worker etc) who will participate in the field work, through screening and interactions with the staff. **Ensure that seasoned staff who are comfortable interacting with the community, are selected for the field work.**
- Organize the district-level training of the TI and Link Worker Scheme personnel, through the concerned TSU-POs, under advice of SACS and in consultation with nodal officer of the National AIDS Control Programme in the district.

PLEASE NOTE:

- The TI division will be the lead for coordinating the p-MPSE implementation at State level.
- Technical aspects of this important activity will be led by the Strategic Information division that will include, acting as a resource person in the training, doing the field monitoring and being primarily responsible for the data management, analysis and report preparation.

- Monitor data collection by TI personnel in the field through spot-checks and back-checks (by TSU-PO or through any other identified personnel).

As a part of the spot-checks, 5-10% of the hotspots (minimum 10 hotspots per district) will be supervised by TSU-POs during the data collection phase.

As a part of back-check, the concerned TSU-POs will return to 5-10% (minimum 10) of the randomly selected hotspots in a TI and will re-interview key informants to characterize the hotspots. The back-check will be done after completion of RFA at all hotspots under the catchment area of the TIs by its personnel. As a part of the back checks, if the variation is significant, TSU-PO will repeat RFA at all hotspots in the given TI.

- Ensure timely data entry by TI's M&E cum account officer through the concerned TSU-PO.
- Implement key informant interviews, through concerned TSU-PO, as per the protocol.
- Lead the fortnightly dissemination and reconciliation of hotspot wise data locally, through TSU-PO, to facilitate coverage of newly identified hotspots.
- Implement the RFA of the hotspots in the districts uncovered by TI through the concerned TSU-PO as per the protocol.
- Assist SACS in data analysis and interpretation, explaining the results emanating from the p-MPSE.
- Support SACS in organising stakeholder consultations to review and take inputs on the key findings emanating from p-MPSE.
- Support SACS in preparation and implementation of an integrated monitoring plan for members from steering committee, working group, TSU as well as any other representatives from SACS.
- Participate in the review meetings organized by SACS.
- Securely store the hard copies of various documents pertaining to the p-MPSE as received from the field.
- Take any other necessary actions under the advice of National AIDS Control Organization and SACS concerned for smooth implementation of p-MPSE.
- Lead the mid-course correction process under advice of SACS, by helping analyse the programme and estimations data and carry out planning and implementation of p-MPSE, for districts which are selected for field work, under the mid-course correction process.

3.4 District AIDS and Prevention Control Unit (DAPCU)

DAPCU, through its nodal officer will be responsible for facilitating and monitoring the p-MPSE in its district. In districts which don't have a DAPCU, the nodal officer of the National AIDS Control Programme (usually the District TB Officer) will be responsible for facilitating and monitoring the p-MPSE in its district. It will:

- Constitute the CAB with the support of the concerned TSU-PO.
- Organize the meetings of district-level CAB through the support of the TSU-PO.
- Monitor data collection under p-MPSE in the field through spot-checks of 5% of the hotspots.

- Periodically (at least once in 2 weeks) review progress in the field.
- Lead the troubleshooting of any issues delaying field work in the district.
- Take any other necessary actions under the advice of SACS concerned for smooth implementation of p-MPSE.

3.5 Targeted Interventions

Targeted interventions will lead the field data collection in the hotspots located in their catchment area under the supervision of TSU and SACS. They will:

- Depute their Project Manager/ Coordinator (PM/C), M&E cum accounts officer, Outreach Workers (ORW) and Peer Educators (PE) for the district-level training workshop.
- Make necessary preparation for smooth and quality implementation of p-MPSE.
- Implement the RFA of the hotspots in their catchment areas as per the prescribed protocol through their peer educators/out-reach workers.
- Ensure timely data entry of the hotspot information format in the web-portal through their M&E cum accounts officer.
- Review the field work progress through weekly review meetings.
- Monitor data collection by ORWs and PEs in the field by their programme manager(PM)/programme coordinators (PC) through spot-checks. As a part of the spot-checks, 10-20% of the hotspots (with minimum of 15) will be supervised during the data collection phase.
- Respond to any adverse events arising during the field activity through their routine crisis management mechanism.
- Participate in the review meetings organized by TSU and the weekly reconciliation meeting to share newly discovered hotspots and correctly characterize them as 'new' or 'existing' but covered under other TIs.
- Cover the newly identified hotspots as a result of p-MPSE in their catchment areas with appropriate package of services.

Cover the newly identified hotspots as a result of p-MPSE in their catchment areas with appropriate package of services.

- Support TSU-PO in identifying the right key informant and community liaison for p-MPSE.
- Assist TSU-PO in analysis and interpretation of preliminary results as emanating from the p-MPSE.
- Participate in State and district-level meetings regarding p-MPSE as and when required.
- Take any other necessary actions under the advice of SACS and TSU for smooth implementation of p-MPSE.
- Participate in the mid-course correction exercise and support TSU and SACS in selection of districts for conducting field work, as well as carry out the field work, as necessary.

3.6 Link Worker Scheme

LWS will help in mapping and size estimation in the rural areas. It will:

- Depute its District Resource Person (DRP), Supervisor, M&E cum Accountant and Cluster Link Worker (CLW) for the district-level training workshop.
- Make necessary preparation for smooth and quality implementation of p-MPSE in its villages.
- Fill Village Information Format (VIF) for each of the villages covered under link worker scheme in the last 3 years through the CLW concerned.
- Ensure timely data entry of the VIF in the web-portal through its M&E cum accounts officer.

- Validate the accuracy of data reported by CLW by visiting 30% of the villages through its DRP and supervisor (10% by DRP and 10% by each of the Supervisors) and meeting with key informants. At least 25% of these visits shall be done jointly with the concerned TSU-POs. If there is more than 50% variation in number of reported HRGs associated in more than 50% of the validated villages, then LWS team (DRP and supervisor) will implement RFA for all of their villages.
- Assist TSU-PO in analysis and interpretation of preliminary results as emanating from the p-MPSE.
- Review the field work progress through weekly review meetings.
- Participate in State and district-level meetings regarding p-MPSE as and when required.
- Lead the troubleshooting of any issue delaying the field work in the district through its DRP.
- Take any other necessary actions under the advice of SACS and TSU for smooth implementation of p-MPSE.
- Participate actively in the mid-course correction exercise and support SACS and TSU in planning and implementation of the exercise.

3.7 Community Liaison

The Community Liaison (CL) will help and support implementing RFA in all locations and districts where new hotspots have been identified, and where there are no programme structures or arrangement that can help them get access to the community around these hotspots. Hence, depending on the logistical situation around coverage of new hotspots, the TSU-PO might seek help of community liaisons, as the need may be. He/she will be given nominal honorarium for extending support towards this activity. He/she will:

- Support TSU-PO in understanding the hotspots in locations which are not known to the programme.
- Facilitate liaising with gatekeepers at the hotspots for successful implementation of p-MPSE.
- Support identification of key informants who can be interviewed for RFA of uncovered locations.
- Help in troubleshooting, if required, in these uncovered locations with local gatekeepers.
- Conduct any other activity in line with the requirement of successful implementation of p-MPSE in consultation with TSU-PO concerned.

04

Ethical Considerations

Keeping in mind the sensitive nature of the locations and population under considerations, p-MPSE will have all necessary measures in place to ensure appropriate respondent protection through all phases of the survey. These include: (i) informed consent administration (ii) measures for respondent protection, and (iii) measures to ensure confidentiality and anonymity of the data.

4.1 Informed Consent

Under p-MPSE, key informants will be interviewed to obtain information about hotspots locations. As a part of the process, written informed consent in local languages will be taken to ensure the key informants' freedom to decide whether or not to participate in the p-MPSE exercise.

Standard informed consent documents including Participant Information Sheet (PIS) and Informed Consent Form (ICF) have been designed for this exercise. The PIS provides key informants with information on various aspects of p-MPSE. This is followed by their acknowledgement in the ICF that they have understood the information given in the PIS and will volunteer to get interviewed for p-MPSE to provide information on the locations of the hotspots. The informed consent documents are in Annexure-11.

Information in PIS: As part of the informed consent process, respondents will be informed about the purpose of the p-MPSE exercise and how it aims to benefit the community. They will also be informed about potential risks involving the participation in this exercise and that their participation is completely voluntary and that they are free to withdraw at any time. They will also be informed that withdrawal will not affect them in any way from NACP perspective. It will provide details of TI focal points at the SACS, with addresses and phone numbers to enable the key informants to reach them in case they wish to get further information or to report any violation of the ethical framework as related to p-MPSE.

Witnessed informed consent: For illiterate respondents, informed consent will be taken in presence of a impartial literate witness. Various alternatives such as field functionaries, local gatekeepers/community members etc. may be considered as impartial literate witnesses.

4.2 Respondent Protection Measures

p-MPSE is currently being designed for HRG populations (FSW, MSM, IDU and H/TG). These are the groups who are usually marginalised and stigmatised. Many times, key informants are from the HRG population itself and they may also not have the confidence to ask questions to clarify their doubts. They could feel obliged to cooperate with the TSU-PO without fully comprehending any unforeseeable harm that could possibly result from their participation in the exercise. Accordingly, the following guidelines must be adhered to in order to protect the potential key informants that help in the data collection during p-MPSE:

Sensitisation and training of data collection team: While the data collection under p-MPSE is to be done through personnel involved in offering services or those involved in monitoring these services, still the sensitivity of the data being collected will be emphasized during the training of TSU-PO as well as TI and LWS personnel.

Community engagement: Access to p-MPSE key informants will require going through various gatekeepers, such as brothel owners, IDU forums, community formal/informal groups and local programme implementers; especially in the locations which are not covered under the programme. All relevant local stakeholders will be reached in the preparatory phases through the district-level CAB meetings to sensitise them on various aspects of the activity as well as to seek their cooperation during implementation.

Unlinked anonymous data collection: The data collection under p-MPSE will be completely unlinked and anonymous. No hotspot information formats, network operator formats or village information formats will bear any identification of the key informants, (names or any other personal identifiers). Only the consent form will record the name and signature of the respondent. The consent form cannot be linked to any of the p-MPSE documents or data.

Adverse events (AE) troubleshooting: No harm is expected to any of the key informants or field personnel involved in data collection given the fact that data collection is community-driven under p-MPSE. Still, there may be an event or situation which may affect or cause unintended harm to anyone involved in this exercise. For such cases, key informants will be provided the contact details of TI focal points at SACS with addresses and phone numbers to report any perceived AEs. All such AEs will be responded to through the crisis management mechanisms of TI in districts where TIs exist. In districts with no TIs, AEs will be responded to under the advice of district's CAB. If the matter is not resolved and needs further escalation, the State Working Group may be informed for guidance and next steps.

The data collection under p-MPSE will be completely unlinked and anonymous. No hotspot information formats, network operator format or village information formats will bear any identification of the key informants, either names or any other personal identifiers.

4.3 Data Anonymity and Confidentiality Protection Measures

Data collection in p-MPSE is unlinked and anonymous. Many of the measures taken for respondents' protection will also ensure data anonymity and confidentiality. It will be further augmented by taking specific measures for both digital and paper data protection. This will ensure avoidance of improper/ unintended sharing as well as misreporting and its consequences (such as harm to the HRG community at the given hotspots). Specific measures in this regard are as follows:

A. Paper record protection

1. The p-MPSE will include generation of many documents in hard copy such as ICFs, HIFs, VIFs etc. After each day of the fieldwork, these will be properly sealed in double envelopes with clear markings. The outer envelope will mention a sentence stating that "Documents contained in the envelope are confidential and should be returned to the designated person, i.e., 'TSU TE-TI" (with name and contact details of TSU TE-TI and address of concerned TSU). The inner envelope will have "p-MPSE", "Confidential", "date of data collection" and "nature of records" written on it. This will enable the safe return of envelopes to the designated person in case they are lost and found by someone.

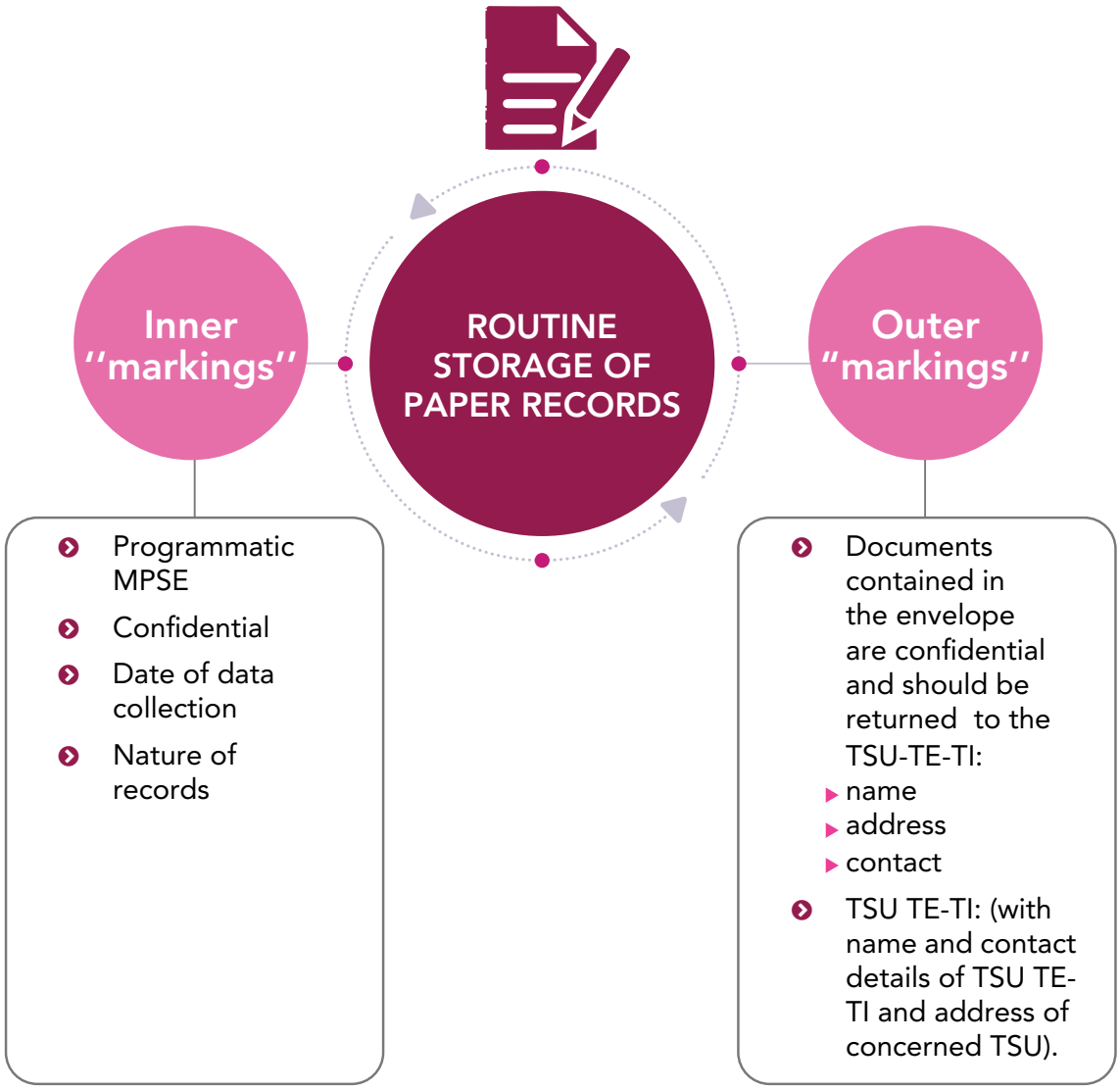
2. When not in use, the hard copies of the documents will be kept in lock and key under the custody of the TI programme manager.

3. All hard copies of the data document from the field will be transferred to the respective TSU fortnightly (without fail) through registered post by the TI or TSU-PO concerned. The documents will be enclosed in double envelopes of which the inner one will be pasted or sealed and marked "p-MPSE", "Confidential" and superscribed with only the name of the TSU TE-TI by whom it is to be opened. The outer envelope will bear the official address of TSU with details of Technical Expert-TI.

B. Digital record protection

1. The p-MPSE data collected from the field staff will be entered into the web-based portal periodically. The data will be entered by the designated TI Admin (TI Programme Manager or TI M&E) from the hard copy tools. The data captured primarily in the web-portal will be i) Hotspot Information Format (HIF), ii) Village Information Format (VIF), iii) Network operator Format (NOF), iv) Supervisory checklists

2. The digitalized data of HIF/VIF/NOF providing the characteristics of the hotspots including location, associated size, operational days, time, etc. will be made available in soft copy only to the TI programme, TSU, SACS and NACO for programmatic and surveillance/ estimation purposes. For the rest of the stakeholders, the HIF/VIF/NOF-wise digitalized data will be scrambled to avoid identification of hotspots location or any other sensitive information.



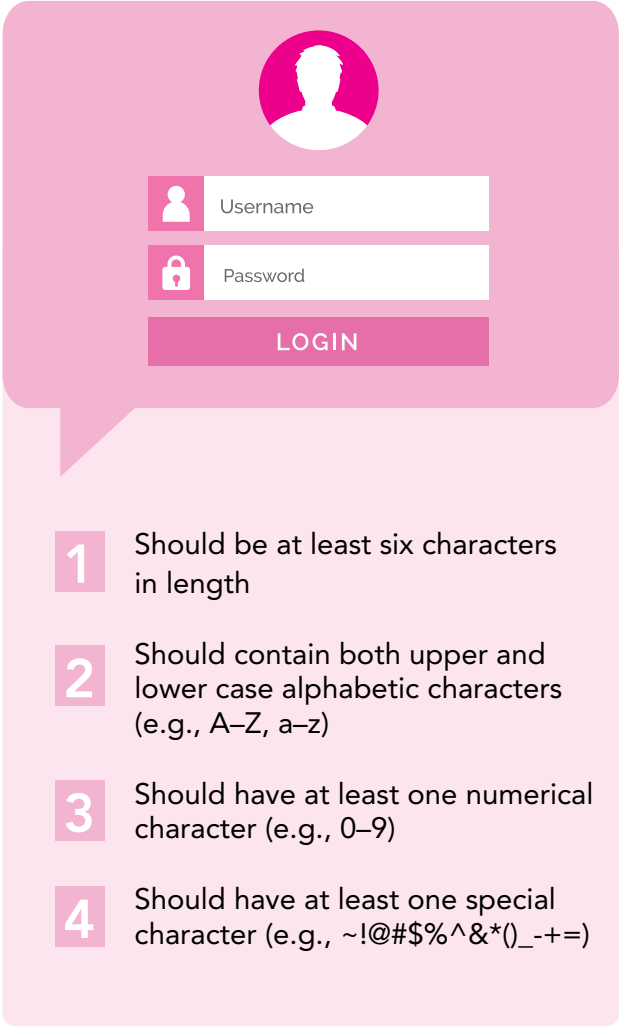
3. The Programme Officers will be able to access the system for their assigned TIs and also enter the HIFs for non-TI Coverage areas. They will have access to modify or edit the data. The State and national users will be able to view the data and summary progress reports for their assigned geographies. The data will be stored at a centralized server and will be encrypted. There will be a built-in alert mechanism to highlight gaps. A dashboard will provide overview of the progress.

4. **As a norm, sharing of digital HIF/NOF/VIF data through email will be strongly avoided.** In exceptional scenarios, where hotspot data need to be shared for project management purposes, it will be shared as a password-protected document. The password will be shared with the intended audience in a separate email.

5. Access to data will be right-based at district, State, regional and national-levels. The State teams will be able to view digitalized HIF/VIF/NOF but will not be able to modify them. The TSU-PO will be able to export data only for the districts allocated to him/her. State-level TSU TE-TI, TE-SPIR, SACS TI lead and M&E lead will be able to export the anonymised digital HIF/NOF/VIF records for concurrent data quality reviews. NACO SI-Surveillance and TI division will have the viewing and export rights to all data.

6. Staff who retire, get transferred or resign will be immediately de-authorised and barred from accessing p-MPSE data. It will include access to record rooms, cupboards or data cabinets, data applications, as well as removal from the group mailing lists. These changes will also occur when staff are transferred internally to other assignments. **It will be the responsibility of SI division head at SACS to ensure these procedures are in place so that timely notification is provided to relevant officers or units.**

As per the password policy, the password needs to be strong based on standard password norms to prevent password cracking or guessing attacks. All staff, including the field team, will be trained on standard password norms as well as to ensure that passwords are changed on a regular basis. The norms for password will be as below:



Only authenticated users with a valid username and password will be able to access the system. A user retiring/leaving must be deactivated by the Admin and will no longer be able to access the system.

05

Preparation for Community-led p-MPSE

Several activities need to be taken up at the national, State and district levels prior to the commencement of the fieldwork for p-MPSE. This section describes these activities in more detail than provided in Section 2.

5.1 National Level

1. NACO will send an official communication to the project director of each SACS informing them about the launch of the activity, brief methodology as well as roles & responsibilities of all related stakeholders. The communication will also have well defined key activity-responsibility-timeline matrix on which the progress will be assessed periodically.
2. NACO will organize in-depth participatory training of trainers (SACS, SI & TI divisions, TSU, community representatives) wherein participants will be trained on the process of p-MPSE as well as on all standardized tools and methodology. Special attention will be paid to Standard Operating Procedures for handling mapping data. In general, up to four people from each State will be trained. These will include two individuals from the SACS (one each from SI and TI division), and two from TSU (TL-TSU/ TE-TI/TL-TI and TE-SPIR).
3. This training at the national level will also include representatives from each HRG typology to ensure that their perspective is taken into consideration and to gain their support for the p-MPSE process.

5.2 State Level

5.2.1 Establishment of the State-level institutional arrangements and convening the first meeting

This is fundamental to the launch of the p-MPSE in a State. Two institutional arrangements have been envisioned:

The State Steering Committee under the chairpersonship of Project Director SACS

A State Working Group under the chairpersonship of the Additional Project Director or his/her designee.

The roles and responsibilities of concerned officials and these institutional arrangements have been described earlier in the relevant sections. The first meeting of the Steering committee will mark the beginning of the p-MPSE in State.

5.2.2 Sensitization of stakeholders and relevant authorities

The SACS will organize a stakeholder consultation and sensitization meeting at the State-level with stakeholders from districts with or without TIs such as MSJE points of contact, local TI NGO representatives, community representatives, gatekeepers and other non-TI NGOs working in non-covered areas. This meeting will also be joined by other officials of SACS and TSU including Joint Director BSD, Joint Director TI, Joint Director Information Education Communication, etc. TSU and technical experts.

5.2.3 State Communication to Stakeholders

SACS will send official communication to the district administration and the District Health Societies and related line departments (e.g., MSJE) p-MPSE and its various activities, seeking their support and cooperation. The communication will also introduce the methodology in brief and expectations from them for smooth implementation of the fieldwork in the district.

SACS will also send official communication to all NACP facilities (i.e., ICTC, ART/link-ART, STI clinics and TI-NGOs), informing them about the activity and expectations from them.

5.3 District Level

5.3.1 Establishment of district-level CAB and convening their first meeting

A CAB will be set up at the district-level under the leadership of the nodal officer of the HIV/AIDS control programme in the district with support of the TSU-PO concerned. This

SACS will send official communication to the district administration and the District Health Societies about p-MPSE and its various activities, seeking their support and cooperation.

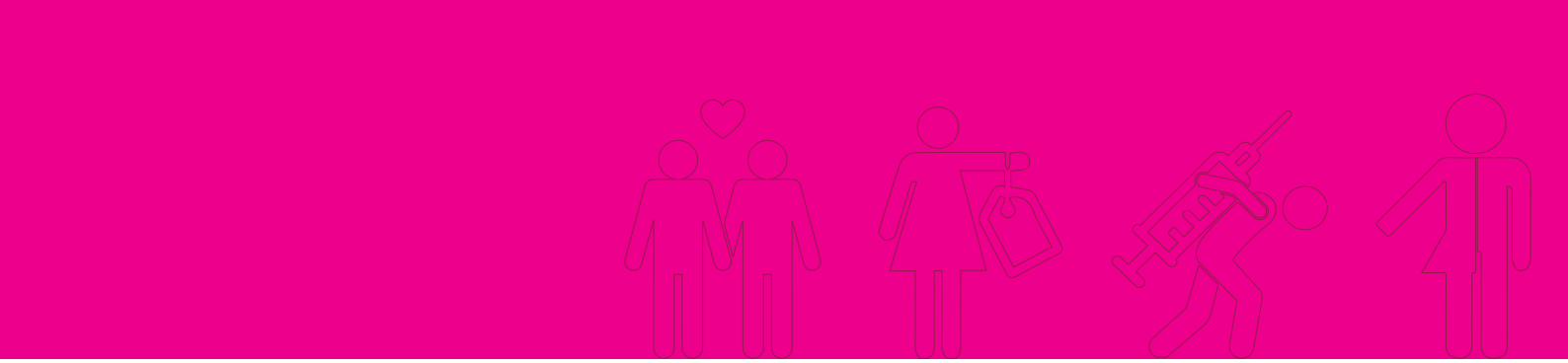
committee will have community leaders, who are from the community, having influence and knowledge about community whereabouts and issues; programme stakeholders, including those from MSJE and representatives from NGOs working with HRG community members (e.g., IDU forums) as well as from NGOs working in uncovered areas. The committee shall also include gatekeepers who are not from the HRGs and may include anyone with influence or control over HRGs and who work closely with the community—madams, brokers, lodge owners, pimps, community activists, local political figures and other opinion leaders from the HRG community. This CAB will meet at least 3 times (before, during and after) during the community-led p-MPSE in the district. The CAB composition and functions have been detailed in the next chapter.

5.3.2 District Communication to Stakeholders

The nodal officer of the HIV/AIDS in the district will send official communication to the relevant stakeholders like the NGOs in the uncovered locations, NGOs working with MSJE etc. sensitizing them about the activity and seeking their support and cooperation. This will also include sending a formal communication to the TI-NGO regarding the project and expectations from them.

5.3.3 Preparation of a supportive supervision plan

The TSU-PO will prepare an integrated micro-plan for the first one month of the data collection to ensure that hotspots are properly spot-checked during the field implementation. This will be done based on the micro-plan prepared by TIs. Similarly, plan for visiting the LWS villages for validating their data will also be prepared based on the micro-plan shared by DRP of the LWS.



5.4 Targeted Interventions Level

5.4.1 Sensitization meeting at the TI level

At each TI, the project coordinator/manager concerned will convene a meeting of all of his/her team to brief them about the project with specific focus on roles expected from them.

5.4.2 Defining of the catchment area of TI

As each TI is expected to implement the p-MPSE in its catchment areas, each of them shall define it carefully in consultation with its TSU-POs. A catchment area is all the blocks/wards/mandals that are being covered as well as those that are intended to be covered by the TIs. As each TI is expected to implement the p-MPSE in its catchment areas, each of them shall define it carefully in consultation with TSU-POs concerned. The catchment area will be finalized by reviewing the NGO proposal for TI, the Memorandum of Understanding (MoU) between SACS and NGO as well as the current coverage of TI. In districts where more than one TI is working, TSU-PO shall bring all the TIs together to work out the catchment areas of the TIs by location and population.

5.4.3 Mapping of ORWs and PEs with hotspots for data collection

The data collection for the p-MPSE in the TIs catchment area will be done by ORWs of a TI with the help of peer educators. For p-MPSE,

As each TI is expected to implement the p-MPSE in its catchment areas, each of them shall define it carefully in consultation with TSU-POs concerned. The catchment area will be finalized by reviewing the NGO proposal for TI, the Memorandum of Understanding (MoU) between SACS and NGO as well as the current coverage of TI.

ORWs and PEs will be screened and selected, to ensure that they have the right skills to communicate and interact with key informants, to elicit information on hotspots and estimated sizes. Staff with experience will be given preference, and where new staff must be taken, the TI-PM as well as TSU-PO will ensure that they have the right training and sensitization that is needed to conduct field work.

5.4.4 Micro-plan preparation

The TI-PM/PC, in consultation with his/her team, will prepare a day-wise plan for the data collection with an objective to complete the data collection in their catchment areas within one month of the start of the data collection based on the mapping of ORWs with hot-spots. This plan will be updated weekly to account for local situations like identification of new hotspots. He/she shall share the micro-plan with TSU-PO and HIV/AIDS nodal officer in the district to facilitate supportive supervision visit. The template for the micro-plan is at annexure 7 to 9.

5.5 Link Worker Level

5.5.1 Sensitization meeting

Each of the District Resource Person (DRP) of the LWS will convene a meeting of all of her/ his teams to brief them about the project with specific focus on deliverables expected from them.

5.5.2 Preparing a list of all villages covered under LWS

The villages being covered under LWS are well defined. The DRP will prepare the list of all the villages which has been covered under the scheme in the last 3 years with the help of the LWS supervisors. Around 30% of all villages that are currently under LWS coverage will be visited and a micro plan for same will be prepared accordingly.

5.5.3 Mapping of DRP and supervisors for validation of the LWS data for 30% of the villages

The LWS DRP and supervisors are expected to visit at least 30% (10% among each of them) villages being covered under the LWS. There are 2 supervisors in each of the LWS districts. Each will v isit 10% of the villages being covered by other supervisors. Each of the villages selected for the visit by DRP and validation by LWS will be unique i.e. not overlapping.

The LWS DRP and supervisors are expected to visit at least 30% (10% among each of them) villages being covered under the LWS. There are 2 supervisors in each of the LWS districts. Each will visit 10% of the villages being covered by other supervisors.

5.5.4 Visit plan preparation

The DRPs, in consultation with his/her team, will prepare a plan to visit 30% of the villages for validation by them and their supervisors. He/she will share the visit plan with TSU-PO and HIV/AIDS nodal officer in the district to facilitate supportive supervision visits.

06 Community Engagement

Community engagement is a fundamental preparatory process of p-MPSE. It pertains to engaging and involving key local stakeholders and community members to foster a sense of ownership among community members and creating conducive environment for a smooth and successful implementation of the field activity.

As a part of community preparation, the formal structure of CAB will be established in each district where field work is planned to identify, understand, resolve and address the community's concerns. This structure will have representation from HRG community (p-MPSE population). **It is mandated that no data collection start without establishing the CAB in the concerned district.**

6.1 Objectives

1. Meaningful engagement and involvement of community members by establishing formal structures within the districts.
2. Facilitation of maximum support and cooperation from the community during the field work.
3. Timely identification and redressal of any AEs related to the community caused during the field work.

Community engagement will be the first activity to start in the field. The establishment of CAB will be the first output of initiation of the community engagement process in the survey district.

6.2 Components

1. Constitution of CAB
2. First meeting of CAB
3. Periodic follow-up meetings of CAB

6.2.1 Step 1: **Constitute a CAB**

The CAB will be formed in each of the relevant districts before the initiation of field work. The CAB will be only constituted where field work for the p-MPSE has been planned. Also, **irrespective of number of population groups being planned for MPSE in the district, there will be only one CAB in the district concerned.** The objective is to help safeguard community interests and address concerns prior to and during the p-MPSE field work. The CAB will meet periodically during the implementation of the fieldwork.

The CAB will comprise key persons from the community as well as community-level gatekeepers and stakeholders under the chairpersonship of the nodal officer of HIV/AIDS programme in the district. CAB members will be identified in consultation with the PO-TSU and constituted by the district nodal officer for the HIV/AIDS Control Programme.

PLEASE NOTE: The travel expenditure of officials of DAPCU, TSU and NACO service delivery facilities will be borne by appropriate heads of their respective project. The non-official community members will be supported by p-MPSE budget for local public transport as appropriate.

KEY STAKEHOLDERS OF CAB

COMMUNITY MEMBERS:
Population under p-MPSE — FSW, MSM, H/TG and IDUs

COMMUNITY LEADERS:
Individuals from the community who have influence over the community members.

PROGRAMME STAKEHOLDERS:
SACS/TSU, POs/DAPCUs and TIs

OTHER STAKEHOLDERS:
District administrative authorities, District Medical and Health Officers (DMHOs), MSJE nodal officers, TI-NGOs working with the p-MPSE population group, MSJE NGOs, appropriate NGO working on development sector in the non-covered locations.

GATEKEEPERS:
They are not from the p-MPSE population but include anyone with influence or control over the HRG population and who work closely with the community. It includes a range of stakeholders, such as madams, brokers, lodge owners, pimps, community activists, local political figures and other opinion leaders from the HRG community.

Study population	Potential gatekeepers
FSW	Brothel owners/managers, pimps, local shopkeepers catering to sex workers, taxi drivers, FSW associations/self-help groups, opinion leaders, religious leaders, brokers, lodge owners, People Living with HIV (PLHIV) and local network members, massage parlour owners.
MSM	MSM community leaders, advocates, PLHIV and local network members.
IDU	Friends and family members of IDUs, owners of tea shops and other shops in the area, ex-IDUs.
H/TG	H/TG community leaders, PLHIV and local networks members.

Key Functions of CAB will be as below:

A. Before data collection initiation:

1. Apprise the p-MPSE team about the major concerns and challenges, if any, reported/perceived by the community with regard to field work implementation and the measures to address these concerns.
2. Facilitate increased cooperation from the community, respond to community members' queries on p-MPSE and explain its importance to community members.

B. During data collection:

1. Review p-MPSE field implementation in the field to ensure that community sensitivities are respected.
2. Discuss community-related concerns brought up by community members/ TI partners/field team/anyone else and advise the survey team on addressing them and taking necessary action.
3. Advise the field team on the actions required to address any AEs arising during the fieldwork.
4. Ensure the community's support by addressing the concerns of community members as well as the general community.
5. Guide the field team in avoiding repetition of the same type of AEs in the field.
6. Act as a source of correct information on p-MPSE for the community members.
7. Monitor the field work.

C. After data collection:

Review the field implementation and provide feedback to the field team in the context of community sensitivities handled during the survey. Further, review the draft findings of p-MPSE and provide the local perspective and recommendations on draft estimates.

Apprise the field team about any pending issue related to the community that still needs to be addressed. All such pending issues must be communicated to the concerned PO-TSU and nodal officer of the HIV/AIDS programme in the district.

Deliverable of Step 1:

Formation of CAB in the study district

6.2.2 Step 2: **Convene the first meeting of CAB**

The first meeting of the CAB will be organised before the initiation of the field work for p-MPSE, with a focus on:

1. Orientation of the members on p-MPSE with specific focus on objective, method and ethical considerations;
2. Clarification of roles and responsibilities of the CAB and its members;
3. Understanding community concerns and challenges, if any, as well as potential measures to overcome those;
4. Identifying locations where TI-NGOs are not working but hotspots for p-MPSE population exists.

The outcome of the first meeting will be appropriately documented. If any major concern arises that may hamper the smooth implementation of programme in the district, the same will be immediately informed to SACS for appropriate guidance on action points.

Deliverable of Step 2:

Record note of the first meeting with specific focus on community concerns and challenges (if any) and mechanism to overcome them.

6.2.3 Step 3: **Convene periodic meetings of CAB**

After the first meeting of CAB, data collection under p-MPSE will be initiated. In the course of implementation, there will be two more mandatory meetings of CAB.

The second mandatory meeting of CAB will be organised within a month of initiation of data collection with a focus on (i) review of the progress of field work (ii) any AEs reported in the field and their management, and (iii) review and guidance on community concerns, if any, that need to be addressed before taking the data collection forward.

The third mandatory meeting of CAB will be organised after completion of field work in the district with a focus on informing them about progress on field work acknowledging the role of the CAB and also about specific community concerns/AEs that need to bring into the notice of CAB for their guidance. The third meeting will also review the drat findings of p-MPSE and provide the local perspective and recommendations on draft estimates.

Deliverables of Step 3:

(i) Minutes of each meeting, covering the date of meeting, persons attending the meeting with their position and organisational affiliation, key issues discussed, concerns raised by the stakeholders and the suggested ways to address them, (ii) Documentation of AEs reported in the field, and (iii) Review and recommendations on draft mapping and size estimates for the district. The responsibility for documentation lies with TSU-PO.

6.3 Adverse Event Management

Management of Adverse Events (AEs) is an important part of the p-MPSE and part of the ethical framework. While many measures are established to reduce the occurrence of AEs, a plan is put in place to address any such events that may occur during the fieldwork.

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Primarily, the p-MPSE will be using the established Crisis Response System of the targeted interventions to respond to any adverse events which are reported from the field. However, in locations where the TI/LWS NGOs are not operational, relevant members of the CAB will be contacted appropriately to facilitate quick response to adverse events for early resolution.

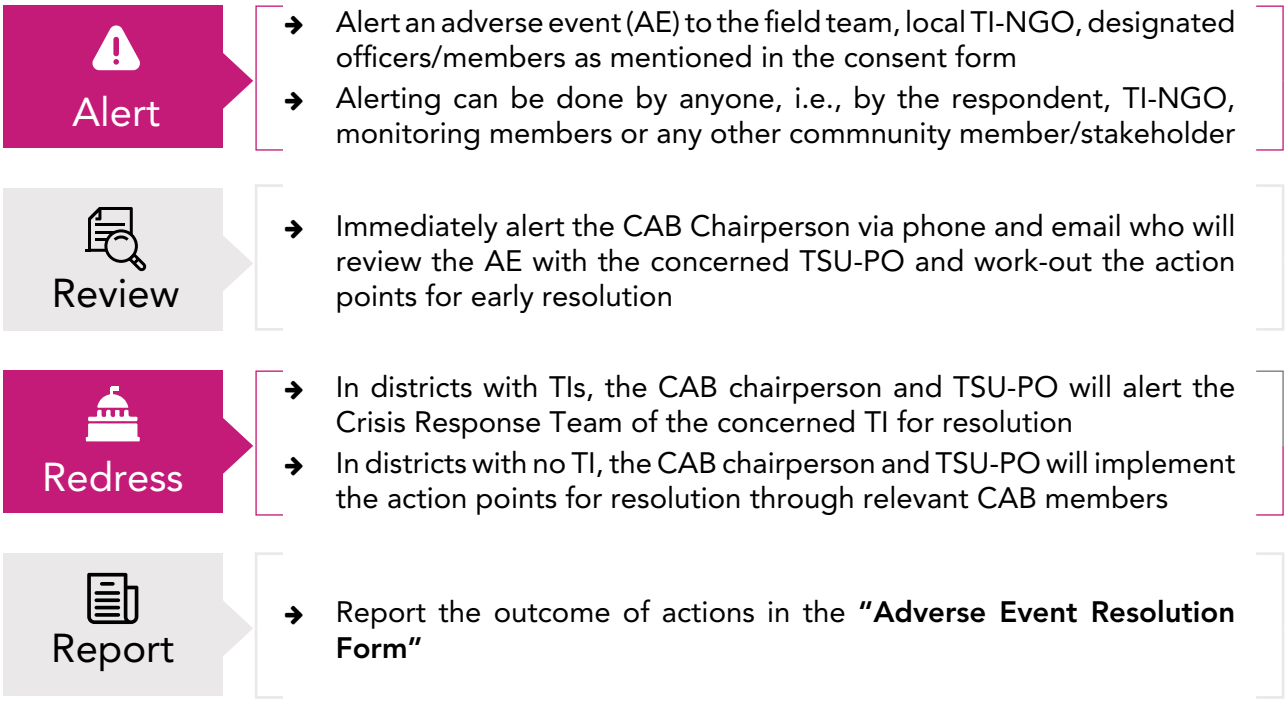
6.3.1 What is an AE?

An AE is any undesirable and unintended negative consequence for the respondent or for the community, arising from participation in p-MPSE. AEs include all types of harm — physical, psychological, social, legal and economic. Examples of AEs under each typology, with their potential context, are summarised below.

S. No.	Broad type	Probable example	Probable context
1	Physical	Any type of pain or physical injury, discomfort	Injury caused by fighting with a gatekeeper due to participation in p-MPSE.
2	Mental	Feelings of stress, guilt and loss of self-esteem	May arise simply from thinking or talking about one's own behaviour/attitudes on sensitive topics such as drug use, sexual behaviour and violence, etc.
3	Social	Embarrassment within one's business or social group, loss of employment or criminal prosecution	May result from breach of confidentiality of information; disrespectful behaviour/ attitude about respondent/community and embarrassment within one's social group.
4	Legal	Increased raid by the police	May be associated with breach of confidentiality of information on hotspots/ cruising sites/shooting galleries etc. resulting in increased raids.
5	Economic	Loss of employment	May result from breach of confidentiality of information about locations where HRGs can be found.

6.3.2 Overview of AE management

In addition to the care that must be taken to avoid occurrence of any AEs during implementation of the p-MPSE, standard procedures are also put in place for the earliest resolution of any AEs occurring in the field. Overall, there are four steps of AE management — alert, review, redress and report, as illustrated in the figure below.



Any local stakeholder (including the respondent himself/herself)/CAB/members of the field monitoring team may initiate this alert. When an alert on AE is being reported from the field, it will be the responsibility of the member who receives the alert to capture the AE properly including the district, mandal/ward/village and population group from where it is being reported and the nature of the AE. The recipient will assure the alert-raiser that his/her identity will be completely confidential and that a detailed account of the AE will help in early redressal of the issue.

People who can raise an alert on AE

01	02	03	04
People who participated in the field work, work near the recruitment points or some other local stakeholders (like local NGO) on behalf of such persons	Members of the field team, i.e., TI peer educators, TSU-POs etc.	Members of CAB	Members of monitoring team (TSU, DAPCU, SACS, and NACO etc.)

PLEASE NOTE: After receiving the details of an AE, the receiving officer/ member will transmit the details to the chairperson of CAB and TSU-PO in the district concerned as soon as possible but not later than two days of the receipt. This will be done by both phone and e-mail.

Once the alert reaches the field team, the CAB chairperson and TSU-PO will review the AE in detail. Other CAB members may also be involved in review if deemed suitable by CAB chairperson. The group will work out the actions points for early resolution, in consultation with SACS working group if required, and then implement it in the field through the Crisis Response Teams of the TIs or other CAB members as relevant.

Subsequently, an Adverse Event Resolution Form will be submitted to the State Working Group by TSU-POs under the approval of the CAB chairperson. (See next sub-section for details)

Reporting and resolution status of AEs will be reviewed at the periodic review meeting of the CAB as deemed suitable by the CAB chairperson.

6.3.3 Reporting AEs and its redressal

Once the AE is adequately addressed and resolved in the field, the next step will be reporting of the details of AE and its redressal. This should be done within one week of AE resolution. The TSU-PO will prepare the Adverse Event Resolution Form. Each of the AE will be reported to the SACS working group by the TSU-PO in a prescribed format (see Annexure-13). The format will be duly approved by Chairperson of CAB.

Steps for filling the Adverse Event Resolution Format are as below:

Instructions: The TSU-PO, in consultation with CAB members and local TI NGO as relevant, should complete the form for each AE. The AE should be reported to SACS.

Details about the State, district and place where the AE occurred will be provided as asked.

• *Date of AE reported*	Mention the date when the AE was reported to the CAB
• *Date on which the AE occurred*	Mention the date when the AE occurred
• *Where did it occur?*	Mention the place where the AE occurred. This could be the hotspot or interview area
• *Brief description of the nature of the AE*	Please explain the nature of AE in detail
• *What steps were taken towards redressal of this AE?*	Mention the steps taken for redressal of the AE in detail

07

Community Liaison

The Community Liaison (CL) is critical for implementation of the p-MPSE for the locations which are not part of the catchment areas of targeted interventions. In such locations, they are the connecting bridge to the community and will play an extremely important role in every important aspect of the p-MPSE ensuring access to locations and populations for RFA of such hotspots by the TSU-PO. Their role will include rapport-building with the community, responding to concerns and assisting the team to implement RFA as per the guidelines.

7.1 Who can be a CL?

A CL should be:

1. A person from the location and from within the community where the field work for p-MPSE is being implemented
2. Well conversant in local languages and having good communication skills
3. Able to gain access to the community and build a rapport with them
4. Able to identify with the community
5. Willing to participate in field work for p-MPSE

CL for FSW: Active FSW from the same locality, brothel owner, agent/broker, etc.

CL for MSM: Active MSM from the same locality, owner of condom outlet in the community, etc.

CL for IDUs: Active IDUs, ex-IDUs (who have quit ID usage) who are known in the community, drug peddlers, etc.

CL for H/TG: Active H/TG from the same locality, guru (H/TG), owner of condom outlet in the community, etc.

7.2 Identification and Sensitization of the CL

In view of the important role of CLs in implementation of p-MPSE in uncovered locations, their identification and sensitization are critical. These new hotspots will be identified after the characterisation of existing

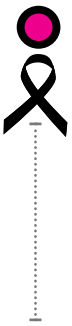
hotspots of the selected TI, conduct of KII and completion of a list of hotspots that are not in the catchment area of selected TI. During KII, information is also collected on the person who can help to implement the fieldwork at such locations. CLs will be usually identified based on the inputs provided by various stakeholders.

To the extent possible, the CL will be identified before visiting the hotspots as per the information provided by the key informants. The TSU-PO will contact the CL through proper channels and inform her/him about the planned activities under RFA of the hotspots for which his/her help is sought. The focus will be on the specific support expected from her/him, as detailed in the sub-section below, for implementing at uncovered hotspots.

7.3 Roles and Responsibilities

The Specific responsibilities of a CL include the following:

1. **Be familiar with RFA guidelines:** The CLs should be aware of all the required guidelines applicable to them for fieldwork.
2. **Assist TSU-PO in fieldwork:** Since the CL will be familiar with his/her associated hotspots, one of his/her main tasks is to facilitate and assist the TSU-PO in planning and implementing the fieldwork.
3. **Engage with gatekeepers and build rapport:** The CL should help in seeking cooperation upon arrival at the hotspot including approaching and talking with key gatekeepers at the site.
4. **Identify members of HRG community, community leaders and gatekeepers at the newly identified hotspots:** The main responsibility of a CL is to identify the appropriate respondents at the hotspots, which are not in the catchment areas of the TI, to implement RFA.



Due to the sensitive nature of information collected from the respondents in the p-MPSE, the CL should take care in maintaining the confidentiality of respondents as well as of data being collected.

5. **Address the concerns of respondent/community members:** Throughout the p-MPSE at locations which are not part of a catchment area of any TI or in districts which are not covered by any TI, a key role of the CL person is to respond to the concerns of community members and/or respondents at the hotspots being visited for RFA. The stakeholders at these hotspots may have questions about the p-MPSE and the CL will assist the TSU-PO in clarifying their doubts/concerns. Since it is very likely that community members and respondents identify with the CL on the team, they can be key to addressing community concerns at the RFA sites.
6. **Assist the TSU-PO in resolution of AEs:** Since the CL is a member of the community and is expected to be an influential person in this group, he/she will able to identify the AEs and resolve them by acting as a facilitator between the community and the TSU-PO.
7. **Maintain strict confidentiality:** Due to the sensitive nature of information collected from the respondents in the p-MPSE, the CL should take care in maintaining the confidentiality of respondents as well as of data being collected.

08 p-MPSE in Districts with TI/LWS

While the objective of the p-MPSE is the same for all districts, irrespective of them having a TI/LWS, there is a difference in data collection approach. This chapter describes the data collection method and steps in the districts with TIs/LWS, while the same for the districts with no TI/LWS is detailed in a subsequent chapter.

8.1 Overview

8.1.1 Field process for districts with TIs

The field work for p-MPSE in districts with TIs, for each population group, will have the following broad implementation components:

A RFA at existing hotspots by ORWs in prescribed hotspot information format (HIF)as per micro-plan with concurrent spot-checks

B RFA at new hotspots, identified in TIs catchment area during RFA of existing hotspots, in prescribed HIF by ORWs as per micro-plan with concurrent spot-checks

C Back-check of the data collected by ORWs through TSU-PO led RFA of the randomly selected hotspots

D Weekly information sharing on the new hotspots identified

E Hotspots identification outside the TI coverage areas and RFA of these new hotspots in prescribed HIF by TSU-PO

8.1.2 Field process for districts with LWS

The data collection by CLW for villages using Village Information Format (VIF) covered by LWS (if the district has LWS) will have the following broad implementation components:

A. Data collection in prescribed Village Information Format (VIF)

B. Validation of the data from LWS villages through LWS DRP and supervisor-led village visits

8.1.3 Data management

All the HIFs and VIFs will be digitalised using web-based portal by M&E cum account assistants of TI and LWS as available.

8.2 Details of Field Process for Districts with TIs

8.2.1 RFA at existing hotspots by ORWs in prescribed Hotspot Information Format (HIF) as per micro-plan with concurrent spot-checks

Before implementing the RFA of their existing hotspots, the TIs shall prepare a micro-plan assigning each hotspot to an outreach worker, who will be assisted by a peer educator.

What is RFA?

RFA or Rapid Field Assessment refers to the visiting of each and every identified potential hotspot and collection of the required information from three to six key informants (primary and secondary stakeholders), to characterise the hotspot in terms of nature of the hotspot and the size of population associated with it. It also documents information about any other hotspots in nearby locations to ensure that all hotspots are identified and covered as a part of p-MPSE.

Before implementing the RFA of their existing hotspots, the TIs shall prepare a micro-plan assigning each hotspot to an outreach worker, who will be assisted by a peer educator.

PLEASE NOTE:

It would be good to visit a hotspot when a reasonable number of HRGs are expected to be available- from where key informants may be available for consulting. For quality assurance purposes, no more than 3 hotspots should be planned for the RFA in a day. If more hotspots are planned for RFA for a day by an ORW, this should be done in consultation with TSU-PO.

Steps for RFA

The RFA will be done by the ORW with a peer educator. The specific steps at the hotspot as a part of the RFA are as below:

a. Visit the hotspot as per the micro plan. Spend a minimum of 2-3 hours at each listed hotspot to collect information. Sensitise the gatekeepers and key stakeholders as required. Visit the hotspot on another day if the first day of the visit turns out to be an abnormal day (e.g. rainy day, strike day etc).

b. Identify key informants with the help of peer educators concerned. After taking informed consent, collect information from **at least three key informants** (at least two primary and one secondary stakeholders) to characterise the hotspot in terms of its nature as well as the size of population associated with it. Assure the key informants about confidentiality and anonymity of the information collected. **Try your best to have a group discussion (GD) with these KIs to reach a consensus figure of the estimated size of hotspots, as provided by different key informants.** The GDs, instead of only individual key informant interviews, will be key to resolving points of differences in a collaborative and convincing manner. If required, talk to more numbers of key informants to arrive at a more reliable information on a particularly characteristic of the hotspot.

c. Be covert and discreet and do not create suspicion or caution, which may affect the quality of information that will be collected.

d. **Complete one HIF for each visited hotspot. In case more than one HRG population is associated with a particular hotspot, please fill in one HIF separately for each HRG population.** Ensure that the HIF are kept securely throughout and after the field process. All information gathered must be kept anonymous and confidential and should not be shared with anyone.

e. Share the filled HIF with the M&E cum Accountant of TI concerned.

HIF is a standard tool to document various characteristics about the location and the HRGs associated with each hotspot being covered through RFA under p-MPSE.

Information Collected during RFA

During RFA, data will be collected on various characteristics of the hotspot being visited based on Hotspot Information format (HIF). HIF is a standard tool to document various characteristics about the location and the HRGs associated with each hotspot being covered through RFA under p-MPSE. The HIF tool, specific for each HRG population, is at annexure 1. The filled HIF will be shared bi-weekly with M&E Officer cum Accountant so that he/she can do the data entry in the web-based portal.

The HIF tool, for each HRG population, has three broad sections:

- **Section A** — **HOTSPOT BASIC INFORMATION**
- **Section B** — **HOTSPOT PROFILE**
- **Section C** — **INFORMATION OF OTHER HOTSPOTS**

Table 3: Hotspot Basic Information

SECTION A: HOTSPOT BASIC INFORMATION	
Name of State	Mention the name of the State concerned.
District	Provide the name of the district where the sites are being updated.
Hotspot Location	Mention whether this particular hotspot is within a TI Catchment Area, or it is a Non-TI Catchment Area.
Name of TI	Write the name of NGO/CBO (in case of TI area) covering the hotspot.
HRG	This is distinct for each group, since there are different HIFs for different HRG. This will be already marked for you.
Date of visit 1 (DD/MM/YY):	Mention the date on which the hotspot was visited for the first time.
Date of visit 2 (DD/MM/YY):	Mention the date on which the hotspot was visited for the second time.
Date of visit 3 (DD/MM/YY):	Mention the date on which the hotspot was visited for the third time.
Name of PE/ORW/PO	Write the name of staff implementing the RFA at the hotspot.
Designation	Choose the designation of the person filling the HIF, i.e. whether it is a PO or ORW or PE.
Name of hotspot	Provide the name of the hotspot being visited.
Hotspot Code	Mention the unique code of the hotspot which will be provided to you (autogenerated).
Hotspot Coverage	In this cell, mention whether the hotspot is currently covered by the TI or whether it is a new hotspot (currently not covered by any TI for the specific population group for which HIF is being filled).
Hotspot Type	The purpose of this question is to know the type of hotspot. The implementer (ORW, TSU-PO) is expected to observe and encircle the code corresponding to the description that best describes the hotspot. If none of the mentioned descriptions seem appropriate, the interviewer needs to encircle '17' (for other) and detail the description.
Location	Mention whether it is a city/town/village and please provide detailed address with a couple of clear landmarks.
Status of hotspot	Encircle '1' for 'Active' and '2' for inactive hotspots as per the observations made during RFA. A hotspot may be considered inactive if it has been inactive for one month or more and there is no information available on whether/when HRGs are likely to come to the location. There is no need to revisit closed/non-operational hotspots. If the hotspot has been inactive for only the previous one week, it may be considered only temporarily closed and shall be revisited for collecting necessary information to complete the HIF. In this case, indicate the hotspot as "Active"
If Inactive Since when <dd/mm/yy> _____ Primary reason for inactive hotspot_____	In case of inactive hotspots, provide the duration since when the hotspot is inactive. Also document the reasons for which hotspot has become inactive.
If Active, whether 1= Accessible, 2= Inaccessible	In case of active hotspots, Circle '1' for 'Accessible' and '2' for Inaccessible hotspots as per the observations made during RFA.

Table 3 contd.: Hotspot Profiles

SECTION B: HOTSPOT PROFILE	
Since how many months/years this hotspot is **operational** (Circle one relevant Category)	There are 6 mutually exclusive options to capture the duration since when this hotspot is active. Encircle the appropriate once based on observations during RFA.
How many total HRGs are associated with (solicit at) this particular hotspot?	In this section, the minimum and maximum number of HRGs who all are attached to that specific hotspot or who visit the hotspot on any day of the week will be captured here. Provisions have been made to capture this information for upto six key informants.
Of the IDU who are associated with this hotspot, how many are females? (Min – Max) ***ONLY FOR*** **IDU HIF**	The intent behind this question is to find out about the presence of female injecting drug users, who, if available in sufficient numbers, will be linked to services by the programme.
What day of the week can we find the maximum number of HRGs at the hotspot (Peak Day)	The purpose of this question is to know the days when the maximum number of HRG members can be found at the hotspot, referred to as 'peak days'. The interviewer (ORW, TSU-PO) is expected to encircle all the days of week when the maximum number of HRGs can be found at this hotspot based on the interactions with key informants. Please note that more than one peak day is possible.
What is the **peak time** of the day when we find the maximum number of HRGs at the hotspot? **(Multiple Answers Possible) CIRCLE AS APPLICABLE**	The purpose of this question is to know the times when one can find the greatest number of group members at the hotspot, referred as peak time. Five self-explanatory options have been provided to respond to this question. The interviewer (ORW, TSU-PO) is expected to encircle all the appropriate options. Please note that more than one peak time is possible.
Of the HRGs who are associated with this hotspot, how many (min – max) also work at/visit other **hotspots within the district?**	This question will capture the intra-district movement at hotspots. Based on information provided by each key informant, the minimum and maximum number of HRGs who visit other hotspots in the district on the same day, will be captured.
Of the HRGs who are associated with this hotspot, how many are (min – max) aged **below 25 years?**	This question aims to capture the presence of young HRGs on the hotspot. Based on information provided by each key informant, the minimum and maximum number of HRGs who are aged below 25 years at the hotspot will be captured.
Besides given HRG, what are other HRG populations associated with this hotspot (multiple response possible)?	This question is meant to capture the association of other HRGs that may be associated with the same hotspot. Choose one or more of the HRG options provided. Please note that separate HIF shall be filled for each HRG associated with the given hotspot.

Table 3 contd.: Information on Other Hotspots

SECTION C: INFORMATION OF OTHER HOTSPOTS	
HOTSPOT NAME/ADDRESS	Document the names of hotspots in nearby locations where HRG populations can be found. Document details pertaining to landmarks, community stakeholders, influencers and facilitating factors at the hotspots, if available. After the HIF has been completed, review the list of the names of nearby hotspots vis-à-vis hotspot list available of the TI. If there is any hotspot which is not already a part of the list available with the TI, plan for implementing the RFA. Also make sure that the list of these newly identified hotspots is shared with the TSU and other TIs, in the weekly reconciliation meetings.
TYPOLOGY OF HRG	Mention which HRG typology (MSM-FSW-H/TG-IDU). If one hotspot has more than one typology, then please mention them in a separate row.
TYPE OF HOTSPOT	The data collector (ORW, TSU-PO) must define the type of hotspot thus identified according to the target area being covered, e.g. TI-covered area or non-TI covered area. This can be asked, specifying the names of the blocks/wards/cities/ villages that data is being collected for.

The filled HIF shall be shared bi-weekly with M&E Officer cum Accountant so that he/she can do the data entry in the web-based portal.

8.2.2 RFA at new hotspots, identified in TIs catchment area during RFA of existing hotspots, in prescribed HIF by ORWs as per micro-plan with concurrent spot-checks

The p-MPSE aims to cover all the hotspots in the district. Hence, during the RFA, the interviewers (TI-ORW) will collect information about any other hotspots in nearby locations from key informants. The list of all such hotspots will be reviewed in weekly meetings at TI vis-à-vis hotspot list available with the TI. If there is any hotspot, which is not already part of the list available with the TI, implementation of RFA at these new hotspots will be planned and the micro-plan will be updated accordingly.

It might be possible that there are hotspots in this list of 'hotspots in nearby location' which fall in the catchment area of other TIs. In such cases, the TI PM/PC will discuss these hotspots with the concerned TI PM/PC and plan the RFA implementation at such locations accordingly.

For implementing the RFA, ORWs should visit the hotspot as per the micro-plan together with their peer educator. The steps for implementing the RFA and data being collected at these new hotspots remain as described in the earlier section.

8.2.3 Continuous quality monitoring through spot-checks and back-check of the data collected by ORWs through TSU-PO

In order to augment quality in data collection through providing timely feedback and ensuring that corrective measures are taken when they are warranted, supportive supervision will be carried out by various cadres of officers at State, district and facility levels. Rigorous monitoring and supportive supervision activities such as field visits, on-site monitoring, etc. will be undertaken by SACS staff (TI/SIMU) as well as members of State-level monitoring teams that are specially constituted for this exercise, to ensure collection of high-quality data.

Specifically, the RFA by ORW with the support of peer educator in a TI-catchment area and the data collection from key informants at the hotspot including aspects like selection of key informants, quality of the group discussion and documentation of the outcome in the hotspot information format etc. will be supervised through spot-checks. These checks are meant to observe the methodology adherence as well as handholding of the community peer educators, outreach workers, etc. during the data collection. See Section 2.5 for more details.

Back-checks will be done after completion of the data collection by community peer educators, outreach workers etc. in the district. As a part of the back-check, supervisors will visit randomly a proportion (10% of hotspots or 10 hotspots, whichever is higher) of selected hotspots/network operators and collect data from them using the same tool as used by the community peer educators, outreach workers etc. The results from this back-check exercise will be compared to the estimates generated by the field staff. If there is a >50% variance between these two results for 50% or more of these hotspots visited and which could not be explained by change in local dynamics, then field work will be repeated at all hotspots in the given TI. This exercise will provide more thoroughness to the size estimation process.

The personnel to be engaged in the spot-check and back-check as well as expected frequency of checks by them has been described in the table under section 2.5.

As described earlier, the web-based portal built for capturing the p-MPSE data will have in-built validation checks to provide continuous feedback that will further help in improving the data quality for the TIs on an individual and team basis.

8.2.4 Hotspots identification by TSU-PO in the districts and RFA of these hotspots in prescribed HIF

For a robust p-MPSE, all hotspots in the districts, irrespective of the fact whether they are covered by a TI or not, should be included as a part of the mapping and size estimation process. **Accordingly, TSU-PO must ensure that hotspots which are not part of the TIs list but do exist in the district, are visited and the HIF is filled in for each of them.**

The guidelines for listing and characterising these hotspots by TSU-POs are as below. They will develop a list of the new hotspots using a two-pronged strategy:

1. Generate a list of hotspots by having group discussions and interviews with primary, secondary and tertiary key informants, focusing on non-TI areas, to identify new hotspots available in the district selected for p-MPSE. As explained in the section below, key informants should be knowledgeable and sufficiently informed about the locations, activities and movement of HRG populations. The TSU-PO can decide on the number of key informants to meet, based on the adequacy and credibility of information collected from the minimum 10-15 key informants. If they continue to learn about new hotspots in each successive interaction with key informants, then they must continue to identify more relevant key informants (i.e. 10-15 is not a fixed number), and keep gathering information about new hotspots, till they have reached saturation in terms of finding new hotspots.

2. Review the list generated, and discuss/ verify with relevant TIs, as needed, to ensure that they are not already being covered under an existing TI, with programme services. This check will ensure that the list generated is of new hotspots in the district and are not already included in the list of hotspots covered by TI.

KIIs and GDs to identify hotspots (Macro-level)

The TSU-POs should conduct KIIs and GDs at the macro-level to identify the new hotspots which are not covered by a TI. As mentioned above, TSU-POs should familiarise themselves with the hotspots being covered by the TI selected for p-MPSE RFA exercise. This is because after these macro-level GDs and key informant interviews, they will cross-check with existing TIs that hotspots that they learn about are not already being covered with programme services, and then they will **implement the RFA in hotspots that are not yet covered by any TIs.**

Purpose

The primary aim of the GD/KIIs is to create a comprehensive list of uncovered hotspots in the district where p-MPSE is being implemented. The list generated will be cross-checked with the existing hotspots covered by the TI. It will help to ensure that the final list is a list of new hotspots that are not covered by any TI. The TSU-PO will carry out the RFA at these hotspots (described above) for documenting the location and populations characteristics of the HRGs populations associated with it.

Who are key informants?

Key informants are the persons who have in-depth knowledge about the HRGs, their locations and associated characteristics. Three levels of key informants will be approached to collect data specific to the HRGs during p-MPSE: primary, secondary and tertiary key informants.

NOTE:

Key informants should be knowledgeable and sufficiently informed about the locations, activities and movement of HRG populations. Decide on the number of key informants to meet, based on the adequacy and credibility of information collected from the minimum 10-15 key informants. If the details or accuracy of information gathered from speaking with these key informants are not satisfactory, talk to more key informants. Also, if you continue to discover new hotspots, in your discussions with key informants, then interview more KIIs till you have reached saturation in terms of finding new hotspots.

How many key informants should be met?

A minimum of 10 to 15 key informants per typology per p-MPSE district is recommended. These key informants may be counsellors (TI/ICTC/ART/STI), community leader, or representatives of MSJE NGOs etc.

Topic/Theme Areas for GD/KIIs

The tool for GD/KIIs is detailed in Annexure 3 to 6. In brief, the information to be collected through GD/KII includes:

- Location of hotspots
- Community stakeholders, influencers and facilitating factors at the hotspots

Guidelines for conducting Group Discussions and Key Informant Interviews

- Potential challenges for fieldwork
- TSU-PO should provide an overview of p-MPSE, its background, objectives and how it will support the district and national programmes.
- They should then:
  - Obtain consent of participants.
  - Fill the 'Identification Sheet' before initiating the GD/KII.
  - Ask about the location of the hotspots as well as community stakeholders, influencers and facilitating factors at the hotspots. Probe the respondents for specifics of the location using knowledge gathered from the TIs.
  - Make a detailed documentation of discussions with specific focus on hotspot locations.
- At the end of the discussion, they should thank the respondents.

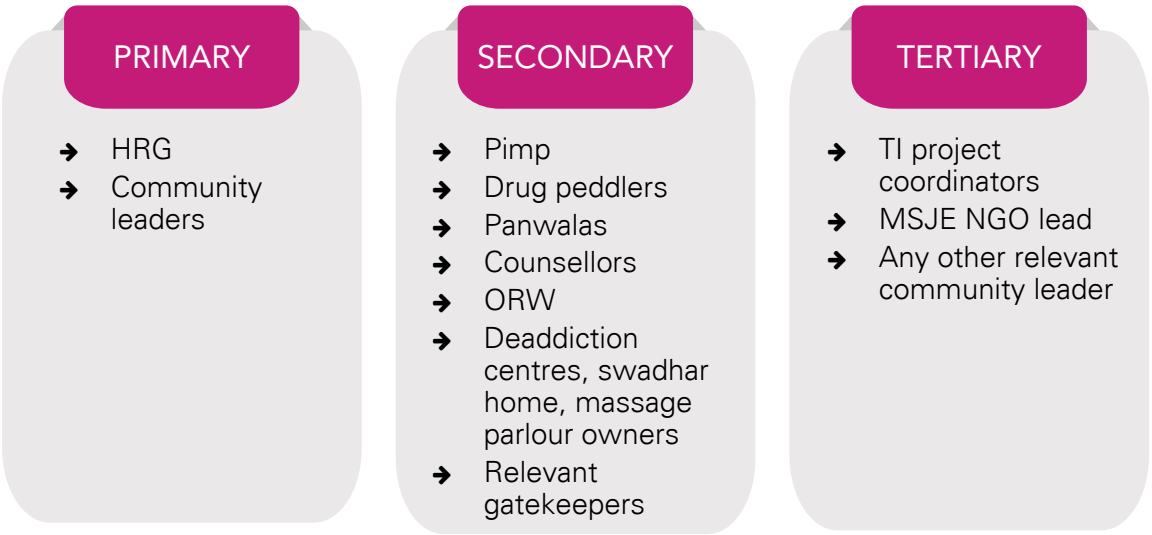
Qualitative data collection tools

Group discussions (with stakeholders and community)/KII to identify hotspots should be done using a qualitative data collection tool (see Annexure 3 to 6), common for both types of interaction. The tool has two parts, i.e., the 'Identification Sheet' and 'Themes and Guides'. The first part, i.e., the identification sheet, is common for all study groups. The second part of the tool, which includes the themes and guides, is separate for each group.

Identification Sheet

As mentioned earlier, the identification sheet is common for all study groups. Guidelines for filling this sheet are provided here below:

Figure 6: Type of key informants



S. No.	Indicator	Description
1	Serial number	Enter the serial number of the tool for the population group in a district. For example, if in a district, one GD and three KIIs were conducted earlier with a particular HRG, and the fourth KII is being implemented, the Serial No. will be mentioned as "5".
2	Group	Check the box for appropriate HRG for which the data collection is being completed: FSW, MSM, IDU or H/TG.
3	Method	Check the appropriate box for the method used to collect the information: GD with stakeholders, GD with community or KIIs.
4	Name of State	Name of the State where the fieldwork is conducted.
5	Name of district	Name of the district where the fieldwork is being conducted.
6	Village/mandal/ town name	Name the town/mandal/village where the fieldwork is being conducted.
7	Place of interaction	Describe/check the appropriate option on the type of location where the meeting/ GD is being conducted; whether the discussion is being conducted in a hotspot or in the TI office.
8	Date of GD/KII	Indicate the date on which the GD or KII is being conducted.
9	Number of participants	For KII, there will be one participant; however, in case of a group discussion, indicate the number of participants.
10	Time of starting	Note the time when the interaction has started.
11	Time of completing	Note the time when the interaction has completed.
12	Details of respondents	Note the indicated details for each respondent using the tool.
A	Type of Respondents	Mention if the respondent is a community member/ community leader/gatekeeper/ programme/stakeholders/other stakeholders. Other stakeholders will include police, district administrative authorities, DMHOs and Non-Government Officers working with the study population.
B	Age	Enter the age of the participant.
C	Gender	Enter the gender (male/female/hijra/transgender) of the participant.
D	From TI area	Indicate 'Yes' if the respondent is from a geographic area of the district that is being covered by any TI in the district Indicate 'No' if the respondent is from a geographic area/town that is not currently being covered by TI programmes in the district.
13	PO name and signature	The PO should indicate his/her name and provide his/her signature in the given space.

Themes and Guides for Identifying Hotspots Through Discussions and KIIs

The themes and guides for discussion provide the topics on which qualitative information is to be collected. Below each area of enquiry, indicative spaces are provided to summarise the key points emerging from the discussion. The TSU-PO can use extra sheets and expand the responses appropriately whenever additional space is needed.

There are two broad areas of enquiry:

(i) Risk behaviour

(ii) Geographic locations and access to study population

The risk behaviour-related information varies slightly by the population group under study. However, areas of enquiry pertaining to geographic locations and access are the same across the study groups. In view of a slight variation in risk behaviour-related areas of enquiry and also to avoid any confusion at the level of TSU-PO, themes and guides for

each population group have been worked out separately despite their similarities.

Qualitative information needs to be collected for each thematic area. Within each theme, suggested questions or probes are provided below for collecting information on the theme.

The TSU-PO may add/use additional prompts and probes as needed, based on the responses about each theme. The order of asking questions can be changed, based on the discretion of the TSU-PO and how the interview is progressing.

Themes and probes for Identifying Hotspots Through Discussions and KIIs

S. No.	Study group	Thematic area	Suggested probes
Specific sections (risk behaviour)			
1	FSW	Background information: Sex work in general	What are the predominant typologies of FSWs in the district? Are there any traditional form/s of sex work in the district and what are these forms? Are there FSWs for whom sex work is the only source of income? If yes, to what extent? What is the perception of the extent to which FSWs in the district are networked or formed into social groups in the district? Who are the formal or informal leaders of FSW networks or social groups in the district?
2	MSM	Background information: MSM in general	What are the different typologies of MSM in district? Which are the predominant ones? What proportion of MSM in the district may be engaged in sex work as source of income? Are there MSM for whom sex work is the only source of income? If yes, to what extent? What is the perception of the extent to which MSM in the district are networked or formed into social groups in the district? Who are the formal or informal leaders of MSM networks or social groups in the district?
3	IDU	Background information: IDU in general	What are the most common types of drugs that are injected by IDUs (heroin, cocaine and other pharmaceuticals)? Where do IDUs most commonly get the drugs from? How easy or difficult is it for IDUs in the district to get/access drugs? Is there any cross border (between States and between countries) issues related to access to drugs? Are there female oral or injecting drug users in the district? According to you, approximately how many such females may be there for every 100 drug users? What is the perception of the extent to which IDU in the district are networked or formed into social groups in the district? Who are the formal or informal leaders of IDU networks or social groups in the district?
4	H/TG	Background information: H/TG in general	How are H/TG in this district organised? Are there gharanas? Which are the predominant ones? What are the various occupations in which H/TG are engaged? Which are the predominant ones? What proportion of H/TG in district may be engaged in sex work as source of income? Are there H/TG for whom sex work is the only source of income? If yes, to what extent? What is the perception of the extent to which H/TG in the district are networked or formed into social groups in the district? Who are the formal or informal leaders of H/TG networks or social groups in the district?

S. No.	Study group	Thematic area	Suggested probes
Common sections (TSU-PO) to customise the suggested questions/probe as per the study population)			
5	FSW/MSM/ IDU/H/TG	Background information: Types of places where the study population congregates	Is it understood well how dispersed are the study population in the district? i.e., are the key population centred around urban areas only, or both urban and rural areas? How can key population in rural area be accessed? What are the locations in villages/mandals/towns where the study population can be found? Does the district have members of the key population who are difficult to reach? How do they operate to find partners? How do we reach them?
6	FSW/MSM/ IDU/H/TG	Geographic locations and access to them: Broad locations	You have mentioned above that the key population can be found in these areas [mention the names of villages/mandals/towns as mentioned by the respondent]? To be a bit more specific, can you tell me about the locations in these areas where the key population can be found? Do these locations keep changing? What are the main reasons for the change? Are there seasonal variations in the number of study population visiting the hotspots? If so, during which months/season are there high and low attendance? You have also mentioned the locations in rural areas. How can the study population in rural area be accessed?
7	FSW/MSM/ IDU/H/TG	Geographic locations and access to them: New locations	Are there new locations in the district where the study population has been identified? Can you tell me about these new locations in these areas where the study population can be found? How can they be found and accessed? Who will have information about these populations?
8	FSW/MSM/ IDU/H/TG	Geographic locations and access to them: Access	We may be visiting these locations to understand them more. In your opinion, what is the best approach for us to gain access to these locations? Who are the key community members (such as community leaders) whose cooperation needs to be solicited for any RFA to be successfully conducted among the study groups? Who are the key gatekeepers (such as pimps, brokers, lodge owners, others) of the study community in the domain/ district? How can their cooperation be gained? What are the seasonal variations in their availability at the hotspots? E.g., festivals seasons, harsh weather, etc. What is the advice to RAs in view of this variation for smooth conduct of the assessment? What the best mechanisms to gain the cooperation and support of these community stakeholders?
9	FSW/MSM/ IDU/H/TG	Geographic locations and access to them: Local context for fieldwork	As you know, we will be visiting these locations to conduct the RFA. In your opinion, what is the level of cooperation that can be expected from local stakeholders for the survey? How can cooperation be improved? What are the potential challenges that may be faced while conducting such an assessment, anything that has not been discussed till now?

8.2.5 Weekly information sharing on the hotspots identified through TSU

Every week, all field teams from all TIs and LWS in the district, and all POs from TSU will convene at a common place to carry out a review and reconciliation meeting of all hotspots. The idea is to discuss the fieldwork in detail, share the list of validated hotspots/villages, and the newly identified hotspots and villages. Since all TIs/LWS in the district will participate in this weekly reconciliation meeting, under guidance of the TSU-POs who would be covering hotspots and villages in non-TI catchment areas and non-LWS villages, at the end of this exercise, an updated hotspot listing will be available for all the TI and non-TI catchment areas of the district, as well as LWS and non-LWS villages. In this exhaustive review of all hotspots and villages and consultation with the field teams, any duplicates will be removed.

Please note that in this reconciliation meeting, under guidance from the TSU-PO, uncovered hotspots and villages will be either picked up for field work by TIs/LWS under whose catchment area they fall or in case where the identified hotspots do not fall under any existing TI, the TSU-PO will make a note for doing field work in these hotspots.

8.3 Field Process for Districts with LWS

Data compilation for villages from Cluster Link Worker

This aspect of p-MPSE aims to estimate the number of people with high risk behaviour in the villages being covered under LWS. Cluster Link Workers are expected to cover a total of 100 villages at any point of time. However, a certain proportion of villages is changed every year for LWS coverage. Accordingly, the data reporting for p-MPSE shall cover each of the villages covered under LWS in the last three years.

Data compilation for villages covered under LWS should be initiated immediately after district-level training of the personnel of LWS and should be completed within 2 weeks. Data compilation from the villages shall be digitalized by M&E Officer cum Accountant of LWS concerned within one week of the receipt of the format.

Data compilation for villages will be done through a VIF. It shall be filled by the CLW for each village covered by him/her in last three years. The VIF tool, for each village, has three sections:

- **Section A:** Village Identification.
- **Section B:** People engaged in high risk behaviour in the village.
- **Section C:** Information of other spots for new hotspot listing.

The online portal built for capturing the VIF data will have in-built validation checks to provide continuous feedback that will further help in improving the data quality for the LWS on an individual and team basis.

Validation of the data for LWS villages reported by Cluster Link Worker

Validation of the accuracy of data reported by CLW for link worker villages will be done by the district resource person and supervisors of the link worker scheme. As a part of the validation, 30% of the villages, for which CLWs have reported data, will be visited by the DRP and supervisor (10% by DRP and 10% by each of the Supervisors). At least 25% of these visits shall be done jointly with TSU-PO concerned.

As a part of the validation visit, data collection will be done regarding people engaged in high risk behaviour in the village by interacting with up to 2-3 key informants using the village information format. At least one of the key informants shall be from each of the HRGs for which the data is being validated. Based on the data provided, the persons engaged in high risk behaviour in the village shall be worked out and compared with the number reported in VIF of the village concerned by CLW. If the variance is more than 50% on at least 50% of the villages selected for validation, then in all likelihood, the quality of VIF reported by CLW in the given LWS is not up to the mark. In such scenario, then LWS team (DRP and supervisor) will collect data collection using the VIF tool for all of its villages.

SECTION A: VILLAGE IDENTIFICATION	
Cluster Link Worker	Write the name of CLW covering the village
State	Mention the name of the State concerned
p-MPSE Population Type	Encircle all the p-MPSE population groups available in the village. For example, if a village has both FSW and IDU population, encircle both the options
District	Provide the name of the district where the sites are being updated
Block or Mandal or Tehasils	Write the name of block/mandal/tehsils in which the village falls
Village	Write the name of the village for which the VIF is being filled
Households	Write the number of households in the village
Population	Write the total population in the village
Village Type	This question aims to capture the fact whether the village is currently being captured under LWS. Encircle the option appropriately
SECTION B: PEOPLE ENGAGED IN HIGH-RISK BEHAVIOUR IN THE VILLAGE	
Number of FSW in the village	Write the number of FSW in the village in the best knowledge of CLW
Out of above, number of FSW who go to a nearby urban areas for high risk behaviour	Even if there are FSW in a village, they may be soliciting clients in urban areas. Understanding of this number will be critical to adjust the p-MPSE estimates to avoid double counting. CLW shall write the number of FSW, out of the total FSW in the village, who go to nearby urban areas for sex work
Number of MSM in the village	Write the number of MSM in the village in the best knowledge of CLW
Out of above, number of MSM who go to a nearby urban areas for high risk behaviour	As in FSW, this question will be critical to adjust the p-MPSE estimates to avoid double counting. CLW shall write the number of p-MPSE out of total MSM in the village, who go to a nearby urban areas for high risk behaviour (Sexual or injecting activities)
Number of IDU in the village	Write the number of IDU in the village in the best knowledge of CLW
Out of above, number of IDU who go to a nearby urban areas for high risk behaviour	CLW shall write the number of IDU, out of the total IDU in the village, who go to nearby urban areas for high risk behaviour (Sexual or injecting activities)
Number of H/TG in the village	Write the number of H/TG in the village in the best knowledge of CLW
Out of above, number of H/TG who go to a nearby urban areas for high risk behaviour	CLW shall write the number of H/TG, out of total H/TG in the village, who go to nearby urban areas for high risk behaviour (Sexual or injecting activities)
SECTION C: INFORMATION OF OTHER SPOTS FOR NEW HOTSPOT LISTING	
Please mention in this section, to the best of your knowledge, whether there are any other places/villages like this your area, where HRGs work/visit. Document the names of hotspots in nearby locations where HRG populations can be found.	
Hotspot name	Mention the name of the hotspot (a name which it is popularly known by)
Address	Please specify the names of the blocks/wards/cities/villages that you have knowledge about, in as much detail as possible.
Names of potential stakeholder(s) and contact details	Document details pertaining to landmarks, community stakeholders, influencers and facilitating factors at the hotspots, if available.
Typology of HRG	Mention which HRG typology (FSW/MSM/IDU/TG). If one hotspot has more than one typology, then please mention them in a separate row
Type of hotspot	The CLW must define the area according to the target area being covered, e.g. LWS-covered area or non-LWS area.

09

p-MPSE in Districts with no TI/LWS

9.1 Field Process for Districts with no TI/LWS

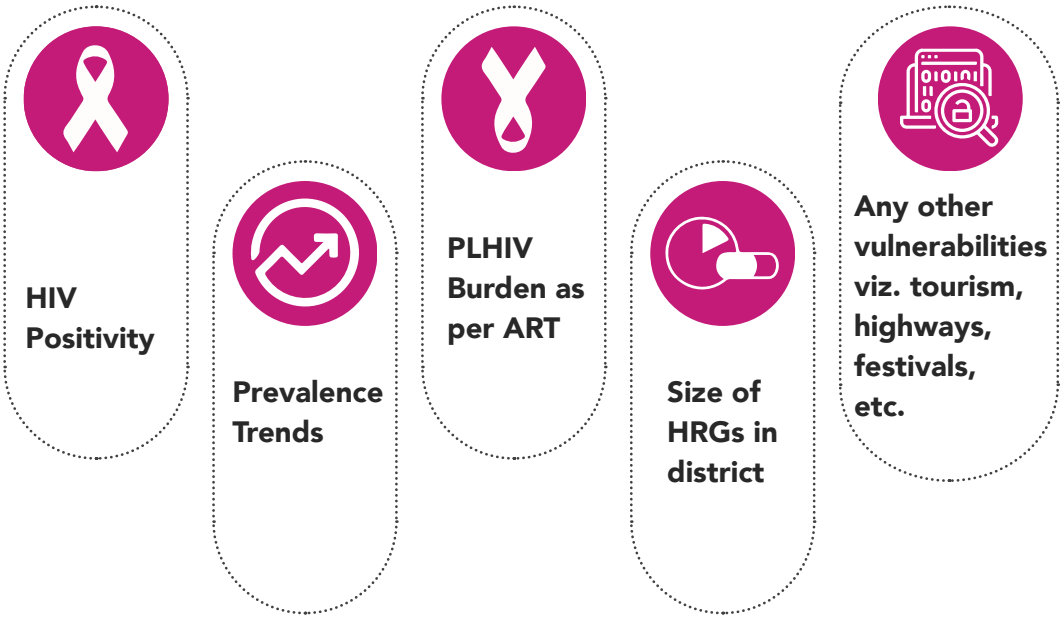
Districts that might not have any TI for a particular HRG will not have the advantage of prior knowledge of the HRG population size, location and typology. Hence, it is important to carry out a thorough planning exercise, before launching the field p-MPSE.

The field work for p-MPSE in districts without TI/LWS, for each population group, will have the following broad implementation components:

9.1.1 Prioritization of the high vulnerability districts, to carry out a comprehensive field p-MPSE

As explained in table 1, amongst the districts that do not have any TI, NACO, SACS and TSU staff must prioritize the high vulnerability districts, to carry out a comprehensive field p-MPSE. **NACO will provide an indicative vulnerability category of the uncovered districts which can be further firmed-up by SACS and TSU using evidence on HIV positivity and prevalence trends, number of PLHIV on ART in the district, known presence of HRGs in the district or any other evidences.**

Vulnerability category of districts to be based on the following criteria as well as other criteria that may be identified locally



The districts with high vulnerability as per these criteria should be selected for implementing a comprehensive p-MPSE. Of the low vulnerability districts, a random sample of 25% districts should be further selected to undergo the p-MPSE. For the remaining 75% of the district, an extrapolation exercise should be carried out, using parameters that have been collected in the 25% sample districts.

9.1.2 Stakeholder consultations, in the form of GD/KII to identify hotspots (macro-level)

Stakeholder consultations in districts without TIs would be vital to start any sort of fieldwork. Here, the TSU-POs, with support of other relevant divisions at State and district-levels, will conduct stakeholder consultations at State and district-levels to understand the presence of hotspots with details on location, broad characteristic and potential community liaison to support RFA at these hotspots. Stakeholder consultation at district will be carried out using probing tools provided in appendices 3, 4, 5 and 6 and as described in section 8.2.4. Geographic boundaries of the potential hotspots, to be covered during the fieldwork will be determined. Through group discussions and interviews with primary, secondary and tertiary key informants, TSU-POs will identify hotspots available in the district selected for p-MPSE. The key informants should be knowledgeable and sufficiently informed about the locations, activities and movement of HRG populations. The TSU-PO can decide on the number of key informants to meet, based on the adequacy and credibility of information collected from a minimum of 10-15 key informants. If, even after 10-15 KIIs, they continue to learn about more hotspots in each successive interaction, then they must continue to identify more relevant key informants (i.e. 10-15 is not a fixed number), and keep gathering information about more hotspots. This should be continued till they have reached a saturation point in terms of finding new hotspots. At the end of this exercise, a hotspot listing should be available to initiate RFA in the district.

The HIF will capture information on the location, typology, peak days and time, estimated size of the HRG populations at the hotspot, mobility patterns within and across hotspots, details of the contact person or liaison person for the hotspot, etc.

9.1.3 Implement RFA at hotspots with the help of the CL

After gathering specific information on hotspots during stakeholders' consultations, RFA will be implemented at these hotspots with the help of the CL. At locations where CLs are not identified, the appropriate outreach staff like ORWs from TIs of adjoining districts, or local NGOs, wherever possible and appropriate, would support the RFA by TSU-PO.

The field team will start visiting each hotspot as per the field implementation plan. The POs and/or ORWs will visit every hotspot which is documented, and gather information about each hotspot, in the HIF. The HIF will capture information on the location, typology, peak days and time, estimated size of the HRG populations at the hotspot, mobility patterns within and across hotspots, details of the contact person or liaison person for the hotspot, etc. (Please see annexure 1).

At each hotspot the field team should carry out detailed interactions with community members and other relevant local stakeholders, to gather information on the status of the hotspot (please refer to HIF at annexure 1a, 1b, 1c, 1d etc.). They will gather information about the presence of more hotspots in nearby areas, including any in villages. No information should be missed. All information collected must be documented clearly in the HIF and all nearby hotspots should be listed with clear locations, with details of local stakeholders/contact persons. At the end of this exercise, filled HIF for all the identified hotspots in the district shall be available.

It is expected that each day, up to 2-3 hotspots can be feasibly covered, maintaining a focus on adherence to quality parameters. Since a total of 60 days are available for fieldwork, the micro-plans should be used to detail out the level of effort required by the field team comprising 2 members:- TSU-POs and CLs/TI-ORWs from adjoining districts or local NGOs, wherever feasible. Fieldwork should continue till all hotspots are covered. A similar effort should be made to cover all hotspots in nearby villages identified through stakeholder consultation. For hotspots identified in rural areas in districts with no TI/LWS, all hotspots will be covered in the p-MPSE by filling a HIF.

Continuous quality assurance at hotspots will be carried out through spot-checks by various cadres of officers at State, district and facility levels. Rigorous monitoring and supportive supervision activities such as field visits, on-site monitoring, etc. will be undertaken by SACS staff (TI/SIMU) as well as members of State level monitoring teams. The latter may be specially constituted for this exercise, to ensure collection of high-quality data.

Each day, TSU-PO, with the help of TI staff from the adjoining districts will use a web-based format, to enter each HIF into the system. All details must be carefully entered, and no field should be left blank. The portal built for capturing the p-MPSE data will have in-built validation checks to provide continuous feedback to further help in improving the data quality for the TIs on an individual and team basis.

9.1.4 Weekly information sharing on the new hotspots identified through TSU-PO

Every week, all field teams will convene at a common place to carry out a final reconciliation of all hotspots. The idea is to discuss the fieldwork in detail, share the list of validated hotspots, and the newly identified hotspots. At the end of this exercise, an updated hotspot list will be available for the entire district. In this exhaustive review of all hotspots in consultation with the field teams, any duplicates will be removed.

SACS will receive the consolidated final de-duplicated hotspot lists and HIFs, and by this stage, there will be a compiled list of hotspots as well as estimated numbers of HRGs for each hotspot and typology for that district.

TSU staff who are expected to carry out the field mapping and estimation in hotspots will submit their HIFs/VIFs and numbers associated with each hotspot, electronically on the web-based portal with the help of appropriate TI staff of neighboring districts. In the weekly reconciliation meeting, the TSU-POs will take final stock of the hotspots, forward and submit the de-duplicated list of all hotspots to the SACS, within the web portal.

SACS will receive the consolidated final de-duplicated hotspot lists and HIFs. At this stage, there will be a compiled list of hotspots as well as estimated numbers of HRGs for each hotspot and typology for that district. All new hotspots and population size estimates from these hotspots will also be compiled, within this final list. Correction factors that need to be applied for correcting for mobility across hotspots will be built-in electronically on the web-based portal. All precautions must be followed to maintain strict confidentiality following standard national and international ethical principles, during this exercise.

10

p-MPSE of HRGs Operating Through Networks

The operational dynamics of HRGs has shifted drastically in recent years from hotspot-based, geographical locations to operator managed networking. Thus the community led p-MPSE will map not just HRGs who are associated with traditional physical locations such as brothel, bars, homes, highways, etc. but also map people with whom a group of HRGs are linked, for soliciting clients and sexual/ injecting partners. Henceforth in this document, people with whom HRGs are associated, will be referred to as Network Operators.

Networks among the various typologies could be organized in different ways and for different reasons.

1. For FSW, these networks generally would be for solicitation
2. For MSM and H/TG, networks may be used for solicitation, socialization/seeking partners, as well as information sharing
3. For IDU, these networks may be used for exchanging information on availability of drugs, or injection

In view of the operational changes and programme implications, NACO plans to introduce **network mapping**. The network mapping will identify such network operators and estimate the size of HRGs populations associated with such network operators. This is driven from the experiences that these networks are often hidden but can be mapped. Recently, Delhi State AIDS Control Society (DSACS), with the support of the TSU, developed a mapping strategy and mapped such networks in Delhi. The assumptions behind such a methodology is that some of the networks are visible and/or identifiable through HRG and these networks are often networked with others. In other words, a snowballing approach can be used to reach out to the network operators and for profiling of network operators to estimate the size of HRG members in each network. These networks can be dynamic and hence such network mapping may require to be repeated regularly through the programme, to provide the HIV/AIDS prevention and treatment services to the vulnerable population members within these networks.

10.1 Approaches to Network Mapping

Network mapping follows a multi-stage approach to identify and saturate the networks in the district. It follows sequential steps to identify an initial set of networks, profile them, and identify further networks from each original network, before profiling them. The stages are described in detail below.

Stage 1: Identify initial or starting points/connectors (Listing)

The first stage of network mapping is to identify the initial starting points or connectors or first set of NWO in the district. The process to identify these, involves conducting discussions/ meetings with members or individuals who are well connected with the HRG and know very well about the sex work, presence of MSM or IDU for solicitation/socialization/information seeking. For example, it identifies who may be networking for the purpose of exchanging information on availability of drugs or injection, and those who know the services offered through HIV programmes. The connectors could themselves be network operators. Therefore, they can help identify a first set of NWOs following discussions/meetings with different groups of HRGs or those associated with them as below.

1. **Key populations, including peer educators:** Female sex workers who are currently using networks for soliciting clients for sex work, or males using networks for solicitation, socialization/seeking male partners/ information sharing, or IDUs who are using networks for exchanging information on availability of drugs, or injection and who have an extensive knowledge about the HRG operations and networking in the area. It is important to identify HRGs who can contribute and are willing to support the network mapping.

The connectors could themselves be network operators and therefore, help identify a first set of NWOs following discussions/ meetings with different groups of HRGs or those associated with them.

Multi-stage approach to identification of networks:

1. **Identify initial starting points/ connectors (listing)**
   a. Key populations, including peer educators
   b. Senior key population members
   c. Network operators
2. **Profile network operators, contact and rapport (Meeting and information about networks)**
3. **Derive list of second-level network operators (information about other networks)**

2. **Senior key population members:** Senior key population members, who have left sex work but are very active in soliciting clients for other fellow sex workers, or senior MSM who may be facilitating socialization, information exchange and partner seeking for other active MSM or IDUs who may or may not be injecting but who are facilitating the participation of other IDU for exchanging information related to drug use.

3. **Network operators:** Individuals from HRG communities or not from these communities but who are involved in facilitating sexual services to clients for FSW, or MSM who are facilitating socialization, information exchange and partner seeking for other males through their networks or IDUs who may or may not be practicing but who are facilitating the participation of other IDU for exchanging information related to drug use, through their networks.

The main objective of these discussions/ interactions is to develop an initial list of NWO. Therefore, existing knowledge of NWO, if any, can be used to identify the groups to be contacted to conduct discussions and interactions with the above connectors/ members/NWO and to map/list the NWO before meeting and profiling each one of them.

Stage 2: Meet the network operator, contact and rapport (Meeting and information about networks)

In the second stage, once a set of NWO are identified, establish good rapport with them either meeting directly or through the programme/peer educators/ORWs or seek appointment through other mediums, e.g. phone, etc. Explain in detail about the objective, purpose and the importance of their support and their engagement to help the programme. It is important to explain well that the confidentiality is 100% guaranteed and how the network operators' participation is going to benefit the community.

At this stage, along with finding out more about the NWO and his/her area of operations, probe and elicit information on the total number of NWO he/she knows or is aware of and list out all the details of each individual network operator, including contacts and possibility of being introduced with them.

It is important to explain well that the confidentiality is 100% guaranteed and how the network operators' participation is going to benefit the community.

Stage 3: Consolidate the list of second level network operators (Information about other networks)

Consolidate all the names of the NWOs listed by the first set of NWOs. The consolidation is to list out all the unique NWOs listed by different level 1 NWOs.

Once the list of second level NWOs are developed, establish rapport with them and profile each of them. As done previously, list out all the network operators they know or are in touch with. Consolidate again the listed names and continue the process until saturation of networks is achieved.

Once this process is complete, try to elicit information, in the NOF format (annexure 2a, 2b, 2c and 2d), from each uniquely mapped NOF. Ensure that all questions are answered and enter this information in the p-MPSE web-portal.

11

Consolidate and Derive the Final Size Estimates

Consolidating and deriving the final size estimates involves collaborative efforts among TIs, TSU and SACS. It involves accounting for documented final hotspots in a systematic manner, combining all the hotspot lists into an exhaustive list of hotspots for the entire State. This is done using the web-based application, reviewing mobility adjustment and the extrapolation exercise, through joint team efforts. It is done for all those areas for which data was collected. All the key stakeholders e.g., SACS, TSU, TIs, LWS and community representatives need to work together for the entire phase of this exercise and the final numbers should be derived as per the prescribed guidelines.

On a weekly basis, the list of hotspots, particularly the list of newly mapped and uncovered ones and details of contact or liaison person for the new hotspot, will be shared with other TIs of the district, or with TSU-POs, where no TIs exist. This will serve three main purposes:

1. It will minimize duplication of hotspots;
2. It will enable TIs to continue real-time mapping and PSE for hotspots which fall within their catchment areas, and enable TSU-POs to cover all unmapped hotspots in non-TI areas (with help from TIs where needed), and
3. It might help in programme intervention in these new hotspots, since TIs will try to cover all newly mapped hotspots with prevention services.

Once the hotspot list is fully validated and updated, for TIs as well as non-TI areas, SACS M&E Officer/ Epidemiologist, in partnership with TSU SI/M&E expert will compile an exhaustive list of hotspots for the entire State. This list will also include the hotspots identified and listed in the selected districts where there is no TI (highly vulnerable districts and a sample from districts with low vulnerability). The 'mobility adjustments' will be undertaken based on the information collected during the p-MPSE exercise, and built-in into the application for easy calculation. These mobility adjustments will provide revised or adjusted estimated size for each HRG at the district-level for all the districts where programmatic mapping and size estimation was conducted.

An extrapolation exercise will be carried out for all those districts where size estimation exercise was not carried out (i.e. the remaining 75% of the low vulnerability districts, as described in the previous section). As described earlier (under section 1), the estimated size of HRGs will be extrapolated for these districts based on the size of HRGs estimated in the epidemiologically similar districts.

After the completion of the data collection phase, the next step is consolidation and review of the results. As mentioned earlier, each district's CAB will meet to review the data and recommend it for review by the State Working Group. The State Working Group, under the chairpersonship of the additional project director of SACS (or designee), will review the data and prepare to share this data with State-level stakeholders for a broader review. This review will be followed by State level stakeholder consultations which will also include all TSU-POs and select CAB members engaged in this exercise. The summarised data will be presented during the consultation, with specific focus on unexpected results. Stakeholder inputs will be taken on board to explain unexpected results. Plausible explanations will be properly documented and where necessary. Estimates will be worked out further, if required, based on local knowledge of HRG networks and dynamics. In a final step for the community-led p-MPSE, the overall process, findings and key issues will be presented to the State Steering Committee for their review, guidance and recommendations. The State Steering Committee will make a formal recommendation to NACO; on the estimated population size of all HRGs. NACO will aggregate the estimates for all States, leading to a revised HRG population size estimate for the country. This will generate the final estimate for all the districts, under p-MPSE.

NACO will aggregate the estimates for all States, leading to a revised HRG population size estimate for the country. This will generate the final estimate for all the districts, under p-MPSE.

12

Mid-Course Correction of Estimates

As part of the p-MPSE, Sub-component 2 of Strategy 2 has envisioned institutionalized reviews and data-driven mid-course corrections of the p-MPSE results. As mentioned in previous section, the estimated size of HRGs will be generated for the various hotspots, aggregated for districts, States/UTs and finally, the country. Based on these estimates, States will initiate implementation in the mapped hotspots with the aim to saturate all geographies. A district-level variance analysis will be done after a fixed period, and if there is a significant variance between mapped estimates and programme reach, a mid-course correction of estimates will be carried-out. This exercise will be led by SACS and driven by TSUs, for updating HRG estimates.

A meeting of the State Steering Committee will be convened in which members will be briefed about the review process and outcomes. The operational plan for mid-course exercise in select districts will be presented by the TSU TL/ TL-TI, for their perusal and guidance. As part of this mid-course correction, a review of all district estimates vis-à-vis their programme coverage will be done by the State Working Group. The p-MPSE estimates and current coverage will be drawn up and reviewed. **Districts with >50% variance between the estimates and the programme coverage will be selected for mid-course correction.** This will be followed by a meeting of the State Steering Committee where these districts will be presented, and the initiation of the mid-course correction in these districts will be subjected to the approval of the Committee. The list of these districts, macro timelines and steps for conducting the p-MPSE will be provided by the State Working Group to all concerned TSU-POs, after approval of the State Steering Committee. Within 6 months of this meeting, the process of mid-course correction should be complete.

The CABs in all districts that are finally selected for mid-course correction under p-MPSE, will be reconstituted, by order of the State. The TSU-POs will present the list of districts, plans and timelines for conducting the field exercise. The rationale for the selection of these districts will be presented and factors to be considered will be discussed. Inputs of the CAB will be sought for a plausible explanation (for example: coverage of only a part of the district by TI, etc.). Based on the discussions with the members of the CAB, a list of districts will be prepared where the variations could not be explained.

Districts which quality for the mid-course correction, after the application of the criteria defined in the decision-tree above, will be prepared for a repeat of the p-MPSE. The next step will be implementation of the data collection phase under mid-course corrections

in these selected districts. At first, RFA will be done by TSU-PO for all the hotspots being covered by the TI. This will be followed by RFA of the hotspots identified under community-led p-MPSE but not being covered currently under the programme. Finally, RFA will be also done for the new hotspots identified either through key informants' interview or through RFA of the existing hotspots.

Field work will be carried out within the stipulated timeframe (3-6 months). The TSU-PO may take support from TSU-POs of other adjoining districts, depending on the volume of work to be carried out.

The revised numbers will be entered in the p-MPSE web-based portal, and the estimates will be presented by the TSU-PO to the CAB in its final meeting. The numbers will be vetted by the CAB and their in-depth knowledge of the district will be taken on board while finalizing the numbers. A re-totalling of the estimates will provide updated estimates of that typology for the district.

Data consolidation and review is the next step. This will be done by the State working group under the chairpersonship of additional project director of SACS. This will be supported by IT enabled data collection system developed for p-MPSE. It will be followed by State-level stakeholder consultation which will also include all the TSU-POs and TI-PMs engaged in this exercise. The summarised data will be presented during the consultation with specific focus on unexpected results and stakeholder inputs will be taken to explain these results. The plausible explanations should be properly documented. In a final step, the overall process, findings and key issues of community led p-MPSE will be presented to State Steering Committee for their review, guidance and recommendations. After these numbers are finalized in the web portal, the aggregate estimates for the country will be revised and presented to the TRG (Surveillance and Estimation), before wider dissemination.

Figure 7: Decision Tree for Mid-course Correction

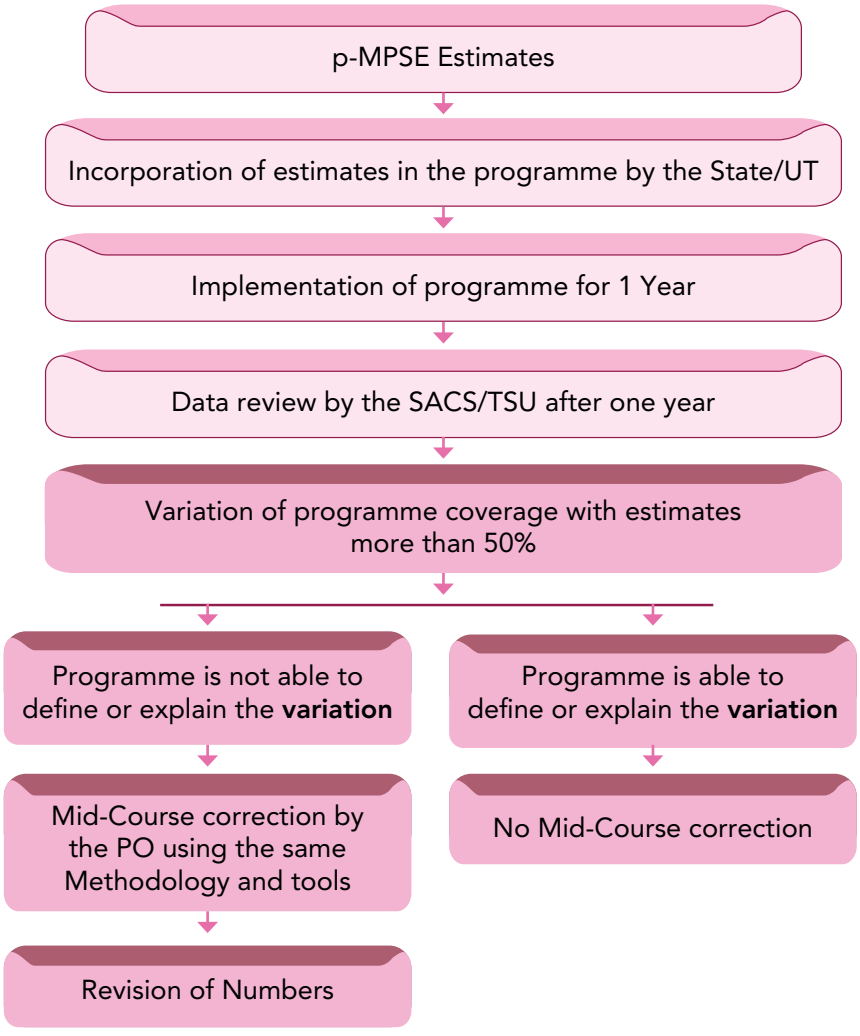
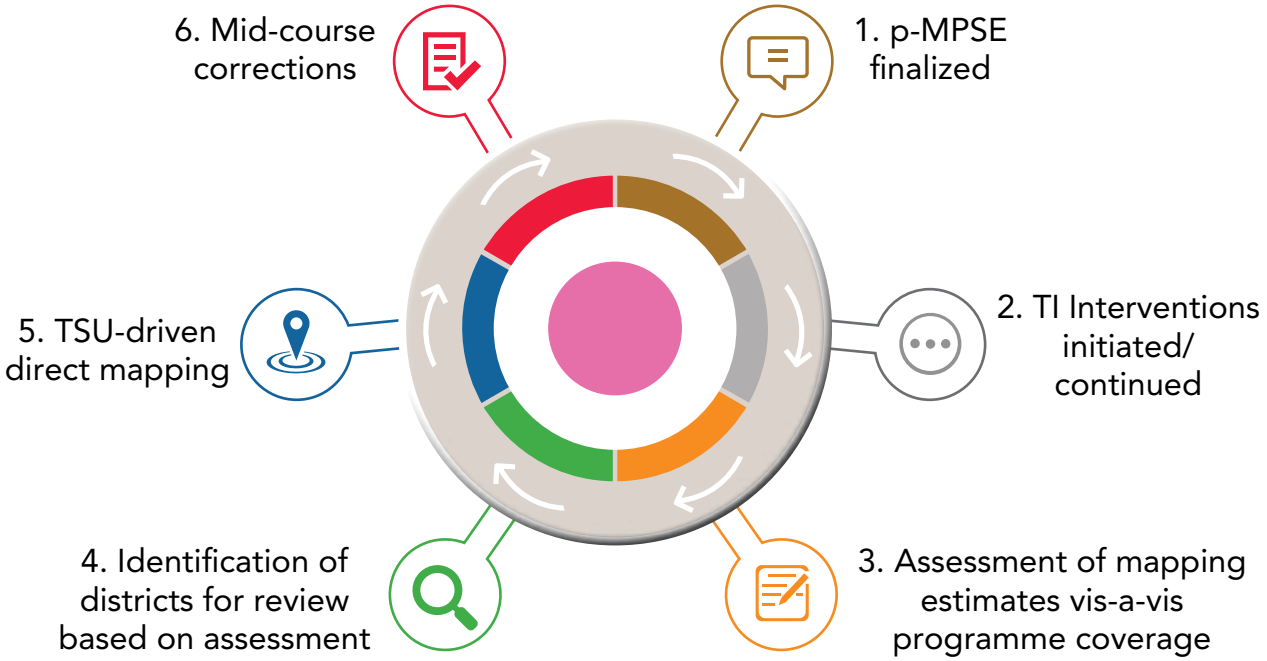
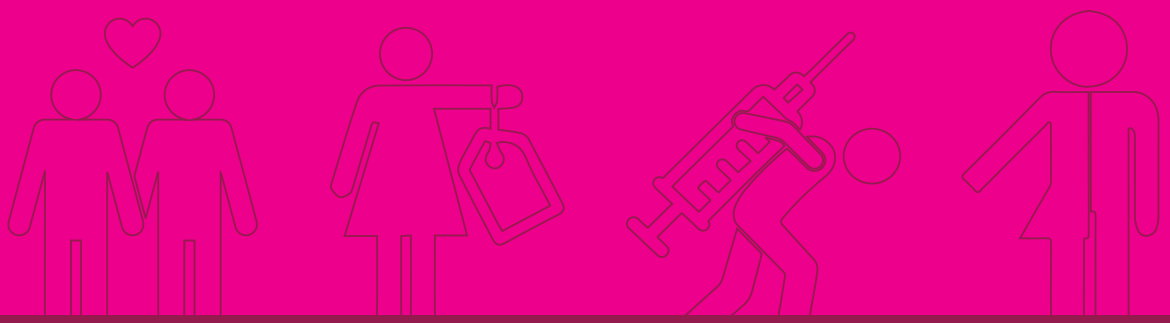


Figure 8: Mid-course Correction Cycle





APPENDICES

Annexure 1

Tool 1a: Hotspot Information Format (HIF) for FSW

PLEASE REMEMBER: ONE AND ONLY ONE HIF IS TO BE FILLED IN FOR ONE SPECIFIC HOTSPOT, BASED ON DISCUSSIONS WITH MULTIPLE (AT LEAST THREE) KEY INFORMANTS AT THE HOTSPOT. IN CASE MULTIPLE HIGH-RISK GROUPS ARE AVAILABLE AT ONE PARTICULAR HOTSPOT, ONE HIF IS TO BE FILLED IN FOR EACH HRG

1. State							
2. District							
3. Hotspot Location		1. TI Catchment Area 2. Non-TI Catchment Area					
4. Name of TI							
5. HRG		1. FSW					
6. Date of Visit 1		**Date of Visit 2**		**Date of Visit 3**			
7a. Name of PE/ORW/PO		**7b. Designation**		1. PO 2. ORW 3. PE			
8. Name of Hotspot				**9. Hotspot Code**			
10. Hotspot Coverage		1. Currently covered by TI		2. Currently not covered by TI (New hotspot)			
11. Hotspot Type	1	Brothel	2	Home	3	Bar	
	4	Lodge/dhaba/hotel	5	Street	6	Railway station	
	7	Bus stand	8	Park	9	Market place	
	10	Cinema	11	Abandoned area	12	Under the bridge	
	13	Public toilet	14	Highway	15	Spa	
	16	Massage parlour	17	Others (Specify)			
12. Location	*Please provide detailed address with a couple of clear landmarks*			City		Town	Village
13. Status of Hotspot	1=Active 2=Inactive	If Inactive, since when: Month_____ Year _____ Primary reason for inactive hotspot_____					
14. If Active, whether 1= Accesible, 2= Inaccessible							

Sl. No.	HOTSPOT PROFILE		
15.	**Since** how many months/years this hotspot is **operational** (Circle one relevant category)	1. < 3 months 2. 3-6 Months 3. 7-11 months	4. 1-2 years 5. 2-3 years 6. 3+ years

** At least three respondents are approached and two of them must be HRG and one from the secondary stakeholders*

				Min	Max
16.	How many total FSWs are associated with (Solicit at) this particular hotspot?	**Type of Key Informant (KI)**			
		KI1	1=HRG, 2=Community gate keeper 3=Others key stakeholder/ informant (Specify)_____		
		KI2	1=HRG, 2=Community gate keeper 3=Others key stakeholder/ informant (Specify)_____		
		KI3	1=HRG, 2=Community gate keeper 3=Others key stakeholder/ informant (Specify)_____		
		KI4	1=HRG, 2=Community gate keeper 3=Others key stakeholder/ informant (Specify)_____		
		KI5	1=HRG, 2=Community gate keeper 3=Others key stakeholder/ informant (Specify)_____		
		KI6	1=HRG, 2=Community gate keeper 3=Others key stakeholder/ informant (Specify)_____		
		Agreed number of FSW at the hotspot (after consensus)			

17.	What day of the week can we find the maximum number of FSW at the hotspot (**Peak Day**)? **(Multiple Answers Possible)** **CIRCLE AS APPLICABLE**	MONDAY…….. A TUESDAY…….. B WEDNESDAY…….. C THURSDAY…….. D FRIDAY ……..E SATURDAY…….. F SUNDAY…….. G ALL DAYS…….. H
18.	What is the **peak time** of the day when we find the maximum number of FSW at the hotspot? **(Multiple Answers Possible)** **CIRCLE AS APPLICABLE**	MORNING.....A AFTERNOON.....B EVENING.....C NIGHT.....D ALL 24 hrs.....E
19.	Of the FSWs who are associated with this hotspot, how many (min – max) also work at/visit other **hotspots within the district?**	MIN ☐ MAX ☐
20.	Of the HRG who are associated with this hotspot, are (min – max) aged **below 25 years?**	MIN ☐ MAX ☐
21.	Besides FSW, what are other HRG populations associated with this hotspot (multiple response possible)?	2. MSM 3. H/TG 4. IDU 9. No other HRG

Information of other spots for new hotspot listing

Please let us know any other place like this in this area, where HRG work/visit.*

	HOTSPOT NAME	ADDRESS	NAMES OF POTENTIAL STAKEHOLDER(S) AND CONTACT DETAILS	TYPOLOGY of HRG# (FSW/ MSM/IDU/TG)	TYPE OF HOTSPOT
1					
2					
3					
4					
5					

* The data collector must define the area according to the target area being covered, e.g. TI- covered area or non-TI covered area. This can be asked, specifying the names of the blocks/wards/cities/villages that data is being collected for.
# If one hotspot has more than one typology, then please mention them in a separate row.

Hotspot Map:

Tool 1b: Hotspot Information Format (HIF) for MSM

PLEASE REMEMBER: ONE AND ONLY ONE HIF IS TO BE FILLED IN FOR ONE SPECIFIC HOTSPOT, BASED ON DISCUSSIONS WITH MULTIPLE (AT LEAST THREE) KEY INFORMANTS AT THE HOTSPOT. IN CASE MULTIPLE HIGH-RISK GROUPS ARE AVAILABLE AT ONE PARTICULAR HOTSPOT, ONE HIF IS TO BE FILLED IN FOR EACH HRG

1. State						
2. District						
3. Hotspot Location		1. TI Catchment Area 2. Non-TI Catchment Area				
4. Name of TI						
5. HRG		2. MSM				
6. Date of Visit 1		**Date of Visit 2**		**Date of Visit 3**		
7a. Name of PE/ORW/PO		**7b. Designation**		1. PO 2. ORW 3. PE		
8. Name of Hotspot				**9. Hotspot Code**		
10. Hotspot Coverage		1. Currently covered by TI		2. Currently not covered by TI (New hotspot)		
11. Hotspot Type	1	Brothel	2	Home	3	Bar
	4	Lodge/dhaba/hotel	5	Street	6	Railway station
	7	Bus Stand	8	Park	9	Market Place
	10	Cinema	11	Abandoned area	12	Under the bridge
	13	Public toilet	14	Highway	15	Spa
	16	Massage parlour	17	Others (Specify)		
12. Location	*Please provide detailed address with a couple of clear landmarks*		**City**	**Town**	**Village**	
13. Status of Hotspot	1=Active 2=Inactive	If Inactive, Since when Month_____ Year _____ Primary reason for inactive hotspot_____				
14. If Active, whether 1= Accessible 2= Inaccessible						

Sl. No.	HOTSPOT PROFILE		
15.	**Since** how many months/years this hotspot is **operational** (Circle one relevant Category)	1. < 3 months 2. 3-6 Months 3. 7-11 months	4. 1-2 years 5. 2-3 years 6. 3+ years

** At least three respondents are approached and two of them must be HRG and one from the secondary stakeholders*

		Type of Key Informant (KI)		Min	Max
16.	How many MSM are associated with (Solicit at) this particular hotspot?	KI1	1=HRG, 2=Community gate keeper 3= Others key stakeholder/ informant (Specify)_____		
		KI2	1=HRG, 2=Community gate keeper 3= Others key stakeholder/ informant (Specify)_____		
		KI3	1 = HRG, 2 = Community gate keeper 3 = Others key stakeholder/informant (Specify)_____		
		KI4	1=HRG, 2=Community gate keeper 3=Others key stakeholder/ informant (Specify)_____		
		KI5	1=HRG, 2=Community gate keeper 3=Others key stakeholder/ informant (Specify)_____		
		KI6	1=HRG, 2=Community gate keeper 3=Others key stakeholder/ informant (Specify)_____		
		Agreed number of MSM at the hotspot (after consensus)			

17.	What day of the week can we find the maximum number of MSM at the hotspot (**Peak Day**)? **(Multiple Answers Possible)** **CIRCLE AS APPLICABLE**	MONDAY……..…A TUESDAY…….....B WEDNESDAY……..…C THURSDAY…….....D FRIDAY ……..E SATURDAY…….....F SUNDAY……..…G ALL DAYS……H
18.	What is the **peak time** of the day when we find the maximum number of MSM at the hotspot? **(Multiple Answers Possible)** **CIRCLE AS APPLICABLE**	MORNING.....A AFTERNOON.....B EVENING.....C NIGHT.....D ALL 24 hrs.....E
19.	Of the MSM who are associated with this hotspot, how many (min – max) also work at/visit other **hotspots within the district?**	MIN ☐ MAX ☐
20.	Of the MSM who are associated with this hotspot, are (min – max) aged **below 25 years?**	MIN ☐ MAX ☐
21.	Besides MSM, what are other HRG populations associated with this hotspot (multiple response possible)?	1. FSW 3. H/TG 4. IDU 9. No other HRG

Information of other spots for new hotspot listing

Please let us know any other place like this in this area, where HRG work/visit.*

	HOTSPOT NAME	ADDRESS	NAMES OF POTENTIAL STAKEHOLDER(S) AND CONTACT DETAILS	TYPOLOGY of HRG # (FSW/ MSM/IDU/TG)	TYPE OF HOTSPOT
1					
2					
3					
4					
5					

* The data collector must define the area according to the target area being covered, e.g. TI- covered area or non-TI covered area. This can be asked, specifying the names of the blocks/wards/cities/villages that data is being collected for.

Hotspot Map:

Tool 1c: Hotspot Information Format (HIF) for Hijra/ TG

PLEASE REMEMBER: ONE AND ONLY ONE HIF IS TO BE FILLED IN FOR ONE SPECIFIC HOTSPOT, BASED ON DISCUSSIONS WITH MULTIPLE (AT LEAST THREE) KEY INFORMANTS AT THE HOTSPOT. IN CASE MULTIPLE HIGH-RISK GROUPS ARE AVAILABLE AT ONE PARTICULAR HOTSPOT, ONE HIF IS TO BE FILLED IN FOR EACH HRG

1. State							
2. District							
3. Hotspot Location		1. TI Catchment Area 2. Non-TI Catchment Area					
4. Name of TI							
5. HRG		3. H/TG					
6. Date of Visit 1		**Date of Visit 2**		**Date of Visit 3**			
7a. Name of PE/ORW/PO		**7b. Designation**		1. PO 2. ORW 3. PE			
8. Name of Hotspot				**9. Hotspot Code**			
10. Hotspot Coverage		1. Currently covered by TI		2. Currently not covered by TI (New hotspot)			
11. Hotspot Type	1	Brothel	2	Home	3	Bar	
	4	Lodge/dhaba/hotel	5	Street	6	Railway station	
	7	Bus Stand	8	Park	9	Market Place	
	10	Cinema	11	Abandoned area	12	Under the bridge	
	13	Public toilet	14	Highway	15	Spa	
	16	Massage parlour	17	Others (Specify)			
12. Location	*Please provide detailed address with a couple of clear landmarks*			**City**		**Town**	**Village**
13. Status of Hotspot	1=Active 2=Inactive	If Inactive, Since when Month_____ Year _____ Primary reason for inactive hotspot_____					
14. If Active, whether 1= Accessible 2= Inaccessible							

Sl. No.	**HOTSPOT PROFILE**		
15.	**Since** how many months/years this hotspot is **operational** (Circle one relevant Category)	1. < 3 months 2. 3-6 Months 3. 7-11 months	4. 1-2 years 5. 2-3 years 6. 3+ years

** At least three respondents are approached and two of them must be HRG and one from the secondary stakeholders*

		Type of Key Informant (KI)		Min	Max
16.	How many H/TG are associated with (Solicit at) this particular hotspot?	KI1	1=HRG, 2=Community gate keeper 3= Others key stakeholder/ informant (Specify)_____		
		KI2	1=HRG, 2=Community gate keeper 3= Others key stakeholder/ informant (Specify)_____		
		KI3	1 = HRG, 2 = Community gate keeper 3 = Others key stakeholder/informant (Specify)_____		
		KI4	1=HRG, 2=Community gate keeper 3=Others key stakeholder/ informant (Specify)_____		
		KI5	1=HRG, 2=Community gate keeper 3=Others key stakeholder/ informant (Specify)_____		
		KI6	1=HRG, 2=Community gate keeper 3=Others key stakeholder/ informant (Specify)_____		
		Agreed number of H/TG at the hotspot (after consensus)			

17.	What day of the week can we find the maximum number of H/TG at the hotspot (**Peak Day**)? **(Multiple Answers Possible)** **CIRCLE AS APPLICABLE**	MONDAY……A TUESDAY……B WEDNESDAY……C THURSDAY…… D FRIDAY …… E SATURDAY…… F SUNDAY…… G ALL DAYS……H
18.	What is the **peak time** of the day when we find the maximum number of H/TG at the hotspot? **(Multiple Answers Possible)** **CIRCLE AS APPLICABLE**	MORNING……A AFTERNOON……B EVENING……C NIGHT…… D ALL 24 hrs……E
19.	Of the H/TG who are associated with this hotspot, how many (min – max) also work at/visit other **hotspots within the district, on the same day?**	MIN ☐ MAX ☐
20.	Of the H/TG who are associated with this hotspot, are (min – max) aged **below 25 years?**	MIN ☐ MAX ☐
21.	Besides H/TG, what are other HRG populations associated with this hotspot (multiple response possible)?	1. FSW 2. MSM 4. IDU 9. No other HRG

Information of other spots for new hotspot listing

Please let us know any other place like this in this area, where HRG work/visit.*

	HOTSPOT NAME	ADDRESS	NAMES OF POTENTIAL STAKEHOLDER(S) AND CONTACT DETAILS	TYPOLOGY of HRG # (FSW/ MSM/IDU/TG)	TYPE OF HOTSPOT
1					
2					
3					
4					
5					

* The data collector must define the area according to the target area being covered, e.g. TI- covered area or non-TI covered area. This can be asked, specifying the names of the blocks/wards/cities/villages that data is being collected for.

Hotspot Map:

Tool 1d: Hotspot Information Format (HIF) for IDU

PLEASE REMEMBER: ONE AND ONLY ONE HIF IS TO BE FILLED IN FOR ONE SPECIFIC HOTSPOT, BASED ON DISCUSSIONS WITH MULTIPLE (AT LEAST THREE) KEY INFORMANTS AT THE HOTSPOT. IN CASE MULTIPLE HIGH-RISK GROUPS ARE AVAILABLE AT ONE PARTICULAR HOTSPOT, ONE HIF IS TO BE FILLED IN FOR EACH HRG

1. State						
2. District						
3. Hotspot Location		1. TI Catchment Area 2. Non-TI Catchment Area				
4. Name of TI						
5. HRG		4. IDU				
6. Date of Visit 1		**Date of Visit 2**		**Date of Visit 3**		
7a. Name of PE/ORW/PO		**7b. Designation**		1. PO 2. ORW 3. PE		
8. Name of Hotspot				**9. Hotspot Code**		
10. Hotspot Coverage	1. Currently covered by TI		2. Currently not covered by TI (New hotspot)			
11. Hotspot Type	1	Brothel	2	Home	3	Bar
	4	Lodge/dhaba/hotel	5	Street	6	Railway station
	7	Bus Stand	8	Park	9	Market Place
	10	Cinema	11	Abandoned area	12	Under the bridge
	13	Public toilet	14	Highway	15	Spa
	16	Massage parlour	17	Others (Specify)		
12. Location	*Please provide detailed address with a couple of clear landmarks*			**City**	**Town**	**Village**
13. Status of Hotspot	1=Active 2=Inactive	If Inactive, Since when Month_____ Year _____ Primary reason for inactive hotspot_____				
14. If Active, whether 1= Accessible 2= Inaccessible						

Sl. No.	HOTSPOT PROFILE		
15.	**Since** how many months/years this hotspot is **operational** (Circle one relevant Category)	1. < 3 months 2. 3-6 Months 3. 7-11 months	4. 1-2 years 5. 2-3 years 6. 3+ years

** At least three respondents are approached and two of them must be HRG and one from the secondary stakeholders*

				Min	Max
16.	How many IDU are associated with (Solicit at) this particular hotspot?	**Type of Key Informant (KI)**			
		KI1	1=HRG, 2=Community gate keeper 3=Others key stakeholder/ informant (Specify)_____		
		KI2	1=HRG, 2=Community gate keeper 3=Others key stakeholder/ informant (Specify)_____		
		KI3	1=HRG, 2=Community gate keeper 3=Others key stakeholder/ informant (Specify)_____		
		KI4	1=HRG, 2=Community gate keeper 3=Others key stakeholder/ informant (Specify)_____		
		KI5	1=HRG, 2=Community gate keeper 3=Others key stakeholder/ informant (Specify)_____		
		KI6	1=HRG, 2=Community gate keeper 3=Others key stakeholder/ informant (Specify)_____		
		Agreed number of IDU at the hotspot (after consensus)			

17.	Of the IDU who are associated with this hotspot, how many are females?	**Type of Key Informant (KI)**	Min	Max
		1=HRG, 2=Community gate keeper 3=Others key stakeholder/informant (Specify)_____		
		1=HRG, 2=Community gate keeper 3=Others key stakeholder/informant (Specify)_____		
		1=HRG, 2=Community gate keeper 3=Others key stakeholder/informant (Specify)_____		
		1=HRG, 2=Community gate keeper 3=Others key stakeholder/informant (Specify)_____		
		1=HRG, 2=Community gate keeper 3=Others key stakeholder/informant (Specify)_____		
		1=HRG, 2=Community gate keeper 3=Others key stakeholder/informant (Specify)_____		
		Agreed number of HRG (After Consensus)		

18.	What day of the week can we find the maximum number of IDU at the hotspot (**Peak Day**)? **(Multiple Answers Possible)** **CIRCLE AS APPLICABLE**	MONDAY…….... A TUESDAY……..... B WEDNESDAY……..... C THURSDAY……..... D FRIDAY ……..... E SATURDAY……..... F SUNDAY……..…G ALL DAYS……..H
19.	What is the **peak time** of the day when we find the maximum number of IDU at the hotspot? **(Multiple Answers Possible)** **CIRCLE AS APPLICABLE**	MORNING.....A AFTERNOON.....B EVENING.....C NIGHT..... D ALL 24 hrs.....E
20.	Of the IDU who are associated with this hotspot, how many (min – max) also work at/visit other **hotspots within the district?**	MIN ☐ MAX ☐
21.	Of the IDU who are associated with this hotspot, are (min – max) aged **below 25 years?**	MIN ☐ MAX ☐
22.	Besides IDU, what are other HRG populations associated with this hotspot (multiple response possible)?	1. FSW 2. MSM 3. H/TG 9. No other HRG

Information of other spots for new hotspot listing

Please let us know any other place like this in this area, where HRG work/visit.*

	HOTSPOT NAME	ADDRESS	NAMES OF POTENTIAL STAKEHOLDER(S) AND CONTACT DETAILS	TYPOLOGY of HRG# (FSW/ MSM/IDU/TG)	TYPE OF HOTSPOT
1					
2					
3					
4					
5					

* The data collector must define the area according to the target area being covered, e.g. TI- covered area or non-TI covered area. This can be asked, specifying the names of the blocks/wards/cities/villages that data is being collected for.

Hotspot Map:

Annexure 2

Tool 2a: Network Operator Format for FSW

1. State	
2. District	
3. Name of Network Operator	
4. Contact Details	
5. Gender	1. Male 2. Female 3. H/TG
6. Age	

Section A: Network Size

Sl. No	QUESTION	NUMBER
1	Number of girls currently associated with/in your network	
2	Among the girls in your network, how many of them are in other networks?	
3	Among the girls in your network, how many of them also solicit at any physical hotspot e.g. brothel or street-based site/home/hotel/dhaba etc.	

Section B (List of Network Operator)

Do you know any other network operator? If yes, please provide means to contact him or her.

S. No	Contact Details	
A		
B		
C		
D		
E		
F		

Remark if Any:

Counsellor/ORW Name and Signature:

Tool 2b: Network Operator Format for MSM

1. State	
2. District	
3. Name of Network Operator	
4. Contact Details	
5. Gender	1. Male 2. Female 3. H/TG
6. Age	

Section A: Network Size		
Sl. No	**QUESTION**	**NUMBER**
1	Number of boys/ MSM currently associated with/in your network	
2	Among the boys/ MSM in your network, how many of them are in other networks?	
3	Among the boys/ MSM in your network, how many of them also solicit at any physical hotspot e.g. street-based site/home/hotel/dhaba etc.	

Section B (List of Network Operator)		
Do you know any other network operator? If yes, please provide means to contact him or her.		
S. No	**Contact Details**	
A		
B		
C		
D		
E		
F		

Remark if Any:

Counsellor/ORW Name and Signature:

Tool 2c: Network Operator Format H/TG

1. State	
2. District	
3. Name of Network Operator	
4. Contact Details	
5. Gender	1. Male 2. Female 3. H/TG
6. Age	

Section A: Network Size		
Sl. No	**QUESTION**	**NUMBER**
1	Number of H/TG currently associated with/in your network	
2	Among the H/TG in your network, how many of them are in other networks?	
3	Among the H/TG in your network, how many of them also solicit at any physical hotspot e.g. brothel or street-based site/home/hotel/dhaba etc.	

Section B (List of Network Operator)		
Do you know any other network operator? If yes, please provide means to contact him or her.		
S. No	**Contact Details**	
A		
B		
C		
D		
E		
F		

Remark if Any:

Counsellor/ORW Name and Signature:

Tool 2d: Network Operator Format IDU

1. State	
2. District	
3. Name of Network Operator	
4. Contact Details	
5. Gender	1. Male 2. Female 3. H/TG
6. Age	

Section A: Network Size

Sl. No	QUESTION	NUMBER
1	Number of IDUs currently associated with/in your network	
2	Among the IDUs in your network, how many of them are in other networks?	
3	Among the IDUs in your network, how many of them also inject at any physical hotspot?	

Section B (List of Network Operator)

Do you know any other network operator? If yes, please provide means to contact him or her.

S. No	Contact Details	
A		
B		
C		
D		
E		
F		

Remark if Any:

Counsellor/ORW Name and Signature:

Annexure 3 GD/KII (FSW): Themes and Guides

1. S. No: ☐

2. Group: ☐ FSW ☐ MSM ☐ IDU ☐ H/TG

3. Method ☐ Stakeholder Group Discussion (GD-S) ☐ Community Group discussion (GD-C)

☐ Key Informant Interviews (KII)

4. Name of the State:.....

5. Name of District: .....

6. Village or Mandal or Town name:.....

7. Place of interaction: ..... (Office/House/solicitation point/drug selling point/cruising site)

8. Date of GD/KII (dd/mm/yyyy) .....

9. Number of participants ☐☐

10. Time of starting the interaction (HH: MM) ☐☐ ☐☐ AM/PM

11. Time of completing the interaction (HH: MM) ☐☐ ☐☐ AM/PM

12. Number of respondents and their basic information:

	Type of Respondents	Age	Gender	From TI area (Yes/No)
RI				
R2				
R3				
R4				
R5				
R6				
R7				
R8				
R9				

13. TSU-PO (Names & Signature):

1. Background Information

a. Can you tell us about FSWs in your district? (Tell us the story)

- Typologies of FSW
- Nature of sex work
- Networking among FSWs (include presence of CBOs)

b. Can you tell us what type of places do FSWs congregate/ solicit?

- Types of places of solicitation
- Hidden FSWs

2. Geographic Locations and Access to Them

a. Can you tell us about the places where we can meet FSWs in the district?
[Document list of broad locations with landmarks in Blocks/villages/ towns]

- Rural areas
- TI covered blocks/ towns
- Non- TI covered towns

b. What are the new places (towns) that have come up where FSWs are found in the last one year?

c. We may be visiting these locations to understand them more. In your opinion what is the best approach for us to gain access to the people who can provide more detail about these locations?
d. What are the other factors which you will suggest us to take into account while we visit these locations?

Summary:

Thank you for your participation and responses. In the coming weeks, we will be using this information you provided in order to plan for the p-MPSE exercise, which will help us estimate the total number of FSW in this district and the entire country. We will keep you informed of the progress through the SACS and TI NGOs in this location (district). We hope to have your cooperation in the future as well, and you will be informed about this ahead of time.

Thank you!

Annexure 4 GD/KII (MSM): Themes and Guides

1. Background Information

a. Can you tell us about MSM in your district? (Tell us the story)
- Typologies of MSM
- Sexual practices
- Networking among MSM (include presence of CBOs)

b. Can you tell us about the type of places where MSM congregate/cruising sites?
- Types of places of congregation
- Hidden MSM

2. Geographic Locations and Access to Them

a. Can you tell us about the places where we can meet MSM in the district?
[Document list of broad locations with landmarks in Blocks/villages/ towns]

- Rural areas
- TI covered blocks/ towns
- Non- TI covered towns

b. What are the new places (towns) that have come up where MSM are found in the last one year?

c. We may be visiting these locations to understand them more. In your opinion what is the best approach to gain access to the people who can provide us with more details about these locations?
d. What are the other factors which you will suggest us to consider while we visit these locations?

Summary:

Thank you for your participation and responses. In the coming weeks, we will be using this information you provided in order to plan for the p-MPSE exercise, which will help us estimate the total number of MSM in this district and the entire country. We will keep you informed of the progress through the SACS and TI NGOs in this location (district). We hope to have your cooperation in the future as well, and you will be informed about this ahead of time.

Thank you!

Annexure 5 GD/KII (IDU): Themes and Guides

1. Background Information

a. Can you tell us about IDUs in your district? (Tell us the Story)
- Substances used
- Male versus female
- Networking among IDUs

b. Can you tell us what types of places where IDUs congregate?
- Types of places of congregation
- Hidden IDUs

2. Geographic Locations and Access to Them

a. Can you tell us about the places where we can meet IDU in the district?
[Document list of broad locations with landmarks in Blocks/villages/ towns]

- Rural areas
- TI covered blocks/towns
- Non- TI covered towns

b. What are the new places (towns) that have come up where IDUs are found in the last one year?

c. We may be visiting these locations to understand them more. In your opinion what is the best approach to gain access to the people who can provide us with more details about these locations?
d. What are the other factors which you will suggest us to consider while we visit these locations?

Summary:

Thank you for your participation and responses. In the coming weeks, we will be using this information you provided in order to plan for the p-MPSE exercise, which will help us estimate the total number of IDU in this district and the entire country. We will keep you informed of the progress through the SACS and TI NGOs in this location (district). We hope to have your cooperation in the future as well, and you will be informed about this ahead of time.

Thank you!

Annexure 6 GD/KII (H/TG): Themes and Guides

1. Background Information

a. Can you tell us about the H/TGs in your district? (Tell us the Story)
- Gharana System
- HIV/AIDS related risk behaviour
- Networking among H/TG

b. Can you tell us about the type of places where H/TG are usually found?
- Types of places of congregation
- Hidden H/TG

2. Geographic Locations and Access to Them

a. Can you tell us about the places where we can meet H/TG in the district?
[Document list of broad locations with landmarks in Blocks/villages/ towns]

- TI covered blocks/towns
- Non- TI covered towns
- Rural areas

b. What are the new places (towns) that have come up where H/TG are found in the last one year?

c. We may be visiting these locations to understand them more. In your opinion what is the best approach to gain access to the people who can provide us with more details about these locations?
d. What are the other factors which you will suggest us to consider while we visit these locations?

Summary:

Thank you for your participation and responses. In the coming weeks, we will be using this information you provided in order to plan for the p-MPSE exercise, which will help us estimate the total number of H/TG in this district and the entire country. We will keep you informed of the progress through the SACS and TI NGOs in this location (district). We hope to have your cooperation in the future as well, and you will be informed about this ahead of time.

Thank you!

Annexure 7

Tool 7a: Micro-plan Activity Details with Date Template for p-MPSE Field Work

Activity Details with Date

S. No	Major Activities	Start date	End Date
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			

Tool 7b: Micro-plan HR Status and Planning Sheet Template for p-MPSE Field Work

HR Status and Planning Sheet

S. No	Name of TI Staff	Designation	Responsibility
1		Programme Manager	
2		Counsellor	
3		M&E	
4		ORW-1	
5		ORW-2	
6		ORW-3	
7		PE-1	
8		PE-2	
9		PE-3	
10		PE-4	
11		PE-5	
12		PE-6	
13		PE-7	
14		PE-8	
15		PE-9	
16		PE-10	

Annexure 8

Micro-plan Listing of Existing Hotspot and Team Allotment Template

Listing of Existing Hotspot and Team Allotment for Micro-plan

Name of TI																						
S. No.	Name of Hotspot	HRG	Area/ Town/ Block	Status (Existing, New, During CAB & Field Visit)	Catchment Area	Landmark	Covered by Team (Please mention Team Number)	Name of Team Member with Contact No.	Key stake-holder with Contact No.	Date of Coverage	Name of Team Member with Contact No.											

MPSE MICRO-PLAN TI LEVEL DAY WISE ACTIVITIES																		
Name of District										**Name of TI**								
Name of Project Manager										Contact								
Team Number	**Team Member**	**Date**																
		Day																
1	ORW (Contact……) & PE (Contact…….)	Name of Hotspot to be covered	A	B	C	D	E	F	G	H	I	J	K	L	M			
		Land Mark Hotspot																
		Total Number of Hotspots to be covered	2		3			2		2		2		1				
Name of Supervisor and Contact No.																		
Name of Community Leader and Contact No.																		
Name of Stakeholder and Contact No.																		
Support Staff TSU/TI/SACS and Contact No.																		
Name of Data Entry Operator and Contact No.																		

Annexure 10 Village Information Format

Section A: Village Identification				
Cluster Link Worker				
State				
MPSE Population Type (Encircle all as applicable)	1. FSW	2. MSM	3.H/TG	4. IDU
District				
Block or Mandal or Tehsils				
Village				
Households				
Population				
Village type	Currently covered under LSW		Currently not covered under LSW	

Section B: People engaged in high-risk behaviour in the village	
Number of FSW in the village	
Out of above, number of FSW who go to a nearby urban areas for high-risk behaviour	
Number of MSM in the village	
Out of above, number of MSM who go to a nearby urban areas for high-risk behaviour	
Number of IDU in the village	
Out of above, number of IDU who go to a nearby urban areas for high-risk behaviour	
Number of H/TG in the village	
Out of above, number of H/TG who go to a nearby urban areas for high-risk behaviour	

Section C: Information of other spots for new hotspot listing

Please let us know any other place like this in this area, where HRG work/visit.*

	HOTSPOT NAME	ADDRESS	NAMES OF POTENTIAL STAKEHOLDER(S) AND CONTACT DETAILS	TYPOLOGY of HRG	TYPE OF HOTSPOT
1					
2					
3					
4					
5					

* The data collector must define the area according to the target area being covered, e.g. TI- covered area or non-TI covered area. This can be asked, specifying the names of the blocks/wards/cities/villages that data is being collected for.

Annexure 11

Participant Information Sheet and Informed Consent Form for Key Informant Interview and Group Discussions under p-MPSE

Participant Information Sheet

Through this document, we would like to provide information about programmatic Mapping and Population Size Estimation (p-MPSE) which is being conducted by National AIDS Control Organization (NACO), Ministry of Health & Family Welfare, Govt. of India, the nodal national agency for control of HIV in India. This form explains the purpose and details of this activity and your role and participation in the same. Please read the following information carefully or we will read it for you so that you may understand all this before you decide to participate. After you have understood this information, we will request you to provide consent and participate in the Group Discussion (GD) or Key Informant Interview (KII). If you require, we can provide you with a copy of a signed consent form.

NACO is conducting a programmatic MPSE to estimate the size of population groups of Female Sex Workers (FSW), Men who have Sex with Men (MSM), Intravenous Drug Users (IDU), and Hijra/Transgender (H/TG) people so that government can take appropriate actions to augment prevention, detection and treatment related HIV/AIDS services among these population.

This activity is being carried across all States of India. In order to ensure that the size estimates are robust, p-MPSE aims to identify comprehensively all the hotspots/ areas of congregation of the community in this area. We are approaching you, as you are either a member of the concerned community, or closely engaged with them, or you are involved in provision of prevention care and other services to their members and hence would be able to provide key and pertinent information about the locations of hotspots, help plan field work and understand the challenges and needs of community.

Your participation: If you volunteer to participate, you will be asked to take part in a one-time in-depth interview or group discussion, which may take around 1-2 hours. You may leave at any time during the interview/discussion. The information you give will be kept fully confidential, and hence you can answer our questions without any hesitation. We may record the discussion using audio recorder and take notes because we do not want to miss any of the information provided by you. The information you provide will not be linked to your name/alias/position and we will not ask you to state your name in the discussion. You do not have to answer any questions if you do not want to do so. However, your honest answers to these questions will help us better understand the community and plan the surveillance-survey in a better way.

Confidentiality: Please note that all the information provided by you will be kept completely confidential and will not be shared with anyone outside the implementation team. Your name will only be collected on consent form but not in the data form. We are trained to maintain confidentiality of data and conversations with you and will not disclose. Reports/publications discussions that come out of this activity will not have your name or any information that might be used to identify you.

Possible risks and discomforts: We will make every effort to protect your privacy and confidentiality during discussions. By participating, no risk to you is expected but you may feel uncomfortable speaking in front of others. However, it is possible that others may learn of your participation and may treat you unfairly or discriminate against you. Though we don't anticipate any risk to you due to your participation, we have taken adequate care to ensure that you don't face any trouble. In case you face any trouble due to your participation, you are requested to immediately report the same as per the details given below and adequate and appropriate care will be given to you.

Possible Benefits: Though there is no direct benefit to you, by answering these questions, you will help us plan better for the survey. Results from this survey will help the government to improve and augment programmes to prevent HIV/AIDS in not only in your community but also in India as a whole. If you refuse to answer our questions, no harm will come to you or your community, or it will not affect provision of any service under any government programme.

Voluntariness: Your participation in this exercise is entirely voluntary. It is your choice whether to participate or not. If you wish not to take part, you can freely do so, we respect your rights. Additionally, you may also stop participating in the discussion any time you choose. Your refusal to participate will not affect the provision of standard health care services offered to you at this or other government facilities.

Compensation: There is no compensation for you to participate in this exercise.

Contact Details: If you ever have any question about this survey, or if you face any trouble due to your participation in the discussion, you are requested to immediately contact: Dr Pradeep Kumar, Programme Officer (Surveillance), National AIDS Control Organization, New Delhi – 110001, Tel. – 011- 43509906

If you have any questions about your rights as survey participant you can contact: _____ _____, Phone No. – _____

Do you have any Questions?

If you are now willing to participate in this discussion, we request you to sign/provide your thumb impression with date in the informed consent form below.

Informed Consent Form

I, _____, aged _____ yrs*, have read the foregoing information, or it has been explained to me in the language I understand. I have had the opportunity to ask questions and all my questions have been answered satisfactorily. I have fully understood all the information, benefits and risks associated with participation in this exercise. I understand that I can withdraw my participation anytime, for any reason. I have understood my role in this programmatic MPSE exercise including the method of data collection and willingly agree to participate and respond to the questions asked. I also know that the information collected from me will be kept anonymous and confidential. I understand that after combining with information from other respondents, it will be utilized by the NACO, Government of India for improving programmes or for reporting. I provide my consent for publication/dissemination of anonymized and combined data resulting from my participation.

Signature/ thumb impression: _____ Date: _____

This is the left thumb impression of _____

Name of witness: _____

Signature: _____ Date: _____

(Signature of witness is required if the respondent is illiterate. Witness should be literate and not related to Investigator)

Investigators Name: _____

Signature: _____ Date: _____

SUPERVISOR'S QUALITY MONITORING CHECKLIST FOR SPOT-CHECK p-MPSE					
State		**District Name**		**Name of TI (If out of TI catchment area, mark N/A)**	
Name of the ORW/PE		**Name of Hotspot**		**Hotspot ID**	
Date of visit:		**Location of Hotspot**		**Supervisor Name:** **Supervisor Role:** **Supervisor Organization:**	
Issues to observe			**Y/N**	**Observation/Comment**	
The ORW has a hard copy of the HIF					
The ORW made an attempt to contact at least 3 relevant and informed key informants at the hotspot (Y/N)					
At least 2 of the KI were from the HRG that the hotspot corresponded with (Y/N)					
The ORW had a group discussion with the key informants and made an attempt to get a consensus on the estimated size of the hotspot (Y/N)					
You observed the filling of the HIF and are satisfied with the quality of the data collected (check for completeness and accuracy). Regardless of which answer you choose, please provide your observation in the adjoining cell (Y/N)					
In case of a non-TI-covered area, was a CL present? (Mark N/A if not applicable) (Y/N) Please provide further comments if you choose N					
Overall remarks for the hotspot visited with 3 key observations and recommendations. Please comment on the overall field work, the competence of the field staff, any logistical issues being faced, and any good practices or challenges that must be noted			Observations: 1. 2. 3.	Recommendations: 1. 2. 3.	

Annexure 13 Adverse Event Reporting and Redressal Format

Instructions: The field TI team and TSU-PO, in consultation with the Community Advisory Board (CAB), should complete the adverse event (AE) reporting and redressal form for each AE. The AE should be reported to the State AIDS Control Society (SACS) and Technical Support Unit (TSU). SACS will share a consolidated report to NACO at the end of p-MPSE.

Name of the State: _____ District name: _____

p-MPSE group: _____

Name of the Officer filling the form: _____

Place: _____ Date: _____

1. Date of AE reported

2. Date on which the AE occurred

3. Where the AE occurred

4. Brief description of the nature of the AE (Please include population affected, description of event, location and time describing the event. Attach more sheets separately if additional space is needed):

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

5. In addition to the p-MPSE population group, who are the other stakeholders engaged in AE? (Provide details)

_____
_____
_____

6. Did the CAB consider the AE serious? If yes, provide the context for considering the event a serious one.

_____
_____
_____
_____

_____
_____
_____

7. What steps were taken towards redressal of this AE?

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

8. What is the current status of the AE?

a. Unresolved b. Persistent c. Partially resolved d. Completely resolved

Signature of CAB Chairperson:_____Date:_____

Signature of TSU PO: _____Date:_____

Signature of TI-NGO PM:_____Date:_____

Signature of TI-PE/ORW: _____Date:_____

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High-Risk Groups (HRGs) are fundamental to India's AIDS response under the National AIDS Control Programme (NACP). Knowing the size estimate of the HRGs population is critical to inform not only the current estimates and future projections of the HIV epidemic but also for planning and funding the interventions. This operational manual details the technical and operational framework of the size estimation being undertaken under NACP to ensure implementation standardisation for high-quality data collection as well as allowing inter-district comparisons.

NACO

World Health Organization India

सत्यमेव जयते
Ministry of Health & Family Welfare
Government of India

UNAIDS

CDC
Centers for Disease Control and Prevention

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