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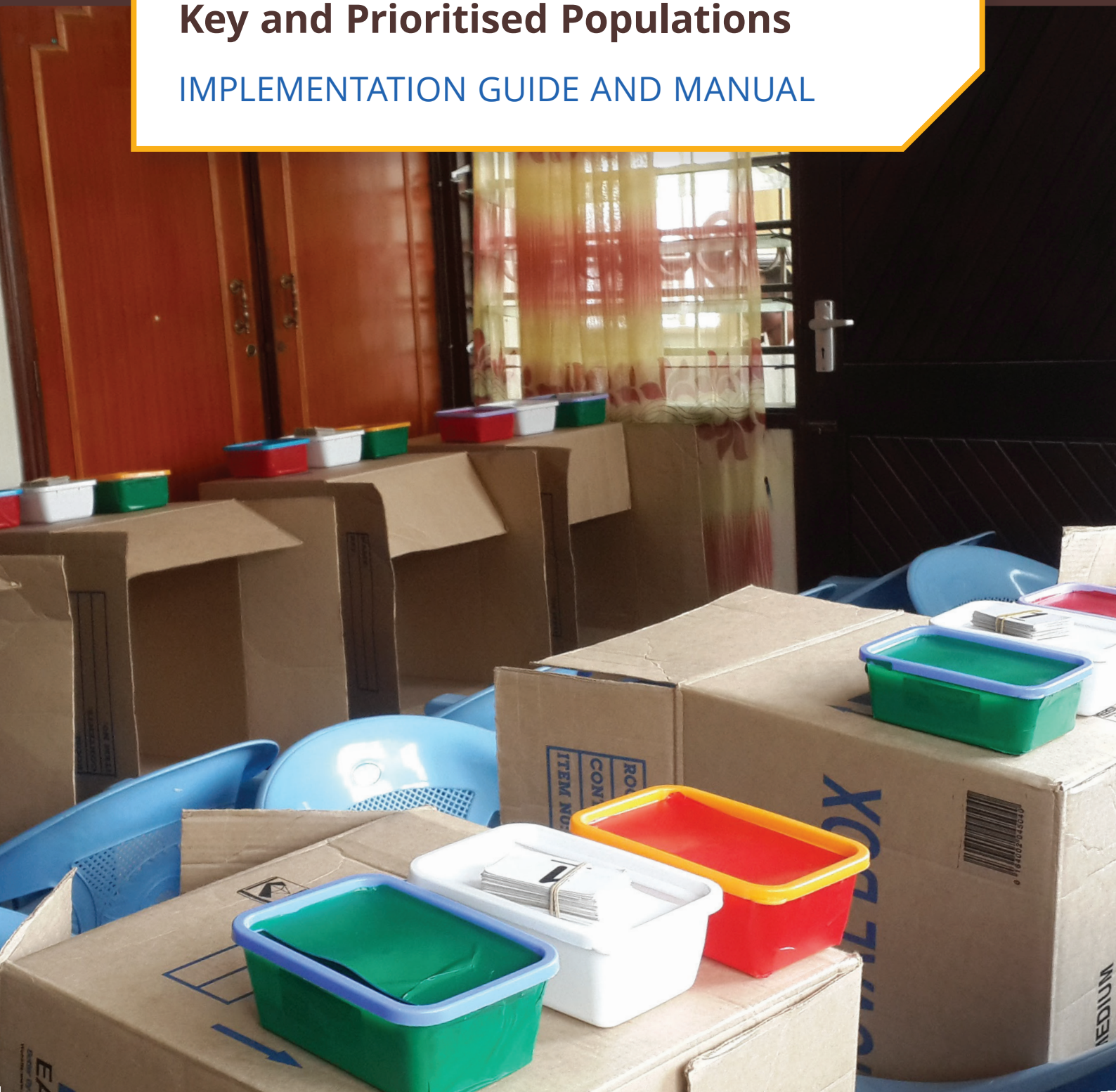
Expanded Polling Booth Surveys (ePBS) for Assessing HIV Outcomes among Key and Prioritised Populations

IMPLEMENTATION GUIDE AND MANUAL



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CONTENTS

ANNEXURES

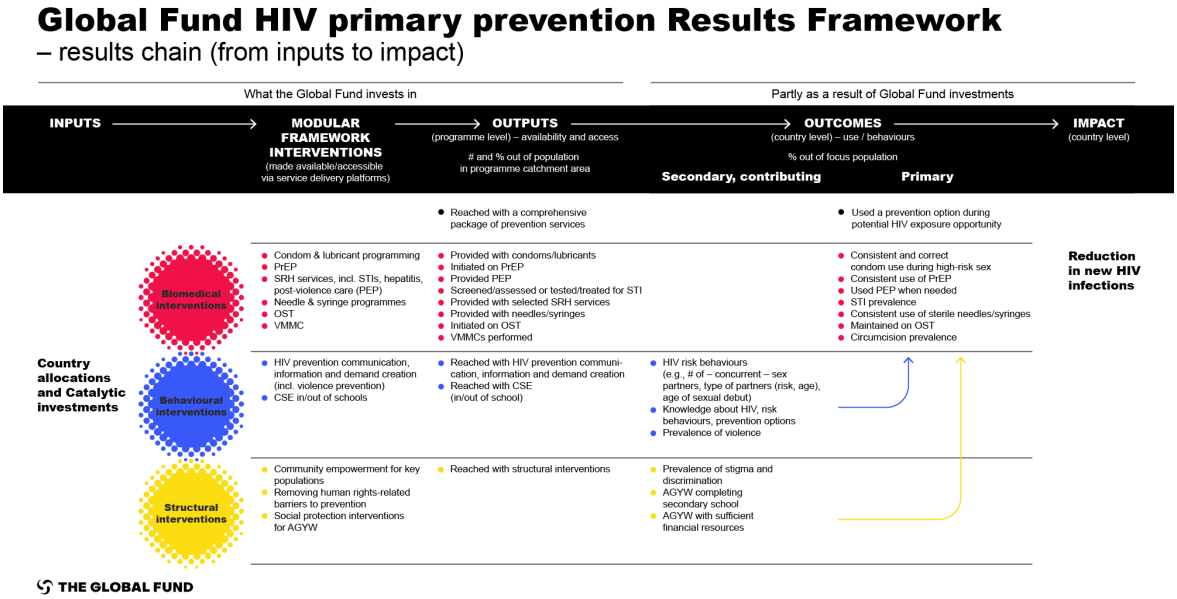
ABBREVIATIONS

AGYW	Adolescent Girls and Young Women
AIDS	Acquired Immunodeficiency Syndrome
ART	Antiretroviral Therapy
BBS	Biobehavioural Survey
DIC	Drop-In Centre
ePBS	Expanded Polling Booth Survey
FGD	Focus Group Discussion
FSW	Female Sex Worker
HIV	Human Immunodeficiency Virus
HTS	HIV Testing Service
HTTPS	Hypertext Transfer Protocol Secure
IPV	Intimate Partner Violence
MAT	Medically Assisted Therapy
MSM	Men Who Have Sex with Men
PBS	Polling Booth Survey
PEP	Post-Exposure Prophylaxis
PrEP	Pre-Exposure Prophylaxis
STBBI	Sexually Transmitted and Blood-Borne Infections
UIC	Unique Identifying Code
UNAIDS	Joint United Nations Programme on HIV/AIDS
VL	Viral Load
VPN	Virtual Private Network

OUTCOME ASSESSMENTS ARE ESSENTIAL FOR EFFECTIVE PUBLIC HEALTH PROGRAMMING

Public health programmes routinely conduct surveillance to track and measure their effectiveness and to identify opportunities for innovation and improvement. Assessment of programme outcomes enables programme managers to determine if, and by how much, programme interventions have contributed to better health among a targeted population.

In the context of programmes providing prevention, diagnosis, and treatment to address the spread of HIV and other epidemics of sexually transmitted and blood-borne infections (STBBI), outcomes of interest often include disease prevalence and incidence; programme coverage; and population level outcomes related to biomedical, behavioural, and structural interventions. Such data need to be collected at regular intervals to measure changes in these outcomes over time to guide programming and policy. The Global Fund HIV Prevention Results Framework defines the outputs, outcomes, and impact that can be measured to assess if programmes are on track [1].



As we work toward goals set by the UNAIDS Global AIDS Strategy (2021–2026) to reduce new infections by 2025 and "end AIDS as a public health threat by 2030" [2], recent calls for new tools that efficiently and effectively monitor and evaluate HIV prevention programmes [2,3] highlight the need to develop novel methods for collecting programme-relevant data on an annual or biennial basis. While there are several methods available to collect data [3], Polling Booth Surveys (PBS) have been identified as one such method that meets this need.

This manual has been developed based on University of Manitoba's experience conducting Polling Booth Surveys in India, Nigeria, Kenya, Botswana, Lesotho, Cameroon, Malawi and Namibia with key populations, adolescent girls and young women (AGYW), adolescent boys and young men, and general populations to measure outcomes related to HIV and STBBI.

MODULE

1

POLLING BOOTH SURVEYS – PREPARATION AND IMPLEMENTATION

1.1 Polling Booth Surveys

A Polling Booth Survey (PBS) is a group interview method in which each participant uses a private ballot box to respond to a limited series of simple questions that require dichotomous (yes or no) responses. All responses are anonymous and unlinked from individual participants. PBS has been used for research with members of key populations and other prioritised populations, such as adolescent girls and young women (AGYW), to reduce reporting bias when answering sensitive questions about conventionally stigmatised behaviours, experiences, and social circumstances that can increase risk of acquiring HIV and other STBBI [4–11].

PBS has been endorsed, among other methods, by The Global Fund [1] and the Global HIV Prevention Coalition [3] as a useful, lower-cost method for collecting data for programme monitoring and assessment. Data generated through PBS have been comparable to the findings of other types of studies of the same population [7].

In comparison to more time- and resource-intensive approaches that are commonly used for surveillance of HIV and other STBBI among key populations (e.g., Integrated Biological and Behavioural Assessments or Surveys), there are several merits to the PBS methodology.

The uncomplicated and relatively inexpensive PBS methodology lends itself to rapid and more frequent data collection for addressing pressing and relevant programmatic questions, and it is easily adaptable to diverse contexts. As such, PBS findings can inform programmatic refinements and improvements and be quickly incorporated into programmes for mid-course corrections.

Additionally, PBS protocols can draw upon existing programme human resources—such as peer educators and outreach workers, clinical officers, and programme managers—and infrastructure and supplies—like drop-in centres, clinics, and testing kits—to implement the study. Involving community members (e.g., key populations, adolescent girls and young women) as researchers creates a safe environment for PBS participants and can foster a sense of ownership of study processes and findings among community members.

The implementation process is brief and focused, requiring little technical assistance. Brief training and mentoring sessions with implementation teams can prepare implementers—whether national or subnational governments, community-based organisations or non-governmental organisations providing services to key populations, or research teams—to successfully conduct PBS studies.

Finally, given that PBS questions are not linked to individual participants, basic descriptive statistical analyses are sufficient, producing straightforward findings that can be readily understood, interpreted, and taken up by programmes, communities, governments, and researchers. The dichotomous nature of the PBS data also lends itself to immediate, real-time analyses following data collection. PBS findings can be explored further in focus group discussions that immediately follow the survey sessions.

Advantages and limitations of Polling Booth Surveys compared to traditional survey methods

ADVANTAGES

- The responses are unlinked and anonymous, thereby reducing social desirability bias.
- The questions are brief and focused.
- It is easy to administer, and group interviews make the data collection process quick.
- It actively involves community members as researchers.
- Data collection can be completed within two months (Annex 1).
- Data management and analysis is simple because the responses are dichotomous.
- The findings are available immediately after the data collection. These findings can be shared with the participants, and focus group discussions can be initiated to understand the reasons behind the findings.
- PBS costs less than a traditional face-to-face survey, because the process is quicker and materials needed for the PBS can be reused.
- The survey questions can be adapted to the context and population.
- The sampling is as scientifically rigorous as a traditional survey.
- PBS can be implemented by programme implementers with limited technical support.
- Data remain in the possession of programme implementers, and can be quickly used for programme improvement.
- It increases ownership and accountability of the programme implementer.
- It allows expansion by adding a qualitative focus group discussion or biological sample collection.

LIMITATIONS

- As this is a group interview process, behaviours cannot be linked to individual characteristics, and responses to related PBS questions cannot be analysed as subsets of one another.
- Only a limited number of questions can be asked.
- Questions have to be written in a way that the responses are either yes or no. Multiple response questions cannot be asked very easily.

Module 1 features guidance on implementing PBS studies with female sex workers, men who have sex with men, and AGYW. The module assumes that the study implementing agency has considered the various methods available for outcome assessment and has selected PBS as the suitable method.

1.1.1 Expanded Polling Booth Surveys

This manual provides implementation guidance for an expanded PBS (ePBS), which implements optional additional components alongside the basic PBS. These optional additional components include (i) biobehavioural surveys with biological sample collection, and (ii) focus group discussions.

Module 2 presents guidance on implementing a biobehavioural survey with female sex workers and men who have sex with men. Module 3 presents guidance on implementing a focus group discussion with female sex workers, men who have sex with men, and AGYW.

These optional expansions should be considered based on the objectives of the study, availability of time, and resources. If PBS is done annually, the study team can decide to do the expansions once every 2 or 3 years, rather than annually.

The flow chart in Annex 2 illustrates the steps followed during ePBS conducted with female sex workers and men who have sex with men in Nairobi.

The protocol of an ePBS outcome assessment of HIV prevention and treatment programmes for female sex workers and men who have sex with men in Nairobi, Kenya has been published [12]. The protocol of an ePBS outcome assessment (expanded with focus group discussions) of HIV prevention and treatment programmes for AGYW conducted in 5 African countries is in Annex 3.

1.1.2 Adaptations to other population groups

Although this manual provides implementation guidance for PBS studies focusing on female sex workers, men who have sex with men, and AGYW, this methodology has been successfully implemented among general populations and other key and priority populations across diverse contexts, including young key populations and people who inject drugs [6-9,13-16]. The implementation of PBS with other population groups should not significantly differ from the procedures outlined in this manual, but certain adaptations should be considered to ensure that tools, approaches, and protocols are relevant and applicable for the given population and context.

Throughout Module 1, inset boxes contain recommended adaptations for conducting PBS with AGYW.

1.2 Preparing for Polling Booth Survey implementation

Several preparatory steps are recommended in advance of PBS study implementation. Ideally, preparations are conducted at the smallest geographical unit possible (e.g., subcounty, subdistrict) to thoroughly understand study populations' relevant networks and practices.

Where possible and safe, preparatory steps should be undertaken with permission from local authorities concerned with HIV / STBBI programming. PBS preparation processes should also be inclusive of community leaders and representatives, and relevant study implementation partners.

The key steps of the preparatory phase include:

- preparing a budget;
- holding stakeholder consultations;
- holding community consultation and consultations with community advisory board (if applicable)
- building the field teams, including community researchers;
- developing the PBS questionnaires;
- piloting and refining the questionnaire with a sample from the community that would be participating;
- obtaining ethical clearances, human research ethics training, and regulatory approval;
- mapping locations (physical and virtual) and estimating population sizes for the study population(s);
- conducting a rapid validation of locations (physical and virtual) to confirm peak days of operation and estimate the average number of study population members at the location;
- identifying appropriate venues to conduct PBS session within each selected, validated location from which participants will be recruited;
- planning for safety and security of the participants and study team; and
- procuring the materials for the PBS study.

1.2.1 Preparing a budget

Sample budgets for polling booth survey, focus group discussion, and biobehavioural survey are presented in Annex 4. The budgets have to be adapted based on the country context.

1.2.2 Stakeholder consultations

Ahead of study implementation, community engagement consultations should be held with relevant local stakeholders. There are several stakeholders when we do an outcome study. Stakeholders include communities with whom the study will be conducted, relevant Community Advisory Boards, governments at national and subnational level, and partners implementing programmes in the study sites. Consultations should be led by community representatives.

Consultation meetings provide a comprehensive overview of the PBS process, highlighting the purpose and specific objectives of the study, and clearly explaining the sampling, data collection, and data analysis methods that will be employed. They also provide an important platform upon which to develop comprehensive plans for ensuring community and participant safety throughout the implementation of the PBS study. Consultation meetings are also important spaces in which community members can identify individuals who are willing and able to fill the role of community researchers within the PBS field team to lead and support participant recruitment, data collection and analysis, and knowledge dissemination and exchange. Finally, stakeholder consultation meetings provide critical opportunities for strengthening capacity and expanding expertise in research planning, methods, and implementation among community members.

> In places where PBS is conducted with AGYW, families play a critical role. Hence the implementing organisation should conduct larger community meetings and inform the community members and parents about the study and the possibility of some of the AGYW getting selected to participate in the study. More sensitisation may be required with families from which a daughter has been enrolled in the PBS.

1.2.3 Study team structure, training, and supervision

Ideally, PBS study teams include members of the community within which the study is being conducted, or individuals with strong community rapport who have extensive experience working with and alongside populations with whom the study is conducted.

The number of teams implementing a PBS study will change, depending on the number of PBS sessions required for a study, the timeframe in which the study must be completed, and the resources available to conduct the study. Though team structure might vary based on local context, in general, to effectively conduct a PBS, each team should include one researcher trained in, or familiar with, quantitative data collection, and two community researchers. One or two study coordinators are necessary to manage the teams and coordinate with study investigators and other stakeholders (Table 1.1).

Table 1.1. Recommended PBS study team structure and scope of duties

STUDY COORDINATOR
(1 per 2-3 field teams)

- Coordinates and oversees overall operations of data collection teams
- Troubleshoots logistical issues during study implementation
- Maintains regular communication and provides updates to study investigators and other stakeholders, like government, other networks, etc.
- Conducts community consultations before and after the data collection
- Disseminates the findings of the study in appropriate forums, including community forums

RESEARCHER / PBS DATA COLLECTOR
(1 per team)

- Leads group informed consent procedure with potential PBS participants, using the consent form (Annex 5)
- Facilitates PBS sessions (Annex 6)
- Tallies PBS responses and fills the reporting form (Annex 7) and tallying form (Annex 8)
- Submits eligibility screening form (Annex 9) via SurveyCTO (data entry platform) on tablet or another data entry system
- Submits PBS tallying form via SurveyCTO on tablet or another data entry system

COMMUNITY RESEARCHER
(2 per field team)

- Identifies a random sample of 10–12 potential participants and conducts eligibility screening at locations
- Mobilises selected members at the assigned time of PBS
- Fills the eligibility screening form
- Fills the time-location sampling monitoring tool (Annex 10)
- Oversees and supports PBS session
- Tallies the PBS responses

Study team training should combine classroom and hands-on components to review the theoretical and practical aspects of implementing PBS. At least three days of classroom training sessions should be conducted. Practice implementation sessions are recommended to ensure the teams become comfortable with the full PBS procedure. A sample training agenda is provided in Annex 11.

Study teams are mentored on a regular basis by study investigators or by others who are supervising the study. The task of the supervisors is to ensure that the study is conducted as per the protocol and quality is maintained. Supervisors can help the teams adapt the process and approach, based on local circumstances. Supervisors also support the teams by identifying solutions to field challenges and addressing bottlenecks, if any. Supervision also includes on-site training and support if the data collection teams need direct, hands-on support.

1.2.4 Development of PBS questionnaires

The PBS questionnaires should be developed with implementing partners, community members with whom the study is being conducted, and other stakeholders, such as governments and donors. PBS questionnaires usually have 30–40 questions. If the questionnaire is longer than that, the survey session will become so long that the participants may lose interest. The questions should be framed in a way that they can be answered with either a "yes" or a "no". PBS participants' responses should help investigators to assess programme outcomes. Sample questionnaires are in Annex 6.

1.2.5 Ethical clearances, human research ethics training, and regulatory approval

Ethical approvals should be sought from appropriate national and institutional review boards. If PBS will be conducted annually as a tool to monitor programme outcomes, ethical approvals may be sought to cover multiple years of data collection.

Study permits should be obtained prior to study implementation. It is good practice for the study's principal investigators to ensure that all members of the study team, including field team members, undergo human research ethics training, as applicable, and agree to sign data confidentiality agreements. Importantly, all team members should be issued identification cards that verify their affiliation with the study in the event of run-ins with law enforcement or other officials during study implementation. Each team member should also be issued a copy of the approval letter for the study. Providing transport to the data collection sites for team members should also be considered.

The police station near the survey venues should be sensitised and informed about the study, especially if the study population are key populations.

Finally, safety and security of study participants and members of the community at large are critical considerations for the study team and should be addressed ahead of implementation through meaningful engagement and consultations with subnational (e.g., county) officials, local police, and study populations. Lead researchers should familiarise themselves with guidance on maintaining safe environments for their study team and participants [17–19], and appropriately adapt the study's safety plan according to the local context.

> Where PBS is conducted with AGYW, special considerations must be taken when engaging participants in research who are below the age of 18 years. While developing protocols, national and institutional ethical guidelines for conducting research with minors should be followed closely.

1.2.6 Prioritise populations and geographies according to need

HIV / STBBI prevention programmes should strategically prioritise populations and geographies based on need. In many cases, prioritised populations will include key population groups, as identified by national HIV prevention strategies and global guidance documents, who disproportionately experience impacts of HIV epidemics, including higher HIV prevalence and incidence than the general population. These groups typically include female and male sex workers; gay, bisexual, and other men who have sex with men; transgender people; people who inject drugs; and incarcerated populations. Prioritised populations also include AGYW.

Geographic heterogeneity in HIV epidemics is well documented globally and should be taken into consideration when planning a PBS study. Prioritising participation of key population community members or AGYW who live and/or work in higher prevalence geographies is an important strategy for ensuring that findings from PBS studies are relevant and applicable to individuals and communities disproportionately at risk for HIV infection.

1.2.7 Map locations (physical and virtual) and estimate population sizes for the study population

Programmatic mapping is the critical first step to identify key physical or virtual spaces where individuals within high risk sexual and injecting networks meet their sexual and injecting partners and/or engage in behaviours that increase risk for HIV acquisition. These spaces are also commonly called venues or 'locations'.

Mapping is also useful for generating size estimates for study populations, which serve as critical starting points for HIV / STBBI prevention programming, as well as for research and learning protocols, including PBS. Importantly, population size estimates act as denominators [3] upon which to base outcome assessments and other programme evaluations.

Processes, considerations, and methods for mapping physical and virtual locations have been documented extensively elsewhere [20–25].

Mapping is most effective and efficient when led by members of study populations. Field training in methods to carry out mapping activities can be conducted in a relatively short period of time (less than one week) [19].

Locations are key physical or virtual spaces where individuals within high risk sexual and injecting networks (i.e., members of key populations) meet their sexual and injecting partners/clients and/or engage in behaviours that increase risk for HIV acquisition.

Some documents refer to locations as hotspots or sex work / cruising sites.

For AGYW programmes, locations are places that are intervention units within cities or villages. Depending on the programme, a location may mean a home or a school.

In places where PBS is conducted with AGYW, as a preparation, the study team will have to work with the implementing partners to validate

I. the town, villages, or locations within the town or village that have been prioritised for AGYW programming;

II. the number of households in those locations; and

III. the numbers of AGYW in those households by age group, 15–17 and 18–24 years.

1.2.8 Rapid validation of physical and virtual locations

In many cases, results from earlier programmatic mapping can be used as a starting point for PBS sampling strategies. However, before mapped locations can be used as the study's sampling frame, they must be validated through standardised validation methods, which are described elsewhere [25]. Validation uses the Location Validation Tools, shown in Annex 12.

Validation is done to confirm that a location is still active, and to identify the days of the week and times of day when activity at the location is greatest. The list of validated locations should indicate each location's typology, the estimated number of key population members at the location, and peak day and time.

Importantly, if programmatic mapping has been conducted within the six months before the study's implementation, validation may not be necessary. In such cases, the mapping results can directly serve as the sampling frame.

Validation in the context of an AGYW programme is done at two levels. First, the villages and towns where the AGYW programme is being implemented are validated to confirm that the most updated list is being included in the sampling frame. The second level involves visiting the households to verify that an adolescent girl or young woman within the age group of 15 to 24 resides there.

1.2.9 Identify appropriate PBS venues

Polling booth surveys must be conducted in safe spaces identified and selected with the support of community researchers / community representatives who are familiar with the locations. In PBS with key populations, these venues can be either the locations from which key populations are enrolled (defined in Section 1.2.7), drop-in centres of the implementing partners, or another safe space that can be hired for the study. The venues must have enough space to set up the polling booths and conduct a group survey. The venues should be near the locations in which participants are selected. If PBS with key populations is conducted at night, the research team should ensure that the venue is secure. Once the venues are selected, the research team should orient the venues about the PBS and obtain the necessary approvals, as explained in Section 1.2.5.

When conducting PBS with AGYW, some of the preferred PBS venues have been identified as schools, drop-in centres, and health facilities.

1.2.10 Procure all the materials needed for the PBS

The materials required for implementing a PBS are listed in Annex 13. They include:

Private booth stations (e.g., cardboard boxes or privacy dividers).

Three different coloured ballot boxes – typically green, red, and white.
One set of cards for each participant, numbered to the last PBS question number.

- For example, if a PBS questionnaire contains 35 questions, each field team should have a set of cards, numbered from 1 through 35, for each participant.
- It is important to ensure that all numbers are quickly identifiable for participants and field team members tallying PBS responses.
  - It is recommended that the cards printed with numbers '6' and '9' are underlined for easy differentiation.

Reporting and tallying forms.

Standardised data collection tools for each population group.

Optional: Tablets with the data collection programme installed (1 per field team).

- If tablets are not available, then the data from the tallying forms can be entered into an electronic database (e.g., using spreadsheet or database software such as Microsoft Excel or Microsoft Access).

Mobile data collection software, such as SurveyCTO (https://www.surveycto.com), provides intuitive, easy-to-use platforms to facilitate real-time data collection and secure storage for PBS studies.

1.3 Sampling strategies for Polling Booth Survey studies

Outcome assessments, such as PBS, can be conducted at the population level or at the programme level. When programmes are interested to monitor coverage and outcomes among all members of the population in the specific geography (whether registered in the programme or not), it is recommended to use population-based sampling. However, if the purpose of a PBS study is to monitor coverage and outcomes among members of populations who are actively engaged with programme services, the study should use a programme-based sampling strategy.

Depending on the level of the assessment, the study will use a different sampling frame. For population-level assessments, the complete, validated location list is used as the study's sampling frame, from which locations—the primary sampling units—are randomly selected. Potential participants are then randomly selected from the sampled locations, and, finally, PBS sessions are conducted among the random sample of participants who provide the appropriate informed consent.

Alternatively, programme-level outcome assessments employing the PBS methodology would use a sampling frame that includes either

I validated locations covered by the HIV / STBBI programme or	II a list of registered programme service users. Potential participants are then randomly sampled from either the validated, programme-covered locations, or the list of programme service users.

In both cases, to be representative at the population or programme level, PBS studies use probability sampling strategies that provide an equal chance to all members of study populations who meet eligibility criteria to be included in the study.

We provide an overview of a population-based sampling strategy that can be effectively implemented for PBS studies. Employing population-based sampling is beneficial because it allows study findings to be more generalisable to the whole population, minimises biases toward certain networks within the population, and reduces the chance of over-representing individuals who are already engaging with and using programme services.

Investigators are encouraged to use a sample size calculation method that aligns with the goals and objectives of their PBS outcome assessment.

1.3.1 Deriving the study sample size

The determination of an appropriate sample size for a single study domain is usually based on the following considerations:
a) the number of measurement units in the population;
b) the parameter (outcome) of interest;
c) the degree of confidence by which the prevalence is estimated;
d) an anticipated non-response rate, typically estimated at 15–20%; and
e) the desired level of precision [1,26]

Since PBS are conducted with various population strata, a design effect should be added to the sample size to account for heterogeneity among various strata.

For PBS studies with the goal of estimating HIV prevalence and incidence, sampling parameters are typically set with the prevalence and the sample size having 95% statistical confidence and a desired precision of ±5%. Most recent estimates of national (or subnational, if available) HIV prevalence should be used for sample size calculations.

AGYW ADAPTATION: DETERMINING SAMPLE SIZE

To determine an appropriate sample size for outcome monitoring using PBS among AGYW, consider the following:

- the initial or baseline level of the indicator of interest
- the expected magnitude of change between one time-point and another (e.g., a baseline and follow-up survey), or the expected difference between groups
- the degree of confidence by which it is expected to rule out chance as the explanation for the magnitude of change or difference observed between groups (level of statistical confidence)
- the degree of accuracy with which it is expected to be certain that the magnitude of change or difference will be detected (statistical power)
- a design effect to account for heterogeneity across various strata of population
- an anticipated non-response rate of 15-20%

In addition to these factors, practical considerations, such as available time and financial resources, also have a bearing on an appropriate sample size.

1.3.2 Calculating the number of PBS sessions

The total number of PBS sessions for each key population group is derived by dividing the total number of participants in the final, adjusted sample size by the maximum number of participants per PBS session in the study. The ideal number of participants per PBS session is typically between 10 and 12, with no fewer than 8 participants per session.

For example, if the total sample of female sex workers is 769, then we would determine the total number of PBS sessions needed for the study by dividing 769 participants by 12 participants per PBS session, to arrive at 64 PBS sessions for the female sex worker sample.

1.3.3 The three stages of a population-based sampling approach

Here we describe a recommended three-stage population-based sampling approach, with the random selection of locations occurring in stage 1, the random selection of day and week on which to sample participants in stage 2, and, in stage 3, the random selection of participants from the selected locations on the selected day and week.

As mentioned earlier, a separate sampling frame should be used for each key population group.

1.3.3.1 Stage 1: Location selection

In stage 1, for each key population group that will be surveyed, locations are randomly selected from the previously generated list of validated locations. The number of locations selected will be approximately the same as the number of PBS sessions required for each sampled group.

Since key populations within a single location are generally more homogeneous than those in different locations (e.g., regarding typology, sexual and injecting behaviours, etc.), potential participants should be selected from the same location for a single PBS session. The locations will be selected after stratifying the locations by geographic sub-units, typology, and gender (if applicable), within each geographical unit (e.g., subcounty, subdistrict), so that the locations are truly representative.

1.3.3.2 Stage 2: Week & day selection

Once validated locations have been selected, each selected location will be randomly assigned a week and day on which participant eligibility screening and recruitment will occur. For each selected location, a randomly selected week is first assigned, followed by a randomly selected day within the selected week. Since key population members visiting locations vary by week and day, random selection of week and day will ensure every member visiting the locations has a chance to be selected.

1.3.3.2 Stage 3: Selection of potential participants

The random selection of potential participants on the week and day assigned is conducted by initially identifying all the potential participants in the location with the help of the community researcher in the team, and then randomly selecting the required number of participants from the identified potential participants. The selection process also depends on the number of key population members in the location, particularly if the number available in the location is greater or fewer than required.

It is often helpful to recruit a few "extra" potential participants for each PBS to accommodate for anticipated non-response. For example, if we anticipate a 15% non-response rate, 12 potential participants would be selected for each PBS session to have 10 participants in the PBS.

Upon reaching the selected location on the day assigned for the survey, the survey team identify all the potential participants. If the number of potential participants is greater than the number required, then the team should list each of them with unique identifiers, such as a serial number, the colour of their dress, or any such unique characteristics. Subsequently, the participants are selected randomly. Starting from a random person on the list and using an interval of selection (n), every nth person is selected until the required number of participants is reached.

For instance, if the desired sample size for a PBS session is 12 and the number of potential participants identified in a selected location is 24, then the interval of selection will be 2. Beginning with a randomly chosen person on the list, every second person listed will be selected for the session.

If the estimated number of potential participants in a site is less than the number required for a PBS session (12 participants), then participants should be selected from two sites that are not far apart. Alternatively, if there are not enough potential participants at a site, the team should visit the site again, one hour later, to see if enough potential participants are present. As soon as the required number of participants are selected, the survey team mobilises them to the PBS venue together.

If any potential participants do not meet eligibility criteria, are unable to provide informed consent, or decline the invitation to participate in the study, then another individual on the same date, at the same time, and in the same location should be randomly selected to take their place. The same process will be repeated in all randomly selected locations. See Section 1.4.1.1 for a more in-depth discussion of eligibility screening.

AGYW ADAPTATION: POPULATION-BASED AND PROGRAMME-BASED SAMPLING STRATEGIES

Population-based sampling strategy

To be representative, a population-based sampling strategy for outcomes assessment among AGYW should be based on a sampling design that provides an equal chance to all AGYW meeting defined criteria to be included in the outcome monitoring activity. Since adolescent girls and young women do not gather in locations like key populations, their sampling frame comprises all the homes in which AGYW reside within the area of a study.

A three-stage, population-based sampling strategy for AGYW:

1. The implementing partners should list all the urban areas (town/city as a unit) and rural areas (village as a unit) in the selected county/district where the AGYW intervention is taking place. Within the urban and rural strata, based on the sample size, villages and towns should be selected randomly.

2. Within the randomly selected villages or urban areas, the research team will map the households where there are eligible adolescent girls aged 15–24 years (disaggregated by age groups needed for the survey, e.g., 15–17 years, 18–24 years, etc.).

3. Subsequently, the households are selected randomly, using a random number and an interval of selection. That is, every nth household is selected following a random selection (r) and the interval of selection (n). So it could be every 5th or every 10th household. Then, one eligible AGYW is selected from each household.

   Peer educators should be trained on the selection of participants for the survey. Once households are selected from the list of overall households in a village/town, peer educators working with the programme should work with the survey team to visit each selected household and invite eligible AGYW to participate in the survey. If a household has more than one eligible AGYW, one of the participants should be randomly selected. Those selected should be provided with information on the day, time, and venue for their PBS session. Reasons for not reaching or finding any of the sampled individuals or non-attendance of PBS sessions by those who have been contacted by peer leaders and outreach workers should be recorded. Throughout this mobilisation process, it should be emphasised to the participants that participation in the PBS is by free consent, and that non-participation for whatever reason does not jeopardise their access to services provided by interventions in these sites.

Programme-based sampling

In cases where population-based sampling is either not possible or not appropriate for the study's purpose, programmes can adopt programme-based sampling. In such cases, the programme has to list all the AGYW registered in the programme and randomly select participants from the list, based on the strata needed, like age or typology. Programme-based sampling will limit the study's findings to the populations reached by the programme.

1.4 Implementing Polling Booth Surveys

Once the locations and dates are selected, a PBS implementation plan should be generated in which the field teams are allocated to a subset of PBS sessions for which they are responsible. The plan should outline the locations, dates, and times at which recruitment is set to take place, per the population-based sampling frame, as illustrated in Annex 14.

1.4.1 Participant enrolment

Ideally, community researchers will lead the enrolment process with the help of peer educators who work in the location and can identify the key population members in the location. After randomly selecting the potential participants, the community researchers and peer educators

- describe the study,
- confirm that the potential participants have not participated in a PBS within the last one month,
- familiarise potential participants with study objectives and procedures, and
- seek their informed consent to participate in the study.

Those who indicate willingness to participate should then be screened for eligibility by the community researcher. Eligibility screening is best conducted in a private area within the selected location *immediately before* the PBS session. If a potential participant is eligible and provides verbal consent to participate, then the community researcher takes the participant to the PBS venue.

The enrolment process proceeds in the location until 10–12 eligible participants agree to participate in the survey.

1.4.1.1 Eligibility screening

A participant's eligibility should be evaluated by community researchers through a brief, informal set of questions. Sample eligibility screening tools are provided in Annex 9. Sample eligibility criteria for female sex workers and men who have sex with men are in Table 4.1.

Table 4.1. Example eligibility criteria for key population groups in a PBS study

Female sex workers	Men who have sex with men
• Assigned female at birth • Aged 18 years or older • Acknowledges having received money or gifts for sexual intercourse with assigned male at birth, at least once in the past three months • Capable and willing to provide written or verbal informed consent to participate in PBS study • Self-identifies as a sex worker • Practices sex work within specified geography	• Assigned male at birth • Aged 18 years or older • Reports at least one anal sex act (insertive or receptive) with another assigned male at birth in the past three months • Capable and willing to provide written or verbal informed consent to participate in PBS study • Self-identifies as a man who has sex with men • Seeks assigned male at birth partners (cruises) within specified geography

Inability to provide informed, written or verbal consent (including persons under the influence of alcohol or dugs) deems indivdiuals ineligible to participate in the PBS study.

It is recommended that paper eligibility screening tools are used, which can be quickly and discreetly filled by community researchers at the location recruitment site. Ultimately, data captured in the paper-based eligibility screening tools are entered into the data entry software by the research team. Alternatively, the study team can decide to enter the data directly into the tablet at the location if they wish to avoid paper-based tools.

Participants' eligibility should be confirmed prior to sending the participant to the PBS venue for the informed consent process, which is described in Section 1.4.1.2. If a potential participant's eligibility cannot be verified at the location, they should be thanked for their time and interest in the study and excluded from taking part in the study.

It is important to note that eligibility criteria for participants can and should be adapted to accommodate the PBS study's specific objectives and its measured outcomes.

AGYW ADAPTATION: ELIGIBILITY CRITERIA

Suggested inclusion criteria for AGYW PBS participants

- Assigned female at birth
- Aged 15–24 years
- Lives within the designated study locality

Suggested exclusion criteria

- Inability to provide written or verbal informed consent
- Inability to obtain parental / guardian assent

It is important to note that eligibility criteria for AGYW participants can and should be adapted to accommodate the PBS study's specific objectives and its measured outcomes.

1.4.1.2 Informed consent procedure for Polling Booth Survey

Informed written or verbal consent must be obtained from all PBS participants at the PBS venue. A sample consent form for female sex workers and men who have sex with men, and sample consent and assent forms for AGYW are provided in Annex 5. The survey's informed consent and assent forms should be approved by the local ethics board.

Participants may read through the informed consent form, or the study team researcher can opt to conduct a group informed consent procedure by reading through the full informed consent form with all participants and having each participant sign their own consent form or provide verbal consent individually.

The informed consent process may vary in different contexts. Therefore the study team should follow the protocol approved by the local ethics board. The consent form should record the participant's name and/or a unique identifying code (UIC), according to the protocol approved by the ethics board. Some ethics boards do not allow collection of names to protect the participants' identity. In such case, the participant's UIC should be recorded.

The data collection team, the coordinator, researchers, and community researchers should be prepared to address any questions that participants have prior to starting the PBS session.

PBS data should not be collected from participants who do not provide written or verbal consent. Participants who do not consent or are unwilling to participate in the study on the selected date and location should be thanked and excluded from the study. However, asking those individuals to provide reasons for not participating can be considered. This allows the study team to assess whether barriers exist for individuals to participate in the study.

The benefits and risks of participating in the study should be explained to participants through the informed consent process. Participation is voluntary and no coercion should be used. Participants' decision to not take part in the PBS should not affect their ability to receive services through key population friendly clinics.

1.4.1.3 Participant withdrawal

Participants have the option to withdraw from the study at any point. This should be explained clearly during the consenting process. Withdrawal from the study should not affect their access to programme services. They should still be referred to services and can access services from the HIV programme in the location, like any other person.

If a participant withdraws from the study midway, the reason for withdrawal may be documented, and the participant should be referred to the HIV programme covering the location. If a participant withdraws midway through the PBS session, the responses that they have given will be recorded and tallied along with other responses. All study-related documents must be stored safely as per the approved ethics protocol.

If relevant to the study, the participation status of all participants may be recorded to examine the proportion of the participants who refused to participate, partially completed the study, or fully completed the study.

1.4.1.4 Optimising enrolment, participation, and safety

To minimise participant drop-out and optimise participation, it is best to confer with the study participants to identify the most suitable time. For example, female sex workers in Nairobi preferred for the recruitment to take place in the late afternoon or evening in the location where the sampling was done. Ideally, PBS sessions are conducted immediately after participants are recruited, to optimise response rates and maintain the randomness of the sample selection process. When 10–12 potential

participants have been identified in a single location, the community researcher should refer individuals to the venue in which the PBS session will take place, on the same day.

Some logistical arrangements are required ahead of study implementation to ensure that PBS sessions can be safely and effectively conducted. If infeasible to conduct recruitment and the PBS session in the same physical space, the research team should arrange transport for participants from the enrolment location to a nearby safe PBS venue, and back to the location upon conclusion of the PBS session. If it is not safe to do a session in the location in the evening, then the field team should sample at the location in the evening, and then invite participants to a drop-in centre or other safe place or use any other options that the study team may find feasible without compromising the PBS principles or approach.

AGYW ADAPTATION: ENROLMENT PROCESS

In PBS sessions with AGYW, the enrolment process may be different. When households or AGYW are randomly selected to participate in the PBS, the research team may have to visit their homes and obtain a guardian's approval before inviting the AGYW to a PBS venue the same day or next day. The team should visit the homes when guardians are available, either early morning or in the evening.

1.4.2 PBS identification codes

Unique but non-identifying PBS identification codes should be assigned to each PBS session, such that aggregate participant responses will be linked to that unique code. PBS codes could reflect the key population group participating in the session and the location typology from which the participants are selected. During analyses, PBS codes can allow for aggregate-level associations to be made between responses to PBS questions and session characteristics (e.g., key population group or location typology). However, critical to the PBS protocol, PBS identification codes do not facilitate identification of individual participants' responses, nor link survey responses and informed consent records.

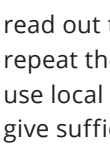
1.4.3 PBS process

Each participant in a PBS session is provided a private booth—in most cases a cardboard box, the insides of which are visible to only that individual participant. Within each private booth, participants have three colour-coded ballot boxes for 'yes' (green), 'no' (red), and 'not applicable' (white) responses. Each participant is also given a set of sequentially numbered cards, one for each survey question, stacked in order. PBS sessions are facilitated by a single moderator (the researcher) who reads aloud each survey question to all participants.

Once the venue is physically set-up with the required materials, typical PBS sessions proceed as follows:

- The moderator confirms that each participant has the right number of response cards (i.e., equal to the number of questions in the PBS tool), arranged in the correct order, before starting to administer the questions.
- The moderator ensures that participants understand the procedure for responding to the PBS questions by explaining the following:
  - If the response to the question is YES, the participant will put the card with the number corresponding to the question into the GREEN box.
  - If the response to the question is NO, the participant will put the card with the number corresponding to the question into the RED box.
  - If the question DOES NOT APPLY to the participant, the participant will put the card with the number corresponding to the question into the WHITE box.
  - If the person DOES NOT WANT TO ANSWER the question, the corresponding card will be KEPT OUTSIDE of the provided boxes.

- The moderator explains the full PBS procedure with an example and a practice question.
  - This example is to assure participants that their responses will remain anonymous and unlinked to their personal information.
- The PBS study can now begin. The moderator reads the questions in the PBS tool, one by one. While doing so, the moderator should aim to:
  - make the exercise lively;
  - read each question clearly, slowly, and loudly, so that each participant hears the question clearly;
  - read out the questions in a clearly understood local language;
  - repeat the question, if necessary;
  - use local terms; and
  - give sufficient pause and take care not to hurry through the questions.
- After administering all the questions, the moderator, along with community researchers:
  1. collect all of the response boxes (green, red, and white), and any numbered cards that had been placed outside of the boxes, from each participant's private polling booth without opening the boxes;
  2. organise the boxes by colour and place them in an area large enough to sort the numbered cards;
  3. empty all of the numbered cards within a single colour of boxes (e.g., green) onto a large table or flat surface;
  4. sort the numbered cards into piles, being mindful to not mix-up the '6' and '9' cards;
  5. tally and record responses for each card in each box in a prescribed PBS tallying form;



It is critical that only one colour of boxes are sorted and tallied at a time to avoid any confusion or miscounting of data.

  6. repeat steps 3–5 for the numbered cards in the remaining colour of boxes (e.g., red and white), and for any numbered cards that had been placed outside of the boxes.


KAMATA
TUSKER

1.4.4 Tallying and reporting back PBS responses

If time permits, the study team can review the tally sheet, assess the responses to some of the key questions (e.g., condom availability and use, PrEP availability and use, experience of violence and discrimination, and adherence to ART), and share the results with the participants to disseminate the findings and generate discussion. The advantage of PBS is that analysis can be done quickly and easily, hence reporting back some of the key findings is possible.

1.4.5 Time required

On average, study implementation is anticipated to take no longer than 100 minutes: Approximately,

1.4.6 Compensation

Participants should be appropriately compensated for the time that they spend in the PBS. Compensation should reflect their potential loss of income and travel expenses, according to local ethical standards and norms. If the PBS is expanded with the data collection processes described in Modules 2 and 3, participants would have to spend more time in the study, and the compensation should increase accordingly. Compensation should be as per the approval of the local ethics board.

1.4.7 Data management

Following each PBS session, the researcher who conducted the session should record the survey data in a tallying form or in a web-based platform, as explained in Section 1.4.3. If the data are tallied in a paper format, then the tallied data are entered into a tablet or a computer using a web-based system or standard programme, such as SurveyCTO, so that these data can integrate and develop quick analytics.

If a customised web-based system is used, it should support offline data collection, so researchers in areas with poor or no connectivity can enter data at the site and upload it later, when internet connectivity is stable. Data management includes several steps, described below.

1.4.7.1 Data quality

Daily data quality checks should be performed by checking the tallying form and the data entered in the computer. This is the job of the study coordinator. If the tallying form is incomplete or has too many corrections or too many 'do not know' or 'non applicable' response, then the supervisor needs to retrain the team on conducting PBS session and recording the responses. If the study is using a web-based system, built-in checks can be programmed into the system, and verification of completeness and internal consistency can be automated.

At the end of each PBS or at the end of the day of data collection, the researcher should upload all data from the tablet to a central server. This should be done by establishing a secure and private network (e.g., by using a VPN), such that data cannot be accessed by public users of the mobile phone network during data transmission.

The researcher should submit hard copies of the eligibility screening forms, reporting forms, and tallying forms to the study coordinator, and they should be stored in a safe, secured space. Access to data should be limited to the study coordinator and investigators.

1.4.7.2 Data cleaning

The assigned research team members should aim to resolve any data discrepancies identified in their PBS sessions immediately or on the same day. Data should be verified, and any mismatches in the study ID, missing data, and inconsistencies should be addressed.

1.4.7.3 Data security, storage, archiving, and disposal

The details collected from each study participant should be transmitted over an encrypted channel (HTTPS) through the mobile phone network. Personal identifiers of study participants or study site identifiers should be automatically encrypted at the point of data entry. Data on the central servers should be password protected and accessible only to authorised study personnel.

The final data set should be stored in encrypted format, maintained, and archived according to data security and ethics protocols and guidelines for five years (or as per local ethics approval) after the end of the study, before being discarded. All research materials should be subsequently destroyed or disposed as per data storage protocols, observing safety and confidentiality for the study materials, the participants, and the society at large.

MODULE

2

EXPANSION 1 - BIOBEHAVIOURAL SURVEY

2.1 Value added

PBS can be expanded by adding an optional biobehavioural survey (BBS). The BBS enables investigators to better understand the relationships between biological data, individual demographic data, and a few, critical behavioural variables.

Expanding standard PBS studies by incorporating a BBS including biological sample collection has the potential to add value to PBS by

- providing biological data on HIV prevalence, HIV incidence, and viral suppression;
- providing opportunity to incorporate other biological markers, such as STIs; and
- providing individualised behavioural data.

The purpose of the BBS should not be to compare its findings to PBS findings.

2.2 Guidance on implementation

A BBS includes a face-to-face individualised survey and biological sample collection. Based upon the outcomes of interest for the given BBS study, a variety of behavioural questions and biological samples can be considered for collection and analysis. Common questions include demographic details, behaviours, and access to services. To minimise burden on participants, it is important to limit repetition of questions between PBS and BBS components. Sample BBS questionnaires for female sex workers and men who have sex with men are provided in Annex 15.

Typical samples collected include: finger-prick blood samples for rapid tests (e.g., for HIV, syphilis); whole blood draw for viral load testing, recency testing, or antiretroviral drug adherence assessment; urine for STBBI screening or tenofovir detection to assess pre-exposure prophylaxis (PrEP); dried bloodspot (DBS) for HIV, Hepatitis C virus, and/or other blood-borne pathogen detection, viral load testing, phylogenetic analyses, etc.

The diagramme in Annex 2 illustrates how expansions were incorporated when ePBS was implemented among female sex workers and men who have sex with men in Nairobi, Kenya. For each key population group, all participants in every PBS session were asked to take part in BBS.

2.2.1 Study team structure and training

In addition to the field team members suggested for conducting the PBS (Table 1.1), the BBS requires team members who are responsible for administering: i) HIV rapid tests along with pre- and post-test counselling, and ii) behavioural questionnaire and biological sample collection, as described in Table 2.1.

Table 2.1 Additional team members required for expansion 1, BBS

Clinician *(1 per field team)*	**HIV testing counsellor** *(1 per field team)*
• Conducts individual, face-to-face questionnaire • Submits individual questionnaire responses via SurveyCTO on tablet • Collects urine and venous blood samples with adequate volume to conduct relevant biological tests (Annex 16)	• Conducts counselling as per national guidelines • HIV rapid test • Submits test results

Extra training days should be added if the PBS includes expansion 1, BBS. The training agenda (Annex 11) includes training sessions on conducting the BBS.

2.2.2 Informed consent procedure for biobehavioural survey and biological sample collection

Study participants should be required to provide informed consent to participate in the BBS. Hence, the PBS consent form should be adapted to describe the BBS and seek the participants' consent for biological sample collection and testing. A sample adapted consent form is provided in Annex 5.

All participants who consent to participate in the BBS study should be assigned a UIC. The UIC can be an alphanumeric code created by elements of information known to the participant. The UIC should be used for BBS registration and identification, and to prevent duplicate participation. The UIC should be used to link a participant to their data only if the participant has given informed consent to the BBS.

2.2.3 Data collection preparation

Data collection for BBS requires additional preparation. The ePBS protocol developed for local ethics board should include the details of the BBS. As mentioned in Section 2.2.2, the PBS consent form should be adapted to include consent for the BBS.

If BBS is conducted along with PBS, the need for private space for face-to-face interview and biological sample collection should be considered while selecting ePBS venues. Ideally, two rooms are needed in the venue: one where the PBS session is conducted, and one where the HTS counsellor and the clinician can meet with each BBS participant privately.

The face-to-face questionnaire should be developed in collaboration with implementing partners, community representatives, government (where applicable), and donors. We recommend that the BBS questionnaire be short and focused, so that the participants do not have to spend too much additional time in the study, considering that they may have spent around one hour in the PBS session.

The BBS will also need extra materials, including copies of the questionnaire, sample collection materials, test kits etc. The list of the materials needed for BBS is in Annex 17. This is not an exhaustive list, and it will change depending on the biological samples that the study is collecting.

Preparation for BBS also includes identification of a laboratory where the biological samples will be tested. Most programmes offering HIV services do have laboratories that they use regularly. The same laboratory can be used for the biological specimen testing for the study. Transportation should be arranged to transfer the biological samples from the ePBS venue to the laboratory on time.

2.2.4 Data collection

The BBS should be conducted immediately after a PBS session, or while a focus group discussion is happening, if applicable. All BBS participants should undergo group pre-test counselling, conducted by the study clinician or a counsellor trained in HTS, as per national guidelines.

After the pre-test counselling, each participant should meet the counsellor in a private space where a rapid HIV test can be performed, followed by post-test counselling. After the rapid test, each participant meets with the clinician to complete a questionnaire in a confidential space.

Once the face-to-face questionnaire has been administered, biological specimen collection should commence. Samples should be collected by clinicians or individuals specifically trained and certified in appropriate sample collection procedures. All biological sample collection procedures should adhere to standardised national guidelines and algorithms.

The samples should be labeled clearly using a separate laboratory code that is linked to the participant UIC associated with behavioural data. The samples should be transferred to the laboratory as per protocol. To simplify logistics and facilitate good study flow, sample labels can be pre-printed and distributed to the PBS session venues.

During the BBS, the clinician collecting the data should record the data on paper or enter it directly into a tablet using a web-based system that can be developed and customised for this study (e.g., SurveyCTO or an MS Excel-based database). If the data is initially recorded on paper, it should subsequently be entered in a system developed for study data entry on a computer.

Each participant's BBS data should be entered anonymously, using the UIC described in Section 2.2.2. This allows for individual-level analyses to be conducted using specific indicators, disaggregated by study populations, and examination of participants' demographic characteristics, access to and use of programme services, and biological data. Participant identifiers (e.g., name, phone number, or national identification numbers) are not recorded for the BBS unless allowed by the ethics board.

Contextual adjustments have to be made to the BBS process based on what is acceptable and practical. In Nairobi, Kenya, when ePBS was done with female sex workers and men who have sex with men, the implementing organisation ensured that urine sample was collected from all participants. Even though urine sample was tested for tenofovir for only those participants who reported currently using PrEP, the research team felt that collecting urine sample from selected participants may stigmatise others who are not asked to provide urine samples. Hence urine samples were collected from all, but samples of only those participants who reported current use of PrEP were labeled and sent to the laboratory.

2.2.5 Quality assurance

Investigators and study coordinators of ePBS studies should ensure that appropriate quality assurance and quality control procedures are in place for biological sample collection and testing, both on site at ePBS session venues, where biological samples are collected, and in partnering laboratory facilities, where some biological sample processing and testing take place.

2.2.6 Estimated participation time

For participants who provide informed consent to participate in BBS, an additional 30–50 minutes should be allotted to their total participation time: approximately

10 min for pre-test counselling

15 min for administering individualised behavioural questionnaire, biological sample collection

10 min for post-test and results disclosure counselling for those who test HIV positive

MODULE

3

EXPANSION 2 - FOCUS GROUP DISCUSSIONS

3.1 Value added

PBS can also be expanded by adding an optional qualitative enquiry to the survey. As PBS is done in groups, the approach easily lends itself to conducting focus group discussions (FGD) with participants. Focus group discussions might reveal reasons for some PBS findings by exploring:

- barriers and facilitators to HIV / STBBI service access and use experienced by key populations,
- participants' preferred methods for HIV prevention,
- factors that influence people's prevention method preferences, and
- changes that key populations would like to see in prevention service availability and/or delivery.

3.2 Guidance on implementation

To expand PBS by adding FGDs, all participants from a random but predetermined subset of PBS sessions should be invited to also participate in FGDs at the time of enrolment.

The diagramme in Annex 2 illustrates how expansions were incorporated when ePBS was implemented among female sex workers and men who have sex with men in Nairobi, Kenya. For each key population group, all participants in every fifth PBS session were invited to take part in FGD, in addition to the PBS and BBS.

Per protocol, each FGD should include the same number of participants as its associated PBS session (approximately 10–12), unless some participants decline to take part in FGD following the PBS session.

The total number of FGDs should be derived based on the purpose of the qualitative data collection and the questions that they are designed to answer. Often, a sample of approximately 20 FGDs per ePBS study strikes a balance between thematic saturation and feasibility. The study investigators should include qualitative researchers to support the development of specific FGD protocols and guides according to best practice. The number of FGDs per key population group should be proportional to the number of PBS sessions conducted with each group. A sample breakdown, by key population, for 20 FGDs is shown in Table 3.1.

Table 3.1. Number of FGD as a subset of PBS sessions, by key population group

	Number of PBS sessions	Number of FGD
Female sex workers	64	13
Men who have sex with men	35	7
Total	**99**	**20**

Depending on the logistics and flow of the ePBS study, FGD can be conducted directly following PBS sessions, or following BBS if the study also includes a BBS component. If test results from biological samples require ample processing time, FGD can be conducted while participants are waiting for test results.

AGYW ADAPTATION: FOCUS GROUP DISCUSSIONS

Focus group discussions can be done to enhance the PBS with AGYW. FGD can be conducted directly following PBS sessions. The total number of FGDs should be derived based on the purpose of the qualitative data collection and the questions that they are designed to answer. An FGD guide is provided in the appended AGYW outcome monitoring protocol (Annex 3).

3.2.1 Study team structure

In addition to the PBS study team members suggested in Module 1 (Table 1.1), this expansion 2, FGD, requires a trained qualitative researcher to facilitate the FGD session and a research assistant for qualitative notetaking (Table 3.2).

Table 3.2. Additional team members required for expansion 2, FGD

Qualitative researcher / focus group discussion facilitator *(1 per field team)*	**Qualitative notetaker** *(1 per field team)*
• Leads group informed consent procedure with potential focus group discussion participants • Facilitates focus group discussion • Transcribes the recordings of the discussions	• Supports focus group discussion facilitator • Takes notes during focus group discussion to capture non-verbal cues and events, describe environmental context, mood, etc. • Supports transcription of the recordings

3.2.2 Informed consent procedure for focus group discussions

Before the discussion, the facilitator should obtain the participants' informed consent, using the form in Annex 18. Informed consent (verbal or written) must be sought from all participants before starting the FGD. Consent can be taken for all elements of the ePBS at once in the beginning of the survey, or separately for each element. The study team's decision can be guided by the local ethics board.

AGYW ADAPTATION: OBTAIN INFORMED CONSENT/ASSENT FOR FOCUS GROUP DISCUSSIONS

If the PBS with AGYW is enhanced with FGDs, informed consent/assent should be taken from the participants before the FGDs. A separate informed consent form for FGD would be required if the FGD is not covered by the ePBS consent form.

3.2.3 Data collection preparation

Details of the addition of FGD to the PBS should be included in the ethics protocol and should receive approval from the local ethics board.

The venues for PBS are suitable for conducting FGD. So, after the PBS sessions, the carton boxes and other PBS related materials can be removed, and participants' chairs can be arranged to sit in a circle for the FGD.

For the FGD, some of the additional materials needed are audio recorders to record the discussion, batteries or charging cables for the recorders, notebooks, pens, and copies of the FGD guide and consent forms, where applicable.

3.2.4 Data collection

A sample FGD guide and script, which focuses questions to better understand gaps in programme coverage, is included in Annex 19. The FGDs should be conducted in the language(s) most comfortable for the participants. Each FGD should be digitally recorded, preferably without video.

3.2.5 FGD transcription and translation

The ePBS team's qualitative researchers who facilitate FGD and/or take notes are ideal candidates to transcribe and (if required) translate audio recordings. Transcripts should exclude any identifying information of participants or other individuals. Unless absolutely necessary for understanding context, names of locations, landmarks, venues, etc. should also be excluded from transcripts.

3.2.6 FGD participation time

It is estimated that obtaining informed consent for FGD participation, and conducting the FGD, can take an additional 45–60 minutes.

MODULE

4

LEARNING FROM EPBS: INTERPRETING, COMMUNICATING, AND USING EPBS FINDINGS TO IMPROVE HIV PROGRAMMING

4.1 How to use ePBS findings to assess HIV prevention intervention or programme effectiveness

4.1.1 PBS analyses

Analyses should prioritise the key indicators based on the objectives of the survey. Since the ePBS is rapid and only relevant questions are included, ideally, all the questions in the survey are analysed. Sample analysis plans for PBS with female sex workers, men who have sex with men, and AGYW are presented in Annex 20.

Descriptive statistics can be calculated using proportions for categorical variables. In addition, cascade analyses can be conducted with ePBS data [27].

As a basic surveillance activity, the primary analyses should be the adjusted population estimates of HIV prevalence and incidence, access to and use of HIV services, and cascades. Stratified analyses should also be done by subpopulations, age, or geography to examine disparities.

The PBS brings aggregate-level data from each session, and the BBS brings individual-level HIV status. While the aggregate data correctly measure several outcomes, the individual-level data and the HIV prevalence and incidence make it possible to measure the cascades. The FGD provides the opportunity to understand the reasons behind gaps and opportunities as reported by PBS and BBS.

4.1.2 BBS analyses

Descriptive statistics can be calculated using proportions for categorical variables and means (with standard deviation) and medians (with inter-quartile range) for continuous variables. Univariate analyses of risk factors associated with HIV should be carried out.

If relevant to study outcomes and research questions, the BBS data can be analysed in conjunction with the PBS data. Researchers may choose to link group-level PBS results to aggregated demographic, behavioural and biological data collected among the same group in the BBS, especially to conduct analysis at the level of location, city, and/or key population group.

4.1.3 FGD analyses

FGD transcripts should be analysed according to best practice, with or without the use of qualitative data analysis software. Thematic analysis is generally a good starting place to begin to identify salient themes and topics within transcripts. Qualitative fieldnote data can also be analysed to further inform the data interpretation.

4.2 Dissemination of findings

Upon completion of primary data analyses and prior to finalising a report, ePBS study findings should be shared with key population communities, through a forum or other accessible medium, and with relevant levels of local governments to confirm, validate, and contextualise results. This is an important step to ensure that study findings are communicated in a way that does not cause harm or have unintended consequences for the communities participating in the study.

The findings of ePBS are most effectively communicated through reports that follow a standardised format, including separate subsections for each study population (e.g., key population group), in which all results related to that group are presented. To effectively communicate the implications and significance of the ePBS study, the report should also highlight the programme and policy implications of study findings.

Findings and implications from ePBS studies should be actively shared with the funders of national and local key populations programmes (e.g., external donors, national governments). Dissemination with

global normative bodies, such as UNAIDS and Global Fund, both of whom are interested in broader uptake and implementation of ePBS globally, should also be prioritised by programmes and/or research teams who choose to conduct an ePBS study.

For academic and research audiences, ePBS findings should be shared through presentations at international conferences, meetings, and workshops, alongside submission of scientific manuscripts to peer reviewed journals.

Most importantly, evidence generated through ePBS studies must be shared back with the communities who are meant to be the primary beneficiaries of programme services. Depending on local contexts, multi-jurisdictional and multilateral technical working groups and community advisory groups are often useful platforms for sharing and discussing ePBS results and implications. Community groups and implementing partners should also be encouraged and supported to integrate learnings and evidence from ePBS studies to enact programmatic adjustments and refinements in response to any gaps identified through the study.

MODULE

5

REFERENCES

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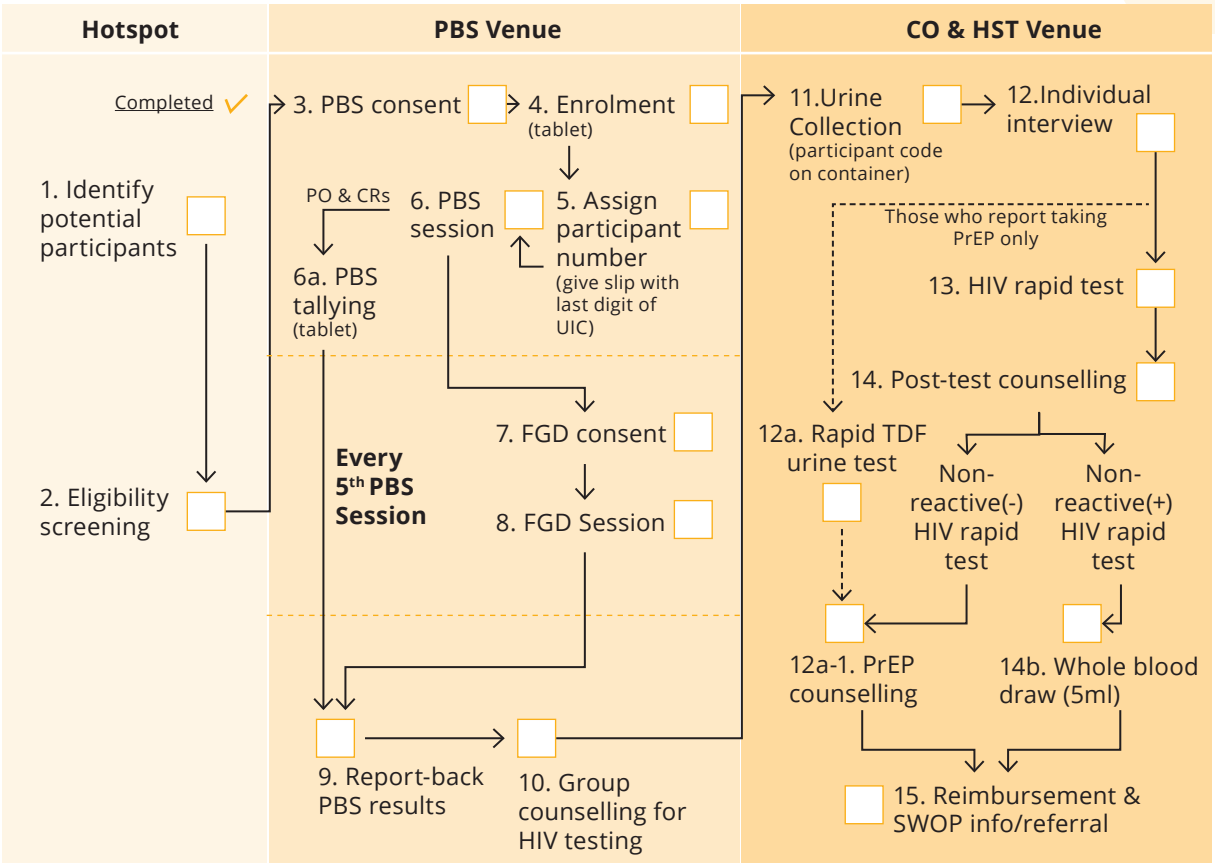
ANNEXURES

Annex 1: Sample timeline for polling booth survey study

Timeline for PBS, Sample size 1000

	Month								
Activities	1	2	3	4	5	6	7	8	9
Community and stakeholder consultation	⬢								
Development of sampling frame/ site validation	⬢	⬢							
Protocol development and consensus building	⬢	⬢							
Pre-testing of tools		⬢							
Protocol submission and approval		⬢	⬢	⬢					
Capacity building of data collection team (4 teams)				⬢					
Data collection					⬢				
Data cleaning and preliminary analysis						⬢			
In-depth analysis							⬢	⬢	
Report writing									⬢

Annex 2: Example flow diagramme for full ePBS study (as implemented in Nairobi, April 2023)



Sample flow diagramme for ePBS study for female sex workers and men who have sex with men, including two expansions, conducted in Nairobi, April 2023

Annex 3: Sample AGYW outcome monitoring protocol

1. Background

Globally, adolescent girls and young women (AGYW) face multiple forms of stigma, discrimination, violence, and other human rights violations that inhibit their access to health care and jeopardise their health.[1] Consequently, AGYW comprise the majority of new HIV infections in sub-Saharan Africa. According to UNAIDS data in 2019,[2] young women (aged 15–24 years) accounted for 26% of new HIV infections in the region, and an estimated one quarter (25%) of new infections were among key populations and their sexual partners. The estimated number of new HIV infections among AGYW in sub-Saharan Africa in 2015 was 450,000. In 2017,[3] women accounted for 59% of the 980,000 new adult HIV infections, while in other parts of the world, men accounted for 63% of the 650,000 new adult HIV infections. The United Nations (UN) Political Declaration on Ending AIDS, adopted in June 2016, called for reducing new HIV infections to fewer than 500,000 per year by 2020, and it set a specific target to reduce new HIV infections among AGYW aged 15 to 24 years to fewer than 100,000 by 2020.

The Global Fund 2017–2022 Strategy, entitled "Investing to End Epidemics", comprises four strategic objectives:

I Maximise impact against HIV, TB, and malaria	III Protect and promote human rights and gender equality
II Build resilient and sustainable systems for health	IV Mobilise increased resources

These objectives are each underpinned by a number of sub-objectives. Strategic Objective 3 is to "Protect and promote human rights and gender equality", with an operational objective to "scale up programmes to support women and girls, including programmes to advance sexual and reproductive health and rights."

1.1 GFATM supported programmes for AGYW

Recognising the disproportionate burden of new HIV infections faced by AGYW, the Global Fund has committed to scaling-up programmes to support AGYW in 13 countries. These are Botswana, Cameroon, Eswatini, Kenya, Lesotho, Malawi, Mozambique, Namibia, South Africa, Tanzania, Uganda, Zambia and Zimbabwe. The Global Fund supports National level delivery of an evidence-informed package of interventions for HIV prevention, treatment, and care and support among AGYW in accordance with global guidance. The Global Fund has committed to an ambitious target to contribute towards the reduction of new HIV infections among females 15–24 by 58% by 2022 in this sub-set of countries. The UNAIDS guidance on HIV prevention among AGYW provides a detailed strategic mix of HIV interventions, a menu of options for countries and programmes planning to implement combination prevention packages for AGYW. It is critical that programmes setting out to implement AGYW programmes identify the right mix of age-appropriate interventions relevant to their country context. This should include decisions on the scale and intensity at which to implement a defined package of interventions in order to maximise impact. Prioritisation of interventions should be based on country or geographic context and the epidemiologic setting.

The development of appropriate HIV prevention strategies and policies at a national or sub-national level is critical to ensure that the prevention response is appropriate for the local context and to ensure

[1]The Global Fund AGYW Measurement Framework, September 2018
[2]UNAIDS 2019, UNIADS data 2019
[3]UNAIDS data 2018

that resources are allocated to interventions that will have the greatest efficiency and impact. To do this, it is imperative to match prevention strategies to the local epidemic. Monitoring and evaluation (M&E) is integral of such an approach. Monitoring and evaluation is generally concerned with efficiency, effectiveness, and impact of interventions. To demonstrate progress towards this goal and strengthen accountability for Global Fund investments, a measurement framework that tracks progress in programme coverage, outcomes, and impact is available. Further, the recently developed Global Fund AGYW measurement framework emphasises the need to have effective monitoring and evaluation systems that provide timely data for programme improvement and impact.

Most AGYW programmes are faced with the challenge of generating granular outcome data on a timely basis to demonstrate progress towards desired impact. Most AGYW supported countries (i.e., Uganda, Zimbabwe, Zambia, Mozambique, Tanzania, Kenya, Malawi and South Africa) have plans within the grants to conduct surveys that will provide granular outcome data within the programme implementation cycle. There still are a number of countries, including Botswana, Cameroon, Lesotho, Malawi and Namibia, where there is a need to support the measurement of sexual behavioural and structural outcomes in settings where Global Fund is supporting National AGYW programmes.

1.2 AGYW programme in [country name]

A description of country programme (1 to 2 pages) will be provided at the stage of finalisation of this protocol.

2. Scope of Work

The proposed outcome monitoring activity, titled "Implementation of outcome specific measurement in Global Fund supported AGYW programmes", will be implemented in [name of the country]. The outcome monitoring activity proposes a design, implementation, and capacity building plan to measure sexual behavioural and structural outcomes in a sample of implementation sites within [name of the country]. In addition, we will also look at a few qualitative aspects of the AGYW programme, specifically the package of AGYW interventions at national and sub-national levels and the reasons for observed trends in sexual behavioural and structural outcomes.

2.1 Goals and objectives

Outcome evaluation or assessment seeks to determine if, and by how much, programme activities are achieving their intended effects in the target population. The outcome monitoring activity will have the overall purpose to measure sexual behavioural and structural outcomes of the GFATM supported AGYW programmes in targeted sites in [name of the country].

SPECIFIC OBJECTIVES

1. To design and develop polling booth surveys to gather sexual behavioural and structural outcomes data for AGYW programmes in targeted sites in [name of the country].
2. To implement polling booth surveys to collect sexual behavioural and structural outcome data for AGYW programmes in targeted sites in [name of the country].
3. To build the capacity of programme staff of sub-recipients (SRs) and principal recipients (PR, i.e., local organisations) to replicate polling booth surveys to collect outcome indicators on a regular basis.

3. Collaborative Partnerships

3.1 The Global Fund

The Global Fund Strategy 2017–2022, "Investing to End Epidemics", aims to rapidly reduce HIV incidence and mortality by scaling up universal access to HIV prevention and treatment.[4] Through implementation of its 2017–2022 Strategy, the Global Fund fully aligns with partner plans, links to the achievement of the Sustainable Development Goals, and contributes to the 2030 agenda, including the principle of shared responsibility, the approach of inclusive and multi-sectoral participation. The work of the Global Fund is based upon these principles—partnership, country-ownership, and transparency—empowering implementers to lead the response to the three diseases, supported by a diverse range of partners in the health sector, including WHO, UNAIDS, UNICEF, PEPFAR, and BMGF.

The Global Fund will continue to partner (internally and externally) with individuals, countries, and other institutions to address gender inequalities that reduce the ability of women and girls to access critical health and other social services. Internally, collaboration between the Grant Management Department (GMD), responsible for implementation of grants at country level, the Community Rights and Gender team (CRG), the HIV disease advisor, and the Monitoring Evaluation and Country Analysis (MECA) team will contribute to the goal of reducing new HIV infections among girls and young women in countries where the fund is supporting AGYW programmes.

3.2 PR and SRs

[Here, add an introduction of the organisations.]

[Describe the roles of different partners in grant implementation.]

Each country lead can help draft this section for their own country.
OR, if the countries can provide this info, [research institution] can draft this section.

3.3 Technical support – [research institution]

Technical support for this outcome monitoring activity will be provided by *[research institution].*

[Here, briefly describe the research institution and its qualifications to provide technical support for the study.]

This project will be led by [research institution], and will be implemented by [implementing organisation].

[Here, briefly describe the implementing organisation, highlighting its qualifications to implement the study.]

[Here, summarise the qualifications, expertise, and experience of the research team that will provide technical support for the ePBS.]

[4]The Global Fund Strategy 2017–2022

4. Framework for Outcome Measurement Methodology

Schematic representation of the overall measurement framework is shown in Fig 4.1.

Fig 4.1 A framework for outcome specific measurement for the AGYW programmes in Africa

OBJECTIVES	APPROACH	INDICATORS / AREAS OF INQUIRY
1) To implement a rapid, simple, efficient, and easy-to-administer method to gather sexual behavioural and structural outcomes of AGYW programmes within a programme set-up and not a research setting; 2) To design a method for collecting sexual behavioural and structural outcomes. This will include development of tools, data collection and analysis;	**Polling Booth Survey (PBS)** to ensure privacy and anonymity of participants' responses and limit social desirability bias. Participants will be selected based on multi stage probability sampling techniques	• % of AGYW (15–24 years) who had 2+ partners in the past 12 months • % of AGYW who report unintended pregnancy of current pregnancy or most recent births (teen pregnancy) • % of AGYW who say they used a condom the last time they had sex with a non-marital, non-cohabiting partner • % of AGYW who experienced physical or/and sexual violence from a male intimate partner • % of AGYW who have an independent source of income by sex and age • % of AGYW dropped out of school in the last year
	Indepth Interviews with programme staff, service providers	
	FGDs with AGYW	To develop an understanding of : • Existing package of HIV prevention intervention for AGYW at national and sub-national level • Policies, guidelines & SOP that support the package? • Factors associated with programme success or failure • Barriers to utilisation of AGYW services
3) To build capacity of programme staff of PRs and SRs to replicate this approach to collect outcome indicators on a regular basis	**Capacity development** of programme staff through trainings and mentoring. Training aids and operational manuals will be developed to support implementation of PBS for outcome measurement.	• All programmes (100%) are able to conduct PBS independently and on a regular basis • All programmes (100%) have basic understanding of outcome measurement and can analyse the data collected through PBS

Objectives 1 and 2 include designing and implementing polling booth surveys, a rapid, simple, and low-cost approach to gather data on sexual behavioural and structural outcomes. This outcome monitoring protocol presents a mixed method approach (both quantitative and qualitative) for data collection.

For the **quantitative assessment** we propose to conduct polling booth surveys, a group interview method that has been used by [research institution] to measure sexual behavioural and structural outcomes among key populations, adolescent girls and young women, and general population in several African and Asian countries. In addition, we propose to conduct **indepth interviews** with programme staff to develop an understanding of the programme package for the AGYW, and **focus group discussions** with beneficiaries to understand reasons and factors leading to certain trends in outcomes.

5. Outcome Measurement Methodology

5.1 Quantitative assessment - Polling Booth Survey

5.1.1 Polling booth surveys – Introduction

Polling booth survey is a method to collect behavioural and structural outcome data. The survey is a group interview method, where individuals give their responses through a ballot box. The individual responses are anonymous and unlinked. The anonymity of the respondent is thought to increase the sense of confidentiality among respondents, hence their accurate reporting on sensitive and personal information. Polling booth survey is an innovative rapid assessment tool for assessing sexual behavioural and structural outcomes on a routine basis. The execution of a polling booth survey is conducted in groups, where individuals give their responses through a ballot box. Being a group interview, questions need to be kept few, short, and simple, and dichotomous for ease of response. Responses are collated together and reported as group data, unlinked from participants, hence cannot be traced back to any individual.[5,6,7]

While an overall strategy and outcome monitoring protocol has been developed for conducting this measurement exercise, [name of the country] has adapted this protocol to its local context. Though there are commonalities in strategy and outcome monitoring approach, the country specific protocol has been adapted and revised as per the requirement of [name of the country] Ethics Review Board for approval. The overall approach was reviewed, and suggestions were discussed to tailor it to the local context of [name of the country], confirm geographic scope, finalise data collection instruments, and develop detailed implementation and training plans using a phase-wise approach of implementation. The country mission also helped in developing a plan for involvement and capacity building of community members and local stakeholders.

5.1.2 Rationale for using PBS approach within the context

Responses to sensitive questions related to sexual behaviours in face-to-face structured interviews about personal and intimate behaviours are frequently influenced by social desirability bias (i.e., giving answers that the respondent thinks will be viewed favourably by others), which tends to distort the results.[8,9] The PBS technique helps facilitate quick data collection at low cost, rapid analysis, and comparatively accurate reporting on sensitive sexual behaviour. In the context of AGYW, accurate reporting of behaviours is heavily influenced by personal and contextual barriers, perceptions of confidentiality, and social desirability bias. Because of its privacy for respondents and assurance of anonymity, we feel that the PBS method is more likely to elicit accurate data.

Other advantages of polling booth surveys are the simplicity of the technique, and the rapidity of implementation and analysis. As it adopts a group interview process, the group data can be analysed immediately and shared with the respondents.

[5]Behanzin L, Diabate S, Minani I, Lowndes CM, Boily MC, Labb AC, et al. 2013. Assessment of HIV related risky behaviour: a comparative study of face-to-face interviews and polling booth surveys in the general population of Cotonou, Benin. Sex Transm Infect 89: 595–601. doi: 10.1136/sextrans-2012- 050884 PMID: 23723251

[6]Lowndes CM, Jayachandran AA, Banandur P, Ramesh BM, Washington R, Sangameshwar BM, et al. 2012. Polling booth surveys: a novel approach for reducing social desirability bias in HIV-related behavioural surveys in resource-poor settings. AIDS Behav 16: 1054–1062. doi: 10.1007/s10461-011- 0004-1 PMID: 21811840

[7]KHPT 2011. Measuring sensitive behaviuoral indicators: A methodological approach (polling booth survey [PBS] and informal confidential voting interview [ICVI]). Bangalore: Karnataka Health Promotion Trust.

[8]Gregson S, Zhuwau T, Ndlovu J, Nyamukapa CA. 2002. Methods to reduce social desirability bias in sex surveys in low-development settings: experience in Zimbabwe. Sex Transm Dis 29: 568–575.PMID: 12370523

[9]Hanck SE, Blankenship KM, Irwin KS, West BS, Kershaw T. 2008. Assessment of self-reported sexual behavior and condom use among female sex workers in India using a polling box approach: a preliminary report. Sex Transm Dis 35: 489–494. doi: 10.1097/OLQ.0b013e3181653433 PMID: 18356771

The method also allows interaction with the respondents in the end of the survey through group discussions to understand reasons behind specific responses and to elicit suggestions for improving specific outcomes. Hence in many countries this method is used to routinely monitor programme outcomes.[10]

5.1.3 Sampling strategy

To be representative, a sampling strategy for outcomes assessment should be based on probability sampling techniques that provide an equal chance to all programme participants meeting defined criteria to be included in the outcome monitoring activity. While determining an appropriate sample size for the outcome monitoring, we based our sampling on the following considerations:

- the number of programme beneficiaries in the population
- the initial or baseline level of the indicator of interest
- the magnitude of change between one time-point and another (e.g., a baseline and follow-up survey), or difference between groups that is expected to be detected
- the degree of confidence by which it is expected to rule out chance as the explanation for the magnitude of change or difference observed between groups (level of statistical confidence)
- the degree of accuracy with which it is expected to be certain that the magnitude of change or difference will be detected (statistical power)[11]

In addition to these factors, practical considerations, such as available time and financial resources, also have a bearing on an appropriate sample size.

5.1.4 Sample size

For the outcomes assessment, we set the sampling parameters mentioned above to detect a 10% change in any of the indicators of interest between baseline and the follow-up survey (e.g. 10% increase in the proportion of AGYW who used a condom the last time they had sex with a non-marital, non-cohabiting partner from a baseline of 40%), with 95% statistical confidence and 90% statistical power. The baseline measures for all outcomes were assumed to vary between 20% to 80% and a sample size for each outcome was calculated. The sample size calculated ranged between (263 to 514). To adjust for the variability owing to sampling technique, we used a design effect of 2 and finally increased the sample size by 5% to adjust for data errors and non-response. **The sample size therefore was calculated to be 1,080 for each country.** This calculation used the following formulas:

$$n_A = \kappa n_B \text{ and } n_B = \left(\frac{p_A(1-p_A)}{\kappa} + p_B(1-p_B)\right)\left(\frac{z_{1-\alpha/2} + z_{1-\beta}}{p_A - p_B}\right)^2$$

where P_A and P_B are the proportions from survey 1 and survey 2, α is Type I error and β is the Type II error. Based on the current coverage of district and enrolment of beneficiaries in Global Fund supported sites, this sample size of 1080 is adjusted with the finite population correction factor, using the following formula; **nf=(n*N)/(n+N-1),** where nf = adjusted sample size, n = sample size required, and N = Population size.

The final sample size and number of polling booth sessions for each country are shown in the table:

Country	n	N	AGYW required	No of sessions
Botswana	1,080	2,000	702	58
Namibia	1,080	6,000	915	76
Cameroon	1,080	12,000	991	83
Malawi	1,080	20,000	1,025	85
Lesotho	1,080	16,000	1,012	84

Further distribution of the sample will be made on the sampling strategy mentioned below.

[10]Musyoki H, Bhattacharjee P, Blanchard AK, Kioko J, Kaosa S, Anthony J, et al. 2018. Changes in HIV prevention programme outcomes among key populations in Kenya: Data from periodic surveys. PLoS ONE 13(9): e0203784. https://doi.org/10.1371/journal.pone.0203784

[11]R. Magnani. 1997. Sampling Guide, Food and Nutrition Technical Assistance Project (FANTA), United States Agency for International Development (USAID).

5.1.5 Sampling approach & recruitment

We propose to take a programme-based approach, using multistage probability sampling techniques. Keeping in mind the geographic heterogeneity of interventions, 5 intervention districts will be selected (in countries where there are more than 5 districts, we will randomly select 5... in Namibia, all 3 districts will be selected). These districts will represent different geographic locales that exist in [name of the country]. Following are the broad stages in sampling:

Fig 5.1 Stages for sampling AGYW for PBS

STAGE 1
Selection of Districts

- Minimum 5 districts randomly selected.
- In case of 5 or less, TAKE ALL approach

STAGE 2
Selection of intervention villages and towns

- Rural/urban weighted distribution
- IP's list all the implementation areas within urban and rural areas
- Random selection of villages and town

STAGE 3
Selection of AGYW

- Age stratify sample on 2 groups (i.e., 15–19 years and 20–24 years)
- Selection of respondents from the list of registered households/AGYW
- From selected HHs, random selection of one eligible respondent if more than one eligible subject

Stage One: Selection of five districts randomly selected among the list of all intervention districts. If the total number of implementing districts is below five, all intervention districts will be selected.

Stage two: Selection of intervention villages and towns, where the AGYW programme is being implemented. The implementing partners will list all the intervention urban areas (town/city as a unit) and rural areas (village as a unit) that they are intervening. Within the urban and rural strata, a fixed number of villages and towns will be selected randomly.

Stage three: Random selection of households and a respondent from each household based on age stratification (i.e., AGYW 15–19 years and AGYW 20–24 years). If a list of households is available within the intervention sites (villages and towns), households will be randomly selected, and finally one eligible AGYW will be randomly selected from each household.

Peer educators will be trained on the selection of respondents for the survey. Once households are selected from the list of overall households in a village/town, peer educators working with the programme will work with the survey team to visit each selected household and invite eligible AGYW to participate in the survey. If a household has more than one eligible AGYW, one of the respondents will be randomly selected. Those selected will be provided with information on the day, time and venue for their PBS session. Reasons for not reaching or finding any of the sampled individuals or non-attendance of PBS sessions by those who have been contacted by peer leaders and outreach workers will be recorded. Throughout this mobilisation process, it will be emphasised to the participants that participation in the PBS will be by free consent, and that non-participation for any reason will not jeopardise their access to services provided by interventions in these sites.

If a list of households is not available but a list of AGYW is available who are registered or contacted by the programme, random selection of AGYW will be done using that list directly.

5.1.6 Conducting polling booth survey

Eligible respondents will be invited to the PBS in groups of up to 12 individuals, stratified by age subgroups, on specific days and time. As mentioned in the previous section, peer educators working with the programme will work with the survey team to invite eligible AGYW from selected households to participate in the survey. Those selected will be provided with information on the day, time, and venue for their PBS session. On the day when PBS is planned with a group in a specific village, peer educators will help mobilise participants sampled for PBS.

The PBS questionnaire will be administered by a trained data collector/moderator and assistant in local language as preferred by the group of respondents. All data collection will be conducted in a private room/venue at a time and location that is convenient to the participants/ respondents. All data collectors will be fluent in the language in which the questionnaire is administered. As the respondents reach the venue for the PBS session, the first task will be to screen them for eligibility. Eligible participants will then be asked if they consent to participate in the survey. The sessions will be conducted in the following way:

1. Participants invited to the PBS will be given an individual polling booth in the venue. The polling booths will be separated at least one meter apart to provide privacy to each individual respondent and assure them of the confidentiality of their responses. Such an arrangement increases the potential for genuine responses to the questions from the respondents.
2. Each participant will be given three boxes, coloured Red, Green, and White
3. Each participant will receive a pack of cards. The cards will be numbered corresponding to the number of questions in the questionnaire.
4. The cards will be stacked in a serial/sequential order. The moderator will confirm that each participant has the right number of cards arranged in the correct order before starting to administer the questions.
5. The proceedings will be conducted in local language.
6. The moderator will ask questions, one at a time, and ensure that the questions are clearly understood by the respondents.
7. In terms of responses, the moderator will explain the following:
   - If the response to the question is YES, the respondent will put the card with the number corresponding to the question into the GREEN box.
   - If the response to the question is NO, the respondent will put the card with the number corresponding to the question into the RED box.
   - If the question does not apply to the respondent, the respondent will put the card with the number corresponding to the question into the WHITE box.
   - If the person DOES NOT WANT TO ANSWER the question, the corresponding card will be KEPT OUTSIDE of the provided boxes.
8. The moderator will demonstrate the PBS with an example and a practice session. This example is to assure participants that their responses will remain anonymous and unlinked.
9. The moderator will read the questions one by one. While doing so, the moderator will ensure to
   - Read each question clearly, slowly and loudly, so that each participant hears the question correctly;
   - repeat the question, if necessary; and
   - use situations/stories while asking the questions.
10. At the end of administering the questions, the moderator will
    - collect the cards separately for each of the boxes—Green, Red, and White;
    - count the number of cards in each box for each question; and
    - record the tallies in a prescribed tallying form.
11. The moderator will share the responses with the respondents. Based on the results, the moderator will ask follow-up questions to the participants in a focus group discussion setting to understand the response patterns.
12. The moderator and the assistant will document the group discussion points.

13. All data generated through the entire PBS process will then be provided to the supervisor.
It is to be noted that PBS questionnaires generally are short and have around 30 questions. The short questionnaire speeds the data collection process and also improves the quality of responses. Some of the key variables of assessment would include the following:

- Receipt and use of condoms correctly and consistently with various partners
- Receipt and use of using various contraception methods
- History of pregnancy in the last ___ years
- HIV test ever done? When?
- Experience of physical and sexual violence by various perpetrators and support interventions received
- Membership in groups/ clubs/organisations or attendance in group sessions
- Participation in sensitisation around gender, sexuality, and violence
- Attitudes and norms around gender equity and violence
- Involvement of self & family in economic empowerment activities (cash transfers, livelihood support)
- Attendance in school, including receiving education subsidies and aspirations for higher education
- Awareness of laws and policies around violence and equal rights

The PBS questionnaire and guidance for operations is provided in Annex A.

5.1.7 Materials required

The following required materials should be arranged in advance of each PBS session:

- Cardboard or privacy dividers to establish the polling booth set-up.
- Coloured boxes (three types of boxes are used: for example, green, red, and white).
- Stack of cards (each card has a serial number corresponding to a survey question — one card for each question and one stack of cards for each participant).
- A room big enough to seat participants so that their responses to questions cannot be seen by other participants.
- A nearby venue.

5.1.8 Data analysis

At the end of each polling booth session, responses to each question will be tabulated based on the total number of cards that are found in the red, green, and white boxes. The number of participants who respond YES, NO to each question will be recorded on the polling booth survey form. The non-responses (those cards kept outside boxes) as well as the NOT APPLICABLE responses will also be tabulated on the same form. The tabulated data will be entered on the computer to conduct analysis (usually Microsoft Excel or Access) to assess behaviours. The entered data is descriptive data that will be analysed to show numbers and proportions pertaining to a particular indicator. The data generated from the multiple PBS sessions will be aggregated to provide site-wide estimates for specific indicators, with urban rural and age group breakdowns.

5.2 Focus group discussions – Qualitative measurement

To assess the quality of services provided to AGYW, as well as to understand the reasons behind some of the key risk outcomes, focus group discussions (FGDs) will be conducted. We plan to conduct one FGD per district with the beneficiaries (AGYW), thus a maximum of five FGDs are planned for each country. The participants of FGDs will be selected from among the sample who have already taken the PBS. Every second PBS group from each district will be selected to participate, with all the participants (10–12) given an opportunity to participate, but the FGDs will be done with only those who consent. Based largely on the PBS findings, FGD participants will be asked about barriers to access and uptake of AGYW targeted services. The discussions will explore AGYW's experiences with health services, and their exposure to

intimate partner violence, stigma and discrimination, and risky sexual practices. The discussions will also explore how health service access and uptake can be improved among the AGYW, and how intimate partner violence, stigma, and discrimination can best be prevented and responded to when they occur.

5.2.1 Operations guideline

FGD guidelines and principles include the following:

A. Group discussion will take place among the PBS participants to probe on accessibility, uptake, and quality of services; package content; satisfaction with the services provided; and in-depth discussion of some of the outcomes.
B. Discussions will take place with participants from the second PBS session in each district.
C. Discussions will be conducted at spaces with the least distractions within the premises where the PBS sessions are taking place.
D. One FGD per district will be conducted, thus a maximum of five FGDs will be conducted in each country.
E. All AGYW in the second PBS session will be given an opportunity to participate, but only those who consent will be included in the FGD.
F. The discussions will be recorded through note-taking (i.e., taking detailed notes of the participants' responses), after taking informed consent.
G. Participants will be compensated for travel cost and their time.
H. The team that will conduct the FGDs comprises one FGD moderator and two notetakers.
I. The moderator of the discussion will address all confidentiality concerns of the AGYW participants before starting the discussion.
J. FGDs will be conducted in a language that is convenient for the AGYW participants.
K. Each FGD participant will be assigned a study number which will be used when recording the discussion as well as in place of their actual names in the consent forms as a way of maintaining anonymity.

5.2.2 Group moderation and talking points

Each FGD will be conducted by a team of three programme evaluation team members. The [research institution] technical team member will act as the moderator, while two adolescent girls who are part of the evaluation team (community members) will be trained as community researchers to take detailed notes of the discussions. Both the moderator and the notetakers will be trained on their roles. As discussion leader, the moderator will be responsible not only for guiding the participants through the discussion but also for ensuring that all participants join the discussion. A discussion guide (Annex B) will be used to facilitate the discussion.

5.2.3 Note-taking guidance

The following are some of the guidelines for the notetakers:

- Note the time, date, FGD group number, location of conversations, and the notetaker's own observations.
- Describe the background of the group, including the number of participants, areas they were coming from, participants' age range, any interruptions, and interest of the participants in the discussion.
- Summarise the participants' PBS session outcomes.
- Include a sketch of the seating arrangements, writing the assigned number of each participant, which would help in correctly assigning verbatim responses.
- Capture all that was said and expressed, noting the tone of discussion, the order in which people spoke (by participant number), as well as phrases or statements made by each participant.
- Note non-verbal expressions, such as facial expressions or hand movements.
- Distinguish clearly between participant comments and own observations.
- Record notable quotes/key phrases verbatim.
- Write what you can remember as soon as possible (before you forget).
- Notes should be translated into English.

- Type up the notes soon after the discussion and share them with the moderator for editing before forwarding to the evaluation team.

5.2.4 Data analysis and contextualisation

The textual data in the form of detailed notes will be entered in the latest version available of NVivo or similar software and organised for data management. Analysis will involve thematic interpretive analysis and inductive reasoning to draw out and explore individual and shared group meanings pertaining to the main areas being assessed in the evaluation. Analysis will involve data summaries, coding, finding themes, and writing case studies from the collected data. Initial themes will be coded. Separate analytic files will be constructed by the qualitative analysts and checked for consistency. This analytic stage will help to identify discrepancies across various decision-making domains to reveal breakdowns, disconnects, miscommunications, and limitations of key policies and services—thus pinpointing areas and processes to be reconsidered and revised in subsequent programme development efforts.

5.3 In-depth interviews – Qualitative measurement

In-depth interviews will be conducted with programme service providers and staff at the National and sub-national level (PRs, SRs, SSRs) to understand their experience and assessment of providing services, including their perceived successes and challenges.

5.3.1 Key areas of inquiry

Ask for evidence and examples where applicable.

1. What is the **scale** of the programme (how many districts, villages, towns)? Why were these geographies selected? How many AGYW are targeted and covered in the project? How are they arriving at their denominators? Who are the other populations targeted in the intervention?

2. How are the programmes ensuring that **most-at-risk** AGYW are prioritised?
- What systems, methods, and tools do they use to ensure they are meeting the most-at-risk AGYW?
    - Vulnerability assessment / risk assessment tool being used. Are the spaces of vulnerabilities within the community also mapped? How are the data analysed and used in programming?
    - Is it an ongoing process? How does the project take into account the AGYW who are moving out of the AGYW cohort and new AGYW who enter the cohort?
    - Do you register AGYW who have received services from the programme?

3. What is the **intervention package**?
- Do you have a defined package (Use a checklist of services / list the services of defined package)?
- How was the package defined?
    - National strategic plans on AGYW programming
    - Lessons learnt from similar AGYW programmes
    - Level of programmatic gap based on what other partners are supporting
    - Existing evidence on intervention effectiveness
    - Community consultations
- What is the right mix according to them? Essential and desirable?
- How did they decide on this mix? Is there a special prioritisation for high-incidence geography and high-risk individuals?
- What evidence did they use?

4. How is the programme **implemented**?
- What implementation arrangement is the programme using to deliver AGYW intervention? SR? SSR? What are the roles?
- Is there a structured process the project uses to continually identify needs of AGYW, and whether the programme is addressing the needs through timely and effective interventions?
    - In cases where the programme is unable to provide needed intervention, are there adequate referral and linkage mechanisms to meet needed intervention? Are these indicative of coordination landscape with other stakeholders?
    - Which stakeholders does the programme coordinate with?

5. How are services for AGYW **tracked** in the project?
- Do the programmes have standard tools for monitoring?
- Is the team trained enough?
- Is the data analysed on time?
- Is this analysed data used to improve programming?
- Are you tracking outputs or outcomes? What are the methods used?
- What are the standard indicators?
- What are the challenges?
- How is the programme quality measured?
- Are there programme quality assurance mechanisms in place? If so, how effective are they in identifying and improving programme quality issues where necessary?
- Is the community involved in any of the quality assurance mechanisms?
- Is the programme reaching targets at the implementation and national level?

6. What has been the **impact** of the interventions?
    - Are these interventions contributing to increase delivery of quality programmes to AGYW? Give some evidence.
    - Would you like to add any new intervention to the package? Why?
    - What are some of the challenges?

5.4 Capacity building of programme staff

Another important component of this proposal (objective 3) is to develop and strengthen local technical capacity. The project will be implemented by [implementing organisation].

During the first year, [research institution] will lead the development of technical strategies and tools, and implementation will be led by the [implementing organisation] team. The [research institution] team's role will reduce over time, with [implementing organisation] and local PRs and SRs taking a leadership role in a phased manner. Further, we propose to work with in-country PRs and SRs and ensure that they are skilled in the measurement technique to self-evaluate their performance and track the success of their programme.

The following key steps are proposed:
- Nominated staff (for facilitation and data collection) will work with the [research institution & implementing organisation] team for this assessment. One senior person from the programme will work to coordinate the outcome monitoring activities in the country and facilitate this in-country assessment.
- Each data collection team will include one nominated staff from PR/SR and one nominated/ selected adolescent girl as community researcher, thus involving both programme and community in data collection. This will also ensure that capacity of both local staff and community/girl leader is built through this exercise.
- The [research institution & implementing organisation] team will work interactively with programme teams at the PR and SR level in each country to understand the package of services offered, the challenges that they experience and the key indicators / questions that the programme needs to ask

to measure programme progress. In-depth interviews or focus group discussions will be conducted, and this process will also help in assessing the capacity of the teams in the country and in calibrating the intensity of support in the country. This interactive approach is intended to also optimise the ownership and utility of data collection methods and tools and use of the evidence in improving programmes.

- A capacity building workshop will be conducted for all the participating country teams drawn from the PRs and SRs. The workshop will focus on enhancing the understanding of the framework for outcome monitoring, development of protocol and tools, skills in the implementation of data collection methods, analysis and utilisation of data. This training will be conducted by [research institution & implementing organisation] team members. Two such trainings are planned, one in the beginning of the project, at the start of the PBS survey, and a shorter refresher in the 2nd year.
- Following this master level training, local trainings will be held in [country name], in which all local data collection staff along with nominated members from PRs and SRs will participate.
- Hand-holding support on how to conduct PBS and FGDs will be provided to countries during implementation. Moreover, staff of the PRs and SRs will be involved in the overall planning and development of the outcome monitoring exercise, which would provide hands on experience to the staff on designing and implementing a method for collection of data.

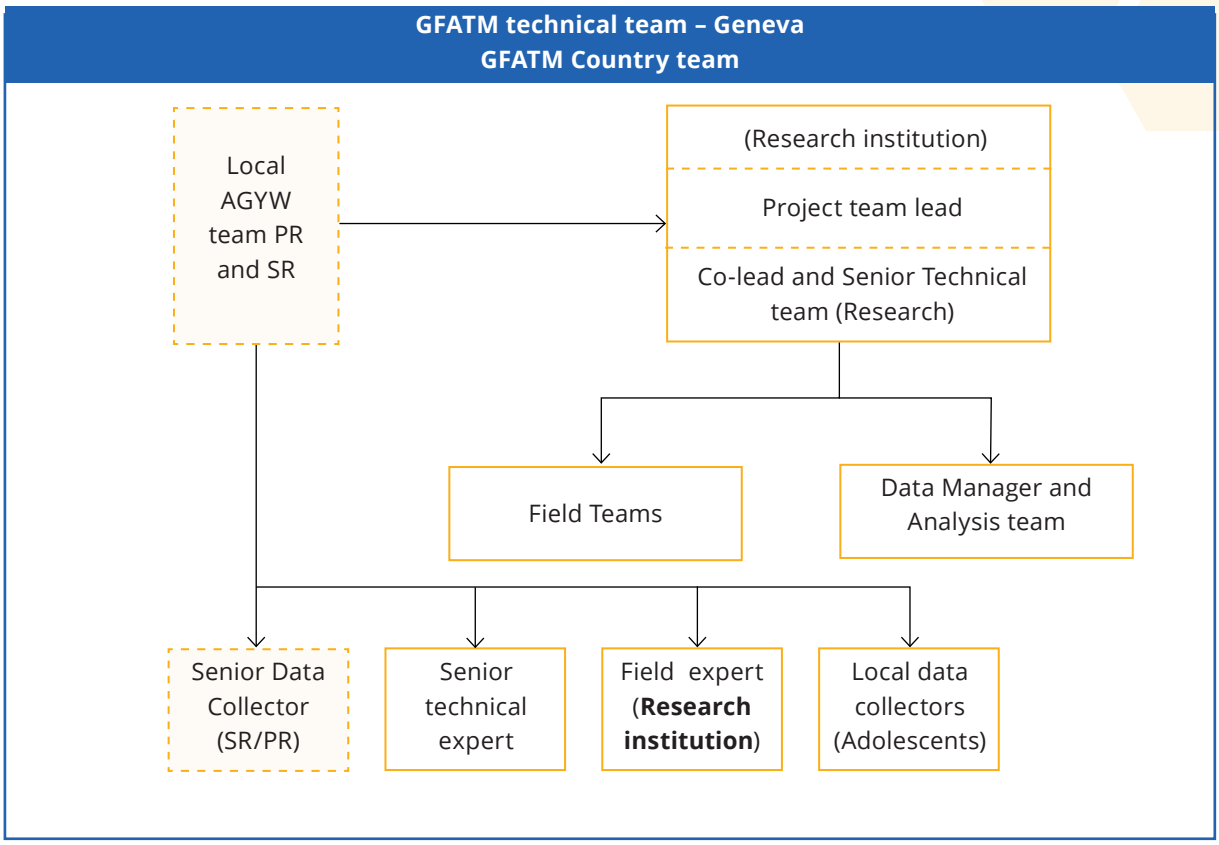
5.5 Fieldwork operations

The [research institution] team involved in this project will include a mix of members from diverse scientific backgrounds with a wealth of global experience. Each member of the leadership team will provide thematic leadership across the project, but each one will also take responsibility for individual countries. The expert members during project design phase will develop a coherent strategy for the project, within their given area of expertise.

The project will be led by a **project team lead,** who will provide oversight to the overall assessment, including all aspects of implementation. His key role will include development of the outcome monitoring approach, training of staff, and ensuring that the process stays on time and deliverables are completed to specified standards. He will also maintain liaison between the [research institution & implementing organisation] team, country teams, and GFATM technical team/MECA, and will be responsible for the execution of the entire project.

The project team led will be assisted by a **co-team lead**, who will assist the team leader in coordination and liaison with the donor and country teams. She is based in [country name] and will also work closely with the other team members and lead the development of methodology to assess the programme packages and develop approaches to conduct this assessment. She will also play a lead role in trainings and provide hand holding support to country teams.

In addition, another **senior team member** of [research institution] will support the overall design and implementation of the project. A **data manager** will lead the analyses of data and assist in writing the report.



The field team will comprise the senior [research institution] team member and a field expert. They will be assisted by **peer educators** and a **senior data collector** from the PR/SR, who will facilitate the data collection process. **Local community members** will also be hired to facilitate the data collection and assist the technical team in the field.

5.5 Results and use of results for programme improvement

Results of the survey will be presented in a final report, which will be developed by the technical team of [research institution], with inputs from the country team and the GFATM technical team. Important findings from the assessment will also be presented at national and international forums by representatives of the technical team. These findings can also be published in scientific research journals based on consultation and consensus between Global Fund and [research institution].

Most importantly, the findings will be presented to the AGYW programme staff (PR and SR), and an in-depth analysis of the results will be done by [research institution] with active participation from local PR and GFATM teams. The objective of this assessment is to eventually improve the outcomes of the programme, and this will be the key focus of the dissemination strategy. The programme staff along with the GFATM team will look into the results critically and will propose areas of improvement based on the outcome monitoring results.

The activity will be repeated in the last year of the programme's life [specify year], and the difference between the first evaluation and end-evaluation will be compared to assess the success of the programme.

6. Ethical Considerations

Like studies with adult populations, studies with adolescent girls and young women must be sensitive toward and considerate of their rights, and thus there are numerous issues attached with this outcome monitoring activity. The outcome monitoring team will follow all ethical guidelines, including voluntary participation and obtaining informed consent through a standard consent form. In case the age of the respondent is less than 18 years, her assent will be taken.[12] Confidentiality of all participants will be maintained. Appropriate debriefings will be conducted with all participants at the end of the interview, and a proper follow-up plan will be developed for each individual.

We plan to embed the assessment with programme activities in such a manner that ongoing assessment is conducted regularly within each country on a yearly basis to assess the progress of programme activities.

The following ethical considerations shall be maintained:

6.1 Recruitment process

Participation will be voluntary, and no coercion will be used in the recruitment process. Individuals who refuse to participate in the outcome monitoring are not adversely affected in any way. All participants will be given a thorough briefing on the outcome monitoring activity and an explanation of the procedures, including data collection, analysis, and reporting. All participants will be informed of the measures to maintain confidentiality.

6.2 Informed consent/assent

Informed consent will be obtained prior to participation in the assessment, and the interviewers/ moderator will sign the informed consent on behalf of each participant. This will be done through a standard consent form (Annex C), read out to the participant by the moderator at the beginning of each PBS as well as FGD. In case the participant is below 18 years of age, an assent (Annex D) will be taken from the respondent.

For anonymity of the respondents, no participants will be required to sign the consent/assent form, but the moderator will subsequently sign the form on behalf of the respondent. All participants will be informed of their right to refuse to answer any questions with which they do not feel comfortable, and to withdraw from the outcome monitoring activity at any time during the PBS or during the FGD.

6.3 Confidentiality

Strict measures will be taken to safeguard participants' anonymity. No written consent will be sought, and informed consent/assent will be signed by the moderator. All PBS forms will have a unique identifier attached, and all forms will be coded so that tracking to the individual is not possible. No reports generated from the analysis will contain information that could potentially identify a participant.
All outcome monitoring materials (e.g., completed questionnaires) will be kept in a secure and locked cabinet and will be accessible only to the designated programme team members. No report will contain information that would potentially identify an individual. Electronic data files will be password protected and accessible only to authorised personnel.

[12] Hein, I.M., De Vries, M.C., Troost, P.W. et al. 2015. Informed consent instead of assent is appropriate in children from the age of twelve: Policy implications of new findings on children's competence to consent to clinical research. BMC Med Ethics 16, 76. doi:10.1186/s12910-015-0067-z

6.4 Compensation

The outcome monitoring activity proposes to reimburse the participants for their time and travel. In this outcome monitoring activity, we propose to provide the participants with compensation of [compensation amount], which should be enough money for the time they would invest in this outcome monitoring activity and also for the travel expense that they might incur. Compensation will be paid by the moderator at the end of each PBS or FGD. In case the participant begins the interview but withdraws from the interview before finishing and is not willing to continue further, she will be compensated. If she is not willing to participate after listening to the information and outline of the consent process, she will not be compensated.

6.5 Link to AGYW programme services

All outcome monitoring participants—especially those who are not enrolled in the programme—will be referred to and linked to the existing AGYW programme services within their neighbourhood. Since the data collection process will involve the AGYW programme teams and peer educators, all participating girls and young women will be connected with the peer educators, who will register them with the programme and then follow up to provide them with all services offered by the programme.

7. Timelines

Timeline for PBS, Sample size 1000

Activity	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Development of outcome monitoring protocol/data collection tools	●											
Draft protocol shared with GFATM	●											
Feedback and suggestions on protocol	●											
Finalisation of protocol & tools	●	●	●									
County mission			●	●								
ALL country training (Master trainers/PR/SR/ Govt. rep.)				●								
Country trainings (country's suitability plan)				●								
Data collection (Polling booth surveys)				●	●	●						
Programme staff in-depth interviews					●	●						
FGDs (AGYW)					●	●						
Data analysis						●	●					
Report writing							●	●				
Draft report sharing								●				
Feedback on report									●			
Finalisation of report									●			
Use of results for programme improvement									●	●	●	●
Dissemination of results (policy documents, manuscripts, abstracts)									●	●	●	●

8. Annexures

Annex A: PBS questionnaire & guide

The AGYW PBS tool and guide are provided in Annex 6

Annex B: Sample focus group discussion guide

The discussion will be based primarily on the PBS results to elicit explanations of those results. Results on both extremes, either positive or negative, should be explored. For example, if PBS participants report low condom use and low HIV testing uptake, the FGD should focus on eliciting explanations for low condom use and low uptake of HIV testing. Similarly, if high rates of condom use or HIV testing are reported, these too should be discussed to elicit explanations.

Notes:

- Group discussions will take place among the PBS participants to probe some of the answers.
- These discussions should take place in a space with the least distractions within the premises where the PBS sessions are conducted.
- All participants from the second session of the PBS in each district will be given an opportunity to participate in the FGD, but the discussion will happen with only those who consent to participate.
- Notetakers will record the discussion by taking detailed notes.
- When conducting the discussion, use probes to draw out conversations; use ordinary language that the participant will best understand; and avoid scientific or NGO specific language.
- On field notes writing, you must record the following:
    - Note the time, date, and location of conversations, and observations made.
    - Describe the background of the group (note FGD group number).
    - Record the content for each talking point: note the tone, expression, body language of the participants.
    - Write what you can remember as soon as possible (before you forget).

A. UNDERSTAND SOME OF THE RISK BEHAVIOURS / VULNERABILITIES IDENTIFIED IN THE PBS RESULTS, SUCH AS THE FOLLOWING:

School attendance (asked if results are low – below 50%; or high – above 90%)

- What are some of the reasons for low/high school attendance?
- What are some of the factors that you would associate with school dropout among AGYW in this region?
- In case of low school dropout, explore what motivates AGYW to remain in school.

Intimate partner violence

- What forms of IPV are experienced by AGYW in the area?
- How would you describe the intimate partners who are the main perpetrators of IPV in this area?
- How do the AGYW who experience IPV deal with it?
- What support mechanisms exist to help in preventing and addressing IPV?
- What else would you recommend as best ways to prevent similar experiences from happening?

Partners and sexual risk practices

- What would make AGYW engage in sex?
- How would you describe the nature of sexual relationships? (Multiple sexual partners, older partners, marital, etc.)
- What puts AGYW at risk of acquiring HIV?
- What are the common HIV prevention services that AGYW use? Why do AGYW use them?
- Are there some services that are avoided? Why are they avoided?
- Is pregnancy a big concern for AGYW?
- What would you say needs to be improved to ensure AGYW use HIV prevention services?

Condoms use

- What are the facilitators of condom use?
- What would you say about condom use as a contraceptive method for AGYW?
    - What about other contraceptive methods available and used by AGYW?
- What are some of the reasons for non-condom use?
- Who determines condom use between partners?
- What would improve condom use among AGYW?

HIV testing and care experiences

- How easy or difficult is it for the AGYW to access HIV testing services? What makes access easy and what makes access difficult?
- What are some of the experiences you have had accessing HIV testing services?
- What are some of the barriers that prevent AGYW from uptake of HIV testing?
- What kinds of support services are available for AGYW who test positive for HIV?
- How accepted is HIV positive status? (Both for AGYW and community)
- Are there any barriers to access and uptake of ART among AGYW?
- What should be done to improve on the access and uptake to ART?

B. ASSESSING THE QUALITY OF SERVICE PROVISION TO AGYW AND THE BARRIERS

Experiences of health seeking and programme interactions

- What health services do AGYW have access to? Where do they seek healthcare services?
- How was the experience in your recent visits? (e.g., with the health providers, availability of commodities)
- Do you know of any programme that provides services to AGYW?
- Have you ever received any services by any of the AGYW programmes mentioned?
- What services have you received from the programme(s)? (Probe for: participation in youth clubs, socio economic support programmes, livelihood programmes, education subsidies, etc.)
- How would you describe your experience with the AGYW programmes?
- What would you suggest to improve health services for AGYW?

Annex C: Consent form

The AGYW PBS informed consent form is provided in Annex 5

Annex D: Assent form

The AGYW PBS assent form is provided in Annex 5

Annex 4: Sample budgets for polling booth survey, focus group discussion, and biobehavioural survey

DATA COLLECTION BUDGET ALLOCATION FOR OUTCOME ASSESSMENT (ePBS) - Sample Size 1000							
PBS							
1	**Personnel Cost**	**Description**	**No.**	**Rate (USD)**	**Days**	**Cost (USD)**	
1.1	National coordinator	75 USD per day for 28 days	1	75	28	2100	The teams could be hired for a month, if that is more feasible.
1.2	Senior researcher	50 USD per day for 21 days	5	50	21	5250	
1.3	Junior researcher	35 USD per day for 21 days	5	35	21	3675	
2	**Training of teams on PBS**						
2.1	Travel for field staff	10 researchers (2 each from each districts will need accommodation/travel). The National Coordinator is from the district where centralised training is held.	10	80	5	4000	A 3-days training will be held at the central office of PR. Travel days included.
2.2	Per diem/accommodation		8	20	5	800	
2.3	Food	20 participants for the training	20	35	3	2100	
2.4	Stationary					200	
3	**Cost of PBS**						
3.1	Material	Cardboard boxes, cards, containers, stationary (100 per district)	5	100	1	500	PBS will be done in the district office. IP staff will help bring groups to PBS site. PBS participants will be compensated for their time and a travel cost is paid for each PBS.
3.2	Participant compensation	For PBS participants	1000	5	1	5000	
3.3	Travel for research team	30 USD for travel for 21 days in each district	10	30	21	6300	
3.4	Travel for National Coordinator	Nat Coord will travel at least once for 3 days to each district	1	50	21	1050	
4	**Administrative Costs**						
	Administrative Costs	Including communication and laptop/tab hire for 1 month, analysis costs etc. @ 20% of the budget				6195	
	Total					**37170**	
FGD							
1	**Personnel Cost**	**Description**	**No.**	**Rate (USD)**	**Days**	**Cost (USD)**	
1.1	Qualitative researcher	60 USD per day for 21 days	1	60	21	1260	
1.2	Note taker	50 USD per day for 21 days	1	50	21	1050	
2	**Training of teams on PBS**						
2.1	Travel for field staff	2 researchers	2	80	5	800	
2.2	Per diem/accommodation		2	20	5	200	
2.3	Food	2 researchers	2	35	3	210	
2.4	Stationary					200	

3	Cost of FGD	Description	No.	Rate (USD)	Days	Cost (USD)
3.1	Material	Audio recorder + note books	1	500	1	500
3.2	Participant compensation	For FGD participants	200	5	1	1000
3.3	Travel for research team	50 USD for travel for 21 days in each district	2	30	21	1260
3.4	Transcription and translation and analysis	20 FGDs	20	100	1	2000
4	**Administrative Costs**					1696
	Administrative Costs	Including communication and laptop/tab hire for 1 month, analysis costs, etc. @ 20% of the budget				
	Total					10176
		BBS				
1	**Personnel Cost**	**Description**	**No.**	**Rate (USD)**	**Days**	**Cost (USD)**
1.1	Clinician	80 USD per day for 21 days	1	80	21	1680
1.2	Nurse	60 USD per day for 21 days	1	60	21	1260
2	**Training of teams on PBS**					
2.1	Travel for field staff	10 clinical staff	5	80	5	2000
2.2	Per diem/accommodation		5	20	5	500
2.3	Food	10 clinical staff	10	35	3	1050
2.4	Stationary					200
3	**Cost of FGD**					
3.1	Supplies	On actuals				
3.2	Participant compensation	Participants who participate in BBS	1000	5	1	5000
3.3	Travel for research team	50 USD for travel for 21 days in each district	10	30	21	6300
3.4	Sample storage	Sample transfer and storage	1000	10	1	10000
4	**Administrative Costs**					
	Administrative Costs	Including communication and laptop/tab hire for 1 month, analysis costs etc. @ 20% of the budget				5598
	Total (without cost of supplies)					**33588**

Annex 5: Sample informed consent and assent forms for ePBS

5a. Sample informed consent form for expanded polling booth survey (ePBS) for female sex workers and/or men who have sex with men (as used in the ePBS study in Nairobi, April 2023)

Consent Form for ePBS with FSW and/or MSM

Study Title		
Investigator(s)	Full name	
	Phone number	
Study Sponsor(s)	Funder name	

This informed consent form has two parts:

I. **Information sheet (to share information about the study with you)**
II. **Certificate of consent (for signatures if you choose to participate)**

You will be given a copy of the full informed consent form

Part I: Information sheet

The name of this research study is _____. A researcher will talk about the study with you today. We want you to ask ANY question about ANY part of the study that you do not understand. We will give you this paper to take home with you if you wish.

You can choose if you want to be in the study or not. If you say yes, you can also later choose to say no at any time you want to. You do not have to respond to all the questions.

Why do we do this study?
Key populations are priority populations for HIV prevention. Understanding the HIV epidemic among key populations is essential for planning effective programmes to protect them from HIV. Hence, we are doing this study with female sex workers and men who have sex with men to better understand HIV prevalence, incidence, viral load, and HIV recency among these communities and other risks and vulnerabilities that they experience.

You were invited to do the study because you self-identify as a female sex worker or as a man who has sex with men.

What will happen if I choose to participate in the study?
If you participate in this study, you will be asked to come to a safe space (for example, a drop-in centre for key population) to participate in a polling booth survey and to provide blood and urine specimens, which will take around two hours. Some of you may be asked to also participate in a group discussion, and that would take an additional hour. There is a separate consent form for those who agree to participate in the group discussion.

If you decide to participate in this study, we will ensure anonymity and confidentiality by replacing all of your identifying information with a study code that is unique to you. This means that all of the personal information and responses that you provide for this study are confidential.

The survey will be carried out by trained researchers who will ask you questions about your age, behaviours, alcohol and drug abuse, sexual partners, access to and use of health care and prevention products and services, and other risks and vulnerabilities that you may experience.

After the survey and the group discussion (where applicable), you would be requested to go to the counsellor for an HIV test and drawing blood and urine specimen. You do not have to agree to an HIV test

and/or provide blood or urine samples in order to participate in the rest of the study. If you do provide consent to have an HIV test, a trained health care provider will first conduct a short questionnaire and then provide counselling around the rapid HIV test. Results of the rapid HIV test will be provided immediately. If your rapid HIV test is positive, then you will be requested to provide an additional blood sample to test the viral load, to assess the amount of HIV in your blood, and HIV recency, to distinguish recent from long-term HIV infection. If your rapid test is negative and you report taking PrEP, then you will be requested to provide a urine sample to check for tenofovir (PrEP medication) in the urine. Based on the rapid HIV test result, the counsellor will advise accordingly and offer referral services if necessary. Left over blood samples will be stored for future use to test for confirmation of discrepant results. You may consent to or decline any or all of the blood and urine sampling.

If you agree to participate in the questionnaire and biological testing, your name will not be associated with any study material. Instead, an alphanumeric study code will be assigned to you and this will be associated with your questionnaire responses and biological samples. All questionnaires and written study records will be destroyed five years after the completion of the study. Rapid test kits and urine samples will be destroyed immediately as per clinical protocols after the recording of results and if a whole blood sample is taken, left over samples will be destroyed five years after the completion of the study. Anonymised datasets will be digitally archived on secured servers and/or password protected computers for five years and then destroyed or disposed.

You will receive a transport reimbursement of _____ for being part of the study, with or without blood samples. If you are selected to participate in the focus group discussion, you will get an additional _____ to compensate for your time.

What risks can I expect from participating in the study?
There may be some risk or discomfort from doing this study. The study includes personal questions about your sexual activities. This might make you feel embarrassed. However, the study's design provides anonymity and confidentiality. No one, including the researcher and study team will know which participant has given what answer during the Polling Booth Survey. The individualised questionnaires will be administered face-to-face but no information related to the participant's identity will be collected.

We cannot guarantee 100% confidentiality for the information discussed during focus group discussions. Hence, during focus group discussions, we request you to share your thoughts and experiences keeping that in mind.

On our side, all the recorded discussions and study results will be safely copied into a computer that would be password protected. The computer will be safely kept in _____ offices.

If any question makes you feel uncomfortable, you can refuse to answer it. You can terminate your participation in the study at any time. If you do this, you will not be asked to leave the study and you will still be reimbursed for your time spent. Your interview will end then and no further action will be taken, including reporting you to anyone.

The drawing of blood may hurt. Only a trained health worker will draw blood and hence your discomfort will be minimised.

If you test positive for HIV, you may feel depressed or anxious. The health workers will work with you to support you and make referrals to relevant health and/or social services, if desired.

Are there any benefits from taking part in this study?
If you choose to participate in this study, there will be benefit to your community because we will learn more about risks and vulnerabilities among key populations, which can help us design interventions and programming for key populations. In addition, for your participation, you will receive

- free on-site HIV testing and counselling;
- referral to clinics and KP programmes that can give you HIV prevention and treatment information and services; and
- free condoms, lubricant, and information on HIV and STIs.

Will it cost me anything to take part in the study?
There will be no cost to you for participating in the study. Participation will include a one-time study visit and take approximately two hours. For those who participate in the focus group discussion, it will take an additional hour. You will receive reimbursement of _____ for being part of the study. You will get an addition _____ if you are selected to participate in the group discussion and you agree to participate.

Will my information be confidential?
Information gathered in this research study may be published or presented in public forums, however, as we do not collect identifying information during this study, your name and other identifying information will not be revealed. Data collected will be kept strictly confidential, on secured servers, password-protected computers, and/or in locked in filing cabinets in secure offices for five years following study completion. These data will be accessible only to the members of the research team. Anonymised datasets will be digitally archived on secured servers and/or password protected computers.

Some study information will be used by members other than the research team. A data confidentiality agreement will be signed with those members or their institutions. Any information sent out of _____ will not show your name or address, or any other identifiable information.

The Health Research Ethics Board may review records related to the study for quality assurance purposes.

Must I participate?
Your decision to take part in this study is voluntary. You may refuse to participate, or you may withdraw from the study at any time. Your decision not to participate or to withdraw from the study will not affect you or your access to services in any way. You may be asked question to understand reasons for withdrawal. The data in the partially filled questionnaire (if you withdraw midway between an interview) will be entered in the database for records, but the data will not be considered for analysis.

Whom can I contact?
If you have any questions, you can ask anyone from our team, now or later. If you have questions later, you may contact the study's Principal Investigators at [phone number].

If you have questions about your rights as a study subject, you may contact:
The name of the Research Officer
Street Address
Office number
Mobile number
Email address)

Do you have any questions at this time?

Part II: Certificate of consent

I have read the above information, or it has been read to me. I have had the opportunity to ask questions about it. I have had the opportunity to discuss this research study with the study staff. Any questions that I have asked have been answered in a language I understand to my satisfaction. The risks and benefits have been explained to me. I believe that I have not been unduly influenced by any study team member to participate in the research study by any statements or implied statements. Any relationship (such as employer, supervisor or family member) I may have with the study team has not affected my decision to participate. I understand that I will be given a copy of this consent form after signing it if I wish to have it. I understand that my participation in this study is voluntary and that I may choose to withdraw at any time.

I understand that all possible efforts will be made to keep information regarding my personal identity confidential, but that absolute confidentiality cannot be guaranteed. I authorise the inspection of any of my records that relate to this study by the [name of ethics board] for quality assurance purposes.

By signing this consent form, I have not waived any of the legal rights that I have as a participant in a research study. I consent voluntarily to participate in this study.

I agree to participate in the following:

	Circle YES or NO or NA		
1. I agree to participate in the polling booth survey.	YES	NO	NA
2. I agree to take part in the questionnaire.	YES	NO	NA
3. I agree to provide a finger prick blood sample for rapid HIV testing.	YES	NO	NA
4. I agree to provide a blood draw sample for HIV recency and HIV viral load testing, if my HIV rapid test is positive.	YES	NO	NA
5. I agree to provide a urine sample to test tenofovir, if I am currently using PrEP.	YES	NO	NA

Print name of Subject	
Age	
Signature of Subject	
DD/MM/YYYY	

If visually impaired, physically impaired, or illiterate or wish to give verbal consent

I have witnessed the accurate reading of the consent form to the potential study subject, and the individual has had the opportunity to ask questions. I confirm that the individual has given consent freely.

Print Name of Subject	
Age	
Thumb/Foot print of Subject	
Signature of Witness	[A literate witness must sign and should be selected by the study subject and MUST have no connection to the research team]
DD/MM/YYYY	

Statement by the researcher/person taking consent

I confirm that the study subject was given an opportunity to ask questions about the study, and all the questions asked by the study subject have been answered correctly and to the best of my ability. I confirm that the individual has not been coerced into giving consent, and the consent has been given freely and voluntarily.

A copy of this informed consent form has been provided to the participant – YES NO

The participant refused to take a copy of the informed consent form provided – YES NO

Print Name of researcher/person taking the consent	
Signature of researcher/person taking the consent	
DD/MM/YYYY	

5b. Sample informed consent form for expanded polling booth survey for adolescent girls and young women (as used in the ePBS study with AGYW in 5 African countries, 2022)

Consent Form for Polling Booth Surveys with Adolescent Girls and Young Women

Before starting the survey, the researcher should introduce themself. If the person is 18 or older, the researcher should obtain informed consent directly from the potential participant. If the girl is below the age of 18, the researcher should obtain the consent of her parent/guardian and the girl's assent before inviting the girl for PBS, using the sample consent form and assent form.

The following script should be modified according to the protocol approved by the ethics board.

This group survey is part of a study that we at the _____ (government department) are conducting in partnership with_____ (name of the implementing partner). We are doing this study to learn more about problems affecting the health of girls and young women like you, such as HIV infection.

The results of this study will help _____ (government department) develop and improve programmes and policies to prevent HIV/AIDS and similar diseases. Based on your responses, we` will also develop related services and improve those that already exist.

Approximately _____ (number of participants) girls and young women will participate in this survey across_____ (location/area of the study). Your participation in this polling booth survey is entirely voluntary; there is no obligation to participate. If you decide not to participate, it is fine with us. If you agree to participate, you still may decline to answer any question.

Please note that you will not be answering questions verbally, in a face-to-face, individual interview. Instead, you will participate with the group, responding silently with numbered tokens, in a method similar to voting. Consequently, no one will see how you respond to each question. At the end of the session, we will collect the tokens and count the responses. The procedure will be explained to you as we proceed.

The findings from this study will be used to create a report, but YOU WILL NOT BE NAMED OR IDENTIFIED IN ANY WAY in this report. All results will be presented in aggregate format, with no individual results being reported.

By saying to me that you agree to participate in this study, you are agreeing to participate in the survey. This survey has been approved by the _____ (name of research ethics board). If you have any questions about your rights as a subject participating in a research survey, or if you wish to discuss your participation in the survey, please contact _____ (name of implementing partner). An information sheet that explains the survey and lists the contact names and telephone numbers has been given to you.

Do you understand this information? ☐ YES ☐ NO (clarify/discuss)
(Interviewer ticks the appropriate response)

Do you agree to participate? ☐ YES ☐ NO
(If YES, interviewer signs and date below to indicate that informed consent was provided by the participant)

Informed consent obtained by:

Print participant's full name (if permitted by the ethics board)

Participant's UIC

Participant's signature (if permitted by the ethics board)

Date (dd-mm-yyyy)

Important information for interviewers
It is mandatory to obtain informed consent before proceeding to the polling booth survey.

5c. Sample informed assent form for polling booth survey for adolescent girls (as used in the ePBS study conducted in five African countries in 2022)

Informed Assent Form for PBS (English and/or any other appropriate language)

Title:

Name and contacts of Principal Investigator
[Provide name and contact details of the PI]

Introduction
This Polling Booth Survey is part of an assessment that we at the _____ (government department) are conducting in partnership with_____ (name of the PR and SR). We are doing this study because we want to learn more about the problems affecting girls and young women (as yourself) in your community related to HIV, schooling, pregnancy and violence.

Purpose
The _____ (government department) will use the results of this study to develop programmes and policies that can help prevent HIV/AIDS and similar diseases among adolescent girls and young women.

Procedure
We have selected you/ your ward to participate in this survey which will help us understand some of the issues that girls and young women such as yourself face. Your/ your ward's participation is entirely voluntary. If you/ your ward decide(s) not to do it, it is fine with us. If you/ your ward participate(s), you/ your ward may also decide to pass on any question that you/ your ward don't want to respond and let someone else answer that. You/ your ward also have/has the right to decide not to be part of the survey midway and request to move out of the room.

Privacy and confidentiality
The findings from this study will be used to create a report, but YOU/ YOUR WARD WILL NOT BE NAMED OR IDENTIFIED IN ANY WAY in this report.

You/ your ward will participate in a survey where some participants may share their views and experiences openly. You are requested to maintain confidentiality and not share details outside.

Risks
You/ your ward may feel discomfort or other emotional reaction particularly as some of the questions are very sensitive i.e. partner violence. At any point that you/ your ward feel(s) discomfort, please approach the facilitator and he/ she will link you with necessary support provided by the project. As mentioned above you/ your ward can decide to discontinue your participation at any time of the survey. This will not impact access to services provided by the project.

Benefits
The benefits of participating in the study is that you/ your ward will be engaged in this outcome assessment and understand how such assessments are done. You/ your ward will understand what are the successes and challenges of implementing programmes with AGYW. You/ your ward would be also linked with services if you/ your ward need(s) immediately after your participation.

Study approval
This PBS has been approved by the _____ (name of research ethics committee). If you have any questions about your rights as a participant or if you wish to discuss your/ your wards participation in the survey, contact the person [name of NGO/RI].
Opening statement to the participant (s) explaining reason (s) for taking part in the study

Consent and signature of the guardian

DO YOU UNDERSTAND THIS INFORMATION SHARED WITH YOU? ☐ Yes ☐ No (Clarify/Discuss)
Interviewer tick in the appropriate column

DO YOU AGREE FOR YOUR WARD TO PARTICIPATE? ☐ Yes ☐ No

_____

Guardian's signature (if permitted by the ethics board)
(Interviewer: if yes, sign and date below to indicate that informed consent was given by the participant's guardian)

Informed consent obtained by:

_____ _____

Print Name Signature

Date: _____

Assent by minor
DO YOU UNDERSTAND THIS INFORMATION SHARED WITH YOU? ☐ Yes ☐ No (Clarify/Discuss)
Interviewer tick in the appropriate column

DO YOU ASSENT TO PARTICIPATE? ☐ Yes ☐ No
(Interviewer: if yes, sign and date below to indicate that assent was given)

Informed assent obtained by:

_____ _____

Print Name Signature

Date: _____
Study site: _____

IMPORTANT INFORMATION FOR INTERVIEWERS
It is mandatory to obtain informed consent/assent before proceeding to the PBS. Once informed consent/ assent is obtained from each participant, proceed with administration of the PBS.

Annex 6: Polling booth survey data collection tools
6a. Sample PBS tool for female sex workers

Introduction

Hello. My name is _____*[moderator's name]*_____. I am from [name of the organisation implementing the PBS]. [Implementing organisation] has been working for the prevention of HIV among key populations for many years. In order to understand the prevailing knowledge and behaviours related to HIV and AIDS, [Implementing organisation] is conducting a survey of randomly selected female sex workers in selected venues in [study location]. Since HIV and AIDS have close links with sexual behaviours, the survey questions can be sensitive and you may not like to answer these questions in a face-to-face interview. In order to facilitate more honest answers and reduce the embarrassment and fear of disclosure, we are using a special method called polling booth survey. Similar to the confidential voting that we adopt in elections, here, participants will give their answers to the questions by secretly putting cards into one of the three boxes. Just like the way it is done in the election, all the votes will be put together to measure the prevalence of a certain knowledge and behaviours in the group.

Three coloured boxes – one GREEN, one RED and one WHITE – are provided to you, along with a set of cards bearing the question numbers. These cards are pre-arranged. So, please do not disturb the order of these cards and please do not shuffle them. You will have to take the cards one by one from the top of the set.

You are made to sit separately, and the three coloured boxes are provided inside an enclosure created by cardboard. No other person can see which card you are putting in which coloured box for which question. Your name is not in the card or the boxes.

I will read out the questions one by one. Listen to these questions carefully, and you may ask me for clarifications if you have not understood the question. Please do not cast your vote before you have understood the question or before I have instructed you to cast your vote.

Before I read out the question, I will ask you to pick up the card from the top of the pile of cards, and show me. This is to make sure that all of you have taken the card corresponding to the question number. Please keep holding this card until you have understood the question and until I tell you to put the card in one of the boxes.

Please do not put two cards at a time.

During this entire session, there is no need for you to talk to each other. You don't have to say YES or NO, to nod, or to show your answer to any question in any way. Do not prompt others to put the card in a particular box.

As I mentioned earlier, there are many personal and sensitive questions asked. These questions are formulated based on the scientific understanding of the knowledge and behaviours related to HIV and AIDS. You may feel embarrassed, you may feel shy, or you may sometimes feel angry to hear these questions. Please do not consider the appropriateness of the questions in view of our social and cultural norms. Instead, consider these items as useful for designing the content of an HIV prevention programme. You may like to discuss these with our team separately after this session.

After the survey, you will be provided group pre-test counselling for HIV and will be taken to a clinical researcher for HIV testing and sample collection. It was explained to you during eligibility screening.

We request you to be totally honest in answering the questions that we will ask you during the survey.

Let us start with an example. Please hold up the first card, bearing the number 1. *[Researcher and Assistant to make sure that everyone has held Card number 1.]* Did you eat a banana in the past 24 hours (1 day)? If you ate a banana in the past 24 hours (1 day), please put Card No. 1 into the GREEN box. If you did not eat a banana in the past 24 hours (1 day), please put the card into the RED box. If you do not eat banana at all, please put your card into the WHITE box. If you do not want to answer this question, please drop the card OUTSIDE the boxes. Has everyone put their card into the GREEN, the RED or WHITE box?

[Researcher and Assistant to collect the cards separately and count the cards in GREEN, RED and WHITE boxes. Discuss with the participants about the confidentiality process. Explain how we come to know only the percentage of persons who ate banana in the past 24 hours (1 day), and that we will not know who among the participants ate the bananas. Give back Card 1 to the participants. Return all the ballot boxes to the participants].

We will now start with the first question.

Now pick up the card bearing number 1 and listen carefully to the question:

1. The last time you had sex with any paying client, did he use a condom?

If your answer is YES to this question, please drop the card numbered 1 into the GREEN box. If your answer to this question is NO, please drop this card into the RED box.

Now pick up the card bearing number 2 and listen carefully to the question:

2. During the past 3 months, was there any occasion when you had sex with any paying client without using a condom?

If your answer is YES to this question, please drop the card numbered 2 into the GREEN box. If your answer to this question is NO, please drop this card into the RED box.

Now pick up the card bearing number 3 and listen carefully to the question:

3. During the past 3 months, was there a time when you intended to use a condom with any of your sexual partners but did not use it because a condom was not available at that time and place?

If your answer is YES to this question, please drop the card numbered 3 into the GREEN box. If your answer to this question is NO, please drop this card into the RED box.

Now pick up the card bearing number 4 and listen carefully to the question:

4. Have you taken an HIV test in the last 12 months?

If your answer is YES to this question, please drop the card numbered 4 into the GREEN box. If your answer to this question is NO, please drop this card into the RED box. If you have never tested for HIVor tested HIV positive before 12 months, please drop this card into the WHITE box.

Now pick up the card bearing number 5 and listen carefully to the question:

5. Did you take an HIV test during the past 3 months?

If your answer is YES to this question, please drop the card numbered 5 into the GREEN box. If your answer to this question is NO, please drop this card into the RED box. If you have never or tested HIV positive before 3 months, drop the card numbered 9 in the WHITE box

Now pick up the card bearing number 6 and listen carefully to the question:

6. Was there a time in the last 12 months when you wanted to take an HIV test but could not take it because it was not available or accessible?

If your answer is YES to this question, please drop the card numbered 6 into the GREEN box. If your answer to this question is NO, please drop this card into the RED box. If you have never or tested HIV positive before 12 months, drop the card numbered 6 in the WHITE box

Now pick up the card bearing number 7 and listen carefully to the question:

7. Are you living with HIV? [Please note that you DO NOT have to disclose your HIV test result]

If your answer is YES to this question, please drop the card numbered 7 into the GREEN box. If your answer to this question is NO, please drop this card into the RED box. If you have never taken a HIV test or do not know your status drop the card numbered 10 in the WHITE box.

Now pick up the card bearing number 8 and listen carefully to the question:

8. If you are living with HIV, are you enrolled in an ART clinic?

If your answer is YES to this question, please drop the card numbered 8 into the GREEN box. If your answer to this question is NO, please drop this card into the RED box. If you are not living with HIV or do not know the HIV status, please drop this card into the WHITE box.

Now pick up the card bearing number 9 and listen carefully to the question:

9. If you are living with HIV, are you currently taking ARV (Antiretroviral drugs for HIV management)?

If your answer is YES to this question, please drop the card numbered 9 into the GREEN box. If your answer to this question is NO, please drop this card into the RED box. If you are not living with HIV or do not know the HIV status, please drop this card into the WHITE box.

Now pick up the card bearing number 10 and listen carefully to the question:

10. If you are taking ARV, was there an occasion in the last 12 month when you were unable to take ARV as they were not available or accessible?

If your answer is YES to this question, please drop the card numbered 10 into the GREEN box. If your answer to this question is NO, please drop this card into the RED box. If you are not living with HIV or do not know the HIV status or you are living with HIV but not taking ART, please drop this card into the WHITE box.

Now pick up the card bearing number 11 and listen carefully to the question:

11. If you are currently taking ARV, have you missed an appointment with ART clinic and 3 months have passed since last appointment?

If your answer is YES, please drop the card numbered 11 into the GREEN box. If your answer is NO, please drop this card into the RED box. If you are not living with HIV or do not know your HIV status or never been on ARV, please drop this card into the WHITE box.

Now pick up the card bearing number 12 and listen carefully to the question:

12. In the last 12 months, were you diagnosed with sexually transmitted infections (STIs)?

If your answer is YES to this question, please drop the card numbered 12 into the GREEN box. If your answer to this question is NO, please drop this card into the RED box.

Now pick up the card bearing number 13 and listen carefully to the question

13. In the last 12 months, were you treated for any sexually transmitted infections (STIs)?

If your answer is YES to this question, please drop the card numbered 13 into the GREEN box. If your answer to this question is NO, please drop this card into the RED box. If you never had an STI in the last 3 months, put the card in the WHITE box.

Now pick up the card bearing number 14 and listen carefully to the question

14. In the last 12 months, was there an occasion, when you needed STI treatment but the treatment was not available?

If your answer is YES to this question, please drop the card numbered 14 into the GREEN box. If your answer to this question is NO, please drop this card into the RED box. If you never had an STI in the last 12 months, put the card in the WHITE box.

Now pick up the card bearing number 15 and listen carefully to the question

15. Have you taken PrEP in the last 12 months? (Moderator to explain clearly what PrEP is)

If your answer is YES to this question, please drop the card numbered 15 into the GREEN box. If your answer to this question is NO, please drop this card into the RED box. If you are living with HIV, poease drop your card in the WHITE box.

Now pick up the card bearing number 16 and listen carefully to the question

16. Are you currently taking PrEP? (Moderator to explain clearly what PreP is)

If your answer is YES to this question, please drop the card numbered 16 into the GREEN box. If your answer to this question is NO, please drop this card into the RED box. If you have never taken PrEP or are living with HIV, put your card in the white box.

Now pick up the card bearing number 17 and listen carefully to the question

17. Was there an occasion in the last 12 months when you wanted to take PrEP but PreP was not available?

If your answer is YES to this question, please drop the card numbered 17 into the GREEN box. If your answer to this question is NO, please drop this card into the RED box. If you have never taken PrEP or are living with HIV, put your card in the white box.

Now pick up the card bearing number 18 and listen carefully to the question

18. Have you taken PEP in the last 12 months? (Moderator to explain clearly what PEP is)

If your answer is YES to this question, please drop the card numbered 18 into the GREEN box. If your answer to this question is NO, please drop this card into the RED box. If you have never taken PEP or living with HIV put your card in the white box.

Now pick up the card bearing number 19 and listen carefully to the question

19. During the past 12 months, was there a time when you needed to use PEP but could not use it because PEP was not available at that time and place?

If your answer is YES to this question, please drop the card numbered 19 into the GREEN box. If your answer to this question is NO, please drop this card into the RED box. If you have never or not taken PEP in the last 12 months or living with HIV put your card in the WHITE box.

Now pick up the card numbered 20 and listen carefully to the question:

20. In the last 3 months, did you ever visit or receive services from the project clinic or DIC or public health facility?

If your answer is YES to this question, please drop the card numbered 20 into the GREEN box. If your answer to this question is NO, please drop this card into the RED box. If you do not know or had never been to the clinic, please drop this card into the WHITE box.

Now pick up the card numbered 21 and listen carefully to the question:

21. In the last 3 months, were you met by a peer educator from the programme?

If your answer is YES to this question, please drop the card numbered 21 into the GREEN box. If your answer to this question is NO, please drop this card into the RED box

Now pick up the card numbered 22 and listen carefully to the question:

22. In the past 12 months, were you ever beaten up by police and/or city askaris, when you were doing sex work?

If your answer is YES to this question, please drop the card numbered 22 into the GREEN box. If your answer to this question is NO, please drop this card into the RED box. If you have never been beaten up by pole and / city askaris when you were doing sex work put your card in the WHITE box.

Now pick up the card numbered 23 and listen carefully to the question:

23. In the last 12 months, did you receive information on violation of rights and support provided when you experience violence from peer educators, advocacy officers or clinic team?

If your answer is YES to this question, please drop the card numbered 23 into the GREEN box. If your answer to this question is NO, please drop this card into the RED box.

Now pick up the card bearing number 24 and listen carefully to the question

24. In the past 12 months, when you experienced any violence, were you supported by the intervention/ clinic/ DIC? (support means medical, psychological, legal, safety/ shelter etc.)

If your answer is YES to this question, please drop the card numbered 24 into the GREEN box. If your answer to this question is NO, please drop this card into the RED box. If you did not/have never experienced violence please drop the card in the WHITE box.

Now pick up the card numbered 25 and listen carefully to the question:

25. In the last 12 months, did you experience discrimination by health care providers due to your sex work identity?

If your answer is YES to this question, please drop the card numbered 25 into the GREEN box. If your answer to this question is NO, please drop this card into the RED box. If you have never experienced discrimination by health care providers then put your card in WHITE box.

Now pick up the card numbered 26 and listen carefully to the question:

26. In the last 12 months, when you experienced stigma and discrimination, were you supported by the intervention/ clinic/ DIC? (support means medical, psychological, legal, safety/ shelter, etc.)

If your answer is YES to this question, please drop the card numbered 26 into the GREEN box. If your answer to this question is NO, please drop this card into the RED box. If you have never experienced discrimination at the family or community or health care providers, then put your card in WHITE box.

Now pick up the card numbered 27 and listen carefully to the question:

27. Do you know that having penetrative sex with a man without a condom will increase the risk of contracting HIV?

If your answer is YES to this question, please drop the card numbered 27 into the GREEN box. If your answer to this question is NO, please drop this card into the RED box.

Now pick up the card numbered 28 and listen carefully to the question:

28. Do you know that using ARVs consistently by HIV positive individuals and being virally suppressed reduce the risk of transmitting HIV?

If your answer is YES to this question, please drop the card numbered 28 into the GREEN box. If your answer to this question is NO, please drop this card into the RED box.

6b. Sample PBS tool for men who have sex with men

Introduction

Hello. My name is _____*[moderator's name]*_____. I am from [name of the organisation implementing the PBS]. [Implementing organisation] has been working for the prevention of HIV among key populations for many years. In order to understand the prevailing knowledge and behaviours related to HIV and AIDS, [Implementing organisation] is conducting a survey of randomly selected men who have sex with men in selected venues in [study location]. Since HIV and AIDS have close links with sexual behaviours, the survey questions can be sensitive, and you may not like to answer these questions in a face-to-face interview. In order to facilitate more honest answers and reduce the embarrassment and fear of disclosure, we are using a special method called polling booth survey. Similar to the confidential voting that we adopt in elections, here, participants will give their answers to the questions by secretly putting cards into one of the three boxes. Just like the way it is done in the election, all the votes will be put together to measure the prevalence of a certain knowledge and behaviours in the group.

Three coloured boxes – one GREEN, one RED and one WHITE – are provided to you, along with a set of cards bearing the question numbers. These cards are pre-arranged. So, please do not disturb the order of these cards, and please do not shuffle them. You will have to take the cards one by one from the top of the set.

You are made to sit separately, and the three coloured boxes are provided inside an enclosure created by cardboard. No other person can see which card you are putting in which coloured box for which question. Your name is not in the card or the boxes.

I will read out the questions one by one. Listen to these questions carefully, and you may ask me for clarifications if you have not understood the question. Please do not cast your vote before you have understood the question or before I have instructed you to cast your vote.

Before I read out the question, I will ask you to pick up the card from the top of the pile of cards, and show me. This is to make sure that all of you have taken the card corresponding to the question number. Please keep holding this card until you have understood the question and until I tell you to put the card in one of the boxes.
Please do not put two cards at a time.

During this entire session, there is no need for you to talk to each other. You don't have to say YES or NO, to nod or to show your answer to any question in any way. Do not prompt others to put the card in a particular box.

As I mentioned earlier, there are many personal and sensitive questions asked. These questions are formulated based on the scientific understanding of the knowledge and behaviours related to HIV and AIDS. You may feel embarrassed, you may feel shy, or you may sometimes feel angry to hear these questions. Please do not consider the appropriateness of the questions in view of our social and cultural norms. Instead, consider these items as useful for designing the content of an HIV prevention programme. You may like to discuss these with our team separately after this session.

After the survey, you will be provided group pre-test counselling for HIV and will be taken to a clinical researcher for HIV testing and sample collection. It was explained to you during eligibility screening.

We request you to be totally honest in answering the questions that we will ask you during the survey.

Let us start with an example. Please hold up the first card, bearing the number 1. *[Researcher and Assistant to make sure that everyone has held Card number 1.]* **Did you eat a banana in the past 24 hours (1 day)?** If you ate a banana in the past 24 hours (1 day), please put Card No. 1 into the GREEN box. If you did not eat a banana in the past 24 hours (1 day), please put the card into the RED box. If you do not eat banana at all, please put your card into the WHITE box. If you do not want to answer this question, please drop the card OUTSIDE the boxes. Has everyone put their card into the GREEN, the RED or WHITE box?

[Researcher and Assistant to collect the cards separately and count the cards in GREEN, RED and WHITE boxes. Discuss with the participants about the confidentiality process. Explain how we come to know only the percentage of persons who ate banana in the past 24 hours (1 day), and that we will not know who among the participants ate the bananas. Give back Card 1 to the participants. Return all the ballot boxes to the participants].

We will now start with the first question.

Now pick up the card bearing number 1 and listen carefully to the question:

1. The last time you had anal sex with a non-regular partner, was a condom used?

If your answer is YES to this question, please drop the card numbered 1 into the GREEN box. If your answer to this question is NO, please drop this card into the RED box.

Now pick up the card bearing number 2 and listen carefully to the question:

2. The last time you had anal sex with a non-regular partner, was a lubricant used?

If your answer is YES to this question, please drop the card numbered 2 into the GREEN box. If your answer to this question is NO, please drop this card into the RED box.

Now pick up the card bearing number 3 and listen carefully to the question:

3. Have you ever exchanged anal sex for money or goods with other men in the last 12 months?

If your answer is YES to this question, please drop the card numbered 3 into the GREEN box. If your answer to this question is NO, please drop this card into the RED box.

Now pick up the card bearing number 4 and listen carefully to the question:

4. The last time you had sex with any paying client, did he use a condom?

If your answer is YES to this question, please drop the card numbered 4 into the GREEN box. If your answer to this question is NO, please drop this card into the RED box. If you have never had a paying client/exchanged sex for money or goods with other men, please drop this card into the WHITE box.

Now pick up the card bearing number 5 and listen carefully to the question:

5. The last time you had sex with any paying client, did he use a lubricant?

If your answer is YES to this question, please drop the card numbered 5 into the GREEN box. If your answer to this question is NO, please drop this card into the RED box. If you have never had a paying client/exchanged sex for money or goods with other men, please drop this card into the WHITE box.

Now pick up the card bearing number 6 and listen carefully to the question:

6. During the past 3 months, was there any occasion when you had sex with non-regular sexual partners or clients without using a condom?

If your answer is YES to this question, please drop the card numbered 6 into the GREEN box. If your answer to this question is NO, please drop this card into the RED box.

Now pick up the card bearing number 7 and listen carefully to the question:

7. During the past 3 months, was there a time when you intended to use a condom with any of your sexual partners but did not use it because a condom was not available at that time and place?

If your answer is YES to this question, please drop the card numbered 7 into the GREEN box. If your answer to this question is NO, please drop this card into the RED box.

Now pick up the card bearing number 8 and listen carefully to the question:

8. During the past 3 months, was there a time when you intended to use a lubricant with any of your sexual partners but did not use it because lubricant was not available at that time and place?

If your answer is YES to this question, please drop the card numbered 8 into the GREEN box. If your answer to this question is NO, please drop this card into the RED box.

Now pick up the card bearing number 9 and listen carefully to the question:

9. Have you taken an HIV test in the last 12 months?

If your answer is YES to this question, please drop the card numbered 9 into the GREEN box. If your answer to this question is NO, please drop this card into the RED box. If you have never tested for HIV or tested HIV positive before 12 months, please drop this card into the WHITE box.

Now pick up the card bearing number 10 and listen carefully to the question:

10. Did you take an HIV test during the past 3 months?

If your answer is YES to this question, please drop the card numbered 10 into the GREEN box. If your answer to this question is NO, please drop this card into the RED box. If you have never or tested HIV positive before 3 months, drop the card numbered 9 in the WHITE box

Now pick up the card bearing number 11 and listen carefully to the question:

11. Was there a time in the last 12 months when you wanted to take an HIV test but could not take it because it was not available or accessible?

If your answer is YES to this question, please drop the card numbered 11 into the GREEN box. If your answer to this question is NO, please drop this card into the RED box. If you have never or tested HIV positive before 12 months, drop the card numbered 6 in the WHITE box

Now pick up the card bearing number 12 and listen carefully to the question:

12. Are you living with HIV? [Please note that you DO NOT have to disclose your HIV test result.]

If your answer is YES to this question, please drop the card numbered 12 into the GREEN box. If your answer to this question is NO, please drop this card into the RED box. If you have never taken a HIV test or do not know your status drop the card numbered 10 in the WHITE box.

Now pick up the card bearing number 13 and listen carefully to the question:

13. If you are living with HIV, are you enrolled in an ART clinic?

If your answer is YES to this question, please drop the card numbered 13 into the GREEN box. If your answer to this question is NO, please drop this card into the RED box. If you are not living with HIV or do not know the HIV status, please drop this card into the WHITE box.

Now pick up the card bearing number 14 and listen carefully to the question:

14. If you are living with HIV, are you currently taking ARV (Antiretroviral drugs for HIV management)?

If your answer is YES to this question, please drop the card numbered 14 into the GREEN box. If your answer to this question is NO, please drop this card into the RED box. If you are not living with HIV or do not know the HIV status, please drop this card into the WHITE box.

Now pick up the card bearing number 15 and listen carefully to the question:

15. If you are taking ARV, was there an occasion in the last 12 month when you were unable to take ARV as they were not available or accessible?

If your answer is YES to this question, please drop the card numbered 15 into the GREEN box. If your answer to this question is NO, please drop this card into the RED box. If you are not living with HIV or do not know the HIV status or you are living with HIV but not taking ART, please drop this card into the WHITE box.

Now pick up the card bearing number 16 and listen carefully to the question:

16. If you are currently taking ARV, have you missed an appointment with ART clinic and 3 months have passed since last appointment?

If your answer is YES, please drop the card numbered 16 into the GREEN box. If your answer is NO, please drop this card into the RED box. If you are not living with HIV or do not know your HIV status or never been on ARV, please drop this card into the WHITE box.

Now pick up the card bearing number 17 and listen carefully to the question:

17. In the last 12 months, were you diagnosed with sexually transmitted infections (STIs)?

If your answer is YES to this question, please drop the card numbered 17 into the GREEN box. If your answer to this question is NO, please drop this card into the RED box.

Now pick up the card bearing number 18 and listen carefully to the question

18. In the last 12 months, were you treated for any sexually transmitted infections (STIs)?

If your answer is YES to this question, please drop the card numbered 18 into the GREEN box. If your answer to this question is NO, please drop this card into the RED box. If you never had an STI in the last 3 months, put the card in the WHITE box.

Now pick up the card bearing number 19 and listen carefully to the question

19. In the last 12 months, was there an occasion, when you needed STI treatment but the treatment was not available?

If your answer is YES to this question, please drop the card numbered 19 into the GREEN box. If your answer to this question is NO, please drop this card into the RED box. If you never had an STI in the last 12 months, put the card in the WHITE box.

Now pick up the card bearing number 20 and listen carefully to the question

20. Have you taken PrEP in the last 12 months? (Moderator to explain clearly what PrEP is.)

If your answer is YES to this question, please drop the card numbered 20 into the GREEN box. If your answer to this question is NO, please drop this card into the RED box. If you are living with HIV, please drop your card in the WHITE box.

Now pick up the card bearing number 21 and listen carefully to the question

21. Are you currently taking PrEP? (Moderator to explain clearly what PrEP is.)

If your answer is YES to this question, please drop the card numbered 21 into the GREEN box. If your answer to this question is NO, please drop this card into the RED box. If you have never taken PrEP or are living with HIV, put your card in the white box.

Now pick up the card bearing number 22 and listen carefully to the question

22. Was there an occasion in the last 12 months when you wanted to take PrEP but PrEP was not available?

If your answer is YES to this question, please drop the card numbered 22 into the GREEN box. If your answer to this question is NO, please drop this card into the RED box. If you have never taken PrEP or are living with HIV, put your card in the white box.

Now pick up the card bearing number 23 and listen carefully to the question

23. Have you taken PEP in the last 12 months? (Moderator to explain clearly what PEP is.)

If your answer is YES to this question, please drop the card numbered 23 into the GREEN box. If your answer to this question is NO, please drop this card into the RED box. If you have never taken PEP or living with HIV put your card in the white box.

Now pick up the card bearing number 24 and listen carefully to the question

24. During the past 12 months, was there a time when you needed to use PEP but could not use it because PEP was not available at that time and place?

If your answer is YES to this question, please drop the card numbered 24 into the GREEN box. If your answer to this question is NO, please drop this card into the RED box. If you have never or not taken PEP in the last 12 months or living with HIV put your card in the WHITE box.

Now pick up the card numbered 25 and listen carefully to the question:

25. In the last 3 months, did you ever visit or receive services from the project clinic or DIC or public health facility?

If your answer is YES to this question, please drop the card numbered 25 into the GREEN box. If your answer to this question is NO, please drop this card into the RED box. If you do not know or had never been to the clinic, please drop this card into the WHITE box.

Now pick up the card numbered 26 and listen carefully to the question:

26. In the last 3 months, were you met by a peer educator from the programme?

If your answer is YES to this question, please drop the card numbered 26 into the GREEN box. If your answer to this question is NO, please drop this card into the RED box

Now pick up the card numbered 27 and listen carefully to the question:

27. In the past 12 months, were you ever beaten up by police and/or city askaris, when you were doing sex work?

If your answer is YES to this question, please drop the card numbered 27 into the GREEN box. If your answer to this question is NO, please drop this card into the RED box. If you have never been beaten up by pole and / city askaris when you were doing sex work put your card in the WHITE box.

Now pick up the card numbered 28 and listen carefully to the question:

28. In the last 12 months, did you receive information on violation of rights and support provided when you experience violence from peer educators, advocacy officers or clinic team?

If your answer is YES to this question, please drop the card numbered 28 into the GREEN box. If your answer to this question is NO, please drop this card into the RED box.

Now pick up the card bearing number 29 and listen carefully to the question

29. In the past 12 months, when you experienced any violence, were you supported by the intervention/ clinic/ DIC? (support means medical, psychological, legal, safety/ shelter etc.)

If your answer is YES to this question, please drop the card numbered 29 into the GREEN box. If your answer to this question is NO, please drop this card into the RED box. If you did not/have never experienced violence please drop the card in the WHITE box.

Now pick up the card numbered 30 and listen carefully to the question:

30. In the last 12 months, did you experience discrimination by health care providers due to your sexuality or MSM identity?

If your answer is YES to this question, please drop the card numbered 30 into the GREEN box. If your answer to this question is NO, please drop this card into the RED box. If you have never experienced discrimination by health care providers then put your card in WHITE box.

Now pick up the card numbered 31 and listen carefully to the question:

31. In the last 12 months, when you experienced stigma and discrimination, were you supported by the intervention/ clinic/ DIC? (support means medical, psychological, legal, safety/ shelter, etc.)

If your answer is YES to this question, please drop the card numbered 31 into the GREEN box. If your answer to this question is NO, please drop this card into the RED box. If you have never experienced discrimination at the family or community or health care providers, then put your card in WHITE box.

Now pick up the card numbered 32 and listen carefully to the question:

32. Do you know that having penetrative sex with a man without a condom will increase the risk of contracting HIV?

If your answer is YES to this question, please drop the card numbered 32 into the GREEN box. If your answer to this question is NO, please drop this card into the RED box.

Now pick up the card numbered 33 and listen carefully to the question:

33. Do you know that using ARVs consistently by HIV positive individuals and being virally suppressed reduce the risk of transmitting HIV?

If your answer is YES to this question, please drop the card numbered 33 into the GREEN box. If your answer to this question is NO, please drop this card into the RED box.

6c. Sample PBS tool for adolescent girls and young women

Introduction

Hello. My name is _____[moderator's name]_____. I am from _____[name of the implementing organisation]_____. As we are evaluating the AGYW programme, we wanted to understand prevailing knowledge and behaviour related to education, gender based violence, gender norms, sexual behaviours, pregnancies and other issues. The survey questions may be sensitive and some of you may not like to answer these questions in a face-to-face interview. In order to facilitate more honest answers and reduce the embarrassment and fear of disclosure, we are using a special method called polling booth survey. Similar to the confidential voting that we adopt in elections, here, people will give their answers to the questions by secretly putting the cards into one of the three boxes. Just like the way it is done in the election, all the votes will be pooled together, to measure the prevalence of a certain knowledge and behaviour in the group. However, no one will know who gave what answer to which question. There is no way of linking a particular response to a particular person.

Three coloured boxes – one GREEN, one RED and one WHITE – are provided to you, along with a set of cards bearing the question numbers. These cards are pre-arranged. So, please do not disturb the order of these cards or please do not shuffle. You will have to take the cards one by one from the top of the set.

You are made to sit separately and the three boxes are provided inside an enclosure created by card boards. No other person can see which card you are putting in which coloured box for which question. Your name or any other identification is not in the card or the boxes.

I will read out the questions one by one. Listen to these questions carefully, and you may ask me for clarifications if you have not understood the question. Please do not cast your vote before you have understood the question or before I have instructed you to cast your vote.

Before I read out the question, I will ask you to pick up the card from the top of the pile of cards, and show me. This is to make sure that all of you have taken the card corresponding to the question number. Please keep holding this card until you have understood the question and until I tell you to put the card in one of the boxes.

Please do not put two cards at a time.

During this entire session, there is no need for you to talk to each other. You don't have to say YES or NO, to nod or to show your answer to any question in any way. Do not prompt others to put the card in a particular box.

As I mentioned earlier, there are many personal and sensitive questions asked. These questions are formulated based on the scientific understanding of the knowledge and behaviours related to AGYW. You may feel embarrassed, you may feel shy or you may sometimes feel angry to hear these questions. Please do not consider the appropriateness of the questions in view of our social and cultural norms. Instead, consider these items as useful for designing the content of HIV prevention programme. You may like to discuss these with our team separately after this session. We also request you to be totally honest in answering these questions.

Let us start with an example. Please hold up the first card, bearing the number *1. [Moderator and Assistant to make sure that everyone has held Card number 1.]* **Did you eat a banana in the past 48 hours (2 days)?** If you ate a Banana in the past 48 hours (2 days), please put Card No. 1 into the GREEN box. If you did not eat a Banana in the past 48 hours (2 days), please put the card into the RED box. If you do not eat banana at all, please put your card into the WHITE box. Has everyone put their card into the GREEN, the RED or WHITE box?

[Researcher and Assistant to collect the cards separately and count the cards in GREEN, RED and WHITE boxes. Discuss with the participants about the confidentiality process, about how we only come to know the percentage of persons who ate banana in the past 48 hours (2 days) and we will not know who among the participants ate the bananas? Give back Card 1 to the participants. Return all the ballot boxes to the participants].

We will now start with the first question.

Pick up the card bearing number 1 and listen carefully to the question:

Now pick up the card bearing number 1 and listen carefully to the question:

1. Have you ever attended/enrolled in school?

If your answer is YES, please drop the card numbered 1 into the GREEN box. If your answer is NO, please drop the card into the RED box.

Now pick up the card bearing number 2 and listen carefully to the question:

2. Are you currently attending/ enrolled in school? (Closure of schools does not mean that one is not currently in school)

If your answer is YES, please drop the card numbered 2 into the GREEN box. If your answer is NO, please drop this card into the RED box. If you have never attended school, please drop this card into the WHITE box

Now pick up the card bearing number 3 and listen carefully to the question:

3. Have you ever dropped out of school?

If your answer is YES, please drop the card numbered 3 into the GREEN box. If your answer is NO, please drop this card into the RED box. If you have never attended school, please drop this card into the WHITE box.

Now pick up the card bearing number 4 and listen carefully to the question:

4. If you ever dropped out of school, did you drop out in the last 12 months?

If your answer is YES, please drop the card numbered 4 into the GREEN box. If your answer is NO, please drop this card into the RED box. If you have never attended school or never dropped out of school, please drop this card into the WHITE box.

Now pick up the card bearing number 5 and listen carefully to the question:

5. Have you ever had sex?

If your answer is YES, please drop the card numbered 5 into the GREEN box. If your answer is NO, please drop this card into the RED box.

Now pick up the card numbered 6 and listen carefully to the question:

6. Did you have sex in the last 12 months?

If your answer is YES, please drop the card numbered 6 into the GREEN box. If your answer is NO, please drop this card into the RED box. If you have never had sex, please drop this card into the WHITE box.

Now pick up the card bearing number 7 and listen carefully to the question:

7. During the last 12 months, did you have sex with more than one person?

If your answer is YES, please drop the card numbered 7 into the GREEN box. If your answer is NO, please drop this card into the RED box. If you have never had sex or never had sex in the last 12 months, please drop this card into the WHITE box.

Now pick up the card bearing number 8 and listen carefully to the question:

8. The last time you had sex with a non – marital/ non cohabiting partner, was a condom used?

If your answer is YES, please drop the card numbered 8 into the GREEN box. If your answer is NO, please drop this card into the RED box. If you have never had sex or never had a non – marital/ non cohabiting partner, please drop this card into the WHITE box.

Now pick up the card bearing number 9 and listen carefully to the question:

9. During the past 12 months, when you had sex with non-marital/ non-cohabiting partner, was there any occasion you did not use a condom? (Inconsistency in condom use)

If your answer is YES, please drop the card numbered 9 into the GREEN box. If your answer is NO, please drop this card into the RED box. If you have never had sex or never had a non-marital/ non-cohabiting partner in the last 12 months, please drop this card into the WHITE box.

Now pick up the card bearing number 10 and listen carefully to the question:

10. During the past 12 months, was there a time when you intended to use a condom with any of your sexual partners but did not use it because a condom was not available at that time and place?

If your answer is YES, please drop the card numbered 10 into the GREEN box. If your answer is NO, please drop this card into the RED box. If you have never had sex or did not have sex in the last 12 months, please drop this card into the WHITE box

Now pick up the card bearing number 11 and listen carefully to the question:

11. During the past 12 months, was there a time when you wanted to use condoms during sex with any of your sexual partners but did not because the sexual partner did not want to wear a condom?

If your answer is YES, please drop the card numbered 11 into the GREEN box. If your answer is NO, please drop this card into the RED box. If you have never had sex, did not have sex in the last 12 months, please drop this card into the WHITE box

Now pick up the card bearing number 12 and listen carefully to the question:

12. Did you take PrEP in the last 12 months?

If your answer is YES, please drop the card numbered 12 into the GREEN box. If your answer is NO, please drop this card into the RED box

Now pick up the card bearing number 13 and listen carefully to the question:

13. Are you currently taking PrEP?

If your answer is YES, please drop the card numbered 13 into the GREEN box. If your answer is NO, please drop this card into the RED box. If you have never taken PrEP, please drop this card into the WHITE box

Now pick up the card bearing number 14 and listen carefully to the question:

14. Was there an occasion in the last 12 months when you wanted to take PrEP but PreP was not available?

If your answer is YES to this question, please drop the card numbered 14 into the GREEN box. If your answer to this question is NO, please drop this card into the RED box. If you have never taken PrEP or are living with HIV, put your card in the white box.

Now pick up the card bearing number 15 and listen carefully to the question:

15. Have you ever had a lover/boyfriend/ husband?

If your answer is YES, please drop the card numbered 15 into the GREEN box. If your answer is NO, please drop this card into the RED box

Now pick up the card bearing number 16 and listen carefully to the question:

16. In the past 12 months, have you experienced violence from your lover/boyfriend/ husband?

If your answer is YES, please drop the card numbered 16 into the GREEN box. If your answer is NO, please drop this card into the RED box. If you have never had a lover/boyfriend/husband, please drop this card into the WHITE box

Now pick up the card bearing number 17 and listen carefully to the question:

17. The last time when you experienced any form of violence, did you receive support?

If your answer is YES, please drop the card numbered 17 into the GREEN box. If your answer is NO, please drop this card into the RED box. If you have never experienced violence, please drop this card into the WHITE box

Now pick up the card bearing number 18 and listen carefully to the question

18. Does your family treat the boys and girls in the family equally?

If your answer is YES, please drop the card numbered 18 into the GREEN box. If your answer is NO, please drop this card into the RED box

Now pick up the card bearing number 19 and listen carefully to the question

19. Does your school treat the boys and girls equally?

If your answer is YES, please drop the card numbered 19 into the GREEN box. If your answer is NO, please drop this card into the RED box. If you have never attended school/ don't know, please drop this card into the WHITE box

Now pick up the card bearing number 20 and listen carefully to the question:

20. Did you experience negative treatment/discrimination at home in the last 12 months because you are a girl

If your answer is YES, please drop the card numbered 20 into the GREEN box. If your answer is NO, please drop this card into the RED box

Now pick up the card bearing number 21 and listen carefully to the question

21. Did you experience negative treatment/discrimination in the school in the last 12 months because you are a girl

If your answer is YES, please drop the card numbered 21 into the GREEN box. If your answer is NO, please drop this card into the RED box. . If you have never attended school/ don't know, please drop this card into the WHITE box

Now pick up the card bearing number 22 and listen carefully to the question

22. Do you receive scholarship/ financial support to attend school/ vocational training?

If your answer is YES, please drop the card numbered 22 into the GREEN box. If your answer is NO, please drop this card into the RED box. If you have never attended school /vocational training, please drop this card into the WHITE box

Now pick up the card bearing number 23 and listen carefully to the question

23. Are you a member of a support/ life skills group in school/ community?

If your answer is YES, please drop the card numbered 23 into the GREEN box. If your answer is NO, please drop this card into the RED box.

Now pick up the card bearing number 24 and listen carefully to the question

24.Do you currently engage in work that gives you income?

If your answer is YES, please drop the card numbered 24 into the GREEN box. If your answer is NO, please drop this card into the RED box

Now pick up the card bearing number 25 and listen carefully to the question

25. In the last 12 months, have you been pregnant or had a child?

If your answer is YES, please drop the card numbered 25 into the GREEN box. If your answer is NO, please drop this card into the RED box. If you have never been pregnant, please drop this card into the WHITE box

Now pick up the card bearing number 26 and listen carefully to the question

26. When you were pregnant or had a child in the last 12 months, was it planned??

If your answer is YES, please drop the card numbered 26 into the GREEN box. If your answer is NO, please drop this card into the RED box. If you have never been pregnant, please drop this card into the WHITE box

Now pick up the card bearing number 27 and listen carefully to the question

27. Are you currently using contraceptives?

If your answer is YES, please drop the card numbered 27 into the GREEN box. If your answer is NO, please drop this card into the RED box.

Now pick up the card bearing number 28 and listen carefully to the question

28. Have you had an abortion?

If your answer is YES, please drop the card numbered 28 into the GREEN box. If your answer is NO, please drop this card into the RED box. If you have never been pregnant, please drop this card into the WHITE box.

Now pick up the card bearing number 29 and listen carefully to the question

29. Did you take an HIV test during the past 12 months?

If your answer is YES, please drop the card numbered 29 into the GREEN box. If your answer is NO, please drop this card into the RED box. If you have never been tested for HIV, please drop this card into the WHITE box

Now pick up the card bearing number 30 and listen carefully to the question

30. Was there a time in the last 12 months when you wanted to take an HIV test but could not take it because it was not available or accessible?

If your answer is YES to this question, please drop the card numbered 30 into the GREEN box. If your answer to this question is NO, please drop this card into the RED box. If you have never or tested HIV positive before 12 months, drop the card numbered 6 in the WHITE box

Now pick up the card bearing number 31 and listen carefully to the question

31. Are you living with HIV?

If your answer is YES, please drop the card numbered 31 into the GREEN box. If your answer is NO, please drop this card into the RED box. If you have never taken an HIV test or do not know your HIV status, please drop the card in the WHITE box

Now pick up the card bearing number 32 and listen carefully to the question

32. If you are living with HIV, have you ever been enrolled into a ART programme (Any service, government or private providing treatment for HIV)?

If your answer is YES, please drop the card numbered 32 into the GREEN box. If your answer is NO, please drop this card into the RED box. If you are not living with HIV or do not know your HIV status, please drop this card into the WHITE box

Now pick up the card bearing number 33 and listen carefully to the question

33. If you are living with HIV are you currently taking ARV (Antiretroviral drugs for HIV management)?

If your answer is YES, please drop the card numbered 33 into the GREEN box. If your answer is NO, please drop this card into the RED box. If you are not living with HIV or do not know your HIV status, please drop this card into the WHITE box

Now pick up the card bearing number 34 and listen carefully to the question

34. If you are taking ARV, was there an occasion in the last 12 month when you were unable to take ARV as they were not available or accessible?

If your answer is YES to this question, please drop the card numbered 34 into the GREEN box. If your answer to this question is NO, please drop this card into the RED box. If you are not living with HIV or do not know the HIV status or you are living with HIV but not taking ART, please drop this card into the WHITE box.

Now pick up the card bearing number 35 and listen carefully to the question

35. If you are currently taking ARV, have you missed an appointment with ART clinic and 3 months have passed since last appointment?

If your answer is YES, please drop the card numbered 35 into the GREEN box. If your answer is NO, please drop this card into the RED box. If you are not living with HIV or do not know your HIV status or never been on ARV, please drop this card into the WHITE box.

Now pick up the card bearing number 36 and listen carefully to the question

36. Have you been reached (accessed services) by a AYGW programme in the last 12 months?

If your answer is YES, please drop the card numbered 36 into the GREEN box. If your answer is NO, please drop this card into the RED box

Now pick up the card numbered 37 and listen carefully to the question:

37. Do you know that having penetrative sex with a man without a condom will increase the risk of contracting HIV?

If your answer is YES to this question, please drop the card numbered 37 into the GREEN box. If your answer to this question is NO, please drop this card into the RED box.

Now pick up the card numbered 38 and listen carefully to the question:

38. Do you know that using ARVs consistently by HIV positive individuals and being virally suppressed reduce the risk of transmitting HIV?

If your answer is YES to this question, please drop the card numbered 38 into the GREEN box. If your answer to this question is NO, please drop this card into the RED box.

Annex 7. Sample polling booth survey reporting form

PBS No. _____

Subcounty: _____

Date of PBS: _____

(YYYY-MM-DD)

Time PBS started (24 hours): _____ Time PBS ended (24 hours): _____

Number of participants in the PBS session: _____

PBS field team No.: _____

Name Team lead: _____

Name of the participant	Unique Identifying Code

Annex 8. Sample PBS tallying form

City/Town: _____ PBS#: _____

Date of PBS: _____

DD MM YYYY

Time PBS started (24 hours): _____ Time PBS ended (24 hours): _____

Number of participants in the PBS session: _____

Name of Moderator: _____

Name of the Assistant: _____

Question	# Yes responses (Green box)	# No responses (Red box)	# Not applicable / Don't know responses (White box)	# No answer responses (Outside of box)	Total

Annex 9: Sample eligibility screening tools
9a. Eligibility screening questionnaire for female sex workers (as used for ePBS conducted in Nairobi in April 2023)

PBS no: _____

Instructions: Complete the full eligibility screening questionnaire for every potential participant that comes to the survey location.

"Hello. My name is _____ *[name of community researcher]* _____ . First, I would like to thank you for taking the time to participate in this expanded Polling Booth Survey, which will ask you about knowledge, practices, and behaviours related to HIV and other sexually transmitted infections. Before we start the survey, I need to find out if you are eligible to participate. If you are eligible to participate in this PBS, I will introduce you to our facilitator, who will conduct the polling booth survey before administering a biobehavioural survey and taking blood and urine samples. You may also be asked to take part in a focus group discussion, if you are agreeable. Let me assure you that everything you tell us will remain confidential and anonymous. We will not take your name, and no one will be able to link your responses to you personally. Do you mind if I start?"

This eligibility screening will take about 5 minutes.

No.	Screening question	Coding of answers
For Participants		
1	Were you born biologically female?	Female Male → ineligible
2	How old were you on your last birthday?	___ years [Less than 18 years] → ineligible
3	Have you received money or gifts in exchange for sexual intercourse with a male client at least once in the past three months?	Yes No → ineligible
4	Do you agree to participate in this study? (explain the study if need be)	Yes No → ineligible
5	Have you participated in this specific survey in the past 1 month?	Yes → ineligible No
For Interviewer		
6	Participant is under the influence of alcohol/ drugs	Yes → ineligible No
7	Participant is willing to provide verbal/ written informed consent	Yes No → ineligible
8	Participant has been recruited from the selected cluster	Yes No → ineligible

Participant eligible to participate? ☐ Yes ☐ No

Signature of community researcher: _____

Date: _____

9b. Eligibility screening questionnaire for men who have sex with men (as used in the ePBS study conducted in Nairobi, April 2023)

PBS no: _____

Instructions: Complete the full eligibility screening questionnaire for every potential participant that comes to the survey location / location.

"Hello. My name is _____ *[name of community researcher]* _____. First, I would like to thank you for taking the time to participate in this Polling Booth Survey, which will ask you about knowledge, practices, and behaviours related to HIV and other sexually transmitted infections. Before we start the survey, I need to find out if you are eligible to participate. If you are eligible to participate in this PBS, I will introduce you to our facilitator, who will conduct the polling booth survey, before administering a biobehavioural survey and taking blood and urine samples. You may also be asked to take part in a focus group discussion, if you are agreeable. Let me assure you that everything you tell us will remain confidential and anonymous. We will not take your name, and no one will be able to link your responses to you personally. Do you mind if I start?"

This eligibility screening will take about 5 minutes.

No.	Screening question	Coding of answers
For Participants		
1	Were you born biologically male?	Female → ineligible Male
2	How old were you on your last birthday?	___ years [Less than 18 years] → ineligible
3	Have you had at least one anal sex act (insertive or receptive) with another man in the last 3 months?	Yes No → ineligible
4	Do you agree to participate in this study? (explain the study if need be)	Yes No → ineligible
5	Have you participated in this specific survey in the past 1 month?	Yes → ineligible No
For Interviewer		
6	Participant is under the influence of alcohol/ drugs	Yes → ineligible No
7	Participant is willing to provide verbal/ written informed consent	Yes No → ineligible
8	Participant has been recruited from the selected cluster	Yes No → ineligible

Participant eligible to participate? ☐ Yes
☐ No

Signature of community researcher: _____

Date: _____

9c. Eligibility screening questionnaire for adolescent girls and young women (as used in the 5 African country ePBS, 2022)

PBS no: _____

Instructions: Complete the full eligibility screening questionnaire for every potential participant that comes to the survey location.

"Hello. My name is _____ *[name of community researcher]* _____. First, I would like to thank you for taking the time to participate in this expanded Polling Booth Survey, which will ask you about knowledge, practices, and behaviours related to HIV and other sexually transmitted infections. Before we start the survey, I need to find out if you are eligible to participate. If you are eligible to participate in this PBS, I will introduce you to our facilitator, who will conduct the polling booth survey. You may also be asked to take part in a focus group discussion, if you are agreeable. Let me assure you that everything you tell us will remain confidential and anonymous. We will not take your name, and no one will be able to link your responses to you personally. Do you mind if I start?"

This eligibility screening will take about 5 minutes.

No.	Screening question	Coding of answers
For Participants		
1	Were you born biologically female?	Female Male → ineligible
2	How old were you on your last birthday?	___ years [Less than 15 years] → ineligible
3	Do you currently live in (name) village/town/ location?	Yes No → ineligible
4	Are you registered in (name) project. This question is needed if the the study is using programme based sampling	Yes No → ineligible
5	Do you agree to participate in this study? (explain the study if need be)	Yes No → ineligible
6	Have you participated in this specific survey in the past 1 month?	Yes → ineligible No
For Interviewer		
7	Participant is under the influence of alcohol/ drugs	Yes → ineligible No
8	Participant is willing to provide verbal/ written informed consent	Yes No → ineligible

Participant eligible to participate? ☐ Yes ☐ No

Signature of community researcher: _____

Date: _____

Annex 10: Time-location sampling monitoring tool

Research Team Name and ID:_____

PBS no.	Date	# identified	# eligible	# consented	# participated in PBS	# participated in individual interview and biological sample collection	# participated in FGD

Annex 11: Sample PBS training agenda

Polling Booth Study Training Agenda

Dates:
Venue:

Day 1

Time	Activity	Facilitator
8:30 - 9:00	Registration	
9:00 - 9:30	Introductions and objective setting	
9:30 - 10:00	Introduction to the study	
10:00 - 10:30	Ethical consideration for the study	
10:30 - 11:15	Updates on preparation done till date	
11:15 - 11:30	Break	
11:30 - 13:00	Introduction to Polling Booth Survey	
13:00 - 14:00	Lunch	
14:00 - 16:30	Practice session for PBS	
16:30 - 17:00	Sampling strategy	
17:00	Break	

Day 2

Time	Activity	Facilitator
9:30 - 11:00	Focus Group Discussion	
11:00 - 11:30	Break	
11:30 - 13:00	Practice Session	
13:00 - 14:00	Lunch	
14:00 - 15:00	Individual Interview	
15:00 - 17:00	Practice Session	
17:00	Break	

Day 3

Time	Activity	Facilitator
8:30 - 9:30	Sample collection and Lab procedures	
9:30 - 11:00	Unique identifiers and documentation	
11:00 - 11:30	Break	
11:30 - 12:00	Data safety	
12:00 - 13:30	Simulation of the study	
13:30 - 14:30	Lunch	
14:30 - 16:30	Study planning and developing day wise plan	
16:30 - 17:00	Closure	

Annex 12: Sample location validation tools

12a. Location validation tool for FSW and MSM

Date: _____

DD MM YYYY

Subcounty: _____

Subpopulation: FSW ☐ MSM ☐

Key Informants: FSW ☐ MSM ☐ Other (Specify): _____

Code	Location name	Address	Type of location[1]	Number of persons who meet at this location		Peak days for the location[2]	Peak time for the location[3]
				Min.	Max.		

[1]Type of Location: 1. Street 2. Park 3. Home 4. Casino 5. Bar with lodging 6. Bar without lodging 7. Sex den 8. Strip club 9. Highway 10. Brothel 11. Guest house 12. Massage parlour 13. Brew den 14. Barber shop 15. Salon 16. Alley/ backstreet 17. Bush 18. Toilet 19. Club 20. Other

[2]A-Monday, B-Tuesday, C-Wednesday, D- Thursday, E-Friday, F-Saturday, G-Sunday

[3]A-Morning (6 am – 12pm), B-Afternoon (12pm – 6 pm), C-Evening (6 pm – 12am), D-Night (12am – 6 am)

12b. Location validation tool for AGYW validation tool for AGYW

Country								
Sl. No. (#)	District/ County	Sub District/ Community Council/ Sub county	Village/ Town	Project registration number for AGYW	Year of Registration	Age of Registration	Current age	
							15-17 years	18-24 years

Annex 13: Items required for implementing PBS

1. Cartons-12
2. Red boxes-12
3. Green Boxes-12
4. White Boxes-12
5. Cards-12
6. Tables-2
7. Chairs
8. Folders
9. Consenting forms
10. Batches
11. Name of hotspots
12. Monitoring forms
13. Screening eligibility

Annex 14: PBS implementation plan

This sample ePBS implementation plan is from an ePBS conducted in Nairobi, Kenya, in April 2023.

PBS #	Assigned Day	Date	Team#	PBS lead	PBS lead contact	Supervisor	Type of KP	Sub-county	Sub-county Code	Spot code	Location name	Address	Type code	Typology	Peak day	Peak time	Min Est	Max Est	Avg Est
08	1		3				FSW	A	02				6	Bar without lodging	Sat	Aft	15	30	23
14	1		2				FSW	B	03				5	Bar with lodging	Fri	Eve	10	15	13
15	1		4				FSW	B	03				13	Brew den	Wed	Eve	15	30	23
29	1		1				FSW	C	10				5	Bar with lodging	Wed	Eve	20	30	25
01	2		4				FSW	D	01				1	Street	Fri	Eve	20	30	25
05	2		1				FSW	D	01				6	Bar without lodging	Fri	Aft	20	30	25
26	2		3				FSW	E	09				1	Street	Sat	Eve	17	21	19
48	2		2				FSW	F	14				6	Bar without lodging	Wed	Aft	12	18	15
27	3		2				FSW	E	09				6	Bar without lodging	Sat	Eve	12	21	17
69	3		4				MSM	D	01				13	Brew den	Sat	Aft	15	30	23
79	3		1				MSM	C	10				5	Bar with lodging	Sat	Eve	10	20	15
82	3		3				MSM	C	10				21	Other	Sat	Aft	10	18	14
44	4		4				FSW	G	13				6	Bar without lodging	Fri	Aft	15	20	18
72	4		3				MSM	A	02				5	Bar with lodging	Fri	Aft	15	30	23
84	4		1				MSM	H	15				5	Bar with lodging	Sat	Aft	12	28	21
90	4		2				MSM	I	16				6	Bar without lodging	Fri	Eve	10	20	15

Annex 15: Sample biobehavioural surveys for biological sample collection
15a. Sample biobehavioural survey for female sex workers

Unique Code: _____

DATE: _____

DD MM YYYY

INTERVIEWER NAME: _____

SIGNATURE: _____

Sl	QUESTION	CATEOGRY		SKIP
1	How old are you?	AGE IN COMPLETED YEARS	▢▢	
2	How old were you when you had first sex with a man (vaginal, anal, oral) for money or gifts?	AGE NEVER HAD SEX DON'T KNOW NO ANSWER	▢▢ 95→ 98 99	END
3	How many sex acts do you have in a week?	NUMBER OF SEX ACTS NONE DON'T KNOW NO ANSWER	▢▢ 00 98 99	
4	How many different male clients/ partners have you had in the last one month?	NUMBER OF MALE CLIENTS NONE DON'T KNOW NO ANSWER	▢▢ 00 98 99	
5	Where do you predominantly solicit/ meet/ hook up with your male clients?	PHYSICAL SITES VIRTUAL OTHERS (SPECIFY)	1 2 3	
6	Have you ever taken an HIV test?	YES NO DON'T KNOW NO ANSWER	1 2→ 98 99	11
7	What was the test result of your most recent HIV test?	HIV-POSITIVE HIV-NEGATIVE INDETERMINATE DID NOT RECEIVE RESULT DON'T KNOW REFUSE TO ANSWER DON'T KNOW	1 2 3 4 5 6 98	
8	Have you ever been on ART?	YES NO NO ANSWER	1 2→ 99	11
9	Are you currently on ART?	YES NO NO ANSWER	1 2→ 99	11
10	Have you ever missed taking ARV in the past three months?	YES NO NO ANSWER	1 2 99	
11	Are you currently taking PrEP?	YES NO NO ANSWER	1 2 99	

Sl	QUESTION	CATEOGRY		SKIP
12	How old were you when you first received an HIV prevention, testing or treatment service either from a peer educator or a government facility or NGO?	AGE IN COMPLETED YEARS NOT AWARE OF ANY SERVICES NEVER RECEIVED ANY HIV SERVICES NO ANSWER	▢▢ 1 2 → 99	END
13	What HIV services have you received in the last one year?	PEER EDUCATION CONDOMS LUBRICANTS HIV TESTING PREP PEP ART RISK REDUCTION COUNSELLING VIOLENCE RESPONSE SUPPORT STIGMA RELATED SUPPORT INCOME GENERATION EDUCATION SUBSIDIES MENTAL HEALTH SUPPORT HEALTH EDUCATION STI TREATMENT SRH SERVICES STERILE NEEDLES MAT SERVICES ANY OTHERS (SPECIFY)	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 97	

15b. Sample biobehavioural survey for men who have sex with men

Unique Code: _____

DATE: _____

DD MM YYYY

INTERVIEWER NAME: _____

SIGNATURE: _____

Sl	QUESTION	CATEOGRY	SKIP
1	How old are you?	AGE IN COMPLETED YEARS ☐☐	
2	What is your gender identity?	MAN 1 WOMAN 2 GENDER NON-CONFORMING 3 TRANSGENDER WOMEN 4 TRANSGENDER MAN 5 OTHERS 6	
3	How do you predominantly describe your sexual orientation/identity?	GAY 1 BI SEXUAL 2 HETEROSEXUAL 3 MALE SEX WORKERS 4 OTHERS 5 NO ANSWER 99	
4	How old were you when you had first sex with a man (anal or oral)?	AGE ☐☐ NEVER HAD SEX 95→ DON'T KNOW 98 NO ANSWER 99	END
5	How old were you when you had first sex with a man (anal, oral) for money or gifts?	AGE ☐☐ NEVER HAD SEX FOR EXCHANGE FOR MONEY OF GIFTS 95 DON'T KNOW 98 NO ANSWER 99	
6	How many sex acts do you have in a week?	NUMBER OF SEX ACTS ☐☐ NONE 00 DON'T KNOW 98 NO ANSWER 99	
7	How many different male clients/ partners have you had in the last one month?	NUMBER OF MALE CLIENTS ☐☐ NONE 00 DON'T KNOW 98 NO ANSWER 99	
8	Where do you predominantly solicit/ meet/ hook up with your male clients?	PHYSICAL SITES 1 VIRTUAL 2 OTHERS (SPECIFY) 3	
9	Have you ever taken an HIV test?	YES 1 NO 2→ DON'T KNOW 98 NO ANSWER 99	15

Sl	QUESTION	CATEOGRY		SKIP
10	What was the test result of your most recent HIV test?	HIV-POSITIVE HIV-NEGATIVE INDETERMINATE DID NOT RECEIVE RESULT DON'T KNOW REFUSE TO ANSWER DON'T KNOW	1 2 3 4 5 6 98	
11	Have you ever been on ART?	YES NO NO ANSWER	1 2→ 99	15
12	Are you currently on ART?	YES NO NO ANSWER	1 2→ 99	15
13	Have you ever missed taking ARV in the past three months?	YES NO NO ANSWER	1 2 99	
14	Are you currently taking PrEP?	YES NO NO ANSWER	1 2 99	
15	How old were you when you first received an HIV prevention, testing or treatment service either from a peer educator or a government facility or NGO?	AGE IN COMPLETED YEARS NOT AWARE OF ANY SERVICES NEVER RECEIVED ANY HIV SERVICES NO ANSWER	▢▢ 1 2→ 99	END
16	What HIV services have you received in the last one year?	PEER EDUCATION CONDOMS LUBRICANTS HIV TESTING PREP PEP ART RISK REDUCTION COUNSELLING VIOLENCE RESPONSE SUPPORT STIGMA RELATED SUPPORT INCOME GENERATION EDUCATION SUBSIDIES MENTAL HEALTH SUPPORT HEALTH EDUCATION STI TREATMENT SRH SERVICES STERILE NEEDLES MAT SERVICES ANY OTHERS (SPECIFY)	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 97	

Annex 16: Sample summary table for biological sample collection and testing

Biomarkers	Type of test	Sample type	Test location
HIV diagnosis	Rapid test	Capillary blood	On site
HIV recency	LAg-avidity	Plasma	Laboratory
HIV-1 RNA viral load	C8800/6800	Plasma	Laboratory
PrEP adherence	Tenoforvir test	Urine	On site

Annex 17: Materials required for biological sample collection

1. HIV Testing Kits- at least 20
2. Urine sample Botles-20
3. TDF Kits-20
4. Vacutainers-20
5. Gloves - 40
6. Safety boxes - 1
7. Bin liners - 5
8. Sanitizers - 1
9. Needles + Toniquettes +cotton + Spirit = each 20
10. Masks - 10
11. Pens - 5
12. Bags for outreach
13. Portable lamps in case of blackouts
14. MOH Testing Tools
15. Recency form
16. Timer
17. Basic Medications

Annex 18: Sample informed consent form for focus group discussions with key populations

Consent Form – Focus Group Discussion

Study Title		
Investigator(s)	Full name	
	Phone number	
Study Sponsor(s)	Funder name	

This informed consent form has two parts:

I. Information sheet (to share information about the study with you)
II. Certificate of consent (for signatures if you choose to participate)

You will be given a copy of the full informed consent form

Part I: Information sheet

You are being asked to participate in a focus group discussion as part of the research study _____ (study title). A researcher will talk about this study section with you today. We want you to ask ANY question about ANY part of the study that you do not understand. We will give you this paper to take home with you if you wish.

You can choose if you want to be in the focus group discussion or not. If you say yes, you can also later choose to say no at any time. You do not have to respond to all the questions. Your participation in the focus group discussion will not affect your participation in any other aspects of the study.

Why do we do this study?
Key populations are priority populations for HIV prevention. Understanding the HIV epidemic in this population is essential for planning effective programmes to protect them from HIV. Hence, we are doing this study with female sex workers and men who have sex with men to better understand HIV prevalence and incidence within these communities and other risks and vulnerabilities that they experience. This study section involves a focus group discussion (FGD). The FGD questions will explore barriers to key populations' use of the existing STI/HIV services.

You were invited to do the study because you self-identify as a female sex worker or as a man who has sex with men. In this study section, a total of __ focus group discussions will take place, __ with female sex workers and __ with men who have sex with men, with 10–12 people per group being asked to participate. Participants of every fifth PBS are being requested to participate in the FGD.

What will happen if I choose to participate in the focus group discussion?
- The method of data collection for this portion of the study will be focus group discussions. Focus groups are people who know something about the topic of interest. Focus group discussions are ways of learning people's thoughts and ideas about a specific topic.
- You will be in a group of approximately 10–12 participants.
- Participation in the study will be for one session of approximately one hour.
- There will be a trained researcher who will ask questions and facilitate the discussion. There will be a notetaker who will take notes.
- The group will be asked some questions relating to experiences with barriers to using STI/ HIV services. These questions will help us to better understand gaps in reach, coverage, and use of the existing services.
- The sessions will be recorded using digital audio recorders, and the recordings will be transcribed by the researcher or a professional transcriber to ensure accurate reporting of the information that you provide.

- Transcribers outside the research team will sign a form stating that they will not discuss any item on the tape with anyone other than the researchers.
- At the start of the session everyone will be asked to respect the privacy of the other group members. All participants will be asked not to disclose anything said within the context of the discussion, but it is important to understand that other people in the group with you may not keep all information private and confidential.
- No-one's name will be asked or revealed during the focus group discussion. However, should another participant call you by name, the transcriber will be instructed to remove all names from the transcription.
- The discussion recordings will be safely copied into a computer that is password protected. The transcripts of the discussion will be shared for analysis without the specific identifiers. Recordings and the transcriptions will be destroyed five years after the completion of this study.

What risks can I expect from participating in the focus group discussion?
There are no anticipated physical risks to participants. Focus group members will be asked to keep the information provided in the groups confidential. However, a potential risk that might exist for some would be that information about you might be discussed outside the group by other participants and be traced back to you.

There are very few risks. However, you may find talking about experiences with barriers to utilisation of STI/ HIV services to be upsetting or frustrating. You do not have to answer any question that makes you feel uncomfortable or that you find too upsetting.

Should you need any additional help or support, we will help you to find other counselling help.

If any question makes you feel uncomfortable, you can refuse to answer it. You can terminate your participation in the study at any time. If you do this, you will not be asked to leave the study and you will still receive your honorarium.

Are there any benefits from taking part in this study?
If you choose to participate in this study, there will be benefit to your community, because we will learn more about risks and vulnerabilities among key populations, which can help design interventions and programmes for key populations. In addition, for your participation, you will receive
- free on-site HIV testing and counselling;
- referral to clinics and key population programmes that can give you HIV prevention and treatment information and services; and
- free condoms, lubricant, and information on HIV and STIs.

Will it cost me anything to take part in the study?
There will be no cost to you for participating in the study. You will receive _____if you participate in the focus group discussion.

Will my information be confidential?
Information gathered in this FGD may be published or presented in public forums. However, as we do not collect identifying information during this FGD, your name and other identifying information will not be revealed. Data collected will be kept strictly confidential, on secured servers, password-protected computers, and/or in locked filing cabinets in secure offices for five years following study completion.

Some FGD information will be used by members other than the research team. A data confidentiality agreement will be signed with those members or their institutions. Any information sent out will not show your name or address, or any other identifiable information.

A health research ethics board may review records related to the study for quality assurance purposes.

Must I participate?
Your decision to take part in this FGD is voluntary. You may refuse to participate, or you may withdraw from the FGD at any time. Your decision not to participate or to withdraw from the FGD will not affect you or your access to services in any way.

Whom can I contact?
If you have any questions, you can ask anyone from our team now or later. If you have questions later, you may contact [name of investigator and phone number].

If you have questions about your rights as a study subject, you may contact:

[Name of the Research Officer]
[Address]
[Phone number]

Do you have any questions at this time?

Part II: Certificate of consent

I have read the above information, or it has been read to me. I have had the opportunity to ask questions about it. I have had the opportunity to discuss this research study with the study staff. Any questions that I have asked have been answered in a language I understand to my satisfaction. The risks and benefits have been explained to me. I believe that I have not been unduly influenced by any study team member to participate in the research study by any statements or implied statements. Any relationship (such as employer, supervisor, or family member) I may have with the study team has not affected my decision to participate. I understand that I will be given a copy of this consent form after signing it if I wish to have it. I understand that my participation in this FGD is voluntary and that I may choose to withdraw at any time.

I understand that all possible efforts will be made to keep information regarding my personal identity confidential, but that absolute confidentiality cannot be guaranteed.

By signing this consent form, I have not waived any of the legal rights that I have as a participant in a research study. I consent voluntarily to participate in this FGD.

I agree to participate in the following:

	Circle YES or NO	
I agree to take part in the focus group discussion	YES	NO

Print name of Subject	
Age	
Signature of Subject	
DD/MM/YYYY	

If visually impaired, physically impaired, or illiterate or wish to give verbal consent

I have witnessed the accurate reading of the consent form to the potential study subject, and the individual has had the opportunity to ask questions. I confirm that the individual has given consent freely.

Print Name of Subject	
Age	
Thumb/Foot print of Subject	
Signature of Witness	[A literate witness must sign and should be selected by the study subject and MUST have no connection to the research team]
DD/MM/YYYY	

Statement by the researcher/person taking consent

I confirm that the participant was given an opportunity to ask questions about the study and FGD, and all the questions asked by the study subject have been answered correctly and to the best of my ability. I confirm that the individual has not been coerced into giving consent, and the consent has been given freely and voluntarily.

A copy of this informed consent form has been provided to the participant – YES NO

The participant refused to take a copy of the informed consent form provided – YES NO

Print name of researcher/person taking the consent	
Signature of researcher/person taking the consent	
DD/MM/YYYY	

Annex 19: Sample focus group discussion guide and script (as used in ePBS study with FSW and MSM in April 2023)

You have all participated in a Polling Booth Survey that asked you questions about your experiences with HIV / STI prevention. We are now hoping to talk to you all together to learn more about reasons why some people might have a harder time than others accessing or using HIV / STI prevention services and resources.

When we talk about HIV / STI prevention, we are referring to methods, products, services, or approaches that people can use to reduce their risk of becoming infected with HIV. Common strategies for HIV / STI prevention include using condoms and lubricant during sex; taking pre-exposure prophylaxis (PrEP) or post-exposure prophylaxis (PEP); getting tested for HIV and STI on a regular basis; starting and staying on HIV treatment (ART) as soon as possible after HIV diagnosis; getting treated for STI when experiencing symptoms; using only new needles and syringes when injecting drugs; limiting sharing of other equipment for using drugs (e.g., spoons, pipes); having opioid agonist treatment available (e.g., MAT clinic); having violence prevention and mitigation services available.

Opening Questions

Let's start by talking a bit about your experiences with HIV / STI prevention.

- Have you ever accessed HIV / STI prevention services? Can you tell me a bit about what kinds of HIV / STI prevention you've used?
- Are there certain HIV / STI prevention methods that you use more than others?
- How do you decide which HIV prevention methods you will use? What factors influence those decisions?
  - How do you think other people choose which prevention methods they will use?
- Are there any HIV prevention methods that you know of that have not yet been mentioned?

Key questions related to programme coverage

Availability

- Do you know of any prevention methods that you or your peers would like to use, but are unable to due to unavailability or inaccessibility?
- Are you (or your peers) always able to access prevention supplies and services? If not, why not?
  - What do you do if you are not able to access prevention supplies and services? What are your next steps?
- Where do you (or your peers) usually go to get HIV / STI prevention supplies and services? Do you (or your peers) have to go to many places to meet all your prevention needs?
  - Probe around where participants go for condoms and lube; HIV / STI testing and treatment; PrEP/ PEP; new needles/syringes/equipment; safe space, etc.
- If you could change anything about the way you (or your peers) access or use HIV / STI prevention, what would it be?
  - *Probe around platforms through which prevention methods are available (e.g., facility vs. outreach vs. virtual)*
  - *Probe around proximity and convenience of prevention services (e.g., are prevention service available close enough to home/work? are facility hours acceptable?)*
  - *Probe around acceptability/quality of service providers' behaviours and attitudes. Is it preferable to access prevention services from CBOs?*

Contact

- In general, how often do you seek HIV / STI prevention supplies and services?
- Are you (and your peers) a member of an NGO/CBO/clinic that specialises in HIV / STI prevention?
  - If not, why not?
    - *Possible probes around: (lack of) awareness, confidentiality concerns, experiences of stigma / feeling uncomfortable, having different priorities, feeling it is unnecessary for their situation (perceived need)*
    - If so, how long have you been a member and why did you become a member?
    - How did you come to know about the organisation(s)?

- Have you recommended any of your friends or peers to these organisations?
- What kinds of services are offered through the NGO/CBO? Which ones do you use?
- On average, how often do you (or your peers) go to an NGO/CBO for prevention supplies or services?

Have you ever received HIV prevention supplies or services from a peer educator or an outreach worker?

- If not, why not?
  - *Possible probes around: (lack of) awareness, confidentiality concerns*
- If so, can you tell me a bit about those experiences?
  - *Possible probes around: ORW have adequate supplies, participants' preferences to receive prevention supplies and services through outreach or through facilities, etc.*
- What do you like/dislike about outreach services?
- In what ways does outreach impact how often you can get HIV prevention supplies and services? On average, how often do you get prevention supplies or services from peer educators or outreach workers?

Utilisation

- Have you (or your peers) decided against using a prevention method or service, even if it was available and accessible to you?
  - Can you please tell me a bit more about what lead you to decide against it?
    - *Possible probes around: confidentiality concerns, experiences of stigma (past or present), lack of perceived need, lack of desire, partner / client preference, etc.*
  - Are there any changes that could be made to change your mind about the prevention method / service?
- What are some reasons that you (and your peers) choose to use HIV / STI prevention methods and services?
- Are there certain kinds of prevention supplies and services that you are more likely to use than others?
  - Can you tell me about them?

Closing

The focus group discussion is almost done.

- Is there anything that you would like to share that we have not talk about?
- Do you have any questions for me [facilitator] or others in the group?

Thank you for your time and answers!

Annex 20: Sample analysis plans for PBS with female sex workers, men who have sex with men, and adolescent girls and young women

20a. Analysis Plan – Female Sex Workers

Question	Indicator	Numerator	Denominator
1. The last time you had sex with any paying client, did he use a condom? *If your answer is YES to this question, please drop the card numbered 1 into the GREEN box. If your answer to this question is NO, please drop this card into the RED box.*	Percent used condom at last with any paying client	Number reported YES or the number in the GREEN box	Total number of participants (G+R)
2. During the past 3 month, was there any occasion when you had sex with any paying client without using a condom? *If your answer is YES to this question, please drop the card numbered 2 into the GREEN box. If your answer to this question is NO, please drop this card into the RED box.*	Percent used condom every time with paying client in the past 3 months	Number reported NO or the number in the RED box	Total number of participants (G+R)
3. During the past 12 month, was there a time when you intended to use a condom with any of your sexual partners but did not use it because a condom was not available at that time and place? *If your answer is YES to this question, please drop the card numbered 5 into the GREEN box. If your answer to this question is NO, please drop this card into the RED box.*	Percent had an occasion in the past 3 month when wanted to use a condom with any partner but did not because it was not available at that time and place	Number reported YES or the number in the GREEN box	Total number of participants (G+R)
4. Have you taken an HIV test in the last 12 months? *If your answer is YES to this question, please drop the card numbered 4 into the GREEN box. If your answer to this question is NO, please drop this card into the RED box. If you have never tested for HIV or tested HIV positive before 12 months, please drop this card into the WHITE box.*	Percent taken an HIV test in the past 12 months	Number reported YES or the number in the GREEN box	Total number of participants reported (G+R)
5. Did you take an HIV test during the past 3 months? *If your answer is YES to this question, please drop the card numbered 5 into the GREEN box. If your answer to this question is NO, please drop this card into the RED box. If you have never tested or tested HIV positive before 3 months, drop the card numbered 9 in the WHITE box.*	Percent taken an HIV test in the past 3 months	Number reported YES or the number in the GREEN box	Total number of participants reported (G+R)

Question	Indicator	Numerator	Denominator
6. Was there a time in the last 12 months when you wanted to take an HIV test but could not take it because it was not available or accessible? *If your answer is YES to this question, please drop the card numbered 6 into the GREEN box. If your answer to this question is NO, please drop this card into the RED box. If you have never or tested HIV positive before 12 months, drop the card numbered 6 in the WHITE box.*	Percent had an occasion in the past 12 months when wanted to take an HIV test but did not because it was not available	Number reported YES or the number in the GREEN box	Total number of participants (G+R)
7. Are you living with HIV? [Please note that you DO NOT have to disclose your HIV test result] *If your answer is YES to this question, please drop the card numbered 7 into the GREEN box. If your answer to this question is NO, please drop this card into the RED box. If you have never taken a HIV test or do not know your status drop the card numbered 10 in the WHITE box.*	Percent living with HIV	Number reported YES or the number in the GREEN box	Number of participants reported (G+R)
8. If you are living with HIV, are you enrolled in an ART clinic? *If your answer is YES to this question, please drop the card numbered 8 into the GREEN box. If your answer to this question is NO, please drop this card into the RED box. If you are not living with HIV or do not know the HIV status, please drop this card into the WHITE box.*	Percent PLHIV enrolled in an ART clinic	Number reported YES or the number in the GREEN box	Number of participants reported (G+R)
9. If you are living with HIV are you currently taking ARV (antiretroviral drugs for HIV management)? *If your answer is YES to this question, please drop the card numbered 9 into the GREEN box. If your answer to this question is NO, please drop this card into the RED box. If you are not living with HIV or do not know the HIV status, please drop this card into the WHITE box.*	Percent HIV positives currently taking ARV	Number reported YES or the number in the GREEN box	Number of participants reported (G+R)
10. If you are taking ARV, was there an occasion in the last 12 month when you were unable to take ARV as they were not available or accessible? *If your answer is YES to this question, please drop the card numbered 10 into the GREEN box. If your answer to this question is NO, please drop this card into the RED box. If you are not living with HIV or do not know the HIV status or you are living with HIV but not taking ART, please drop this card into the WHITE box.*	Percent had an occasion in the past 12 months when ARV was not available	Number reported YES or the number in the GREEN box	Total number of participants (G+R)

Question	Indicator	Numerator	Denominator
11. If you are currently taking ARV, have you missed an appointment with ART clinic and 3 months have passed since last appointment? *If your answer is YES, please drop the card numbered 11 into the GREEN box. If your answer is NO, please drop this card into the RED box. If you are not living with HIV or do not know your HIV status or never been on ARV, please drop this card into the WHITE box.*	Percent who missed an appoint with ART clinic in the last 3 months	Number reported YES or the number in the GREEN box	Total number of participants (G+R)
12. In the last 12 months, were you diagnosed with sexually transmitted infections (STIs)? *If your answer is YES to this question, please drop the card numbered 12 into the GREEN box. If your answer to this question is NO, please drop this card into the RED box.*	Percent diagnosed with STIs in the last 12 months	Number reported YES or the number in the GREEN box	Number of participants reported (G+R)
13. In the last 12 months, were you treated for any sexually transmitted infections (STIs)? *If your answer is YES to this question, please drop the card numbered 13 into the GREEN box. If your answer to this question is NO, please drop this card into the RED box. If you never had an STI in the last 3 months, put the card in the WHITE box.*	Percent treated for STIs in the last 12 months	Number reported YES or the number in the GREEN box	Number of participants reported (G+R)
14. In the last 12 months, was there an occasion, when you needed STI treatment but the treatment was not available? *If your answer is YES to this question, please drop the card numbered 14 into the GREEN box. If your answer to this question is NO, please drop this card into the RED box. If you never had an STI in the last 12 months, put the card in the WHITE box.*	Percent had an occasion in the past 12 months when STI treatment was not available	Number reported YES or the number in the GREEN box	Total number of participants (G+R)
15. Have you taken PrEP in the last 12 months? (Moderator to explain clearly what PrEP is) *If your answer is YES to this question, please drop the card numbered 15 into the GREEN box. If your answer to this question is NO, please drop this card into the RED box. If you are living with HIV, please drop your card in the WHITE box.*	Percent taken PrEP in the last 12 months	Number reported YES or the number in the GREEN box	Total number of participants reported (G+R)

Question	Indicator	Numerator	Denominator
16. Are you currently taking PrEP? (Moderator to explain clearly what PrEP is) *If your answer is YES to this question, please drop the card numbered 16 into the GREEN box. If your answer to this question is NO, please drop this card into the RED box. If you have never taken PrEP or are living with HIV, put your card in the white box.*	Percent currently taking PrEP	Number reported YES or the number in the GREEN box	Number of participants reported (G+R) in question 15
17. Was there an occasion in the last 12 months when you wanted to take PrEP but PrEP was not available? *If your answer is YES to this question, please drop the card numbered 17 into the GREEN box. If your answer to this question is NO, please drop this card into the RED box. If you have never taken PrEP or are living with HIV, put your card in the white box.*	Percent had an occasion in the past 12 months when PrEP was not available	Number reported YES or the number in the GREEN box	Number of participants reported (G+R)
18. Have you taken PEP in the last 12 months? (Moderator to explain clearly what PEP is) *If your answer is YES to this question, please drop the card numbered 18 into the GREEN box. If your answer to this question is NO, please drop this card into the RED box. If you have never taken PEP or living with HIV put your card in the white box.*	Percent taken PEP in the last 12 months	Number reported YES or the number in the GREEN box	Number of participants reported (G+R) in question 14
19. During the past 3 months, was there a time when you needed to use PEP but could not use it because PEP was not available at that time and place? *If your answer is YES to this question, please drop the card numbered 19 into the GREEN box. If your answer to this question is NO, please drop this card into the RED box. If you have never or not taken PEP in the last 12 months or living with HIV put your card in the WHITE box.*	Percent had an occasion in the last 3 months when wanted to take PEP but PEP was not available (among those ever taken PEP or negatives)	Number reported YES or the number in the GREEN box	Total number of participants reported (G+R)
20. In the last 3 months, did you ever visit or receive services from the project clinic or DIC or public health facility? *If your answer is YES to this question, please drop the card numbered 20 into the GREEN box. If your answer to this question is NO, please drop this card into the RED box. If you do not know or had never been to the clinic, please drop this card into the WHITE box.*	Percent ever visit or received services from the project clinic/ DIC/public health facility in the last 3 months	Number reported YES or the number in the GREEN box	Total number of participants reported (G+R+W)

Question	Indicator	Numerator	Denominator
21. In the last 3 months, were you met by a peer educator from the programme? *If your answer is YES to this question, please drop the card numbered 21 into the GREEN box. If your answer to this question is NO, please drop this card into the RED box*	Percent ever been contacted by a peer educator from the programme in the last 3 months	Number reported YES or the number in the GREEN box	Total number of participants reported (G+R)
22. In the past 12 months, were you ever beaten up by police and/or city askaris, when you were doing sex work? *If your answer is YES to this question, please drop the card numbered 22 into the GREEN box. If your answer to this question is NO, please drop this card into the RED box. If you have never been beaten up by police and / city askaris when you were doing sex work put your card in the WHITE box.*	Percent ever been beaten up by police and/or city askaris when doing sex work in the past 12 months	Number reported YES or the number in the GREEN box	Total number of participants reported (G+R+W)
23. In the last 12 months, did you receive information on violation of rights and support provided when you experience violence from peer educators, advocacy officers or clinic team? *If your answer is YES to this question, please drop the card numbered 23 into the GREEN box. If your answer to this question is NO, please drop this card into the RED box.*	Percent receiving information on violation of rights and support provided from the peer educators, advocacy officers, or clinic team in the past 12 months	Number reported YES or the number in the GREEN box	Total number of participants reported (G+R+W)
24. In the past 12 months, when you experienced any violence, were you supported by the intervention/ clinic/ DIC? (support means medical, psychological, legal, safety/ shelter, etc.) *If your answer is YES to this question, please drop the card numbered 24 into the GREEN box. If your answer to this question is NO, please drop this card into the RED box. If you did not/have never experienced violence please drop the card in the WHITE box.*	Percent received support from programme/ clinic/DIC when they experienced violence in the past 12 months	Number reported YES or the number in the GREEN box	Total number of participants reported (G+R)
25. In the last 12 months, did you experience discrimination by health care providers due to your sex work identity? *If your answer is YES to this question, please drop the card numbered 25 into the GREEN box. If your answer to this question is NO, please drop this card into the RED box. If you have never experienced discrimination by health care providers then put your card in WHITE box.*	Percent experienced discrimination in the last 12 months by health care provided due to sex work identify	Number reported YES or the number in the GREEN box	Total number of participants reported (G+R+W)

Question	Indicator	Numerator	Denominator
26. In the last 12 months, when you experienced stigma and discrimination, were you supported by the intervention/ clinic/ DIC? (support means medical, psychological, legal, safety/ shelter, etc.) *If your answer is YES to this question, please drop the card numbered 26 into the GREEN box. If your answer to this question is NO, please drop this card into the RED box. If you have never experienced discrimination at the family or community or health care providers, then put your card in WHITE box.*	Percent received support from programme/ clinic/DIC when they experienced stigma and discrimination in the past 12 months	Number reported YES or the number in the GREEN box	Total number of participants reported (G+R)
27. Do you know that having penetrative sex with a man without a condom will increase the risk of contracting HIV? *If your answer is YES to this question, please drop the card numbered 27 into the GREEN box. If your answer to this question is NO, please drop this card into the RED box.*	Percent know that having penetrative sex with a man without condom increases the risk of contracting HIV	Number reported YES or the number in the GREEN box	Total number of participants reported (G+R)
28. Do you know that using ARVs consistently by HIV positive individuals and being virally suppressed reduce the risk of transmitting HIV? *If your answer is YES to this question, please drop the card numbered 28 into the GREEN box. If your answer to this question is NO, please drop this card into the RED box.*	Percent know that using ARVs consistently by HIV positives and being virally suppressed reduces the risk of transmitting HIV	Number reported YES or the number in the GREEN box	Total number of participants reported (G+R)

20b. Analysis Plan – Men Who Have Sex with Men

Question	Indicator	Numerator	Denominator
1. The last time you had anal sex with a non-regular partner, was a condom used? *If your answer is YES to this question, please drop the card numbered 1 into the GREEN box. If your answer to this question is NO, please drop this card into the RED box.*	Percent used condom at last sex with a non-regular partner	Number reported YES or the number in the GREEN box	Total number of participants (G+R)
2. The last time you had anal sex with a non-regular partner, was a lubricant used? *If your answer is YES to this question, please drop the card numbered 2 into the GREEN box. If your answer to this question is NO, please drop this card into the RED box.*	Percent used lubricant at last sex with a non-regular partner	Number reported YES or the number in the GREEN box	Total number of participants (G+R)
3. Have you exchanged anal sex for money or goods with other men in the last 12 months? *If your answer is YES to this question, please drop the card numbered 3 into the GREEN box. If your answer to this question is NO, please drop this card into the RED box.*	Percent exchanged anal sex for money or good with other men in the last 12 months	Number reported YES or the number in the GREEN box	Total number of participants (G+R)
4. The last time you had sex with any paying client, did he use a condom? *If your answer is YES to this question, please drop the card numbered 4 into the GREEN box. If your answer to this question is NO, please drop this card into the RED box. If you have never had a paying client/exchanged sex for money or goods with other men, please drop this card into the WHITE box.*	Percent used condom at last sex with any paying client	Number reported YES or the number in the GREEN box	Total number of participants (G+R)
5. The last time you had sex with any paying client, did he use a lubricant? *If your answer is YES to this question, please drop the card numbered 5 into the GREEN box. If your answer to this question is NO, please drop this card into the RED box. If you have never had a paying client/exchanged sex for money or goods with other men, please drop this card into the WHITE box.*	Percent used lubricant at last sex with any paying client	Number reported YES or the number in the GREEN box	Total number of participants (G+R)
6. During the past 3 month, was there any occasion when you had sex with any sexual partners without using a condom? *If your answer is YES to this question, please drop the card numbered 12 into the GREEN box. If your answer to this question is NO, please drop this card into the RED box.*	Percent used condom everytime with any sexual partners in the past 3 months	Number reported NO or the number in the RED box	Total number of participants (G+R)

Question	Indicator	Numerator	Denominator
7. During the past 12 month, was there a time when you intended to use a condom with any of your sexual partners but did not use it because a condom was not available at that time and place? *If your answer is YES to this question, please drop the card numbered 7 into the GREEN box. If your answer to this question is NO, please drop this card into the RED box.*	Percent had an occasion in the past 12 month when wanted to use a condom with any sexual partner but did not because it was not available at that time and place	Number reported YES or the number in the GREEN box	Total number of participants (G+R)
8. During the past 12 month, was there a time when you intended to use a lubricant with any of your sexual partners but did not use it because lubricant was not available at that time and place? *If your answer is YES to this question, please drop the card numbered 8 into the GREEN box. If your answer to this question is NO, please drop this card into the RED box.*	Percent had an occasion in the past 12 month when wanted to use lubricant with any sexual partner but did not because it was not available at that time and place	Number reported YES or the number in the GREEN box	Total number of participants (G+R)
9. Have you taken an HIV test in the last 12 months? *If your answer is YES to this question, please drop the card numbered 9 into the GREEN box. If your answer to this question is NO, please drop this card into the RED box. If you have never tested for HIV or tested HIV positive before 12 months, please drop this card into the WHITE box.*	Percent ever taken an HIV test in the past 12 months (among those ever taken an HIV test or HIV negative in the past 12 months)	Number reported YES or the number in the GREEN box	Total number of participants reported (G+R)
10. Did you take an HIV test during the past 3 months? *If your answer is YES to this question, please drop the card numbered 10 into the GREEN box. If your answer to this question is NO, please drop this card into the RED box. If you have never tested for HIV or tested HIV positive before 3 months , drop the card numbered 10 in the WHITE box.*	Percent ever taken an HIV test in the past 3 months (among those ever taken an HIV test or HIV negative in the past 3 months)	Number reported YES or the number in the GREEN box	Total number of participants reported (G+R)
11. Was there a time in the last 12 months when you wanted to take an HIV test but could not take it because it was not available or accessible? *If your answer is YES to this question, please drop the card numbered 11 into the GREEN box. If your answer to this question is NO, please drop this card into the RED box. If you have never or tested HIV positive before 12 months, drop the card numbered 11 in the WHITE box.*	Percent had an occasion in the past 12 month when wanted to take a HIV test but did not because it was not available	Number reported YES or the number in the GREEN box	Total number of participants reported (G+R)

Question	Indicator	Numerator	Denominator
12. Are you living with HIV? [Please note that you DO NOT have to disclose your HIV test result] *If your answer is YES to this question, please drop the card numbered 12 into the GREEN box. If your answer to this question is NO, please drop this card into the RED box. If you have never taken a HIV test or do not know your status drop the card numbered 12 in the WHITE box.*	Percent living with HIV	Number reported YES or the number in the GREEN box	Number of participants reported (G+R)
13. If you are living with HIV, are you enrolled in an ART clinic? *If your answer is YES to this question, please drop the card numbered 13 into the GREEN box. If your answer to this question is NO, please drop this card into the RED box. If you are not living with HIV or do not know the HIV status, please drop this card into the WHITE box.*	Percent PLHIV enrolled in an ART clinic	Number reported YES or the number in the GREEN box	Number of participants reported (G+R)
14. If you are living with HIV are you currently taking ARV (Antiretroviral drugs for HIV management)? *If your answer is YES to this question, please drop the card numbered 14 into the GREEN box. If your answer to this question is NO, please drop this card into the RED box. If you are not living with HIV or do not know the HIV status, please drop this card into the WHITE box.*	Percent HIV positives currently taking ARV	Number reported YES or the number in the GREEN box	Number of participants reported (G+R)
15. If you are taking ARV, was there an occasion in the last 12 month when you were unable to take ARV as they were not available or accessible? *If your answer is YES to this question, please drop the card numbered 15 into the GREEN box. If your answer to this question is NO, please drop this card into the RED box. If you are not living with HIV or do not know the HIV status or you are living with HIV but not taking ART, please drop this card into the WHITE box.*	Percent had an occasion in the past 12 months when ARV was not available	Number reported YES or the number in the GREEN box	Total number of participants (G+R)
16. If you are currently taking ARV, have you missed an appointment with ART clinic and 3 months have passed since last appointment? *If your answer is YES, please drop the card numbered 16 into the GREEN box. If your answer is NO, please drop this card into the RED box. If you are not living with HIV or do not know your HIV status or never been on ARV, please drop this card into the WHITE box.*	Percent who missed an appoint with ART clinic in the last 3 months	Number reported YES or the number in the GREEN box	Total number of participants (G+R)

Question	Indicator	Numerator	Denominator
17. In the last 12 months, were you diagnosed with sexually transmitted infections (STIs)? *If your answer is YES to this question, please drop the card numbered 17 into the GREEN box. If your answer to this question is NO, please drop this card into the RED box.*	Percent diagnosed with STIs in the last 12 months	Number reported YES or the number in the GREEN box	Number of participants reported (G+R)
18. In the last 12 months, were you treated for any sexually transmitted infections (STIs)? *If your answer is YES to this question, please drop the card numbered 18 into the GREEN box. If your answer to this question is NO, please drop this card into the RED box. If you never had an STI in the last 3 months, put the card in the WHITE box.*	Percent treated for STIs in the last 12 months	Number reported YES or the number in the GREEN box	Number of participants reported (G+R)
19. In the last 12 months, was there an occasion, when you needed STI treatment but the treatment was not available? *If your answer is YES to this question, please drop the card numbered 19 into the GREEN box. If your answer to this question is NO, please drop this card into the RED box. If you never had an STI in the last 12 months, put the card in the WHITE box.*	Percent had an occasion in the past 12 months when STI treatment was not available	Number reported YES or the number in the GREEN box	Total number of participants (G+R)
20. Have you taken PrEP in the last 12 months? (Moderator to explain clearly what PrEP is) *If your answer is YES to this question, please drop the card numbered 20 into the GREEN box. If your answer to this question is NO, please drop this card into the RED box. If you are living with HIV, please drop your card in the WHITE box.*	Percent taken PrEP in the last 12 months	Number reported YES or the number in the GREEN box	Total number of participants reported (G+R)
21. Are you currently taking PrEP? (Moderator to explain clearly what PreP is) *If your answer is YES to this question, please drop the card numbered 21 into the GREEN box. If your answer to this question is NO, please drop this card into the RED box. If you have never taken PrEP or are living with HIV, put your card in the white box.*	Percent currently taking PrEP	Number reported YES or the number in the GREEN box	Number of participants reported (G+R) in question 15

Question	Indicator	Numerator	Denominator
22. Was there an occasion in the last 12 months when you wanted to take PrEP but PrEP was not available? *If your answer is YES to this question, please drop the card numbered 22 into the GREEN box. If your answer to this question is NO, please drop this card into the RED box. If you have never taken PrEP or are living with HIV, put your card in the white box.*	Percent had an occasion in the past 12 months when PrEP was not available	Number reported YES or the number in the GREEN box	Number of participants reported (G+R)
23. Have you taken PEP in the last 12 months? (Moderator to explain clearly what PEP is) *If your answer is YES to this question, please drop the card numbered 23 into the GREEN box. If your answer to this question is NO, please drop this card into the RED box. If you have never taken PEP or living with HIV put your card in the white box.*	Percent taken PEP in the last 12 months	Number reported YES or the number in the GREEN box	Number of participants reported (G+R) in question 14
24. During the past 3 months, was there a time when you needed to use PEP but could not use it because PEP was not available at that time and place? *If your answer is YES to this question, please drop the card numbered 24 into the GREEN box. If your answer to this question is NO, please drop this card into the RED box. If you have never or not taken PEP in the last 12 months or living with HIV put your card in the WHITE box.*	Percent had an occasion in the last 3 months when wanted to take PEP but PEP was not available (among those ever taken PEP or negatives)	Number reported YES or the number in the GREEN box	Total number of participants reported (G+R)
25. In the last 3 months, did you ever visit or receive services from the project clinic or DIC or public health facility? *If your answer is YES to this question, please drop the card numbered 25 into the GREEN box. If your answer to this question is NO, please drop this card into the RED box. If you do not know or had never been to the clinic, please drop this card into the WHITE box.*	Percent ever visited or received services from the project clinic/ DIC/public health facility in the last 3 months	Number reported YES or the number in the GREEN box	Total number of participants reported (G+R+W)
26. In the last 3 months, were you met by a peer educator from the programme? *If your answer is YES to this question, please drop the card numbered 26 into the GREEN box. If your answer to this question is NO, please drop this card into the RED box*	Percent ever been contacted by a peer educator from the programme in the last 3 months	Number reported YES or the number in the GREEN box	Total number of participants reported (G+R)

Question	Indicator	Numerator	Denominator
27. In the past 12 months, were you ever beaten up by police and/or city askaris, when you were doing sex work? *If your answer is YES to this question, please drop the card numbered 27 into the GREEN box. If your answer to this question is NO, please drop this card into the RED box. If you have never been beaten up by police and / city askaris when you were doing sex work put your card in the WHITE box.*	Percent ever been beaten up by police and/or city askaris when doing sex work in the past 12 months	Number reported YES or the number in the GREEN box	Total number of participants reported (G+R+W)
28. In the last 12 months, did you receive information on violation of rights and support provided when you experience violence from peer educators, advocacy officers or clinic team? *If your answer is YES to this question, please drop the card numbered 28 into the GREEN box. If your answer to this question is NO, please drop this card into the RED box.*	Percent receiving information on violation of rights and support provided from the peer educators, advocacy officers or clinic team in the past 12 months	Number reported YES or the number in the GREEN box	Total number of participants reported (G+R+W)
29. In the past 12 months, when you experienced any violence, were you supported by the intervention/ clinic/ DIC? (support means medical, psychological, legal, safety/ shelter, etc.) *If your answer is YES to this question, please drop the card numbered 29 into the GREEN box. If your answer to this question is NO, please drop this card into the RED box. If you did not/have never experienced violence please drop the card in the WHITE box.*	Percent received support from program/clinic/ DIC when they experienced violence in the past past 12 months	Number reported YES or the number in the GREEN box	Total number of participants reported (G+R)
30. In the last 12 months, did you experience discrimination by health care providers due to your sex work identity? *If your answer is YES to this question, please drop the card numbered 30 into the GREEN box. If your answer to this question is NO, please drop this card into the RED box. If you have never experienced discrimination by health care providers then put your card in WHITE box.*	Percent experienced discrimination in the last 12 months by health care provided due to sex work identify	Number reported YES or the number in the GREEN box	Total number of participants reported (G+R+W)

Question	Indicator	Numerator	Denominator
31. In the last 12 months, when you experienced stigma and discrimination, were you supported by the intervention/ clinic/ DIC? (support means medical, psychological, legal, safety/ shelter etc) *If your answer is YES to this question, please drop the card numbered 31 into the GREEN box. If your answer to this question is NO, please drop this card into the RED box. If you have never experienced discrimination at the family or community or health care providers, then put your card in WHITE box.*	Percent received support from programme/ clinic/DIC when they experienced stigma and discrimination in the past 12 months	Number reported YES or the number in the GREEN box	Total number of participants reported (G+R)
32. Do you know that having penetrative sex with a man without a condom will increase the risk of contracting HIV? *If your answer is YES to this question, please drop the card numbered 32 into the GREEN box. If your answer to this question is NO, please drop this card into the RED box.*	Percent know that having penetrative sex with a man without condom increases the risk of contracting HIV	Number reported YES or the number in the GREEN box	Total number of participants reported (G+R)
33. Do you know that using ARVs consistently by HIV positive individuals and being virally suppressed reduce the risk of transmitting HIV? *If your answer is YES to this question, please drop the card numbered 33 into the GREEN box. If your answer to this question is NO, please drop this card into the RED box.*	Percent know that using ARVs consistently by HIV positives and being virally suppressed reduces the risk of transmitting HIV	Number reported YES or the number in the GREEN box	Total number of participants reported (G+R)

20c. Analysis Plan – Adolescent Girls and Young Women

Question	Indicator	Numerator	Denominator
1. Have you ever attended/enrolled in school? *If your answer is YES, please drop the card numbered 1 into the GREEN box. If your answer is NO, please drop the card into the RED box.*	Percent ever attended /enrolled in school	Number reported YES or the number in the GREEN box	Total number of participants (G+R)
2. Are you currently attending/enrolled in school? (Closure of schools does not mean that one is not currently in school) *If your answer is YES, please drop the card numbered 2 into the GREEN box. If your answer is NO, please drop this card into the RED box. If you have never attended school, please drop this card into the WHITE box*	Percent currently attending/enrolled in school	Number reported YES or the number in the GREEN box	Total number of participants (G+R+W)
	Percent ever attended/enrolled in school currently attending	Number reported YES or the number in the GREEN box	Total number of participants (G+R)
3. Have you ever dropped out of school? *If your answer is YES, please drop the card numbered 3 into the GREEN box. If your answer is NO, please drop this card into the RED box. If you have never attended school, please drop this card into the WHITE box.*	Percent ever attended school dropped out of school	Number reported YES or the number in the GREEN box	Total number of participants reported (G+R)
4. If you ever dropped out of school, did you drop out in the last 12 months? *If your answer is YES, please drop the card numbered 4 into the GREEN box. If your answer is NO, please drop this card into the RED box. If you have never attended school or never dropped out of school, please drop this card into the WHITE box.*	Percent ever attended school dropped out in the past 12 months	Number reported YES or the number in the GREEN box	Number of participants reported (G+R) in question 3
5. Have you ever had sex? *If your answer is YES, please drop the card numbered 5 into the GREEN box. If your answer is NO, please drop this card into the RED box.*	Percent ever had sex	Number reported YES or the number in the GREEN box	Number of participants reported (G+R)
6. Did you have sex in the last 12 months? *If your answer is YES, please drop the card numbered 6 into the GREEN box. If your answer is NO, please drop this card into the RED box. If you have never had sex, please drop this card into the WHITE box.*	Percent ever had sex in the last 12 months	Number reported YES or the number in the GREEN box	Number of participants reported (G+R+W)

Question	Indicator	Numerator	Denominator
7. During the last 12 months, did you have sex with more than one person? *If your answer is YES, please drop the card numbered 7 into the GREEN box. If your answer is NO, please drop this card into the RED box. If you have never had sex or never had sex in the last 12 months, please drop this card into the WHITE box.*	Percent had sex with multiple partners in the last 12 months	Number reported YES or the number in the GREEN box	Number of participants reported (G+R+W)
8. The last time you had sex with a non – marital/ non cohabiting partner, was a condom used? *If your answer is YES, please drop the card numbered 8 into the GREEN box. If your answer is NO, please drop this card into the RED box. If you have never had sex or never had a non – marital/ non cohabiting partner, please drop this card into the WHITE box.*	Percent used condom at last sex with a non-marital/non cohabiting partner	Number reported YES or the number in the GREEN box	Number of participants reported (G+R)
9. During the past 12 months, when you had sex with non-marital/ non-cohabiting partner, was there any occasion you did not use a condom? (Inconsistency in condom use) *If your answer is YES, please drop the card numbered 9 into the GREEN box. If your answer is NO, please drop this card into the RED box. If you have never had sex or never had a non-marital/non-cohabiting partner in the last 12 months, please drop this card into the WHITE box.*	Percent always used condom in the past 12 months with non-marital/non-cohabiting partner	Number reported NO or the number in the RED box	Number of participants reported (G+R)
10. During the past 12 months, was there a time when you intended to use a condom with any of your sexual partners but did not use it because a condom was not available at that time and place? *If your answer is YES, please drop the card numbered 10 into the GREEN box. If your answer is NO, please drop this card into the RED box. If you have never had sex or did not have sex in the last 12 months, please drop this card into the WHITE box*	Percent had an occasion in the past 12 months when wanted to use a condom with any partner but did not because it was not available at that time and place	Number reported YES or the number in the GREEN box	Number of participants reported (G+R)
11. During the past 12 months, was there a time when you wanted to use condoms during sex with any of your sexual partners but did not because the sexual partner did not want to wear a condom? *If your answer is YES, please drop the card numbered 11 into the GREEN box. If your answer is NO, please drop this card into the RED box. If you have never had sex, did not have sex in the last 12 months, please drop this card into the WHITE box*	Percent had an occasion in the past 12 months when wanted to use a condom with any partner but did not because partner did not want to use	Number reported YES or the number in the GREEN box	Number of participants reported (G+R)

Question	Indicator	Numerator	Denominator
12. Did you take PrEP in the last 12 months? *If your answer is YES, please drop the card numbered 12 into the GREEN box. If your answer is NO, please drop this card into the RED box*	Percent ever taken PrEP in the last 12 months	Number reported YES or the number in the GREEN box	Total number of participants reported (G+R)
13. Are you currently taking PrEP? *If your answer is YES, please drop the card numbered 13 into the GREEN box. If your answer is NO, please drop this card into the RED box. If you have never taken PrEP, please drop this card into the WHITE box*	Percent currently taking PrEP	Number reported YES or the number in the GREEN box	Total number of participants reported (G+R+W)
14. Was there an occasion in the last 12 months when you wanted to take PrEP but PrEP was not available? *If your answer is YES to this question, please drop the card numbered 14 into the GREEN box. If your answer to this question is NO, please drop this card into the RED box. If you have never taken PrEP or are living with HIV, put your card in the white box.*	Percent had an occasion in the last 12 months when wanted to take PrEP but PrEP was not available (among those ever taken PrEP or negatives)	Number reported YES or the number in the GREEN box	Number of participants reported (G+R)
15. Have you ever had a lover/ boyfriend/ husband? *If your answer is YES, please drop the card numbered 15 into the GREEN box. If your answer is NO, please drop this card into the RED box*	Percent ever had a lover/boyfriend/ husband	Number reported YES or the number in the GREEN box	Total number of participants reported (G+R)
16. In the past 12 months, have you experienced violence from your lover/ boyfriend/ husband? *If your answer is YES, please drop the card numbered 16 into the GREEN box. If your answer is NO, please drop this card into the RED box. If you have never had a lover/boyfriend/husband, please drop this card into the WHITE box*	Percent ever experienced violence in the past 12 months from lover/ boyfriend/ husband	Number reported YES or the number in the GREEN box	Number of participants reported (G+R)
17. The last time when you experienced any form of violence, did you receive support? *If your answer is YES, please drop the card numbered 17 into the GREEN box. If your answer is NO, please drop this card into the RED box. If you have never experienced violence, please drop this card into the WHITE box*	Percent received support when they last experienced any form of violence	Number reported YES or the number in the GREEN box	Number of participants reported (G+R)

Question	Indicator	Numerator	Denominator
18. Does your family treat the boys and girls in the family equally? *If your answer is YES, please drop the card numbered 18 into the GREEN box. If your answer is NO, please drop this card into the RED box*	Percent reported as their family treat boys and girls in the family equally	Number reported YES or the number in the GREEN box	Total number of participants reported (G+R)
19. Does your school treat the boys and girls equally? *If your answer is YES, please drop the card numbered 19 into the GREEN box. If your answer is NO, please drop this card into the RED box. If you have never attended school/ don't know, please drop this card into the WHITE box*	Percent reported as their school treat boys and girls equally	Number reported YES or the number in the GREEN box	Number of participants reported (G+R)
20. Did you experience negative treatment/discrimination at home in the last 12 months because you are a girl? *If your answer is YES, please drop the card numbered 20 into the GREEN box. If your answer is NO, please drop this card into the RED box*	Percent experienced negative treatment/ discrimination at home in the last 12 months because of a girl	Number reported YES or the number in the GREEN box	Total number of participants reported (G+R)
21. Did you experience negative treatment/discrimination in the school in the last 12 months because you are a girl? *If your answer is YES, please drop the card numbered 21 into the GREEN box. If your answer is NO, please drop this card into the RED box. . If you have never attended school/ don't know, please drop this card into the WHITE box*	Percent experienced negative treatment/ discrimination at school in the last 12 months because of a girl	Number reported YES or the number in the GREEN box	Number of participants reported (G+R)
22. Do you receive scholarship/ financial support to attend school/ vocational training? *If your answer is YES, please drop the card numbered 22 into the GREEN box. If your answer is NO, please drop this card into the RED box. If you have never attended school /vocational training, please drop this card into the WHITE box*	Percent receive scholarship/ financial support to attend school/ vocational training	Number reported YES or the number in the GREEN box	Number of participants reported (G+R)
23. Are you a member of a support/ life skills group in school/ community? *If your answer is YES, please drop the card numbered 23 into the GREEN box. If your answer is NO, please drop this card into the RED box.*	Percent member of a support/life skills group in school/community	Number reported YES or the number in the GREEN box	Total number of participants reported (G+R)

Question	Indicator	Numerator	Denominator
24. Do you currently engage in work that gives you income? *If your answer is YES, please drop the card numbered 24 into the GREEN box. If your answer is NO, please drop this card into the RED box*	Percent engage in work that gives income	Number reported YES or the number in the GREEN box	Total number of participants reported (G+R)
25. In the last 12 months, have you been pregnant or had a child? *If your answer is YES, please drop the card numbered 25 into the GREEN box. If your answer is NO, please drop this card into the RED box. If you have never been pregnant, please drop this card into the WHITE box*	Percent ever being pregnant or had a child Percent being pregnant or had a child in the last 12 months	Number reported GREEN or RED Number reported GREEN	Total number of participants reported (G+R+W) Total number of participants reported (G+R+W)
26. When you were pregnant or had a child in the last 12 months, was it planned? *If your answer is YES, please drop the card numbered 26 into the GREEN box. If your answer is NO, please drop this card into the RED box. If you have never been pregnant, please drop this card into the WHITE box*	Among those were pregnant or a child in the past 12 months, percent had planned it	Number reported YES or the number in the GREEN box	Number of participants reported (G+R)
27. Are you currently using contraceptives? *If your answer is YES, please drop the card numbered 27 into the GREEN box. If your answer is NO, please drop this card into the RED box.*	Percent currently using contraceptives	Number reported YES or the number in the GREEN box	Total number of participants reported (G+R)
28. Have you had an abortion? *If your answer is YES, please drop the card numbered 28 into the GREEN box. If your answer is NO, please drop this card into the RED box. If you have never been pregnant, please drop this card into the WHITE box.*	Percent ever had an abortion Among those ever being pregnant, percent had an abortion	Number reported YES or the number in the GREEN box Number reported YES or the number in the GREEN box	Total number of participants reported (G+R+W) Total number of participants reported (G+R)
29. Did you take an HIV test during the past 12 months? *If your answer is YES, please drop the card numbered 29 into the GREEN box. If your answer is NO, please drop this card into the RED box. If you have never been tested for HIV, please drop this card into the WHITE box*	Percent ever taken an HIV test in the past 12 months	Number reported YES or the number in the GREEN box	Total number of participants reported (G+R+W)

Question	Indicator	Numerator	Denominator
30. Was there a time in the last 12 months when you wanted to take an HIV test but could not take it because it was not available or accessible? *If your answer is YES to this question, please drop the card numbered 30 into the GREEN box. If your answer to this question is NO, please drop this card into the RED box. If you have never or tested HIV positive before 12 months, drop the card numbered 6 in the WHITE box*	Percent had an occasion in the last 12 months when wanted to take an HIV test but could not because it was not available or accessible	Number reported YES or the number in the GREEN box	Number of participants reported (G+R)
31. Are you living with HIV? *If your answer is YES, please drop the card numbered 31 into the GREEN box. If your answer is NO, please drop this card into the RED box. If you have never taken an HIV test or do not know your HIV status, please drop the card in the WHITE box*	Percent living with HIV	Number reported YES or the number in the GREEN box	Number of participants reported (G+R)
32. If you are living with HIV, have you ever been enrolled into an ART programme (Any service, government or private, providing treatment for HIV)? *If your answer is YES, please drop the card numbered 32 into the GREEN box. If your answer is NO, please drop this card into the RED box. If you are not living with HIV or do not know your HIV status, please drop this card into the WHITE box*	Percent HIV positives enrolled into an ART programme	Number reported YES or the number in the GREEN box	Number of participants reported (G+R)
33. If you are living with HIV are you currently taking ARV (Antiretroviral drugs for HIV management)? *If your answer is YES, please drop the card numbered 33 into the GREEN box. If your answer is NO, please drop this card into the RED box. If you are not living with HIV or do not know your HIV status, please drop this card into the WHITE box*	Percent HIV positives currently on ARV	Number reported YES or the number in the GREEN box	Number of participants reported (G+R)
34. If you are taking ARV, was there an occasion in the last 12 month when you were unable to take ARV as they were not available or accessible? *If your answer is YES to this question, please drop the card numbered 34 into the GREEN box. If your answer to this question is NO, please drop this card into the RED box. If you are not living with HIV or do not know the HIV status or you are living with HIV but not taking ART, please drop this card into the WHITE box.*	Percent had an occasion in the last 12 months when unable to take ARV as it was not available or accessible	Number reported YES or the number in the GREEN box	Number of participants reported (G+R)

Question	Indicator	Numerator	Denominator
35. If you are currently taking ARV, have you missed an appointment with ART clinic and 3 months have passed since last appointment? *If your answer is YES, please drop the card numbered 35 into the GREEN box. If your answer is NO, please drop this card into the RED box. If you are not living with HIV or do not know your HIV status or never been on ARV, please drop this card into the WHITE box.*	Percent missed an appointment with ART clinic and had 3 months passed since last appointment	Number reported YES or the number in the GREEN box	Number of participants reported (G+R)
36. Have you been reached (accessed services) by an AYGW programme in the last 12 months? *If your answer is YES, please drop the card numbered 36 into the GREEN box. If your answer is NO, please drop this card into the RED box*	Percent been reached (accessed services) by an AGYW programme in the last 12 months	Number reported YES or the number in the GREEN box	Total number of participants reported (G+R)
37. Do you know that having penetrative sex with a man without a condom will increase the risk of contracting HIV? *If your answer is YES to this question, please drop the card numbered 37 into the GREEN box. If your answer to this question is NO, please drop this card into the RED box.*	Percent know that having penetrative sex with a man without a condom increases the risk of contracting HIV	Number reported YES or the number in the GREEN box	Total number of participants reported (G+R)
38. Do you know that using ARVs consistently by HIV positive individuals and being virally suppressed reduce the risk of transmitting HIV? *If your answer is YES to this question, please drop the card numbered 38 into the GREEN box. If your answer to this question is NO, please drop this card into the RED box.*	Percent know that using ARV consistently by HIV positive individuals and being virally suppressed reduce the risk of HIV transmission	Number reported YES or the number in the GREEN box	Total number of participants reported (G+R)

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