MINISTRY OF HEALTH

GUIDELINES for Establishing and Operating Drop-In Centres for Key Populations in Uganda

May 2020

FOREWORD

Uganda has made tremendous progress in controlling the HIV epidemic with 980,000 of the 1,331,508 people living with HIV (PLHIV) on life saving antiretroviral therapy. Despite this progress, 320,000 PLHIV in Uganda remain undiagnosed and have not attained viral suppression. Furthermore, the number of new HIV infections remains unacceptably high with over 48,254 new infections in 2018. Most of these new infections occur in Key Populations (KP) who include sex workers, men who have sex with men and people who use drugs.

The country is moving towards a more strategic use of HIV resources which emphasises the significance of addressing HIV in key populations as a cost -effectiveness of the response to HIV. One of the ways, is through differentiating HIV services to key and vulnerable populations. Differentiating services to key and vulnerable populations through Drop In Centres (DICs) has proved successful in increasing access and utilisation of HIV services by these populations.

Drop-in centres (also known as “safe spaces”) are premises that provide key population community members with a comfortable place to relax, rest, get information, receive programme services, and interact with each other and with HIV prevention, care and treatment programme staff.

This Guidelines manual has been prepared to standardize implementation of ACP’s key populations programme by providing clear guidance to support organizations on important aspects of establishing and operating drop-in centres (DICs)for Key and Priority populations.

It is our expectation that these guidelines will be applied widely by stakeholders involved in establishing and operating drop-in centres (DICs) for Key and Priority populations and that the lessons learned will be documented and shared in order to inform program design modifications for better service delivery to these population groups.

I would like to extend my gratitude to the Technical Working Group and to the different individuals that contributed to the development of this document, for their tireless efforts. Furthermore, I thank PEPFAR through MUWRP for funding the development of these guidelines. It is my sincere hope that this guide will be utilized by the health care workers and stakeholders in their efforts to reduce the incidence of HIV in Uganda.

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Dr Henry G. Mwebesa

Director General of Health Services

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Production of this Guide lines for establishing and operating drop-in centers for key populations marks an important step toward standardizing the quality and impact of targeted HIV-prevention interventions throughout the nation.Members of the Task Force for the review of the guidelines are also acknowledged. Special recognition goes to PEPFAR through the Makerere University Walter Reed Program (MUWRP) for funding the development of this guide. Many thanks to the individuals listed in the table below who worked tirelessly to review this guide.

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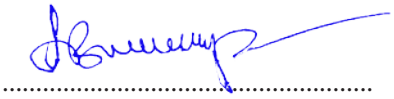

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ABBREVIATIONS

AIDS:	Acquired Immune Deficiency Syndrome
ACP	Aids control programme
ART:	Antiretroviral Therapy
BCC:	Behaviour Change Communication
DAST:	Drug Abuse Screening Test
DIC:	Drop-In Centre
DICC:	Drop In Centre Coordinator
DICCC:	Drop-In Centre Community Committee
FSW:	Female Sex Worker
HIV:	Human Immunodeficiency Virus
HTS:	HIV Testing Services
IEC:	Information, Education,and Communication
IP:	Implementing Partner
KP/PP:	Key Population/Priority Population
M&E:	Monitoring & Evaluation
MAT:	Medically Assisted Therapy
MIS:	Management Information System
MMT:	Methadone Maintenance Treatment
MOH	Ministry of Health
MSM:	Men Who Have Sex with Men
NGO:	Non-Governmental Organisation
NSEP:	Needle and Syringe Exchange Programme
ORW:	Outreach Worker
PBS:	Polling Booth Survey
PC:	Programme Coordinator
PE:	Peer Educator
PEP:	Post-Exposure Prophylaxis
PLHIV:	People Living with HIV
PO:	Programme Officer
PWID:	People Who Inject Drugs

STI:	Sexually Transmitted Infection
SW:	Sex Worker
TB:	Tuberculosis
TI:	Targeted Intervention
UAC	Uganda AIDS Commission
UIC:	Unique Identifier Code
UNODC:	United Nations Office on Drugs and Crime

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1.0 INTRODUCTION

1.1 The Purpose and Audience of These Guidelines

This Guidelines manual has been prepared to standardize implementation of ACP's key populations programme by providing clear guidance to support organizations on important aspects of establishing and operating drop-in centres (DICs)for Key and Priority populations which include; female sex workers (FSWs),men who have sex with men(MSM),and people who inject drugs (PWID), Truckers, Fisher folk, because of their importance for HIV control. This guidelines outlines the procedure for establishment of drop-in centres, delivery of services within the centres, roles and responsibilities of staff in maintaining a DIC, processes to be followed in a DIC, and operational issues related to management of a DIC. The guidelines will be used by services providers working in DICS, implementing partners and all stakeholders establishing, operating or supervising DIC services in Uganda.

1.2 What Drop-In Centres Are and Why They Are Important

Drop-incentres (also known as "safe spaces")are premises that provide key population community members with a comfortable place to relax, rest, get information, receive programme services, and interact with each other and with HIV prevention, care and treatment programme staff.

Drop-in Centres serve as a place where key population community members:

- Receive information on Health and HIV Prevention, care, treatment;
- Are mobilized to take up services
- Gather for events and activities
- Receive psychosocial services and support ,and for referral to other services
- Receive condoms and lubricants
- Receive HIV self-testing kits
- Exchange needles and syringes
- Discuss, plan and respond to discrimination, stigma, and violence from the community;
- Are trained(for instance in violence prevention, power analysis, advocacy, and livelihood skills);
- Rest, relax, shower, and meet other KPs;
- And tracking KPs who are lost to follow up from the programs

In some cases, drop-incentres are co-located with clinics that provide HIV testing and counselling, screening and treatment for sexually transmitted infections(STIs),HIV prevention, care and treatment, family planning, and post-exposure prophylaxis (PEP)and Pre-exposure prophylaxis(PrEP).

DICs are important platforms for programme outreach because they provide services, information, and space for community mobilisation in locations that are convenient for KPs.

1.3 Whom Drop-In Centres Serve

The following persons usually access a DIC and the services provided in the DIC

- key population members
- Priority populations
- clients of key and Priority populations
- Children and other family members of KPs

2.0 HOW TO ESTABLISH ADIC

2.1 Determine How Many DICs Are Necessary

Use the hotspot maps that were created during intervention micro-planning to determine the required number and location of DICs. There should be one DIC per 1,000 KPs. If 1,000 KPs are concentrated in hotspots that are near one another, one DIC will be sufficient. But if the hotspots are spread out in a way that would leave a large concentration of KPs more than five km from a DIC, two DICs should be created, and they should be located such that the DICs are as close as possible to the KP concentrations.

2.2 Decide Where to Establish Each DIC

After the general locality for a DIC is selected by micro-planning, a programme team of peer educators, outreach workers ,and field coordinators should plan to identify the optimal location for the drop-in centre in consultation with KPs so they feels comfortable in the location.

2.2.1 Special consideration for locating DICs

- DICs offering needle and syringe exchange should be close to neighbourhoods where PWID live.
- DICs for MSM or FSWs should be close to their hotspots
- DICs should be located just off a main road in order to balance the need for privacy with ease of access(a short walk from a main road),and should be accessible by public transportation at a low cost. However ,MSM might prefer a safe and secure areas lightly far from the road, due to issues of stigma.
- DICs should not be close to police stations or other places that maybe considered hostile to KPs.
- DICs should not be close to schools and other locations that the public might consider inappropriate.
- DICs should not be located in or near a neighbourhood where tolerance to KPs is low and where there may be complaints of public nuisance, noise, etc.

2.2.2 Decide Whether to Co-Locate the DIC with a KP Programme Clinic

The decision to co-locate the DIC with a clinic depends largely upon the distance to the nearest KP-friendly clinic. The delivery of biomedical interventions, such as STI screening and treatment; HIV testing and counselling; and HIV treatment, care, and support, can often be provided through referrals and linkages with local public- and private-sector providers. If there is no KP-friendly clinic nearby, the implementing partner should co-locate the DIC with a programme clinic.

There are practical advantages to co-locating DICs with clinics, such as the convenience of dealing with just one landlord and the closer links between community activities and programme services. By co-locating with a clinic, DICs can function as a one-stop shop. Such convenience

helps in motivating and mobilising KPs to access services. Nevertheless, care should be taken to ensure that drop-in centres remain a distinct community area.

2.2.3 Selection of Premises for DIC

After the appropriate area and location have been determined and the implementing partner has decided whether the DIC will provide clinical services, a premises for the DIC must be identified.

2.2.4 Considerations for selecting a premise

The most critical thing when establishing a DIC is KP engagement and consultation, so the points listed here may vary according to the KPs' preferences.

The space should feel like a home (i.e. decorated in a manner that looks more like a home than a hospital or public space).

The venue should include:

1). A room for rest,

2). A private room for consultations,

3). 3) A kitchen with cupboards,

4). A bathroom and toilet (separate bathrooms for males and females in case of a PWIDDIC or a DIC that caters to both men and women),

5). An office,

6). A large room/hall enclosed space that can accommodate at least 20 people for socializing, relaxing, and events/activities (e.g. watching TV, listening to music, doing hair and nails, trainings, etc.),

7). Space should be available for storing records, consumables, and cleaning supplies.

In addition to the infrastructure mentioned above, DICs that provide psychosocial support to KPs should have the following:

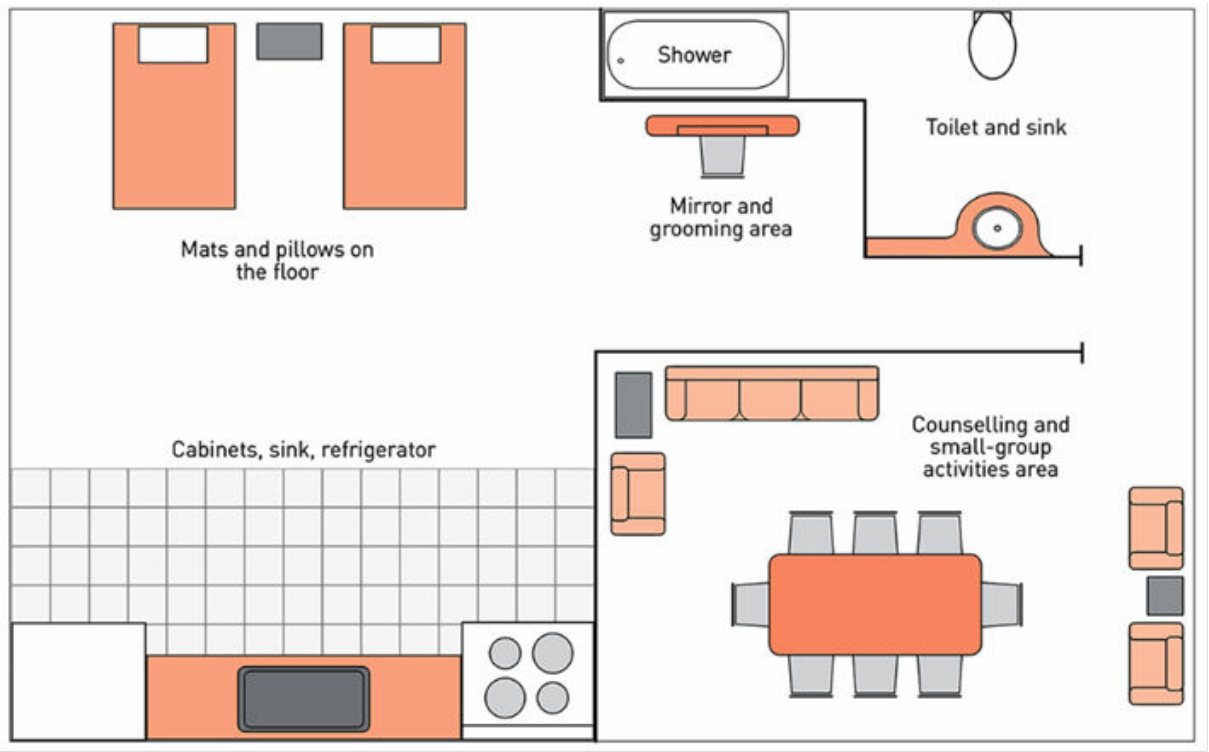
1). An interview/counselling room;

2). A waiting room

3). An observation room (in DICs for PWID)

Note: In contexts where men who have sex with men are particularly discriminated against or criminalized, a dedicated space for MSM may become the target of harassment from law enforcement authorities or others. In these situations, the community and the implementing partner should consider how best to meet the needs of the community. One possibility is for an ally organisation that does not serve only (or specifically) men who have sex with men to host the safe space.

DIC Sample Floor Plan



2.2.5 Suggestions for the lease with the landlord

Maintaining a fixed location for the DIC is important to prevent disruption of services. The lease drawn up with the landlord should clearly state the duration of the agreement, the rent, the notice period for either party to cancel the lease, and the hours and nature of use. The lease should also give the tenant the option to modify the physical structure of the premises if the implementing agency foresees such a need.

2.2.6 Inform Neighborhood Leaders about the DIC

On finalization of the location and premises, the implementing partner together with KP representatives should visit the neighborhood and meet key leaders in the vicinity to explain the DIC's purpose and activities. These meetings aim to gain neighbors' support, to enable key population members to enter and leave freely, and to allay any fears or concerns that neighbors might have.

2.2.7 Furnishing and Equipping the DIC

2.2.7.1 DIC COORDINATOR'S OFFICE MINIMUM STANDARDS

- Desk and two chairs
- Lockable filing cabinet
- Lockable storage cabinet
- Computer with Internet connectivity and a printer (optional)
- Power outlets provision
- Locking door

- List of telephone numbers of persons working for the DIC and other important numbers
- A referral map services not offered within the DIC

2.2.7.2. COMMON ROOM

The common room can also be used as a venue for trainings and meetings. It should include:

- A sign indicating DIC operating hours
- A cabinet for storing a first aid kit and other items
- Table and chairs
- Telephone
- Table to display BCC and other printed materials
- Comment box
- Picture of the DIC organization structure with staff pictures and roles and responsibilities of each person working at the DIC
- Set of beauty care products, manicure, make-up, and other beauty/grooming items
- TV and DVD player for KPs to use
- Bookshelf and books
- Rubbish bin
- Mirror
- Power outlets
- Fans
- A condom dispenser
- Fire Extinguisher

2.2.7.3 KITCHEN (Optional)

Basic cooking ingredients, such as sugar, salt, pepper

- Cooking and serving equipment (vessels, plates, bowls, utensils)
- Access to running water and a basin for cleaning and washing up
- Cupboard
- Rubbish bin
- Cleaning supplies and materials
- Storage space for kitchenware
- Mat or chairs for sitting while cooking
- Power outlet
- Fan
- Drinking water

2.2.7.4 ROOM FOR RESTING

- Beds with mattresses and pillows, or mattresses and pillows without beds, as per the KPs' preference
- Bed linen
- Fans
- IEC materials
- Pictures to decorate the walls (e.g. posters or artwork by KPs)
- Stationery and art materials (colored pencils and paper) for KPs to draw or paint
- Computers with Internet connectivity (optional)
- Full mirror

2.2.7.5 LAVATORY

- Power outlet
- Toilet
- A wash basin with running water
- Cleaning supplies (liquids, detergents, disinfectant, and other cleaning materials)
- Toilet paper
- Rubbish bin
- Towels
- Soap for bathing
- Mirror
- A locking door
- Signs to indicate proper use (e.g. "Please don't flush sanitary pads in the toilet.")

3.0. ADDITIONAL TASKS TO PREPARE THE DIC

Develop a flowchart that explains step by step whom KPs should meet and what services will be provided when they visit the DIC. The chart should describe each service and their sequence. Display this chart at the entrance of the DIC. This will help the;

- KPs and staff to follow the flow and to remember the activities to be completed at each point in the DIC
- Install locks on doors and on any cabinets containing confidential information
- Establish a security system (e.g. security personnel, metal doors, etc.)
- Clearly mark points of entry and exit
- Ensure sufficient telephone lines, if hotline service will operate from the DIC
- Arrange Internet connectivity
- Display emergency telephone numbers for police, ambulance, and fire service
- Invite KPs to decorate the space themselves
- Decide whether the DIC should display an outdoor sign. The community should determine how the centre should be identified
- Develop DIC management procedures that ensure that confidentiality and anonymity are respected, and grievance procedures for KPs who feel their confidentiality was breached. These procedures should be accessible for all the members and/or read to the members
- Determine the hours of operation and the facilities or services to be provided, according to community needs. (See The Best Hours for DICs to Operate in this manual.)
- Establish a schedule for KPs or staff to be present at the drop-in centre during operating hours to welcome people and provide oversight
- Prepare a list of referral services. Undertake an inventory of available services and circulate contact information so that staff can refer patients to the following essential services: HIV testing, care, and treatment (comprehensive care clinics or CCCs),STI/ reproductive health services, Maternal and child care services, Family planning services, TB treatment services, Secondary- and tertiary-care hospitals and Drug treatment facilities and rehabilitation centres.

3.1 Other services that may need referral include:

- General practitioners who can refer clients to the DIC for support and education regarding risk behaviors, or who can visit and serve at the DIC
- Support groups, such as legal aid groups, PLHIV or KP network, self-help groups, women's organizations, youth groups
- Psychosocial services
- Welfare agencies and charitable/government organizations that provide food, shelter, clothes, income generation programmes

- ❖ Gender-based violence centre and emergency services
- ❖ Actors who can influence the enabling environment (e.g. police, narcotics control bureau); general community; religious groups; influential persons in the community; pressure groups; legal aid; and other forums (e.g. , e- groups)
- ❖ Put in place a follow-up protocol for referrals to ensure they are completed.

4.0 DEVELOP DIC RULES

Consult a lawyer or legal advisor to prepare a list of illegal substances and items (e.g. drugs and weapons) that should be prohibited at the DIC. Hold a meeting with KP leaders representing all or at least the main hotspots to discuss the laws and values that everyone must respect inside the DIC and in the vicinity around the DIC. During this meeting, share the list of illegal items with the KP leaders and ask them to suggest additional items that should be prohibited within the DIC.

Explain to the leaders that the values that must be upheld within the DIC include mutual respect and nonviolence. Ask the KP leaders to suggest additional values that should be upheld at the DIC. Display the **Dos and Don'ts** at the open accessible area most likely the reception area

Propose the following dos and don'ts, and ask the KP leaders for their suggestions.

4.1 Some of the basic DOs are:

- ❖ Respect each other
- ❖ Keep the DIC clean
- ❖ Observe the timings
- ❖ Follow DIC rules and regulations
- ❖ Respect the project staff and clinic staff
- ❖ Give opportunity to other KPs to use the facilities
- ❖ Cooperate with the clinic team on clinic days

4.2 Some of the DON'Ts are:

- ❖ Don't bring or keep banned drugs and illegal items
- ❖ No verbal or physical abuse
- ❖ Don't use the DIC for client pick-up
- ❖ Don't fight with other KPs
- ❖ Don't disturb neighbors
- ❖ Don't have sex in the DIC

Discuss and finalize the dos and don'ts during the meeting and decide the consequences for violations of the rules. Print the dos and don'ts and the consequences, and request the community leaders to sign on it to make it an official document. Display the dos and don'ts in the DIC in the local language or as an illustrated chart. When new KPs visit the DIC, the DIC coordinator should explain the chart so that everyone is aware of the dos and don'ts and the consequences for misconduct.

5.0 CREATING AWARENESS ABOUT THE DIC SERVICES

Spread awareness about the DIC among KPs. Publicize the DIC and its activities within the KP community through programme outreach, SMS messages, and informal social networks. Use “hooks” (i.e. , appealing activities and services such as beauty parlours, literacy classes, yoga classes, self-defense classes, vocational training, and dance classes) to popularize the DIC.

6.0 SERVICES THAT ALL DICs SHOULD PROVIDE

6.1 KPs Should Receive the Following Services at the DIC:

- **Safe space:** The DIC should be a place where KPs can safely rest, relax, shower, freshen up, do make up, make friends, meet their peers, and discuss issues.
- **Information:** KPs should receive information on HIV, STIs, counseling, clinical services, violence response services, condoms, lubricants, needles/ syringes, HIV self-testing kits among others.
- **Registration with the programme:** The demographic details of each KP are recorded in the KP Enrolment Form. If such information has already been collected during outreach, the form need not be filled again.
- **Group discussions:** KPs should be involved in group discussions in which issues pertaining to drugs, HIV, hepatitis, STIs, and other related information are discussed. The group discussion should be organized and moderated by the outreach worker or the counsellor. Training on various issues can be provided to the KPs and the peer educators in the DIC.
- **Referral to HIV-related services:** KPs should be referred to the nearest HTS for HIV testing after proper pre-test counseling. If a KP is HIV positive, referral to an ART centre should be made.
- **Referral to other services:** Based on the KP's need, the KP may be referred to a TB centre, a KP clinic for counseling and STI screening and management, centers providing nutritional support, shelter/home, mental health care, reproductive health services, or sustainable livelihood training.
- **Harm reduction:** KPs should be given condoms, lubricant, new needles and syringes.
- **Behavioral change communication:** KPs should receive risk reduction information through one-to-one and one-to-group interactions and through IEC materials.
- **Integration into the community:** the DIC should also integrate the KP back into the community.
- **Outreach:** Outreach workers and peer educators should extend many of the DIC's services into the community.
- **Other services:** Some DICs also provide fresh clothes, a feeding programme, laundry services, hygiene kits (tooth paste, brush, sanitary napkins)
- **Family day:** Some DICs also invite families and children of KPs to spend time together in the DIC, and also provide them food, psychosocial support, and clinical services

6.2 Clinics That Are Co-located with DICs Offer the Following Additional Services:

- Health and risk assessment and diagnosis
- HIV testing and counseling
- STI screening and management
- HIV care and treatment and sexual and reproductive healthcare

6.3 In Interventions That Target PWID, DICs Should Also Offer the Following

Services:--

- ❖ Needle and syringe exchange.
- ❖ Psychosocial support for all psychosocial support needs and for MAT maintenance.
- ❖ Overdose management, including access to naloxone.
- ❖ Registration for MAT if PWID who are eligible and willing.
- ❖ Referral for methadone maintenance treatment (MMT) and detoxification and rehabilitation services.
- ❖ Primary health care: The clinical officer or doctor should provide treatment for minor illnesses, minor abscesses, wounds, etc.

6.4 Drop-in centres may offer other services and activities, such as the following:

- ❖ classes in literacy, jobs training, information technology, high school equivalency, make- up and hair styling
- ❖ violence prevention and response sessions
- ❖ celebrations of festivals and holidays
- ❖ a simple meal or nutritious food to take away
- ❖ leisure and relaxation activities (e.g. games, meditation, yoga)
- ❖ walk-in general healthexam
- ❖ phone charging stations
- ❖ laundry facilities
- ❖ computer and Internet access
- ❖ child care

7.0 PROCEDURES FOR A KP'S FIRST VISIT TO THE DIC

In most cases, the KP first visits the DIC upon referral from outreach. In such cases, the concerned Peer Educator or ORW must accompany the KP to the DIC for the first time. In a few cases, the KP may come to the DIC on his/her own, without being referred or accompanied.

Upon arrival at the DIC, the PE/ORW should introduce the KP to the DIC coordinator. During this first interaction, make the KP as comfortable as possible.

During a KP's first visit, the DIC coordinator should:

- ❖ Welcome the KP and describe the services available at the DIC.
- ❖ Identify and address the KP's immediate service needs.
- ❖ Provide commodities, such as needles/syringes and condoms/lubricant, if the KP requires them.
- ❖ Share the violence support helpline number on a card that the KP can keep.
- ❖ Clearly explain the dos and don'ts at the DIC to the KP.
- ❖ Identify the KP's follow-up needs.
- ❖ If the KP is not registered, register the KP by filling the KP/PP enrolment form, which includes demographic details. The KP/PP enrolment form is filled at the point of first contact at the clinic, either at the DIC or during clinical outreach.
- ❖ Enter details about the KP's visit in the DIC register (see the Annex).
- ❖ Encourage the KP to visit the DIC regularly.
- ❖ Attach the KP to a peer educator if available in her/his area (in case of unaccompanied walk in).

If the KP is new to the programme and an enrolment form is filled, the DIC coordinator sends it to the M&E office and the M&E officer assigns a unique identifier code (UIC) to the KP.

7.1 Procedures for the Initial Visit of a PWID to a DIC

In addition to the initial visit procedures described above, the following initial visit procedures apply for PWID:

- ❖ Assess the PWID using the checklist/guidelines as outlined in MAT guidelines
- ❖ Register the KP for needle and syringe exchange. The client registration format for NSEP facilities is found in ….guidelines for NSEP.
- ❖ Conduct crisis response/triage to address any emergency or acute condition, such as overdose or withdrawal.
- ❖ Determine eligibility for methadone maintenance treatment using the eligibility checklist developed my MoH
- ❖ If the PWID is eligible and interested, the PWID is issued a consent form and registered for MAT. The clinical officer and psychosocial counsellor provide information about MAT.

- ❖ After registration, the PWID is escorted to the MAT clinic by a PE during the induction days. The PE takes the original assessment form filled at the DIC and the consent form.
- ❖ After induction at the MAT clinic, the PWID is referred back to the DIC for further observation.

The observation at the DIC continues for at least three days after induction—this means the PWID must visit the DIC for three days after induction.

The DIC's clinical officer and the psychosocial counsellor have files for all the PWID on MAT. In these files, there are copies of the assessment and consent forms. All referrals to the MAT clinic and from the MAT clinic to the DIC are accompanied by a written document which is kept in the MAT client file.

7.2 Special considerations for harm reduction implementation at DICs

- ❖ Do not restrict the number of sterile needles and syringes or condoms and lubricants distributed. Needles and syringes and condoms and lubricant should be supplied according to each individual's need.
- ❖ At least one used needle and/or syringe should be disposed off by the PWID into a collection box provided by the NSEP facility or outreach worker in order to be eligible to receive NSEP supplies.

8.0 DIC STAFF ROLES AND RESPONSIBILITIES

8.1 DIC COORDINATOR

The DIC coordinator (DICC) should attend the DIC daily to oversee its working and should ensure that the centre is functioning as per the mandate. In addition, the DICC can conduct group discussions for the KPs in the DIC. The roles and responsibilities of the DICC in DIC functioning are to:

- ❖ Supervise DIC activities on a regular basis.
- ❖ Facilitate advocacy meetings and focus group discussions.
- ❖ Develop and monitor the weekly work plan of the DIC.
- ❖ Arrange weekly and monthly meetings to identify shortfalls and to evolve corrective measures and plans of action.
- ❖ Complete documentation.
- ❖ Develop DIC rules in consultation with KP leaders (see Develop DIC Rules in this manual).
- ❖ Network with other concerned stakeholders.
- ❖ Monitor and replenish NSEP kits, condoms, and lubricants daily or as needed.
- ❖ Organize waste disposal facilities.
- ❖ Any other duty assigned to him/her.

8.2 OUTREACH WORKERS/ PEER EDUCATORS

One outreach worker/ peer educator from the pool can be stationed at the DIC on a rotational basis. A roster of ORWs/PEs can be drawn up for DIC duties. The ORW/PE assists the DIC coordinator in managing the DIC on a day-to-day basis and ensures that activities of the DIC are conducted as per plan. The key roles/responsibilities of an ORW/ PE at the DIC are to:

- ❖ Make KPs comfortable in the DIC.
- ❖ Ensure KP involvement in DIC activities.
- ❖ Maintain rules and regulations at the DIC.
- ❖ Conduct group discussions (e.g., in which KPs critically reflect on their rights, the violence that they experience, and the root causes of such violence).
- ❖ Encourage KPs to visit the DIC and access services.
- ❖ Facilitate formation of self-support groups in the DIC.
- ❖ Ensure that the concerns and suggestions of KPs reach programme managers.
- ❖ Ensure a respectable and orderly environment for KPs.
- ❖ Facilitate referrals.
- ❖ Engage in BCC and distribute IEC materials on safer sexual practices and injecting practices.
- ❖ Educate KPs on condom and lubricant use.

In DICs providing NSEP for PWID, the outreach workers will have the following responsibilities:

- Educate PWID on overdose/withdrawal/ drug dependence management, including MAT.
- Promote the safe disposal of used injecting equipment and related paraphernalia.

8.3 CARETAKER/ DIC ASSISTANT

The caretaker/ DIC assistant is responsible for ensuring that cleaning tasks are completed at the end of each shift or event at the centre. At the end of each day the caretaker/ DIC assistant should:

- Clean and mop the bathrooms.
- Clean carpets, if any.
- Return furniture and appliances to their original places, if moved during the day.
- Organize magazines and pamphlets that are on the tables and the front desk.
- Sweep and mop the floor.
- Take out trash and replace trash bags.
- Wipe all surfaces with a wet cloth using cleaning liquid.
- ALWAYS wear gloves when cleaning.
- Initial and fill the daily cleaning log.

8.4 SECURITY OFFICER

The security officer should ensure that the centre, clients, and equipment are safe, and that security procedures are followed. Security officers are particularly important in PWID DICs because PWID sometimes become violent and threaten or attack DIC staff.

Clinics co-located with DICs will be staffed by a doctor, nurse, or clinical officer, and a counsellor.

9.0 ESTABLISH A DIC COMMUNITY COMMITTEE

Establish a drop-in centre community committee (DICCC) with key population representatives so that KPs participate in planning and overseeing the centre and its activities.

9.1 Objectives, Formation, and Functioning of the Drop-In Centre Community Committee

9.1.1 OBJECTIVES OF A DICCC

- To improve the activities of the DIC through direct community input
- To ensure maximum access of KPs to the DIC
- To involve KPs in DIC-related planning and implementation and to formalize their ownership
- To build the capacity of KPs to take a leadership roles on related issues

9.1.2 FORMATION OF A DICCC

- Each DIC should have one committee.
- The committee should have representatives from the KP community and the implementing agency staff.
- Key population networks or community should select representatives to the committee.
- The total number of members should be between 10 and 15.
- The number of non-KP members should not exceed five.
- Non-KP members should be from among the implementing partner core team, clinic team, a representative from law enforcement agencies particularly police and other important stakeholders a representative from the Local council.
- The committee should elect a chair and a secretary, and should draft clear terms of reference for the DICCC.

9.1.3 Functions of the DICCC

- The committee should participate in the planning for the activities of the DIC
- It should oversee the implementation of the DIC activities
- Is should carry out advocacy for an enabling environment, resources etc.
- The committee should act as a linkage between the DIC and the community
- The DICCC should monitor and supervise the DIC activities of the project

9.1.4 THE DICCC MEETINGS

- ❖ The DICCC should meet at least once per month. The meetings should always include the participation of KPs.
- ❖ The minutes of all meetings should be signed by the attendees and circulated within a week.
- ❖ Inputs and decisions taken during the meetings should be incorporated in the project within a timeline given by the DICCC.
- ❖ The DICCC should review developments as per minutes of the previous meeting.

10.0 THE BEST HOURS FOR DICS TO OPERATE

The DIC follows standard business hours (9 a.m. to 5 p.m.). However, depending on the need of the KPs, the DIC may stay open later on a few days or on all days. Operating hours should be decided through consultation with the KPs.

NSEP should be available through PWID DICs for a minimum of eight hours per day,every day of the week.

Drop-in centres providing psychosocial support to clients in methadone maintenance, and prevention of withdrawal and overdose should operate from 6 a.m. to 6 p.m. , 7 days per week, including public holidays

11.0 TO DOCUMENT DIC OPERATIONS

11.1 Implementing partners should maintain the following records and forms:

- The Enrolment Form should be filled during a KP's first visit to the DIC.
- The DIC Register (see Annex) should be filled every time a KP visits the DIC.
- The Formal and Informal KP Group Meeting Reporting Form
- The monthly project-level Condom Outlet Register
- The Condoms and Lubes Register
- The Needles and Syringes Register
- The Needle and Syringe Returns/Collected Register
- Any other register/data collection tool as per service rendered

11.2 Data to Submit to Supervising Health Facility

- Number of individual KPs who received a condom (male/female) directly from the programme/ project during the reporting quarter
- Number of male condoms distributed by the outreachstaff during the reporting quarter
- Number of female condoms distributed by the outreach staff during the reporting quarter.
- Number of water-based lubricants distributed during the reporting quarter.
- Number of PWID who received naloxone in the reporting quarter
- Number of PWID who received needles and syringes directly from the programme in the reporting quarter.
- Number of needles-syringes distributed to PWID during the reporting quarter.
- Number of needles-syringes returned by PWID to the DIC during the reporting quarter.
- Number of individuals receiving ART refills at the DIC

12.0 WASTE MANAGEMENT

All waste generated at the DIC must be handled as bio-hazardous material and securely stored in approved waste disposal bins. Refer to the National **Infection Prevention and Control Guidelines for Health Care Services in Uganda** (Ministry of Health). Used needles and syringes and other bio-hazardous materials, such as dressing materials, must be sent to private waste management agencies, to approved government hospitals, or incinerated. In places where IPs do not have access to incinerators, or where there is no private waste management agency, a concrete pit should be created and used needles and syringes should be buried in the pit.

12.1 Managing Discarded Sharps and Sharps Containers Safely

Prevent access to used needles and syringes and other sharps by disposing of them immediately after use in a designated puncture- and leak-proof container. Make sure that sharps containers are appropriately placed and easy to see, recognize, and use:

- Put sharps containers as close to the point of use as possible and practical, at a convenient height, and ideally within arm's reach.
- Attach containers to the walls or other surfaces, if possible.
- Label sharps containers clearly with a biohazard symbol so that people will not unknowingly use them as a garbage or trash container.
- Keep sharps containers in the area where sharps are being used.
- Do not place containers in high-traffic areas, such as corridors outside patient rooms or procedure rooms, where people could bump into them or be stuck by someone carrying sharps to be disposed of.
- Do not place containers on the floor or anywhere they could be knocked over or easily reached by a child.
- Do not place containers near controls/switches for lights, overhead fans, or thermostats, where people might accidentally put their hands on them.
- Mark a fill line on the sharp's container at three-quarters full.
- Do not fill the sharps containers above the three-quarters-full mark.
- Do not shake a container to settle its contents and make room for more sharps.
- Seal the container when it is three-quarters full and do not reopen it. Never reopen, empty, or reuse a sharps container after closing and sealing it.
- After it has been sealed, store the used sharps containers in a secure area, out of reach of patients and other unauthorized persons, while it awaits transport for final disposal.
- Dispose of sharps waste in an efficient, safe, and environment-friendly way to protect people from exposure to used sharps.

12.2 Safe handling of sharps

Sharps (needles, scalpels, etc.) must be handled with extreme caution to avoid injuries during use or disposal. All service providers should handle sharps according to the following orders:

- ❖ Do not pick up a handful of sharp instruments simultaneously.
- ❖ Position the sharp end of instruments away from self and others.
- ❖ Exercise caution when rotating instruments are in use.
- ❖ Wear heavy-duty or strong utility gloves while decontaminating, cleaning, and disinfecting instruments.
- ❖ If injured by sharps, contact the supervisor immediately.

13.0 POST-EXPOSURE PROPHYLAXIS (PEP)

In case of needle stick injury:

Dos

- ❖ Be calm and cool.
- ❖ Remove gloves, if appropriate.
- ❖ Wash the exposed site thoroughly with running water.
- ❖ Irrigate with water or saline if exposure sites are eyes or mouth.
- ❖ Wash skin with soap and water.

Don'ts

- ❖ Do not panic.
- ❖ Do not put the pricked finger into the mouth.
- ❖ Do not use alcohol, chlorine, bleach, betadine, iodine, or any other antiseptic on the wound.

13.1 Steps to be followed in case of injury and for PEP:

- ❖ Immediately inform the management about the injury.
- ❖ HIV tests should be done immediately.
- ❖ Drugs for PEP should be made available to any staff member or caregiver who is accidentally exposed to HIV as early as two hours and within 24 hours of the accidental exposure, but not later than 72 hours.

Follow the national PEP guidelines to administer PEP.

14.0 ENSURING SAFETY AT THE DIC

The DIC must have safety measures in place to handle any eventuality. In the event of a disaster, violence, attack by public, theft, drug use, or drug sales on the premises, any member of the DIC staff may request that the centre be temporarily closed for the safety of the staff, volunteers, or clients. In the event of a threat to the safety of the staff, volunteers, or clients, or in the case of a medical emergency, staff should immediately notify the supervising Health Facility. Any available supervisor should be contacted immediately and informed of the circumstances surrounding the closure of the centre or the need to call the emergency department or ambulance. Inform the relevant authority of the incident.

14.1 Addressing violence at the DIC

- ❖ Any incident of violence at the DIC must be reported to the management. There should be clear written procedures on managing violence at the centre.
- ❖ Staff who have a good relationship with the KP concerned should try to intervene. Failing this, the violent person must be told that the police will be called. Those who are not involved must be moved from the area. The police may be called to help handle the situation. The centre may be temporarily shut in an emergency.

14.2 Use or selling of Drug

- ❖ The use and sell of drugs is prohibited
- ❖ The user/seller should be warned and failure to comply may lead to expulsion and or taking legal measures
- ❖ Record the incident in the incident log.

14.3 Selling sex / engaging in sexual activity

- ❖ Selling or engaging in sex I prohibited at the centre.
- ❖ Warn the parties that engage in sex and failure to comply may lead to expulsion from the centre
- ❖ Record the incident in the incident log.

14.4 Police entry

The police can come into the centre only if they are pursuing someone who runs in or if they see the person just before he or she entered the DIC. Secondly if police has a warrant of arrest for the registered KP who uses the centre as a legal address to receive mail and correspondence.

NOTE; The DIC staff and volunteers must not divulge whether the client gets mail or accesses any service at the centre to the police.

14.5 Protocol for DIC staff interacting with law enforcement authorities, pressure groups, and community watchdogs

- ❖ Calmly inform KPs that the police/ pressure group / community watchdog is in or around the building.
- ❖ Identify yourself as staff, and ask if there is a problem and if you can be of assistance.
- ❖ Get statements from the police, as appropriate.
- ❖ Never antagonize the police.
- ❖ Let the police know that the centre is an approved DIC, that it must be respected as a health care facility, and that it is not a place to look for criminals.
- ❖ Always try to record the names and phone numbers of the police officer in charge and the witnesses to the incident. First, get the staff and volunteers' details recorded and remember that other KPs may not want to get involved. Remember that it is the job of the DIC staff to protect the clients' confidentiality and to ensure safety.
- ❖ Contact the immediate supervisor and let him/her know what has happened.
- ❖ Remember to write the incident in the incident log.
- ❖ Immediately report incidents related to the DIC, community, or law enforcement to the project manager or management, verbally and in writing. Incidents must be notified as soon as possible, no later than 24 hours from the time of the occurrence.

14.6 Maintaining an incident log

The staff must maintain a three-column logbook and record details of any incident at the DIC. The first column has the KP's name or UIC and date, the second column records what the KP did and lists the witnesses, and the third column records actions taken by the staff handling the incident.

The project manager must make sure all key staff read and initial the incident log weekly. If such a situation arises where an offender's behaviour does not improve or change, the detailed records in the logs will be the evidence to act upon—to perhaps ask him or her not to visit the DIC in the future. If such individuals complain against the centre for refusing him or her services, the logbook provides the details that justify this action. The incident log should be kept locked in a secure cabinet at the end of each day.

15.0 SYSTEMS TO ASSESS DIC FUNCTIONING ON A REGULAR BASIS

In consultation with community representatives, design systems to collect and assess KP feedback about the DIC on a regular basis.

IPs/Health facilities shall discuss the DIC's functioning with PEs and project staff as part of the monthly meeting. Based on the suggestions, take action for improvement.

Make available feedback forms (pictorial) and a feedback register at the DIC, and request the KPs to give feedback and suggestions.

Organize a formal meeting with KP representatives quarterly at the DIC to discuss the comfort and other issues related to DIC functioning. Discuss the reasons for dropouts and the reasons why KPs are not coming to the DIC. Follow up on the findings from these meetings to increase DIC use and programme participation.

Organize a polling booth survey (PBS) to assess KP satisfaction with the DIC, or include questions related to the DIC as part of the other PBS every six months. Discuss the findings with DIC staff and KP representatives and develop a plan to improve KP satisfaction.

Assess KP satisfaction within the DIC and collect suggestions for improvement by including questions related to the DIC in the mid-term and annual programme reviews.

For community led DIC, gradually reduce the staff's involvement, and simultaneously establish systems for KPs to manage the DIC on their own, including collecting contributions from the community to pay for DIC rent, maintenance, and running expenses. This will lead to long-term sustainability of the DIC beyond the project.

15.1 Coordination Mechanism

15.2 Roles and responsibilities

STAKEHOLDER	ROLE
Ministry of Health	❖ Policy/guidelines formulation ❖ Assessment and accreditation ❖ Technical supervision and mentorship ❖ Evaluation of programme performance ❖ Capacity building ❖ Resource mobilization
Development partners	❖ Provide resources for DIC operationalization ❖ Provision of technical assistance
Service Implementing Partners/ Civil society Organizations	❖ Support or establish and/or operate DICs ❖ Support services delivery ❖ Resource mobilization ❖ Technical support to establishment and operation of DIC ❖ Support capacity building ❖ Support data collection, documentation and reporting ❖ Engagement of stake holders
Districts	❖ Support supervision and Mentorships ❖ Coordination of DIC establishment and operation in the district ❖ Support registration of CBOs/NGOs/CSOs that are operating DICS ❖ Provide technical support for continuous quality improvement initiatives in DICs ❖ Community mobilization ❖ Monitoring program implementation ❖ Resource mobilization and allocation ❖ Engage Stake holders

STAKEHOLDER	ROLE
Health facility	❖ Provide oversight to the DICs in provision of health services ❖ Provide outreach services to DICs ❖ Support and strengthen community/DIC to facility linkage and vice versa ❖ Ensure quality improvement ❖ Provide support supervision to DICs ❖ Mapping, Mobilization, Sensitization of the community ❖ Support DICs with supplies, commodities and logistics ❖ Training of peer educators ❖ Receive and report DIC data
Community	❖ Advocate for establishment of DICs ❖ Demand and utilize the DIC services ❖ Participate in planning and management of the DIC ❖ Referral and linkage of clients to DICs ❖ Support follow ups, tracking of clients ❖ Support in establishment of DIC (securing safe space) ❖ Participate in mapping, mobilization of clients for services ❖ Identify potential peers to work in the DICs ❖ Ensuring safety and security of the DIC

15.3 SOPs FOR ESTABISHING AND OPERATING DROP-IN CENTRES FOR KEY POPULATIONS IN UGANDA

QUESTIONS 3 & 4

QN.3. MINIMUM PACKAGE OF SERVICES PROVIDED AT DIC

1). Information

1). On health HIV prevention care and treatment

2). Information on human rights and economic capacity building

- Provide IEC materials
- Counselling
  - HIV – ST
  - BCC
  - Distribute commodities (condoms & lubricants), needles and syringes
  - Refills (ART and family planning pills)
  - PrEP services through outreaches.
  - STI screening (self-sample collection)
  - T.B screening
  - GBV & intimate partner violence screening
  - Mental health awareness
  - Referrals and linkages for services not offered at the DICs; Proctology, legal services, ART, PEP, STI management, T.B treatment, family planning services etc.

Requirements for DICs to offer other service

HTS

- Certified testers
- Wastage management
- Commodities/supplies
- Counselling space
- Testing area
- Qualified counselor/peer counselor

ART, PrEP & PEP

DICs need accreditation to offer these services.

Storage space

- Space for drug / commodity storage
- Documents storage
- Phlebotomy space

QN.4. M & E

Reporting includes;

Tools

- Community tools
  - Referral slip / note
  - Referral register
  - Community client enrolment form
  - Community client register
  - Peer diary / calendar (services received , commodities offered - lubricants / condoms) GBV / IPV reported and management , IEC distribution log)
  - Weekly summary (for the outreach supervisor)
  - Tracking sheet for the HIV+ KPs
  - Crisis management form (what the crisis was , how many were reported_)
  - Advocacy and sensitisation form
  - Support group register. (any support group e.g. FSW group , family support)

Provide guidance on the reporting channels

- Report the supervising facility weekly.
- Developed DIC specific SOPs for reporting, how often and to where.
- Data and document storage in secure lock and key space to ensure confidentiality16.0 Regisstration and Accreditation of DICs

- Provide information on indicators and time lines.

16.0 REGISSTRATION AND ACCREDITATION OF DICS

All DICs shall be registered/ accredited (allowed to open and operate) by application to the Ministry of Health through the district local government.

- All registered and accredited centres shall be issued with a valid registration certificate or accredited letter
- A centre shall have a practitioner at all times who is responsible for that DIC
- All the DICs should be attached to a health facility which supervises it and all data is reported through that health facility
- List of staff and their credentials

16.1 Application for a registration certificate

1). The head of a centre, or a person authorized by the head of the centre, shall apply in writing to the Committee to register the centre.

2). An application for grant of a registration certificate shall contain the following information-

- the name of the centre;
- the physical location of the centre; and
- name and valid certificate of a supervising health practitioner
- list of staff and their credentials

16.1.1. Form of application for registration

The form for application to register a centre is prescribed in Form 1 in Schedule 2 to these Regulations.

16.1.2 Processing of application

The Committee shall within ninety days after receipt of an application or additional information evaluate the relevant documents, inspect the centre and prepare a detailed report of each application.

16.1.3 Factors to be considered for grant of registration certificate

- In considering an application for a registration of a centre, the committee shall take into account:

1). minimum standards for accreditation, as established by the Minister;

2). the capability of the centre to offer prevention, care, treatment and rehabilitation services to persons addicted to narcotics drugs and psychotropic substances;

3). accessibility of the centre to persons who use drugs or are addicted to narcotic drugs and psychotropic substances; and

16.1.4 Validity of registration certificate

A registration certificate is valid for one year from the date of issue unless earlier revoked or suspended by the Minister, and shall be non-transferable

16.1.5 Validity of accreditation status

Accreditation status shall be valid only for as long as the minimum criteria for accreditation holds, and shall be non-transferable

16.1.6 Refusal to grant registration certificate/ accreditation certificate

The Ministry shall not grant a registration certificate/accreditation certificate an applicant-

1). Whose application is not complete;

2). Whose centre is a health hazard to persons addicted to narcotic drugs and whose centre may affect rehabilitation of persons who use drugs and psychotropic substances.

3). Does not meet the minimum standards for accreditation as established by the Ministry

16.1.7 Renewal of registration certificate/

1). The in-charge of a centre or a person authorized by the in-charge of the centre shall submit an application for renewal of a registration certificate on or before the expiration

Annex

DIC documents tool kit

1). Community Client Enrolment Form (To be filled by service provider)

Serial Number:

To be completed by the peer and kept at the CSO office

Date of Enrolment DD/MM/YYYY: ...../...../..... CSO Name: .....
District: ..... County: ..... Subcounty: ..... Parish: ..... Village/LC1: .....
Location:..... Hotspot: ..... DICE: .....
Hotspot Name: ..... DICE Name: .....
CLIENT INFORMATION
Client Name: ..... Client ID: ..... Age (Years): .....
Date of Birth DD/MM/YYYY: ...../...../..... Nationality: ..... Contact Address: .....
District: ..... County: ..... Subcounty: ..... Parish: ..... Village/LC1: .....
Telephone Contact: ..... Alternative Telephone Contact: .....
Sex: ☐ Male ☐ Female
Key Population Category (Tick appropriate): ☐ MSM ☐ Transgender Male ☐ Transgender ☐ Female ☐ SW ☐ PWID ☐ Person in Prison and other closed settings ☐ Others (Specify): .....
Have you ever been contacted by a peer outreach worker from the HIV prevention program? ☐ Yes ☐ No
Have you ever visited any DIC/clinic/wellness center for any services in the last 6 months? ☐ Yes ☐ No
If Yes, which DIC did you visit? .....
Meeting place or point/hangout Circle all that apply

❖ Bar with Lodging ❖ Sex Den (Brothels) ❖ Streets/Highways ❖ Casino ❖ Guesthouse/Rest House ❖ Hotels ❖ Parks ❖ Public Toilets	❖ Bar without Lodging ❖ Strip Club ❖ Home ❖ Beach ❖ Massage Parlors ❖ Beer Tavern ❖ Others(specify):

Years active (Category): .....

Frequency of sex: ☐ 1) Last day ☐ 2) Last week	
Number of sex partners: ☐ 1) Last day ☐ 2) Last week	
Used condom on your last sexual encounters: ☐ Yes ☐ No	
For PWIDs, History of sharing needles at the: ☐ 1) Last day ☐ 2) Last week	
SCREENING FOR HIV RISK	**Risk Classification**
❖ Had vaginal sexual intercourse with more than one partner of unknown HIV status in the past six months? ☐ Yes ☐ No (if YES, tick substantial risk ❖ Had vaginal sex without a condom in the past 6 months? ☐ Yes ☐ No (if YES, tick substantial risk ❖ Had anal sexual intercourse in the past six months? ☐ Yes ☐ No (if YES, tick substantial risk ❖ Had sex in exchange for money, goods or a service in the last six months? ☐ Yes ☐ No (if YES, tick substantial risk ❖ Injected drugs in the past six months? ☐ Yes ☐ No (if YES, tick substantial risk ❖ Been diagnosed with an STI more than once in the past twelve months? ☐ Yes ☐ No (if YES, tick substantial risk ❖ Taken post-exposure prophylaxis (PEP) for sexual exposure to HIV in the past six months? ☐ Yes ☐ No (if YES, tick substantial risk ❖ Do you have a partner who is HIV infected? ☐ Yes ☐ No (if NO, continue to section #6) ❖ Is your HIV-infected partner on ART? ☐ Yes ☐ No ☐ Don't know (if NO or DON'T KNOW, tick substantial risk) ❖ Has your HIV-infected partner been on ART for at <u>less than</u> six months? ☐ Don't know (if NO or DON'T KNOW, tick substantial risk)	☐ Substantial risk ☐ No Substantial Risk
Client Risk Classification	
☐ Substantial risk (Clients at Substantial risk refer for HTs and other Prevention services and other prevention services)	At least one item indicating substantial risk is ticked in box # 5 above
☐ Not at substantial risk (Refer for Prevention services other than HIV testing)	If none of the substantial risk items in box # 5 above are ticked.
Supervisor Name: ..... Peer/ Outreach Worker Name:.....	

2). Community Client Register (To be completed by the records/ monitoring and evaluation officer)

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
S/N	Date of Enrolment	Physical address	Location Name;	Client Name	Client ID	Sex	Date of birth/ age	Telephone Contact	KP category	Years active (category)	Frequency of sex	Number of sex partners	Use of condom on your last sexual encounter	For PWIDs, History of sharing needles
	DD/MM/YYY	Parish Subcounty County District	Hotspot/DICE Name			F/M		Client Tel Contact alternative Tel Contact			Last day Last week	Last day Last week	Last day Last week	Last day Last week
	DD/MM/YYY	Parish Subcounty County District	Hotspot/DICE Name			F/M		Client Tel Contact alternative Tel Contact			Last day Last week	Last day Last week	Last day Last week	Last day Last week
	DD/MM/YYY	Parish Subcounty County District	Hotspot/DICE Name			F/M		Client Tel Contact alternative Tel Contact			Last day Last week	Last day Last week	Last day Last week	Last day Last week
	DD/MM/YYY	Parish Subcounty County District	Hotspot/DICE Name			F/M		Client Tel Contact alternative Tel Contact			Last day Last week	Last day Last week	Last day Last week	Last day Last week
	DD/MM/YYY	Parish Subcounty County District	Hotspot/DICE Name			F/M		Client Tel Contact alternative Tel Contact			Last day Last week	Last day Last week	Last day Last week	Last day Last week
	DD/MM/YYY	Parish Subcounty County District	Hotspot/DICE Name			F/M		Client Tel Contact alternative Tel Contact			Last day Last week	Last day Last week	Last day Last week	Last day Last week
	DD/MM/YYY	Parish Subcounty County District	Hotspot/DICE Name			F/M		Client Tel Contact alternative Tel Contact			Last day Last week	Last day Last week	Last day Last week	Last day Last week

1.

3). PEER DIARY/CALENDER (To be completed by peer outreach worker)

1	2	3	4	5	6	7	8					9									10		11	12	13
							Communication session at least one of the following topics discussed:(yes/no)					Prevention Services Provided/referred for(Indicate either (P) for provided or (R)for referred)									Prevention Commodities received (type and quantity Condoms and Lubes)				
S/N	Client ID	Client Name	KP category	Age	Sex	Hotspots/ DICE Name	STI	HIV Testing	Hepatitis B	SGBV,	Stigma and discrimination	HIV Testing services	ART	Oral PrEP	Risk reduction Counselling	Hepatitis B surfaces Ag testing and referral for RX	STI Screening and treatment	TB screening and Referral for RX	SGBV screening and post GBV care	Other Prevention Services	Condoms (female/ male)	Lubricants	Reported crisis incidents	Crisis incident managed	Remarks
	Unique ID 1 2 3 4 5 6 7 8 9 10 11 12 13 14				F/M	Hotspot / DICE	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No										Yes/No Male/Female Number	Yes/No Number	Yes/No	Yes/No	
	Unique ID 1 2 3 4 5 6 7 8 9 10 11 12 13 14				F/M	Hotspot / DICE	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No										Yes/No Male/Female Number	Yes/No Number	Yes/No	Yes/No	
	Unique ID 1 2 3 4 5 6 7 8 9 10 11 12 13 14				F/M	Hotspot / DICE	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No										Yes/No Male/Female Number	Yes/No Number	Yes/No	Yes/No	
	Unique ID 1 2 3 4 5 6 7 8 9 10 11 12 13 14				F/M	Hotspot / DICE	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No										Yes/No Male/Female Number	Yes/No Number	Yes/No	Yes/No	
	Unique ID 1 2 3 4 5 6 7 8 9 10 11 12 13 14				F/M	Hotspot / DICE	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No										Yes/No Male/Female Number	Yes/No Number	Yes/No	Yes/No	
	Unique ID 1 2 3 4 5 6 7 8 9 10 11 12 13 14				F/M	Hotspot / DICE	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No										Yes/No Male/Female Number	Yes/No Number	Yes/No	Yes/No	

Prevention services Provided/referred for:

Sex	MSM	People in Prison and other closed setting	PWID	
1). RH services (contraceptive mix, ANC, Post Abortion Care-medical, counseling) 2). Alcohol/drug harm reduction 3). Partner testing for sexual partners 4). ART Adherence support 5). Viral load and other monitoring & investigative tests 6). Disclosure of status to steady sexual partners/spouses 7). Curriculum based HIV prevention	8). ART Adherence support 9). STI treatment 10). Alcohol/drug harm reduction 11). Partner testing for sexual partners 12). Viral load and other monitoring & investigative tests 13). Disclosure of status to steady sexual partners/spouses	14). Curriculum-based HIV prevention 15). Contraceptive Mix 16). GBV prevention 17). HIV care & treatment – through DSDM and on-site management 18). Viral load and other monitoring & investigative tests 19). Safe Male Circumcision (SMC)	20). Screening for Opioid Substitution Therapy (OST) 21). ART Adherence support 22). Alcohol/drug harm reduction 23). Partner testing for sexual partners 24). Viral load and other monitoring & investigative tests 25). Disclosure of status to steady sexual partners/ spouses 26). Methadone and other medical-assisted therapies (MAT) including Baprineurphine and naloxone naltrexone	27). For partners: Referrals (HTS, VMMC, ART) 28). Community mobilization & Norms Change (SASA) 29). Condom promotion campaign/ demand creation 30). OVC for children of sex workers 31). Stigma and discrimination reduction capacity building

4). OUTREACH SUPERVISOR/PEER WEEKLY SUMMARY

Outreach Supervisor Name: ..... Outreach worker Name: ..... CSO Name: .....

Data Element	Service	KP Category	Age	14-15		15-19		20-24		25-29		30-34		35-39		40-44		45-49		50+		Total	
			Sex	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	Male	Female
Number of KP/PPs who received communication Messages on the following Topics	SIT Prevention, diagnosis and Screening	Sex Workers																					
		Men Having Sex with Men																					
		Transgender People																					
		People Who Inject Drugs																					
		People in Prison and other closed settings																					
		Others																					
	HIV prevention, testing, care and treatment	Sex Workers																					
		Men Having Sex with Men																					
		Transgender People																					
		People Who Inject Drugs																					
		People in Prison and other closed settings																					
		Others																					
	Hepatitis B Surface AG tests	Sex Workers																					
		Men Having Sex with Men																					
		Transgender People																					
		People Who Inject Drugs																					
		People in Prison and other closed settings																					
		Others																					
	SGBV prevention, screening and diagnosis	Sex Workers																					
		Men Having Sex with Men																					
		Transgender People																					
		People Who Inject Drugs																					
		People in Prison and other closed settings																					
		Others																					
	Stigma and discrimination	Sex Workers																					
		Men Having Sex with Men																					
		Transgender People																					
		People Who Inject Drugs																					
		People in Prison and other closed settings																					
		Others																					
	Risk reduction Counselling	Sex Workers																					
		Men Having Sex with Men																					
		Transgender People																					
		People Who Inject Drugs																					
		People in Prison and other closed settings																					
		Others																					

Data Element	Service	KP Category	Age	14-15		15-19		20-24		25-29		30-34		35-39		40-44		45-49		50+		Total	
			Sex	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	Male	Female
Number of KP/ PPs referred for HIV prevention, care and treatment services	STI treatment	Sex Workers																					
		Men Having Sex with Men																					
		Transgender People																					
		People Who Inject Drugs																					
		People in Prison and other closed settings																					
		Others																					
	PrEP	Sex Workers																					
		Men Having Sex with Men																					
		Transgender People																					
		People Who Inject Drugs																					
		People in Prison and other closed settings																					
		Others																					
	ART	Sex Workers																					
		Men Having Sex with Men																					
		Transgender People																					
		People Who Inject Drugs																					
		People in Prison and other closed settings																					
		Others																					
	Viral Load Testing	Sex Workers																					
		Men Having Sex with Men																					
		Transgender People																					
		People Who Inject Drugs																					
		People in Prison and other closed settings																					
		Others																					
	Hepatitis B treatment	Sex Workers																					
		Men Having Sex with Men																					
		Transgender People																					
		People Who Inject Drugs																					
		People in Prison and other closed settings																					
		Others																					
	MAT	Sex Workers																					
		Men Having Sex with Men																					
		Transgender People																					
		People Who Inject Drugs																					
		People in Prison and other closed settings																					
		Others																					
	Needle Syringe Program	Sex Workers																					
		Men Having Sex with Men																					
		Transgender People																					
		People Who Inject Drugs																					
		People in Prison and other closed settings																					
		Others																					
	Post GBV Care	Sex Workers																					
		Men Having Sex with Men																					
		Transgender People																					
		People Who Inject Drugs																					
		People in Prison and other closed settings																					
		Others																					
	Other Services	Sex Workers																					
		Men Having Sex with Men																					
		Transgender People																					
		People Who Inject Drugs																					
		People in Prison and other closed settings																					
		Others																					

Data Element	Service	KP Category	Age	14-15		15-19		20-24		25-29		30-34		35-39		40-44		45-49		50+		Total	
			Sex	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	Male	Female
Number received Prevention Commodities	Condoms	Sex Workers																					
		Men Having Sex with Men																					
		Transgender People																					
		People Who Inject Drugs																					
		People in Prison and other closed settings																					
		Others																					
	Lubricants	Sex Workers																					
		Men Having Sex with Men																					
		Transgender People																					
		People Who Inject Drugs																					
		People in Prison and other closed settings																					
		Others																					
Number of KP/PPs that reported crisis incidents		Sex Workers																					
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		Transgender People																					
		People Who Inject Drugs																					
		People in Prison and other closed settings																					
		Others																					
Number of KP/PPs who experienced crisis incidents that were addressed		Sex Workers																					
		Men Having Sex with Men																					
		Transgender People																					
		People Who Inject Drugs																					
		People in Prison and other closed settings																					
		Others																					

5). PLHIV TRACKING SHEET (Confidential information; to be completed by designated trained clinical staff)

Peer Navigator Name: .... CSO Name: ....

1	2	3	4	5	6	7	8	8	9	9	9	9	9	9	9	10
				HIV test			Lab tests		Prevention services received							
S/N	Client ID	KP category	Age	Date Results	Disclosed HIV Status (Yes/No) Disclosed to whom	ART Initiation Date Place of initiation	Baseline CD4done date Results	Viral Load test done date Results IAC Counselling	Condoms	Risk reduction Counselling	STI Screening	TB screening	Hepatitis B screening	SGBV screening	Other Prevention Services (Codes)	Remarks
	ART No. Unique ID			HIV Test Date HIV test	Yes/No Relationship of person disclosed to	dd/mm/yyyy Place of Initiation		VL test date Results IAC counselling	Male/ Female Quantity	Yes/No	Yes/No Diagnosed Treatment	Yes/No TB status Referred for RX	Yes/No Status RX/Referral	Yes/No Status RX/Referral		
	ART No. Unique ID			HIV Test Date HIV test	Yes/No Relationship of person disclosed to	dd/mm/yyyy Place of Initiation		VL test date Results IAC counselling	Male/ Female Quantity	Yes/No	Yes/No Diagnosed Treatment	Yes/No TB status Referred for RX	Yes/No Status RX/Referral	Yes/No Status RX/Referral		
	ART No. Unique ID			HIV Test Date HIV test	Yes/No Relationship of person disclosed to	dd/mm/yyyy Place of Initiation		VL test date Results IAC counselling	Male/ Female Quantity	Yes/No	Yes/No Diagnosed Treatment	Yes/No TB status Referred for RX	Yes/No Status RX/Referral	Yes/No Status RX/Referral		
	ART No. Unique ID			HIV Test Date HIV test	Yes/No Relationship of person disclosed to	dd/mm/yyyy Place of Initiation		VL test date Results IAC counselling	Male/ Female Quantity	Yes/No	Yes/No Diagnosed Treatment	Yes/No TB status Referred for RX	Yes/No Status RX/Referral	Yes/No Status RX/Referral		
	ART No. Unique ID			HIV Test Date HIV test	Yes/No Relationship of person disclosed to	dd/mm/yyyy Place of Initiation		VL test date Results IAC counselling	Male/ Female Quantity	Yes/No	Yes/No Diagnosed Treatment	Yes/No TB status Referred for RX	Yes/No Status RX/Referral	Yes/No Status RX/Referral		
	ART No. Unique ID			HIV Test Date HIV test	Yes/No Relationship of person disclosed to	dd/mm/yyyy Place of Initiation		VL test date Results IAC counselling	Male/ Female Quantity	Yes/No	Yes/No Diagnosed Treatment	Yes/No TB status Referred for RX	Yes/No Status RX/Referral	Yes/No Status RX/Referral		
	ART No. Unique ID			HIV Test Date HIV test	Yes/No Relationship of person disclosed to	dd/mm/yyyy Place of Initiation		VL test date Results IAC counselling	Male/ Female Quantity	Yes/No	Yes/No Diagnosed Treatment	Yes/No TB status Referred for RX	Yes/No Status RX/Referral	Yes/No Status RX/Referral		
	ART No. Unique ID			HIV Test Date HIV test	Yes/No Relationship of person disclosed to	dd/mm/yyyy Place of Initiation		VL test date Results IAC counselling	Male/ Female Quantity	Yes/No	Yes/No Diagnosed Treatment	Yes/No TB status Referred for RX	Yes/No Status RX/Referral	Yes/No Status RX/Referral		

Prevention services Provided/referred for:

Sex	MSM	People in Prison and other closed setting	PWID	
1). RH services (contraceptive mix, ANC, Post Abortion Care-medical, counseling) 2). Alcohol/drug harm reduction 3). Partner testing for sexual partners 4). ART Adherence support 5). Viral load and other monitoring & investigative tests 6). Disclosure of status to steady sexual partners/spouses 7). Curriculum based HIV prevention	8). ART Adherence support 9). STI treatment 10). Alcohol/drug harm reduction 11). Partner testing for sexual partners 12). Viral load and other monitoring & investigative tests 13). Disclosure of status to steady sexual partners/spouses	14). Curriculum-based HIV prevention 15). Contraceptive Mix 16). GBV prevention 17). HIV care & treatment – through DSDM and on-site management 18). Viral load and other monitoring & investigative tests 19). Safe Male Circumcision (SMC)	20). Screening for Opioid Substitution Therapy (OST) 21). ART Adherence support 22). Alcohol/drug harm reduction 23). Partner testing for sexual partners 24). Viral load and other monitoring & investigative tests 25). Disclosure of status to steady sexual partners/spouses 26). Methadone and other medical-assisted therapies (MAT) including Baprineurphine and naloxone naltrexone	27). For partners: Referrals (HTS, VMMC, ART) 28). Community mobilization & Norms Change (SASA) 29). Condom promotion campaign/ demand creation 30). OVC for children of sex workers 31). Stigma and discrimination reduction capacity building

6). CASE MANAGER/PEER NAVIGATOR – PLHIV INDIVIDUAL FORM

CARE_ COMM: Number of HIV-positive KPs receiving care and support services outside the health facility

CSO Name: .... Case manager Name: .... Sign:............................ Location/hotspot: .... Peer Navigator: ....

1	2	3	4	5	6	7	8					9				10
				Age			Care and support services to HIV positive KP outside health facilities					Commodity provision, specify the number/item				
S/N No.	Date	Client ID	Name	Sex (M/F)	KP Population Category	ART status/Viral Load and service delivery approach	Support for retention on ART care (yes/No)	Support for adherence on ART (Yes/No)	Referral to HIV care (Yes/No)	Medication Assisted Therapy	Other HIV prevention Services (Legend)	ART refill (Yes/No)/date/quantity	Condoms (Male/Female)	Lubricants	Basic medications, e.g., cotrimoxazole	Remarks
	dd/mm/yyyy	ART No. Unique ID				Yes/No Initiation date: dd/mm/yyyy Stop date: dd/mm/yyyy CCLAD/CDDP Eligible for VL / VL results dd/mm/yyyy		Yes/No	Yes/No	Start: dd/mm/yyyy Stop: dd/mm/yyyy		Yes/No No. of pills refilled Date	Yes/No M/F Quantity	Yes/No Quantity		
	dd/mm/yyyy	ART No. Unique ID				Yes/No Initiation date: dd/mm/yyyy Stop date: dd/mm/yyyy CCLAD/CDDP Eligible for VL / VL results dd/mm/yyyy		Yes/No	Yes/No	Start: dd/mm/yyyy Stop: dd/mm/yyyy		Yes/No No. of pills refilled Date	Yes/No M/F Quantity	Yes/No Quantity		
	dd/mm/yyyy	ART No. Unique ID				Yes/No Initiation date: dd/mm/yyyy Stop date: dd/mm/yyyy CCLAD/CDDP Eligible for VL / VL results dd/mm/yyyy		Yes/No	Yes/No	Start: dd/mm/yyyy Stop: dd/mm/yyyy		Yes/No No. of pills refilled Date	Yes/No M/F Quantity	Yes/No Quantity		

Prevention services Provided/referred for:

Sex	MSM	People in Prison and other closed setting	PWID	
1). RH services (contraceptive mix, ANC, Post Abortion Care-medical, counseling) 2). Alcohol/drug harm reduction 3). Partner testing for sexual partners 4). ART Adherence support 5). Viral load and other monitoring & investigative tests 6). Disclosure of status to steady sexual partners/spouses 7). Curriculum based HIV prevention	8). ART Adherence support 9). STI treatment 10). Alcohol/drug harm reduction 11). Partner testing for sexual partners 12). Viral load and other monitoring & investigative tests 13). Disclosure of status to steady sexual partners/spouses	14). Curriculum-based HIV prevention 15). Contraceptive Mix 16). GBV prevention 17). HIV care & treatment – through DSDM and on-site management 18). Viral load and other monitoring & investigative tests 19). Safe Male Circumcision (SMC)	20). Screening for Opioid Substitution Therapy (OST) 21). ART Adherence support 22). Alcohol/drug harm reduction 23). Partner testing for sexual partners 24). Viral load and other monitoring & investigative tests 25). Disclosure of status to steady sexual partners/spouses 26). Methadone and other medical-assisted therapies (MAT) including Baprineurphine and naloxone naltrexone	27). For partners: Referrals (HTS, VMMC, ART) 28). Community mobilization & Norms Change (SASA) 29). Condom promotion campaign/demand creation 30). OVC for children of sex workers 31). Stigma and discrimination reduction capacity building

7). CRISIS MANAGEMENT FORM (To be completed by staff outreach supervisor with support from peer outreach worker)

When an incident of harassment takes place for a particular KP member, give the following details (Use one form for each incident)

Name(s) of person who experienced the crisis incident:		
Age:	Sex: ☐Male ☐Female	Client ID: .....
Hot spot:.....		
Name of peer outreach worker:		
Name of outreach supervisor:		
Population Category of the affected: ☐ FSW ☐ MSM ☐ TG ☐ PWID ☐ Other		
Date incident Occurred: dd/mm/yyyy	Date Incident reported: dd/mm/yyyy	
Number of key population individuals affected by the incident:		
Type of incident: ☐ Harassment ☐ Physical Violence ☐ Sexual Violence ☐ Emotional Violence ☐ Stigma and Discrimination ☐ Other (Specify):		
A brief description of the incident **(not more than 200 words):**		
Who committed the incident? **(Tick as applicable)** ☐Community pressure groups ☐ Local gangs ☐ Local leaders ☐ Fellow employee ☐ Magistrate/Judiciary ☐ Police ☐ Clients ☐ Military ☐ Government officials ☐ Healthcare provider ☐ General community ☐ Madams/Pimps/ Bar managers and owners ☐ Employer ☐ Family members ☐ Other (specify).....		
Crisis incident reported within 24 hours: ☐ Yes ☐ No		
Client received post-violence care within 24 hours: ☐ Yes ☐ No		
Type of post-violence care/service (s) provided **(Tick all that client received)** ☐ Rapid HIV testing with referral to care ☐ Emergency contraception ☐ Complaint registration at and treatment as appropriate ☐ Psychosocial counseling ☐ Rescued by police ☐ Post-exposure prophylaxis (PEP) ☐ Legal support ☐ Child protection services ☐ Wound management ☐ STI screening and treatment ☐ Others (Specify).....		
Role of project Crisis Management Team in addressing the issue **(describe in 200 words)**:		
Follow-up action planned **(describe in 200 words)**:		

8). ADVOCACY/SENSITIZATION FORM (To be completed by staff outreach supervisor)

Community Service Organization:	Implementing partner:	
Meeting No:	Date: dd/mm/yyyy	
Venue of the activity:	Location/Area:	City/Town:.....
Issue(s) discussed:		
Method (s) used to Identify the discussed Issue (s):		
Advocacy/sensitization objective:.....		

Participants of the advocacy/sensitization meeting: Number: .....

Responsibility /Role in Community

☐ Community pressure groups	☐ Local gangs	☐ Religious groups
☐ Local leaders	☐ Fellow employee	☐ Regular partner
☐ Police	☐ Magistrate/Judiciary	☐ Clients
☐ Military	☐ Government officials	☐ Healthcare provider
☐ Employers	☐ Madams/Pimps/Bar	☐ General community
☐ Family members	☐ Bar managers and owners	

☐ Other (specify):.....

Other partners/allies involved in advocacy/sensitization activity:

Methods used during advocacy/sensitization (e.g., lecture/presentation, individual meeting, group meeting, health services, exhibitions, street plays, other) .....

Difficulties encountered while addressing the issue(s): .....

Sensitization/advocacy follow-up action plan:

Difficulty/challenge	Follow up action	Responsible person	Time line

Name of person who conducted the advocacy: .....

Designation/Role: ..... Sign:.....

9). Community Referral Register

(To be completed by outreach staff/supervisor)

1	2	3	4	5	6	7	8	9	10	11
Date of referral/ transfer in	Referred to/ Referred from	Client ID/NIN	Name	Physical address	Telephone Contact	Population Category	Reason(s) for referral /services referred for	Contact person at facility/CSO referred to	Result of referral	Remarks
	Facility referred to Facility referred from	Client Unique ID NIN		Village/Parish Subcounty/County District	Client Tel. Number Alternative Tel. Number Client Tel. Number			Name: Telephone Contact:	Complete Incomplete	
	Facility referred to Facility referred from	Client Unique ID NIN		Village/Parish Subcounty/County District	Client Tel. Number Alternative Tel. Number Client Tel. Number			Name: Telephone Contact:	Complete Incomplete	
	Facility referred to Facility referred from	Client Unique ID NIN		Village/Parish Subcounty/County District	Client Tel. Number Alternative Tel. Number Client Tel. Number			Name: Telephone Contact:	Complete Incomplete	
	Facility referred to Facility referred from	Client Unique ID NIN		Village/Parish Subcounty/County District	Client Tel. Number Alternative Tel. Number Client Tel. Number			Name: Telephone Contact:	Complete Incomplete	
	Facility referred to Facility referred from	Client Unique ID NIN		Village/Parish Subcounty/County District	Client Tel. Number Alternative Tel. Number Client Tel. Number			Name: Telephone Contact:	Complete Incomplete	
	Facility referred to Facility referred from	Client Unique ID NIN		Village/Parish Subcounty/County District	Client Tel. Number Alternative Tel. Number Client Tel. Number			Name: Telephone Contact:	Complete Incomplete	

Prevention services/commodities referred for:

	Sex workers	MSM	Prisoners	PWID
Primary Individual	1). Risk Reduction Counselling 2). Condoms 3). Targeted HIV testing services 4). Routine STI screening 5). Routine TB screening 6). Hepatitis Screening 7). SGBV screening	8). Risk Reduction Counselling 9). Condoms 10). Targeted HIV testing services 11). Routine STI screening 12). Routine TB screening 13). Hepatitis screening 14). SGBV screening	15). Risk Reduction Counselling 16). Targeted HTS (entry and exit testing) 17). Curriculum-based HIV prevention 18). GBV screening 19). Routine STI screening 20). Hepatitis screening 21). Routine TB screening	22). Risk Reduction Counselling 23). Condoms 24). Targeted HIV testing services 25). Routine STI screening 26). Routine TB screening 27). Hepatitis Screening 28). SGBV screening 29). Screening for Opioid Substitution Therapy (OST)
Secondary Individual	30). PrEP 31). RH services (contraceptive mix, ANC, Post Abortion Care-medical, counseling) 32). Alcohol/drug harm reduction 33). Partner testing for sexual partners 34). ART Adherence support 35). STI treatment 36). Hepatitis treatment 37). Viral load and other monitoring & investigative tests 38). TB treatment 39). Disclosure of status to steady sexual partners/spouses 40). Post-violence care 41). Lubricants 42). Curriculum based HIV prevention	43). PrEP 44). Post-violence care 45). ART Adherence support 46). STI treatment 47). Alcohol/drug harm reduction 48). TB treatment 49). Partner testing for sexual partners 50). Viral load and other monitoring & investigative tests 51). Hepatitis treatment 52). Disclosure of status to steady sexual partners/spouses 53). Lubricants	54). Contraceptive Mix 55). Post-violence care 56). Condoms[1] 57). PrEP 58). GBV prevention 59). HIV care & treatment – through DSDM and on-site management 60). Viral load and other monitoring & investigative tests 61). Hepatitis treatment 62). STI treatment 63). Safe Male Circumcision (SMC)	64). PrEP 65). Post-violence care 66). ART Adherence support 67). STI treatment 68). Alcohol/drug harm reduction 69). TB treatment 70). Partner testing for sexual partners 71). Viral load and other monitoring & investigative tests 72). Hepatitis treatment 73). Disclosure of status to steady sexual partners/spouses 74). Lubricants 75). Methadone and other medical-assisted therapies (MAT) including Baprineurphine and naloxone naltrexone

10). REFERRAL SLIPS

Serial Number: .....

REFERRING CSO/FACILITY /DICE COPY
Client ID No. .....
Name of referring facility/CSO: .....
Name of referral facility/CSO: .....
Name and Telephone of contact Person at referral facility: Name:..... Telephone: .....
Name of referring Officer: .....
Date of referral: dd/mm/yyyy ...../...../.....
Reason for referral:..... .....
Name of the accompanying Person (if any): .....
REFERRAL CSO/FACILITY/DICE COPY
Client ID No. .....
Name of referring facility/CSO: .....
Name of referral facility/CSO: .....
Name and Telephone of contact Person at referral facility: Name:..... Telephone: .....
Name of referring Officer: .....
Date of referral: dd/mm/yyyy ...../...../.....
Reason for referral:..... .....
Name of the accompanying Person (if any): .....
CLIENT COPY
Client ID No. .....
Name of referring facility/CSO: .....
Name of referral facility/CSO: .....
Name and Telephone of contact Person at referral facility: Name:..... Telephone: .....
Name of referring Officer: .....
Date of referral: dd/mm/yyyy ...../...../.....
Reason for referral:..... .....
Name of the accompanying Person (if any): .....

11). SUPPORT GROUP REGISTER

(To be completed by staff outreach supervisor)

SECTION I: Group Details

1. Name of Support Group: .....

2. Date Support Group was formed: DD/MM/YYYY ...../...../.....

SECTION II

Executive Committee of Support Group (if applicable)

Committee Effective from (date): dd /mm /yyyy

1. Name of office bearer	2. Position	3. Date of election as office bearer
	President	
	Secretary	
	Treasurer	
	Member	
	Member	

SECTION III: Membership Details

SN	PROGRAM ID NUMBER	MEMBER NAME	AGE	SEX	TYPE OF KP	DATE AND YEAR OF JOINING	DATE AND YEAR OF DROP OUT
						dd/mm/yyyy	dd/mm/yyyy
						dd/mm/yyyy	dd/mm/yyyy
						dd/mm/yyyy	dd/mm/yyyy

SECTION IV: Minutes of the Meetings Held by the Support Group
Attendance Summary:

SN	PROGRAM ID NUMBER	MEMBER NAME	AGE	SEX	TYPE OF KP	DATE OF MEETING	SIGNATURE
						dd/mm/yyyy	
						dd/mm/yyyy	
						dd/mm/yyyy	

Minutes of the meeting Summary

Date of meeting: dd/mm/yyyy...../..... /.....
Hot spot/place: .....
Meeting no.: .....
Time of the meeting: Start time: ..... End time:..... Total hours.....
Number of members attending the meeting: .....
Topics discussed/activities:
Method(s) of facilitation: .....
Outcome or decisions in the meeting:

12). OUTREACH SUPERVISOR/PEER WEEKLY SUMMARY

Outreach Supervisor Name: ..... Outreach worker Name: ..... CSO Name: .....

Data Element	Service	KP Category	Age	14-15		15-19		20-24		25-29		30-34		35-39		40-44		45-49		50+		Total	
			Sex	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	Male	Female
Number of KP/PPs who received communication Messages on the following Topics	SIT Prevention, diagnosis and Screening	Sex Workers																					
		Men Having Sex with Men																					
		Transgender People																					
		People Who Inject Drugs																					
		People in Prison and other closed settings																					
		Others																					
	HIV prevention, testing, care and treatment	Sex Workers																					
		Men Having Sex with Men																					
		Transgender People																					
		People Who Inject Drugs																					
		People in Prison and other closed settings																					
		Others																					
	Hepatitis B Surface AG tests	Sex Workers																					
		Men Having Sex with Men																					
		Transgender People																					
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		People in Prison and other closed settings																					
		Others																					
	SGBV prevention, screening and diagnosis	Sex Workers																					
		Men Having Sex with Men																					
		Transgender People																					
		People Who Inject Drugs																					
		People in Prison and other closed settings																					
		Others																					
	Stigma and discrimination	Sex Workers																					
		Men Having Sex with Men																					
		Transgender People																					
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	Risk reduction Counselling	Sex Workers																					
		Men Having Sex with Men																					
		Transgender People																					
		People Who Inject Drugs																					
		People in Prison and other closed settings																					
		Others																					

Data Element	Service	KP Category	Age	14-15		15-19		20-24		25-29		30-34		35-39		40-44		45-49		50+		Total	
			Sex	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	Male	Female
Number of KP/ PPs referred for HIV prevention, care and treatment services	STI treatment	Sex Workers																					
		Men Having Sex with Men																					
		Transgender People																					
		People Who Inject Drugs																					
		People in Prison and other closed settings																					
		Others																					
	PrEP	Sex Workers																					
		Men Having Sex with Men																					
		Transgender People																					
		People Who Inject Drugs																					
		People in Prison and other closed settings																					
		Others																					
	ART	Sex Workers																					
		Men Having Sex with Men																					
		Transgender People																					
		People Who Inject Drugs																					
		People in Prison and other closed settings																					
		Others																					
	Viral Load Testing	Sex Workers																					
		Men Having Sex with Men																					
		Transgender People																					
		People Who Inject Drugs																					
		People in Prison and other closed settings																					
		Others																					
	Hepatitis B treatment	Sex Workers																					
		Men Having Sex with Men																					
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		People in Prison and other closed settings																					
		Others																					
	MAT	Sex Workers																					
		Men Having Sex with Men																					
		Transgender People																					
		People Who Inject Drugs																					
		People in Prison and other closed settings																					
		Others																					
	Needle Syringe Program	Sex Workers																					
		Men Having Sex with Men																					
		Transgender People																					
		People Who Inject Drugs																					
		People in Prison and other closed settings																					
		Others																					

Data Element	Service	KP Category	Age	14-15		15-19		20-24		25-29		30-34		35-39		40-44		45-49		50+		Total	
			Sex	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	Male	Female
Number of KP/ PPs referred for HIV prevention, care and treatment services	Post GBV Care	Sex Workers																					
		Men Having Sex with Men																					
		Transgender People																					
		People Who Inject Drugs																					
		People in Prison and other closed settings																					
		Others																					
	Other Services	Sex Workers																					
		Men Having Sex with Men																					
		Transgender People																					
		People Who Inject Drugs																					
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Number received Prevention Commodities	Condoms	Sex Workers																					
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		People in Prison and other closed settings																					
		Others																					
	Lubricants	Sex Workers																					
		Men Having Sex with Men																					
		Transgender People																					
		People Who Inject Drugs																					
		People in Prison and other closed settings																					
		Others																					
Number of KP/PPs that reported crisis incidents		Sex Workers																					
		Men Having Sex with Men																					
		Transgender People																					
		People Who Inject Drugs																					
		People in Prison and other closed settings																					
		Others																					
Number of KP/PPs who experienced crisis incidents that were addressed		Sex Workers																					
		Men Having Sex with Men																					
		Transgender People																					
		People Who Inject Drugs																					
		People in Prison and other closed settings																					
		Others																					