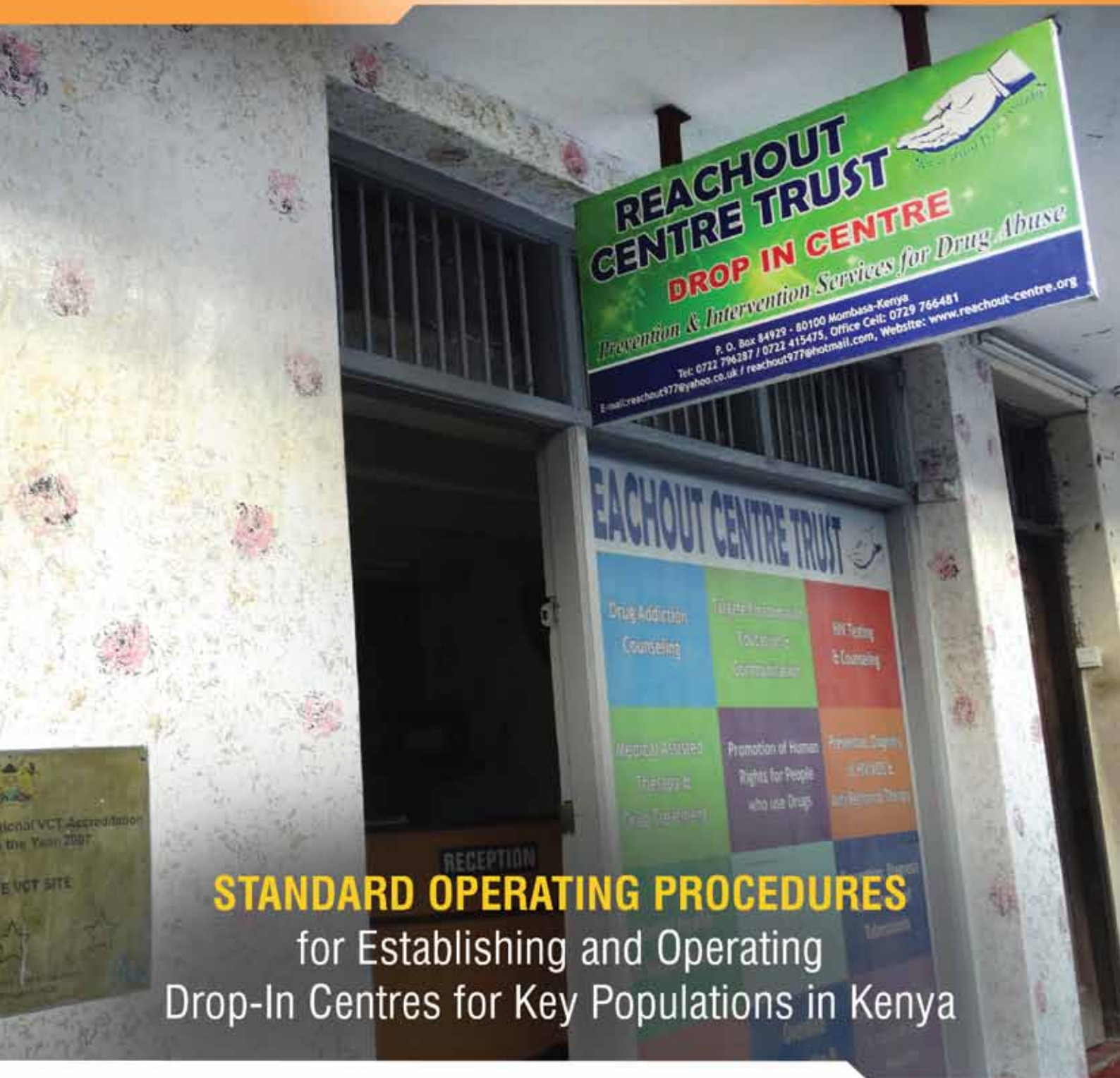




Ministry of Health



STANDARD OPERATING PROCEDURES

for Establishing and Operating
Drop-In Centres for Key Populations in Kenya





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RECEPTION

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This manual was compiled and edited by Brooks Anderson and designed by 129 Degrees Design Studio.



A handwritten signature in black ink, appearing to read 'Sirengo'.

Dr. Martin Sirengo

Head

National AIDS and STI Control Programme

Ministry of Health

Kenya

ABBREVIATIONS

AIDS	Acquired Immune Deficiency Syndrome
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
HTC	HIV Testing and Counselling, or HIV Testing Centre
HTS	HIV Testing Services
IEC	Information, Education, and Communication
IP	Implementing Partner
KP	Key Population
M&E	Monitoring & Evaluation
MAT	Medically Assisted Therapy
MIS	Management Information System
MMT	Methadone Maintenance Treatment
MSM	Men Who Have Sex with Men
NASCOP	National AIDS & STI Control Programme
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
SOP	Standard Operating Procedure
SW	Sex Worker
TB	Tuberculosis
TI	Targeted Intervention
UIC	Unique Identifier Code
UNODC	United Nations Office on Drugs and Crime

INTRODUCTION

The Purpose and Audience of These Standard Operating Procedures

This standard operating procedures manual has been prepared to standardize implementation of NASCOP's key populations programme by providing clear guidance to implementing partners (IPs) on important aspects of establishing and operating drop-in centres (DICs) for female sex workers (FSWs), men who have sex with men (MSM), and people who inject drugs (PWID)—collectively called key populations (KPs) because of their importance for HIV control.

What Drop-In Centres Are and Why They Are Important

Drop-in centres (also known as “safe spaces”) are premises rented by key populations programme implementing partners to 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 programme staff.

Drop-in centres serve as

- a place where community members and programme staff discuss programming to improve services;
- a place for KPs to gather for events and activities;
- a venue for psychosocial services and support, and for referral to other services;
- a point for distributing condoms and lubricant, and for exchanging needles and syringes;
- a place to empower the community by discussing and planning responses to discrimination, stigma, and violence against the community;
- a place for training KPs (e.g., in violence prevention, power analysis, advocacy, and livelihood skills); and
- a place for KPs to rest, relax, shower, and meet other KPs.

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

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

Whom Drop-In Centres Serve

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

- key population members
- children of KPs, in some cases

HOW TO ESTABLISH A DIC

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.

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 feel safe and comfortable in the location.

Micro-planning is explained in Section 2.5 of Kenya's *National Guidelines for HIV/STI Programming for Key Populations* (NAS COP 2014a), hereafter referred to as the *National Guidelines*.

Special considerations 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 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 area slightly far from the road, due to issues of stigma.
- DICs should not be close to police stations or other places that may be considered hostile to KPs.
- DICs should not be close to schools and other locations that the public might consider inappropriate.
- IPs should avoid locating a DIC in or near a neighbourhood where tolerance to KPs is low and where there may be complaints of public nuisance, noise, etc.

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.

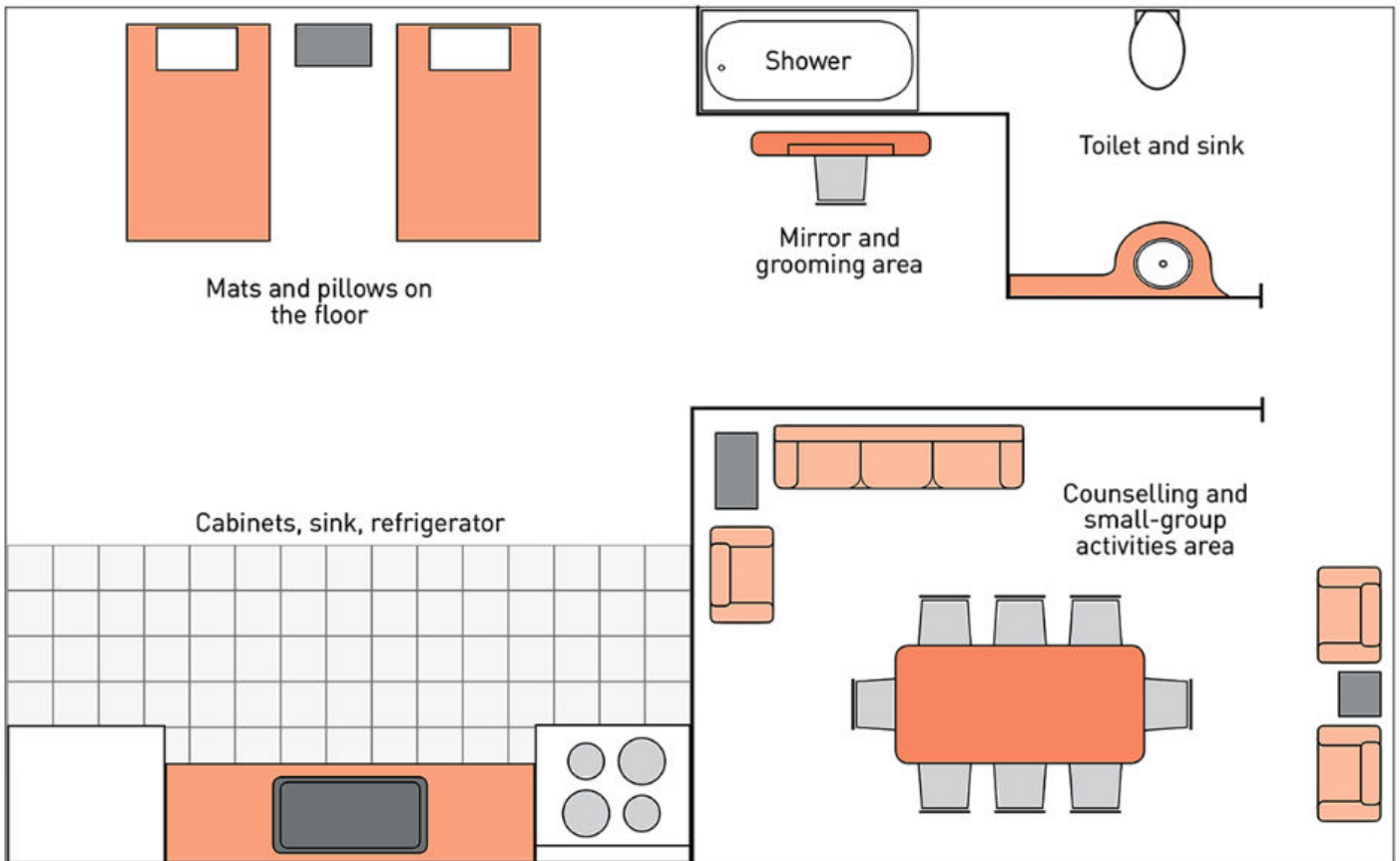
Select a Premises for the DIC

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 selected and rented.

Considerations for selecting a premises

- 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 a room for rest, a private room for consultations, a kitchen, a bathroom (separate bathrooms for males and females in case of a PWID DIC or a DIC that caters to both men and women), an office, and a large room/hall that can accommodate at least 20 people for socializing, for relaxing, and for events/activities (e.g., watching TV, listening to music, doing hair and nails, trainings, etc.), as illustrated in Figure 1. Apart from these rooms, 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:
 - an interview/ counselling room
 - a waiting room
 - an observation room (in DICs for PWID)
- 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.

For guidance on locating and selecting a premises for a clinic, refer to *Standard Operating Procedures for Establishing and Running Key Populations Clinics in Kenya* (NAS COP 2016).

Figure 1**DIC Floor Plan**

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 partner foresees such a need.

Inform Neighbourhood Leaders about the DIC

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

Furnish and Equip the DIC

DIC COORDINATOR'S OFFICE

- Desk and two chairs
- Lockable filing cabinet
- Lockable storage cabinet
- Computer with Internet connectivity and a printer
- Power outlets
- Locking door
- Fan
- List of telephone numbers of persons working for the DIC and other important numbers

COMMON ROOM

The common room can also be used as a training venue to conduct trainings and meetings for KPs. 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
- Fire extinguisher



KITCHEN

- 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
- Rubbish bin
- Cleaning supplies and materials
- Storage space for kitchenware
- Mat or chairs for sitting while cooking
- Power outlet
- Fan
- Drinking water

ROOM FOR RESTING

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



DIC resting and relaxing room

DIC with a room to rest and relax



DIC with library with resource materials



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.”)

For clinics co-located with a DIC, refer to *Standard Operating Procedures for Establishing and Running Key Populations Clinics in Kenya* (NAS COP 2016) for guidance on furnishing and equipping the counselling room and clinic.

The commodities that are needed for setting up needle and syringe exchange programme (NSEP) sites are listed in Section 2.9 of NAS COP’s *Kenya National Guidelines for Standard Operating Procedures for Needle and Syringe Exchange Programmes for People Who Inject Drugs* (NAS COP 2013b), hereafter referred to as the SOP for NSEP.



A shower and toilet facility in the DIC

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 exits.
- 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 of KP members 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
 - drug treatment facilities and rehabilitation centres
 - general practitioners who can refer clients to the DIC for support and education regarding risk behaviours, 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
 - welfare agencies and charitable/government organisations 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.

Recommended referral linkages for PWID are discussed in Annex I.6 of the *Kenya National Guidelines for the Comprehensive Management of the Health Risks and Consequences of Drug Use* (NASCOP 2013a).

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.

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

Some of the basic DO's 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.

Some of the DON'Ts are:

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

Discuss and finalise the do's and don'ts during the meeting and decide the consequences for violations of the rules. Print the do's and don'ts and the consequences, and request the community leaders to sign it to make it an official document. Display the do's 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 do's and don'ts and the consequences for misconduct.

Get the Word Out

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 defence classes, vocational training, and dance classes) to popularize the DIC.

SERVICES THAT ALL DICs SHOULD PROVIDE

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, counselling, clinical services, violence response services, condoms, lubricants, and needles/ syringes.
- **Registration with the programme:** The demographic details of each KP are recorded in the NASCOP 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 HTC for HIV testing after proper pre-test counselling. 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 counselling and STI screening and management, centres 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.
- **Behaviour change communication:** KPs should receive risk reduction information through one-to-one and one-to-group interactions and through IEC materials.
- **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

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

- **Health and risk assessment and diagnosis:** Record the KP's history and risks using the History Taking Guide for female, male, and transgender sex workers, found in Annex 2.7 of the *National Guidelines* (NASCOP 2014a).
- **HIV testing and counselling:** Refer to NASCOP's *The Kenya HIV Testing Services Guidelines* (NASCOP 2015b) and *Standard Operating Procedures for Establishing and Running Key Populations Clinics in Kenya* (NASCOP 2016) for guidance on HIV testing and counselling.
- **STI screening and management:** Refer to NASCOP's *Standard Operating Procedures for Establishing and Running Key Populations Clinics in Kenya* (NASCOP 2016) for guidance on STI screening and management.

- **HIV care and treatment and sexual and reproductive healthcare:** Refer to NASCOP's *Standard Operating Procedures for Establishing and Running Key Populations Clinics in Kenya* (NASCOP 2016), *Guidelines on the Use of Antiretroviral Drugs for Treating and Preventing HIV Infection: Rapid Advice* (NASCOP 2014c), and *Guidelines for Antiretroviral Therapy in Kenya*, 4th edition (NASCOP 2011c) for guidance on HIV treatment and care.

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 of 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.

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 health exam
- phone charging stations
- laundry facilities
- computer and Internet access
- child care

PROCEDURES FOR A KP'S FIRST VISIT TO THE DIC

Usually, the KP first visits the DIC upon referral from outreach. In such cases, the concerned PE or ORW must accompany the KP to the DIC for the first time. In rare 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 do's 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 NASCOP enrolment form, which includes demographic details. The NASCOP 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. 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 found on page 16 of NASCOP's SOP for MAT (NASCOP 2013c²).
- Register the KP for needle and syringe exchange. The client registration format for NSEP facilities is found in Annex 4 of NASCOP's SOP for NSEP (NASCOP 2013b).

¹ The KP's name and all related data are sensitive and must remain confidential. Implementing partners should follow data protection protocols and keep this information safely. The DIC register entry for each KP should record the KP's name and UIC.

² Readers are referred to NASCOP's *Kenya National Guidelines for Standard Operating Procedure for Medically Assisted Therapy for People Who Use Drugs* (NASCOP 2013c). A new edition of the SOP for MAT is being produced and will be released in 2016.

- 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 found in Appendix IX of NASCOP's SOP for MAT (NASCOP 2013c), and the Drug Abuse Screening Test (DAST) found in Annex 2.9 of the *National Guidelines* (NASCOP 2014a).
- 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 (Monday, Tuesday, or Wednesday). 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.

Additional Guidance on NSEP and Associated Services

The main components of NSEP delivery through fixed sites, such as DICs, are found in Table 4 of Section 2.6 of NASCOP's SOP for NSEP (NASCOP 2013b).

The procedures to establish NSEP and associated services are presented in Section 2.7 of the SOP for NSEP (NASCOP 2013b).

The procedures to implement NSEP and associated services are presented in Section 2.8 of the SOP for NSEP (NASCOP 2013b).

Special considerations for harm reduction implementation at DICs

- Do not restrict the number of sterile needles and syringes or condoms and lubricant 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 of by the PWID into a collection box provided by the NSEP facility or outreach worker in order to be eligible to receive NSEP supplies.

DIC STAFF ROLES AND RESPONSIBILITIES

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.
- Organise waste disposal facilities.

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.

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.

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. Refer to NASCOP's *Standard Operating Procedures for Establishing and Running Key Populations Clinics in Kenya* (NASCOP 2016) for guidance on clinic staff roles and responsibilities.

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.

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

DICCC objectives

- 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 role on related issues

DICCC formation

- Each DIC should have one DICCC.
- The DICCC 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, and important stakeholders.
- The committee should elect a chair and a secretary, and should draft a clear terms of reference for the DICCC.

DICCC functioning

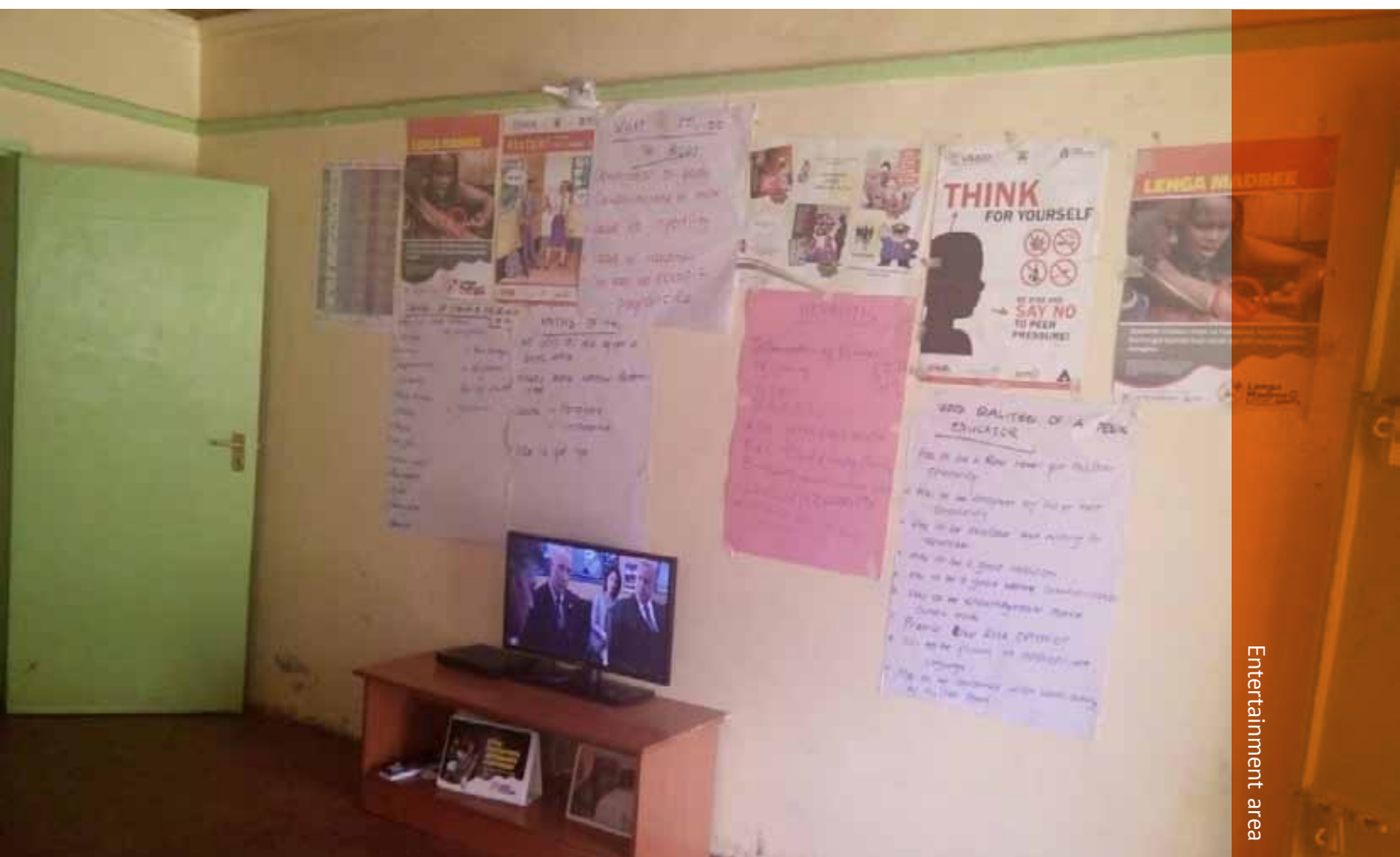
- The DICCC should meet at least once per month.
- The meetings should always include the participation of KPs.
- The minutes of all meetings should be signed by the attendees and circulated within a week.
- Inputs and decisions taken during the meetings should be incorporated in the project within a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

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, everyday 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.



Entertainment area

FORMS THAT SHOULD BE FILLED TO DOCUMENT DIC OPERATIONS

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 (NAS COP 2014b:57-58)
- The monthly project-level Condom Outlet Register (NAS COP 2014b:49)
- The Condoms and Lubes Register (NAS COP 2014b:57)
- The Needles and Syringes Register (NAS COP 2014b:53)
- The Needle and Syringe Returns/Collected Register (NAS COP 2014b:65)

Recording and reporting tools for NSEP through DICs are listed in Table 11 and Annex 4 of the SOP for NSEP (NAS COP 2013b).

For clinics co-located with DICs, see NAS COP's *Standard Operating Procedures for Establishing and Running Key Populations Clinics in Kenya* (NAS COP 2016) for guidance on forms that should be used to document clinic activities.

Commodity Data to Submit to NAS COP

- Number of individual KPs who received a condom (male/female) directly from the programme/project during the reporting quarter (indicator 5.1 of the KPs Programme Output Indicators Tool for Quarterly Reporting to NAS COP).
- Number of male condoms distributed by the outreach staff during the reporting quarter (indicator 5.2 of the KPs Programme Output Indicators Tool for Quarterly Reporting to NAS COP).
- Number of female condoms distributed by the outreach staff during the reporting quarter (indicator 5.3 of the KPs Programme Output Indicators Tool for Quarterly Reporting to NAS COP).
- Number of water-based lubricants distributed during the reporting quarter (indicator 5.5 of the KPs Programme Output Indicators Tool for Quarterly Reporting to NAS COP).
- Number of PWID who received naloxone in the reporting quarter (indicator 5.6 of the KPs Programme Output Indicators Tool for Quarterly Reporting to NAS COP).
- Number of PWID who received needles-syringes directly from the programme in the reporting quarter (indicator 5.7 of the KPs Programme Output Indicators Tool for Quarterly Reporting to NAS COP).
- Number of needles-syringes distributed to PWID during the reporting quarter (indicator 5.8 of the KPs Programme Output Indicators Tool for Quarterly Reporting to NAS COP).
- Number of needles-syringes returned by PWID to the programme during the reporting quarter (indicator 5.9 of the KPs Programme Output Indicators Tool for Quarterly Reporting to NAS COP).

Core monitoring indicators for NSEP through DICs are listed in section 4.1 of the SOP for NSEP (NAS COP 2013b).

For clinics co-located with DICs, see NAS COP's *Standard Operating Procedures for Establishing and Running Key Populations Clinics in Kenya* (NAS COP 2016) for guidance regarding clinic data that should be reported to NAS COP.



DIC with a TV for entertainment

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 Section 5.4 of the *National Infection Prevention and Control Guidelines for Health Care Services in Kenya* (Ministry of Health 2015). 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.

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 sharps 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.

SAFETY

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 implementing partner's programme officer or the NASCOP key populations programme manager. 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.

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.

Drug use or selling

- Inform the drug user or seller that such conduct is prohibited.
- Expel the user/seller from the centre (or as per DIC rules).
- Record the incident in the incident log.

Selling sex / engaging in sexual activity

- Remind the parties that such conduct is prohibited.
- Expel the parties from the centre (or as per DIC rules).
- Record the incident in the incident log.

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; or if they have a warrant and the registered KP uses the centre as a legal address to receive mail and correspondence. The DIC staff and volunteers must not divulge whether the client gets mail or accesses any service at the centre to the police.

Maintain 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.

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.

Post-exposure prophylaxis (PEP)

In case of needle stick injury:

Do's

- 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.

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.

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.

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.

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.

Organise 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.

Organise 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 with the DIC and collect suggestions for improvement by including questions related to the DIC in the mid-term and annual programme reviews.

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.

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ANNEX

DROP-IN CENTRE REGISTRATION BOOK

LIP NAME: _____ COUNTY: _____

DIC NAME: _____

SUB COUNTY: _____ WARD: _____ MFL CODE: _____

Date	Name of KP	UIC	Age	Sex	KP Type	Name of Hotspot
CODES	KP TYPE 1. FSW 2. MSM/MSW 3. PWID 4. Transgender	VISIT TYPE 1. New 2. Old	REASON FOR VISIT 1. New referral 2. Scheduled Clinic Appointment 3. Unscheduled Clinic Appointment 4. Collect Condoms 5. Relax		VISIT TYPE 1. PEER EDUCATOR 2. KP Colleague 3. Outreach Staff 4. Walk-in	

Visit Type	Reason for Visit	Referred by	PE Name	Comments





Ministry of Health

NASCOP

National AIDS/STI Control Programme

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