



Measuring Venue-Based Risk: A Programmatic Mapping Study of Key Populations in Khomas Region, Namibia

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ABBREVIATIONS

ART	antiretroviral therapy
FSW	female sex worker
IBBSS	Integrated Biological Behavioural Surveillance Survey
KP	key population
MOHSS	Ministry of Health and Social Services
MSM	men who have sex with men
PEPFAR	United States President's Emergency Plan for AIDS Relief
PLACE	Priorities for Local AIDS Control Efforts
SFH	Society for Family Health
STI	sexually transmitted infection
TB	tuberculosis
TG	transgender
USAID	United States Agency for International Development

EXECUTIVE SUMMARY

Namibia has a generalized HIV epidemic, but certain populations experience a greater disease burden and risk for infection based on their behaviour. Most notably, female sex workers (FSWs), transgender (TG) women, and men who have sex with men (MSM) have higher prevalence rates compared to the general population. Previous studies have examined these populations through their social networks, but this study used a time-location sampling method to (1) identify places where key populations (KP) socialize and can be reached with outreach services and (2) calculate the size of the populations for FSWs, MSM, and TG women in Windhoek, Namibia. The study was designed to provide results to inform KP programming, both in reach and type. It aligns with the goal of the United States Agency for International Development (USAID) to control the HIV epidemic; the goal of the United States President's Emergency Plan for AIDS Relief (PEPFAR) to “do the right things in the right places at the right times”; and the global 90-90-90 targets, established by the Joint United Nations Programme on HIV/AIDS.¹

The study, designed by the USAID- and PEPFAR-funded MEASURE Evaluation, is based on the Priorities for Local AIDS Control Efforts (PLACE) method (MEASURE Evaluation, 2001). The method has multiple steps. The first step is to ask community informants where people go to socialize and meet new sexual partners. The second step is to map and verify those spots with informants who are knowledgeable about the spots. The last step is to conduct interviews with patrons and workers one by one at those spots and collect data on the respondent's knowledge, attitudes, and behaviour. Although FSWs, MSM, and TG women were the populations of interest for our study, they were not targeted or asked to self-identify. This allowed for a less stigmatizing process and for data to be collected with the general population at those spots.

Five hundred seven community informant interviews were conducted, in which the informants identified 173 unique spots in the nine constituencies of Windhoek where people (notably KPs) socialize and meet sexual partners. Then, 145 of those spots were verified through interviews at 129 spots with spot informants. Afterwards, patrons and workers were interviewed at those same spots.

Most spots identified by community informants and then verified were bars (both formal and informal), street sites, and shopping centres. According to spot informants, FSWs frequented half of those spots; MSM frequented 28 percent of them; and TG women frequented 61 percent of them. Respondents said that women met new sexual partners at 72 percent of spots and men met new partners at 61 percent of spots. People have sex on-site at 17 percent of spots. At 58 percent of spots there had never been any HIV/AIDS prevention activity. Of the spots that had had any prevention activities in the past six months, for the largest proportion, that activity was condom distribution. Only 6 percent of spots had had HIV testing in the past six months.

Key population members were identified based on their answers to behavioural questions (e.g., received cash for sex in the past six months) and were identified in the data from 59 spots out of the 129 spots visited for interviews with patrons and workers at those spots. Out of a sample of 987 respondents, 42 FSWs, 41 MSM, and five TG women were interviewed. Because the size of the sample of TG women was small, it is difficult to generalize about the entire population of TG women. The largest proportion of all respondent groups visited the interview spot every day, and most said they were there to socialize or drink alcohol. A small proportion (17.5 percent) were looking for a sexual partner. Additionally,

¹ By 2020, 90 percent of those with HIV will have been diagnosed, 90 percent of those diagnosed will be on antiretroviral therapy, and 90 percent of those in treatment will be virally suppressed (<http://www.unaids.org/en/resources/documents/2017/90-90-90>).

approximately half of all respondents drank alcohol daily, or almost daily, with FSWs more likely to report daily alcohol use.

Most respondents had been sexually active in the past 12 months. Female sex workers had the largest average number of partners—16.3 partners, in comparison with 9.5 for MSM and 5.3 for the general population. Female sex workers also most often reported meeting a sexual partner at the place of the interview. FSWs had the highest rates of reporting sex without a condom in the past six months (80 percent for vaginal sex and 68 percent for anal sex). Sixty-four percent of all respondents had used a condom at last sex. Slightly more than that—70 percent—had accessed condoms for free in the past six months.

Transactional sex was reported by all population groups. One out of 10 respondents had paid a woman for sex in the past six months. One in four MSM had received cash for sex, and 3.4 percent of the general population had been paid for sex in the past month. An even larger proportion of all groups except FSWs had received gifts or other goods for sex in the same period. Slightly more than half of FSWs identified themselves as sex workers (55.9 percent) whereas 7.6 percent of MSM and 0.8 percent of the general population see themselves as such did so, despite not engaging in sex work in the past six months.

Respondents were asked about their health-seeking behaviour. Close to half had been tested for a sexually transmitted infection (STI) in the past year and 13 percent had been tested for tuberculosis (TB). Nearly 7 in 10 respondents had been tested for HIV in the past year, with MSM and general population members having the highest rates of testing in the past six months. This study collected only self-reported HIV status. FSWs reported a prevalence of 8.7 percent; MSM, 4.4 percent; TG women, 0 percent; and the general population, 2.6 percent.

Population size estimates were calculated based on spot-visiting behaviour and network sizes for KPs. The data show size estimates for FSWs ranging from 907 to 3,565. An initial estimate for the MSM population in Windhoek was 529 to 1,063. These estimates need further verification from stakeholders.

Stakeholders can use these study results to design and implement targeted outreach and prevention activities for KPs in Windhoek. These data suggest that FSWs are at greatest risk for acquiring HIV based on individual behaviour, but they also suggest that it is not just KP members who take risks in their sexual behaviour and partnerships. These data can help KP programs target their activities to the places where KP members can be found and highlight specific areas where prevention could be improved, such as testing, condom education, and linking to health services.

INTRODUCTION

With a generalized epidemic and an estimated adult HIV prevalence rate of 14 percent (Demographic and Health Survey, 2014), HIV is a major cause of death in Namibia. Certain subpopulations face much higher rates of HIV. Notably, the 2013 HIV Integrated Biological Behavioural Surveillance Survey (IBBSS) found FSWs in Windhoek have elevated prevalence compared to the general population (39.3%, according to the IBBSS). HIV prevalence among MSM was estimated at 20.9% in Windhoek (Ministry of Health and Social Services [MOHSS], 2014). Though transgender prevalence rates have not been studied independently of MSM, it is anticipated that their rates are equally elevated.

Sex workers and MSM are due special attention, and the *National Strategic Framework for HIV and AIDS Response in Namibia 2010/11–2015/16* addresses this need. It recognized a “lack of evidence base and empirical data on certain vulnerable groups such as MSM, sex workers, and prisoners that limit the ability to provide appropriate services.” To improve activities that focus on KPs, programs and researchers must understand where KPs are and how many can be served by outreach activities.

With an increased focus on KPs promised in the forthcoming National Strategic Framework, data are necessary in the areas where the biggest impact can be made. Windhoek, the largest city in Namibia, contains the largest share of KPs that can and should be reached with prevention services.

Previous size estimates calculated using respondent-driven sampling suggest an MSM population in Windhoek of 2,416 and an FSW population of 3,000 (IBBS, 2013). These figures are useful in understanding the KPs that can be reached through social networks, but KP programs can benefit from knowing specific locations where KPs can be reached with HIV prevention services, how many can be found at those types of spots, and whether individuals identify as KP members or not. In addition, TG people need to be treated as a separate group from MSM, with results reported specifically for them.

The study aim was to calculate the population size estimates for MSM, FSWs, and TG women in Windhoek City, in the Khomas region. The data will be used to improve program design for KP outreach with the intention of linking high-risk groups to services. Specifically, the study identified spots in Windhoek where KPs socialize and meet new sexual partners, and it described the typology of those sites. Next, the study used site-visiting behaviour of KPs to estimate the population size for MSM, FSWs, and TG women. The study also recorded behavioural characteristics both of KPs and others who socialize at high-risk venues.

The study was done under the auspices of the MOHSS and implemented by the Society for Family Health of Namibia, with technical assistance from MEASURE Evaluation, which is funded by the United States Agency for International Development (USAID) and the United States President’s Emergency Plan for AIDS Relief (PEPFAR). This research aligns with the USAID and PEPFAR goal of controlling the HIV epidemic and the global 90-90-90 goals.² Fieldwork was completed in September and October of 2017.

Programs at the local level can use the data collected from this study to better target their outreach activities to places where KPs can be found and reached with the available mapping data. The data will also help stakeholders develop appropriate targets for the reach of their programs. The survey data will also provide insight into the risk behaviours of KPs and where education and services can better meet the needs of KPs. Ultimately, these data have the potential to curb the epidemic in Namibia, by informing programs that address the epidemic’s drivers.

² The Joint United Nations Programme on HIV/AIDS established the following goals, referred to as 90-90-90: By 2020, 90% of all people living with HIV will know their HIV status. By 2020, 90% of all people with diagnosed HIV infection will receive sustained antiretroviral therapy. By 2020, 90% of all people receiving antiretroviral therapy will have viral suppression (<http://www.unaids.org/en/resources/documents/2017/90-90-90>).

METHODS

This study follows the basic methods of the Priorities for Local AIDS Control Efforts (PLACE) method. PLACE is a cross-sectional data collection technique that recruits participants from spots where study populations socialize. It is a venue-based sampling method to identify where high-risk populations can be reached with HIV outreach services. PLACE identifies and maps venues where people meet new sexual partners, selects a probability sample of venues, and recruits participants from sampled venues.

Study Planning & Preparation

The initial plans for the study were shared with the MOHSS's KP technical working group, whose members are government, bilateral, and nongovernmental organization (NGO) stakeholders working with KPs. The KP technical working group provided essential input on topics such as the priority area for data collection, definitions of priority populations, and content areas to include in the survey. The priority location selected was Windhoek. Content areas for the survey focused on risk behaviours and access to health services. The priority populations identified were FSWs, MSM, and TG women. Specific operational definitions of these populations are as follows:

Table 1. Definitions of key populations

Key population	Definitions
Female sex workers	Women who received money in exchange for sex in the six months prior to the study
Men who have sex with men	Men who had sex with another man in the six months prior to the study
Transgender people	People who currently identify as a gender different from their sex assigned at birth (Note: Transgender women and men may be differentiated at points in the report.)

Additionally, during preparation, the study team met with the relevant KP organizations one by one to seek insight into the sensitivities of the KP groups, gather information on spots that they had previously identified to be frequented by KPs, and receive advice on the best methods for collecting data with KP groups.

PLACE Study Design

Community Informant Interviews

Community informant interviews were conducted with members of the community throughout the nine constituencies of Windhoek who are knowledgeable about social activities in the area. Community informants represented a wide variety of community members such as taxi drivers, shop owners, market workers, youth, and police officers among others. Community informants were approached, asked if they would participate, and then asked about where people meet new sexual partners in the area. They were asked specifically about where KPs socialize and meet new sexual partners. Community informants provided names and locations of these public places. Five hundred seven community informants were interviewed across the constituencies with varying sample sizes depending on the population of the

individual constituency. The 507 community informants mentioned 173 unique spots where people socialize and meet new sexual partners in Windhoek.

Spot Informant Interviews

Each of the spots mentioned by the community informants was eligible for inclusion in the next step of data collection, spot verification through spot informant interviews. This phase of data collection was to verify that the spot exists and is functional and to collect data on the characteristics of the spot through a knowledgeable spot informant. Most often, spot informants were managers, owners, or employees but may also be a frequent visitor or patron. Spot informant interviews include questions about the following aspects of the spot: its physical characteristics, the quantity and types of patrons and workers present, the busy times, the social activities that take place there, and the HIV-prevention activities that have taken place at the spot. Interviews with spot informants were attempted at all eligible spots, and 145 spots completed a spot verification interview.

Patron and Worker Interviews

Each of the spots mentioned by the community informants was eligible for inclusion in the next step of data collection. Patron and worker interviews were completed at 129 spots. This phase of data collection is to interview individuals about their personal behaviour, knowledge, and attitudes. Individuals socializing or working at the pre-identified spots during a busy time were randomly sampled, consented, and were interviewed by trained interviewers. Respondents were asked a yes-or-no question about several high-risk behaviours to gauge their level of risk. Only people who responded positively to a series of risky behaviours were eligible to complete the full interview.

All data were collected on tablets. Patron and worker interviews include questions on sociodemographic characteristics, sexual behaviour, sexual partnerships, health-seeking behaviour, symptoms of STIs, and behaviour that increases the risk of acquiring HIV and other STIs. Members of KP were not asked to self-identify, nor were they targeted during data collection; instead, they were identified during analysis of the data, based on their responses to questions about sexual behaviour.

Eligibility Criteria

Those younger than 18 years of age were ineligible to respond as community informants or spot informants. Those below age 15 were ineligible to respond as a patron or worker respondent. Additionally, respondents were asked whether they had any of the following in the past three months:

- More than three sexual partners
- Anal sex with anyone
- Fever for two weeks
- Pain when urinating

If they had not had any of the above in the past three months, they were ineligible. There were no other criteria for exclusion.

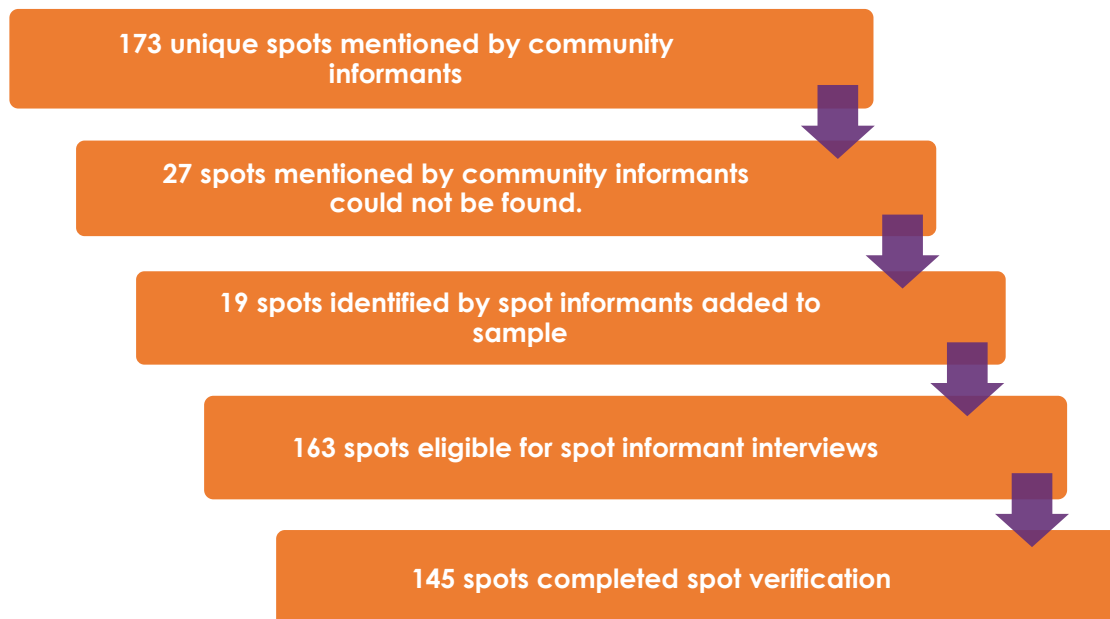
Study Setting

The study took place in Windhoek, in the Khomas Region of Namibia. All constituencies other than Windhoek Rural were included in the study. The constituencies of Windhoek were used as organizational demarcations for the purposes of study management but were not used as units of analysis.

Sampling

Spot Sampling

Figure 1. Site verification/spot informant interview sampling



All spots identified during community informant interviews were eligible for inclusion in the study, independent of how many times it was mentioned by community informants. Spot verification was attempted at all spots identified by community informants, but not all spots were eligible. Spots that could not be found, were not public places, or were closed or otherwise unavailable did not complete spot verification. During spot verification, respondents were asked about other places, such as the spot of the interview, where people socialize and meet new sexual partners. These additional spots were also included in spot verification.

All spots that were verified and deemed eligible for individual patron and worker interviews were visited during a busy time to conduct patron and worker interviews. Patron and worker interviews could not be completed at all verified spots, because of spot management that would not consent, closures, and other activities that made the site unavailable.

Respondent Sampling

Patron and worker respondents were randomly selected from the people at the selected spot during a busy time. Interviewers had a goal of interviewing 10 people per spot. If there were fewer than 10 people at the spot during interviews, then there was no random selection, and everyone was eligible. If there were more than 10 people at the spot, respondents were randomly selected, either by dividing the room into segments and sampling within those segments, or by conducting fixed interval sampling of patrons entering the space.

Data Collection

Training of Interviewers

A group of 23 interviewers, supervisors, and coordinators were trained in mid-August 2017. Topics for the two-day training included human subjects research ethics, interviewing techniques, consent processes, and processes for implementing the study protocol. In addition, interviewers received a two-day refresher training in early September 2017, owing to a delay in the start of fieldwork.

Fieldwork

Study fieldwork was coordinated and managed by the Society for Family Health (SFH) Namibia. Four teams of four interviewers and one supervisor completed the fieldwork in 20 days between September and October of 2017. This included community informant interviews, spot informant interviews, and patron and worker interviews. All data were collected on tablets, except for community informant data, which were collected on paper forms.

Quality Assurance

Routine monitoring by the study coordinators and team supervisors ensured data quality. A clear communication structure between team supervisors and the coordinators was established to allow daily reporting and problem solving. Supervisors reported daily activity and met with the coordinators every two days and held an all-team meeting every week during data collection. In addition to the in-person quality assurance, uploaded data were reviewed to identify any potential issues that could be addressed during fieldwork.

Ethical Considerations

Special consideration must be given to studies of KPs. The groups are often stigmatized and potentially participate in illegal behaviour. The study team took steps to ensure that the respondents and the study data were protected.

Ethical Review

The study protocol was reviewed and approved by the Biomedical Research Ethics Committee and Research Management Committee at the MOHSS. A research exemption was received from the University of North Carolina at Chapel Hill's Institutional Review Board.

Confidentiality

The data collection team signed a confidentiality agreement to ensure proper handling of study data and proper interactions with study participants. Data collectors were trained on human subjects research ethics to ensure that data are collected in a setting with relative privacy, study results are not shared outside the study team, and data are properly handled to ensure they remain within the study team. Interviewers assured respondents that their results are both anonymous and remain confidential. This report shares summary statistics but does not present data that could identify specific spots or individuals engaged in criminalized or stigmatized activity.

Consent

Informal consent was requested for participants who provided general information that was not about their personal behaviour. Specifically, community informants and spot informants gave informal consent. For respondents providing personal behavioural information, a formal consent process was initiated. Data collectors told respondents about the study, the nature of their participation, the length of time they

would be involved, any potential risks or benefits, their rights as a participant, and the appropriate contacts for the study. Respondents were asked to initial the consent form rather than providing a full signature. A full signature on the consent form would be the only place where a personal identifier would be collected, so a waiver of full consent was requested and granted.

Data Management

Most data were collected on Samsung Galaxy tablets using Open Data Kit Collect. Completed interviews were uploaded to an encrypted server, and results were automatically downloaded into an .xls file. The only data that were collected on paper forms were from community informants. Data from these interviews were sorted and entered into an Excel file to facilitate sampling. All data being analysed were stored on encrypted laptops.

Data Analysis

Data were analysed using Stata 14 (StataCorp, 2014). Weights were applied to the patron and worker data to account for sampling of individuals at the spot. No weight was applied to spot verification data, because all spots were included in spot verification. Individual weights were trimmed to reduce errors introduced through extremely large weights for some spots. The top fifteen percent of weights were trimmed to the next highest weight.

Main Comparison Groups and Indicators

Descriptive statistics about the spots where people meet new sexual partners are presented in summary. The primary indicators of interest for the individual spots are the types of people who patronize the spot, the HIV prevention activities that take place there, and the busiest times people can be reached with future prevention activities.

Descriptive statistics for individual knowledge, attitudes, and behaviours are presented in this report, by the primary populations of interest, namely FSWs, MSM, TG women, and the general population (TG men are including in this group, owing to their lower risk). Weighted descriptive statistics of indicators are presented by themes such as sociodemographic characteristics, site-visiting behaviour, sexual behaviour, sexual partnerships, health-seeking behaviour, sexually-transmitted infection symptoms, and HIV testing.

RESULTS

Spot Verification Interviews

Spot verification was attempted at 163 spots. Spot verification with a spot informant was completed at 145 spots. Spot verification was not completed at 18 spots, because they could not be found, were closed, had no willing respondent, or for other reasons. See Table 2 for the breakdown of outcomes of attempted spot verification.

Table 2. Spot verification fieldwork

Result of visit	Number	Percentage
Spot not found	7	4.3
Spot found and operational	145	89.0
Spot closed temporarily	2	1.2
Spot closed permanently	2	1.2
No willing respondent	3	1.8
Other	4	2.5
Total	163	100

Spots were classified according to their main function. Most spots identified by community informants as places where people socialize and meet new sexual partners were formal bars (37.9 percent), followed by street sites (17.2 percent), and informal bars or *shebeens* (9.7 percent; see Table 3).

Table 3. Type of spot

	Number	Percentage
Formal bar	55	37.9
Street	25	17.2
Informal bar/shebeen	14	9.7
Shopping centre/mall	10	6.9
Other	10	6.9
Nightclub/discotheque	8	5.5
Hotel	6	4.1
Park/plaza	6	4.1
Guesthouse/lodge/inn	5	3.5
Truck stop	2	1.4
Brothel	1	0.7
Market days	1	0.7
Sports events	1	0.7
NGO	1	0.7
Total	145	100.0

Spots varied in their size and structure. Two-thirds of identified spots had been open for two or more years (Table 4). Though the spots reported having more female than male employees, 42 percent of spots reported having between one and five male employees, and half of spots reported having one to five female employees during a busy time.

Table 4. Characteristics of spot

	Number	Percentage
Number of male employees		
0	48	33.1
1 to 5	61	42.1
6 to 10	16	11.0
10+	20	13.8
Number of female employees		
0	35	24.1
1 to 5	73	50.3
6 to 10	18	12.4
10+	19	13.1
Number of years in operation		
Less than 1 year	6	4.1
1 to 2 years	7	4.8
More than 2 years	98	67.6
Not applicable	14	9.7
Don't know	20	13.8

Approximately half of all spot informants reported that FSWs visit the spot (Table 5) and slightly more (60.7 percent) said TG women visit the spot. Fewer spots reported MSM or male sex workers (27.6 and 20.7 percent, respectively). Less than one in ten spots reported having male or female patrons who they believe inject drugs.

When asked about specific activities that the respondent believes take place at the spot, meeting new sexual partners was the most commonly mentioned activity (71.7 percent for women and 61.4 percent for men). Only slightly less than a quarter of spots reported that girls under 18 visit the spot and meet new sexual partners (22.8 percent). As many as 17 percent of spots reported that patrons have sex on-site.

Table 5. Activities and types of patrons at the spot

	Number	Percentage
Types of patrons at spot		
Women who have sex with men for money	75	51.7
Men who have sex with men for money	30	20.7
Men who have sex with women for money	40	27.6
Men who have sex with men	40	27.6
Men who inject drugs	14	9.7
Women who inject drugs	14	9.7
Transgender women	88	60.7
Types of activities at spot		
Women meet new sexual partners	104	71.7
Men meet new female sexual partners	89	61.4
Girls under 18 meet sex partners	33	22.8
Men meet new male sexual partners	42	29.0
Female staff meet new sexual partners	20	13.8
People have sex at spot	25	17.2
Male staff meet new sexual partners	17	11.7
Someone helps people find sex partners	2	1.4
The spot keeps a list of women available to provide sex	1	0.7

Spots are of various sizes, with equal numbers having between 1 and 10 and 11 and 20 male patrons at the busiest time (21.4 percent Table 6). More than half of spots report having more than 20 men at a busy time. Of those men who are there at a busy time, 6.2 percent of spot informants say that almost all or all men are looking for women to have sex with, and the same proportion say almost all, or all men are

looking for women to pay for sex. Approximately half (46.9 percent) of spot informants say that none or very few of their male patrons at the busiest time are MSM. Most respondents do not know if their male patrons inject drugs, and those who say they know say that very few or none inject drugs.

Table 6. Male patrons at the busiest time at the spot

	Number	Percentage
Number of men at the busiest time		
Zero	13	9.0
1 to 10	31	21.4
11 to 20	31	21.4
21 to 50	49	33.8
50+	21	14.5
Proportion of men who are looking for women to have sex with		
None or very few	69	47.6
Less than half	21	14.5
Greater than or equal to half	12	8.3
Almost all or all	9	6.2
Don't know	34	23.5
Proportion of men who are looking for women to pay for sex		
None or very few	64	44.1
Less than half	14	9.7
Greater than or equal to half	10	6.9
Almost all or all	9	6.2
Don't know	48	33.1
Proportion of men who are men who have sex with men		
None or very few	68	46.9
Less than half	5	3.5
Greater than or equal to half	3	2.1
Almost all or all	5	3.5
Don't know	64	44.1
Proportion of men who injected drugs in the past year		
None or very few	58	40.0
Less than half	2	1.4
Greater than or equal to half	0	0.0
Almost all or all	1	0.7
Don't know	84	57.9

When asked about female patrons at the busiest time at the spot, more than half of respondents reported fewer than 20 female patrons (Table 7). Only 15 percent report more than 50 female patrons at a busy time. Of those women, nearly three in four said none or almost none were women ages 15 to 17, and even more said none of their patrons were girls ages 12 to 14. Close to 8 percent of respondents said that all or almost all the women are looking for a man who would pay for sex, but very few said these were female staff. Once again nearly all respondents said female patrons do not inject drugs, or they did not know.

Table 7. Female patrons at the busiest time at the spot

	Number	Percentage
Number of women at the busiest time		
Zero	11	7.6
1 to 10	45	31.0
11 to 20	33	22.8
21 to 50	34	23.5
50+	22	15.2
Proportion of women who are ages 15 to 17		
None or very few	105	72.9
Less than half	4	2.8
Greater than or equal to half	2	1.4
Almost all or all	1	0.7
Don't know	33	22.8
Proportion of girls who are ages 12 to 14		
None or very few	115	79.3
Less than half	2	1.4
Greater than or equal to half	1	0.7
Almost all or all	0	0.0
Don't know	27	18.6
Proportion of women who are looking for a man who would pay for sex		
None or very few	64	44.1
Less than half	9	6.2
Greater than or equal to half	10	6.9
Almost all or all	11	7.6
Don't know	51	35.2
Proportion of women who are staff who exchange sex for money with customers		
None or very few	99	68.3
Less than half	0	0.0
Greater than or equal to half	0	0.0
Almost all or all	2	1.4
Don't know	44	30.3
Proportion of women who injected drugs in the past year		
None or very few	77	53.1
Less than half	1	0.7
Greater than or equal to half	0	0.0
Almost all or all	1	0.7
Don't know	66	45.5

When asked about a series of HIV/AIDS prevention activities, 18 percent said there had been some form of HIV prevention in the past six months; more than half (57.9 percent) said they have never had any HIV prevention activities at the spot (Table 8). When asked about specific HIV prevention at the spot, the most commonly occurring prevention intervention in the past six months was free distribution of condoms (27.6 percent of spots) and condoms for sale (23.5 percent of spots). Testing on-site in the past six months (5.5 percent) and testing in a mobile clinic (6.2 percent) are infrequent. Close to one-third of spots say male condoms are always available, whether for free or for purchase (29 percent). Female condoms and sexual lubricant are available far less often (6.2 percent said these were always available).

Table 8. HIV/AIDS prevention activities at the spot, n=145

	<= 6 months ago	More than 6 months ago	Never	Don't know
Any HIV/AIDS prevention	17.9	9.0	57.9	15.2
Free distribution of male condoms	27.6	11.7	49.7	11.0
Free distribution of female condoms	6.9	6.9	73.8	12.4
Free distribution of lubricant	1.4	2.1	84.1	12.4
Condoms for sale at spot	23.5	9.7	54.5	12.4
Persons tested on-site for HIV	5.5	2.8	78.6	13.1
Safer sex education by outreach workers	6.9	6.2	74.5	12.4
Visits by community health counsellors or caseworkers	7.6	6.9	67.6	17.9
Visits by MSM peer educators	0.7	0.7	80.7	17.9
Visits by a mobile clinic	6.2	5.5	74.5	13.8
Needle exchange program	0.7	0.0	87.6	11.7
	Always	Sometimes	Never	Don't know
Male condoms available	29.0	22.8	39.3	9.0
Female condoms available	6.2	8.3	71.0	14.5
Sexual lubricant available	0.7	4.8	81.4	13.1
	Yes	No		
Condom shown by respondent	37.2	62.8		

Interviewers were asked to observe the spot environment and its surroundings and report on spot characteristics. Most spots had electricity (81.4 percent; Table 9), a bar (70.3 percent), walls and ceiling (70.3 percent), and tables (67.6 percent). Very few had beds (8.3 percent) or sex workers on-site (4.1 percent). In terms of HIV prevention visible at the spot, about one-third (31.7 percent) had visible condoms, 6.2 percent had condom promotion posters, and 2.8 percent had HIV/AIDS posters displayed. Although HIV-prevention interventions (for example posters, condom distribution, and outreach activities) were not highly visible, half of all spot managers were perceived as demonstrating support for HIV prevention activities at their spot.

Table 9. Interviewer observations, n=145

Physical characteristics	%
Functional electricity	81.4
TV	46.2
Tap water available	73.1
Bar for alcohol sales	70.3
Walls and ceiling	62.1
Tables for visitors	67.6
Inside toilet	64.8
Used needles on the ground	0.0
Beds on-site	8.3
Spot includes outdoor area	49.7
Video capability	25.5
Sex workers live at the place	4.1
Other female staff live at the place	30.3
HIV prevention	
HIV/AIDS posters displayed	2.8
Needle exchange visible	0.0
Condom promotion poster	6.2
Peer educators present	0.0
Condoms visible	31.7
Supportive spot manager	49.7
Sexual lubricant packets visible	2.1
Workplace safety notices	27.6
Area around spot	
Trading centre	60.7
Urban slum/township	60.7
Truck stop area	14.5
Rural area	13.1
Tourist area	17.2
Informal settlement	40.0
Residential area	60.7
Roundabout/big intersection	45.5
Commercial area	62.8
Spot is in a cluster of spots	49.0

Patron and Worker Interviews

Individual interviews with patrons and workers at verified spots were attempted with 1,181 respondents. Owing to ineligibility or documented refusals, interviews were completed with 987 respondents (Table 10). Approximately two-thirds of respondents (68.2 percent) were male, 29.7 percent were female, 0.5 percent were TG female (born as a male and now identify as female), and 1.6 were TG male (born as a female and now identify as male). The largest age group is respondents ages 25 to 29, with an average age of 29.7 years. Based on questions related to sexual behaviour, 42 unweighted respondents were identified as FSWs and 41 as men who have sex with men (18.8 percent and 8.3 percent, respectively). Despite reports of KP patronage and illicit behaviour, KPs were only interviewed in 59 out of 129 spots where individual patron and worker interviews were conducted (data not shown).

Table 10. Fieldwork summary

n=		
Ineligible (spot not available, too young,	7	
Disqualified due to low risk behaviour	139	
Refused to participate	4	
Incomplete interview	8	
Interview completed	987	
	unweighted n	weighted %
Gender		
Male	672	68.2
Female	293	29.7
TG female	5	0.5
TG male	16	1.6
Age		
15–19	17	2.4
20–24	219	21.6
25–29	317	33.6
30–34	226	22.8
35+	208	19.6
Average	29.7	N/A
Female sex workers	42	*18.8
Men who have sex with men	41	**8.3

*Percentage of women who are FSWs

**Percentage of men who are MSM

More than two-thirds of all respondents had completed secondary school (Table 11) with lower rates among FSWs and MSM (50.7 and 59.3 percent, respectively). Female sex workers also reported lower rates of current employment (37.4 percent) compared to other KP groups and the general population at 68.3 percent. Slightly more than a quarter of all respondents said they worked at the place of the interview (28 percent). Approximately half of respondents lived in the constituency where the interview took place (57.8 percent).

Table 11. Sociodemographic characteristics

	FSWs	MSM	TG women*	General population	Total
Completed secondary school	50.7	59.3	96.6	72.0	70.1
Currently employed either full-time or part-time	37.4	66.9	100.0	68.3	66.6
Employed at the place of interview	22.9	18.9	30.4	28.9	28.0
Live in the constituency of interview	48.0	53.6	91.0	58.6	57.8
Weighted n=	177	164	11	2,644	2,996

*Results represent fewer than 25 unweighted respondents.

The largest proportion of people who responded to a question about the frequency with which they visit the spot of the interview indicated that they visit the spot every day (43.9 percent for FSWs, 35.7 percent for MSM, and 34 percent for the general population). The most commonly cited reason for visiting the spot the evening of the interview was to socialize (73.7 percent) followed by “drink alcohol” (57.8 percent), to work at their job (25.1 percent), and lastly to look for a sexual partner (17.5 percent). On average, respondents had already visited 0.8 other similar spots at the time of the interview.

Table 12. Spot visiting behaviour, in percentages

	FSWs	MSM	TG women*	General population	Total
Frequency of visits to spot of interview					
Lives at the site	0.9	3.9	0.0	4.9	4.6
Every day	43.9	35.7	87.2	34.0	34.9
4 to 6 times per week	17.6	3.9	0.0	8.3	8.6
2 to 3 times per week	12.8	15.7	0.0	12.5	12.6
1 time per week	11.1	18.7	0.0	14.8	14.7
2 to 3 times per month	2.9	16.8	9.5	7.8	8.0
1 time per month	4.1	4.6	0.0	6.3	6.1
Less than once per month	4.0	0.6	0.0	3.5	3.3
First time at the spot	2.8	0.0	3.4	7.9	7.2
Reason for visiting the spot of interview					
To socialize	73.1	93.6	66.3	72.5	73.7
To drink alcohol	59.1	88.3	66.3	55.8	57.8
To look for a sexual partner	64.2	47.1	0.0	12.6	17.5
To work at their job	23.7	8.8	30.4	26.1	25.1
Average number of other spots visited the day of interview	0.8	1.0	2.2	0.7	0.8
Weighted n=	177.0	164.0	11.0	2,642.0	2,994.0

*Results represent fewer than 25 unweighted respondents.

Daily or near daily alcohol consumption was highest among FSWs (72.7 percent) followed by MSM (50.7 percent), which is slightly higher than the general population (48.9 percent). Men who have sex with men and FSWs also reported higher usage of injectable recreational drugs in the past year, compared to the general population (9 and 9.8 percent, respectively, compared to 1.5 percent). Among those who did inject drugs in the past year, 31.5 percent of FSWs and 84.3 percent of MSM shared needles, but these sample sizes are very small.

Table 13. High-risk behaviour

	FSWs	MSM	TG women*	General population	Total
Drinks alcohol daily or almost daily					
Yes	72.7	50.7	30.8	48.9	50.3
No	27.3	49.3	69.2	50.6	49.2
Refused to answer	0.0	0.0	0.0	0.5	0.5
Injected a recreation drug in the past 12 months					
Yes	9.0	9.8	0.0	1.5	2.4
No	87.0	90.2	100.0	98.5	97.4
Refused to answer	4.0	0.0	0.0	0.0	0.2
Shared a needle, among those who injected a drug in the past 12 months					
Yes	*31.5	*84.3	0.0	0.0	*26.2
No	*68.6	*15.7	0.0	*100.0	73.8
Weighted n=	177	164	11	2,642	2,994

*Results represent fewer than 25 unweighted respondents.

Owing to definitions of FSWs and MSM for the purposes of this study, all FSWs and MSM have had sex, but among the general population respondents at the spots, 97.7 percent had ever had sex. For FSWs and MSM, the average age at which they first had sex was 16.3 years, which is slightly younger than the general population, at 17.2 years. When asked about specific types of sexual interaction, all FSWs reported having penile-vaginal sex in the past 6 months. Among other members of the study group, the following percentages reported penile-vaginal sex: 76.8 percent of MSM, 96.6 percent of TG women, and 83.7 percent of the general population. When asked about anal sex with a man, 39.1 percent of FSWs reported the behaviour, 24.7 percent of TG women, and only 2.5 percent of the general population.

Table 14. Sexual behaviour

	FSWs	MSM	TG women*	General population	Total
Ever had sex	100.0	100.0	100.0	97.7	98.0
Weighted n=	177	164	11	2642	2994
Age at first sex					
<13	9.1	6.6	0.0	6.0	6.2
13	9.9	5.0	0.0	4.1	4.5
14	7.7	2.2	0.0	6.2	6.1
15	16.8	29.5	0.0	12.9	14.1
16	22.7	15.6	12.9	13.8	14.5
17	7.1	11.7	0.0	13.1	12.6
18–21	18.9	27.9	30.4	38.2	36.4
22–24	7.8	0.0	56.8	3.6	3.9
25+	0.0	1.6	0.0	2.0	1.8
Average age at first sex	16.3	16.3	20.7	17.2	17.1
Median age at first sex	16.0	16.0	18.0	17.0	17.0
Had penile-vaginal sex in past 6 months					
Yes	100.0	76.8	96.6	83.7	84.3
No	0.0	23.2	3.4	16.0	15.4
Refused to answer	0.0	0.0	0.0	0.3	0.2
Had anal sex with a man in the past 6 months					
Yes	39.1	100.0	24.7	2.5	10.2
No	56.9	0.0	75.3	97.1	89.2
Refused to answer	4.1	0.0	0.0	0.4	0.6
Weighted n=	177	164	11	2,589	2,940

*Results represent fewer than 25 unweighted respondents.

Respondents were asked about the types of partners they had in the past 12 months (Table 15). Three out of four FSWs had a male partner in the past year, and, among those who did, they had an average of 13.5 male partners. A smaller proportion, 17.1 percent, had a female partner, and those who did had an average of 9.1 female partners. Men who have sex with men had an average of 4.1 male partners, and 63 percent had an average of 6.8 female partners. The general population reported fewer partners on average (2.8 male and 6.4 female). The partners of TG women were less common, although TG women reported having an average of 22.5 TG women partners in the past year (Note: this is a very small sample size for TG women). On average, FSWs and TG women had the most partners in the past 12 months (16.3 and 12.9, respectively).

More than half of the respondents had acquired a new sexual partner—with whom they had never previously had sex—in the past year. More than three out of four FSWs had met a new sexual partner at the place of the interview, but this proportion was lower among the other populations (MSM = 50.8 percent, TG women = 39.8 percent, and general population = 13.2 percent). The group most likely to report meeting a new partner online was MSM, 24 percent of whom reported this behaviour.

Table 15. Sexual partnerships

	FSWs	MSM	TG women*	General population	Total
Had at least one male partner in the past 12 months	77.0	100.0	33.7	30.8	37.3
Average number of male partners in the past 12 months**	13.5	4.1	1.0	2.8	4.3
Had at least one female partner in the past 12 months	17.1	63.0	100.0	66.0	63.0
Average number of female partners in the past 12 months**	9.1	6.8	7.6	6.4	6.4
Had at least one TG woman partner in the past 12 months	0.0	14.4	21.9	1.2	1.9
Average number of TG woman partners in the past 12 months**	0.0	1.8	22.5	3.3	3.5
Total number of partners in the past 12 months					
0	0.0	0.0	0.0	0.2	0.1
1	2.0	0.5	0.0	30.0	26.6
2	2.1	5.2	0.0	14.3	13.0
3–9	32.3	55.1	69.2	36.2	37.1
10+	63.6	39.2	30.8	19.4	23.2
Average number of partners in the past 12 months*	16.3	9.5	12.9	5.3	6.1
Had a new sexual partner in the past 12 months	88.6	89.6	39.8	50.4	54.8
Weighted n=	177	164	11	2589	2940
Met a new sexual partner at the place of interview in the past 6 months	75.8	50.8	39.8	13.2	20.2
Met a new partner online or on an app in the past 3 months	7.5	24.0	9.5	11.9	12.3
Weighted n=	177	164	11	2,175	2,527

*Results represent fewer than 25 unweighted respondents.

**Among those who had at least 1 partner

Respondents were asked about their perceptions of their own condom use in the past six months (Table 16). FSWs and MSM more often reported selective condom use, compared to the general population, of whom 45.7 percent say they used condoms every time they had sex. Four out of 10 FSWs had unprotected penile-vaginal sex in the past six months, compared to 54.2 percent of MSM, 22 percent of TG women, and 48.5 percent of the general population. A similar pattern is reported for anal sex without

a condom. When asked about their last sexual encounter, half of FSWs, three out of four MSM, one-third of TG women, and nearly two-thirds of the general population said they had used a condom.

Free condoms were commonly accessed by FSWs and MSM in the past six months (81 percent and 80.9 percent, respectively). Purchasing condoms was less common, but still found at relatively high rates with an average of 63 percent of all respondents having purchased condoms in the past six months. Female sex workers were able to produce a condom to show the interviewer more often (22.7 percent) than other groups.

Table 16. Condom use

	FSWs	MSM	TG women*	General population	Total
Self-described condom use in the past 6 months					
I do not use condoms and do not have any plans to.	0.0	3.4	66.3	10.3	9.5
I probably should use condoms, but I don't.	12.6	9.8	0.0	3.9	4.7
I use condoms occasionally, depending on the person.	30.3	39.1	21.3	23.9	25.2
I try to use condoms every time, but sometimes I don't.	38.3	19.2	0.0	14.7	16.3
I have used condoms every time I have had sex in the past 6 months.	18.8	28.5	12.4	45.7	43.0
I have not had sex in the past 6 months.	0.0	0.0	0.0	14.3	1.3
Weighted n=	177	164	11	2580	2931
Had penile-vaginal sex without a condom in past 6 months	80.1	54.2	22.0	48.5	51.0
Weighted n=	177	126	11	2160	2473
Had anal sex without a condom in the past 6 months	67.5	54.9	86.3	38.2	54.5
Weighted n=	69	164	3	65	300
Used a condom at last sexual encounter	50.5	77.8	30.4	63.7	63.6
Weighted n=	177	164	11	2589	2940
Accessed condoms for free in the past 6 months	81.0	80.9	30.4	68.5	69.8
Bought condoms in the past 6 months	58.7	66.6	12.4	63.4	63.1
Accessed lubricant for free in the past 6 months	30.8	26.1	3.4	11.0	12.9
Condom with the respondent at the time of the interview and shown to the interviewer	22.7	12.5	0.0	11.4	12.1
Weighted n=	177	164	11	2,642	2,994

*Results represent fewer than 25 unweighted respondents.

An average of 1 in 10 respondents had paid a woman for sex in the past six months, with a higher rate among MSM (20.7 percent). A smaller proportion paid a man for sex (2.7 percent of respondents), but higher rates were found among FSWs (10 percent) and MSM (15.5 percent). When asked the reverse, receiving money for sex, more than one in four MSM reported receiving money for sex in the past one month or past six months. All FSWs received money for sex in the past six months, but a high percentage (88.3 percent) also received cash for sex in the past month. In addition to cash, respondents were also asked about gifts in exchange for sex. Seventy-one percent of FSWs, 31.9 percent of MSM, 9.5 percent of TG women, and 7.1 percent of the general population had received gifts or other goods for sex in the past month. On average, respondents were 20 years old when they were first paid for sex, with a lower median age among FSWs (18 years). Despite being paid for sex, only 55.9 percent of FSWs self-identify as a sex worker.

Table 17. Transactional sex

	FSWs	MSM	TG women*	General population	Total
Paid a woman for sex in the past 6 months					
Yes	0.0	20.7	9.5	10.7	10.6
No	100.0	76.4	90.5	89.2	89.1
Refused to answer	0.0	2.9	0.0	0.1	0.3
Paid a man for sex in the past 6 months					
Yes	10.0	15.5	0.0	1.2	2.7
No	90.0	84.5	100.0	98.7	97.1
Refused to answer	0.0	0.0	0.0	0.1	0.1
Received money for sex in the past 1 month					
Yes	88.3	26.3	0.0	3.4	10.8
No	11.8	73.7	100.0	96.4	89.0
Refused to answer	0.0	0.0	0.0	0.3	0.3
Received money for sex in the past 6 months					
Yes	100.0	27.5	0.0	4.2	12.4
No	0.0	72.5	100.0	95.7	87.5
Refused to answer	0.0	0.0	0.0	0.1	0.1
Received a gift or other good for sex in the past 1 month					
Yes	71.1	31.9	9.5	7.1	13.2
No	28.9	68.1	90.5	92.6	86.5
Refused to answer	0.0	0.0	0.0	0.3	0.3
Age first paid for sex**					
<13	7.5	0.0	N/A	0.0	5.6
13-17	33.2	0.0	N/A	0.0	24.8
18-21	43.8	65.3	N/A	35.9	44.6
22-24	0.0	14.6	N/A	64.1	11.4
25+	15.5	20.1	N/A	0.0	13.6
Average age at first paid sex	19.6	22.0	N/A	20.9	20.0
Median age at first paid sex	18.0	21.5	N/A	22.5	20.0
Self-identify as a sex worker					
Yes	55.9	7.6	0.0	0.8	4.5
No	44.1	89.9	100.0	98.6	94.9
Refused to answer	0.0	2.5	0.0	0.6	0.6
Weighted n=	177	164	11	2,589	2,940

*Results represent fewer than 25 unweighted respondents.

**Among those who were ever paid for sex

When asked about potential symptoms of STIs, 8.7 percent of respondents reported an unusual discharge and 4.6 percent reported sores in the past four weeks. These percentages were higher among FSWs (38.4 and 14 percent) and MSM (16.9 and 12.1 percent). Approximately half of all respondents had been examined for STIs by a medical provider in the past year. Among men, 73.3 percent of MSM and 65.6 percent of the general population are circumcised.

Table 18. Sexually transmitted infections and circumcision

	FSWs	MSM	TG women*	General population	Total
Had an unusual discharge from penis or vagina in past 4 weeks	38.4	16.9	0.0	6.2	8.7
Had sores on or around penis or vagina in past 4 weeks	14.0	12.1	0.0	3.5	4.6
Examined for STIs by medical provider in past 12 months	46.9	50.0	9.1	47.9	47.8
Circumcised	N/A	73.3	0.0	**65.6	65.9
Weighted n=	177	164	11	2,589	2,940

*Results represent fewer than 25 unweighted respondents.

**Male respondents only

Tuberculosis can be a coinfection associated with HIV. Among all respondents, 12.9 percent had provided a sputum sample for a TB test in the past year. Among those who were tested, 4.1 received a positive diagnosis. Fifteen percent of all respondents had had symptoms of acute HIV (among other potential infections) in the past two weeks, namely cough, fever, night sweats, and unexplained weight loss.

Table 19. Other health service utilization

	FSWs	MSM	TG women*	General population	Total
Provided a sputum sample for a TB test in past 12 months	10.9	29.2	0.0	12.1	12.9
Received a diagnosis of TB in the past 12 months	0.0	1.6	0.0	4.6	4.1
Had cough, fever, night sweats or unexplained weight loss for the past 2 weeks	17.5	18.4	0.0	14.9	15.2
Weighted n=	177	164	11	2,642	2,994

*Results represent fewer than 25 unweighted respondents.

Respondents received information about HIV/AIDS from a diverse set of sources in the past 12 months. The most commonly reported source was the radio (71.3 percent) followed by friends or family members (67.8 percent) and a nurse (64.5 percent). Nearly all respondents know where to get an HIV test (93.9 percent) with the lowest rate of knowledge among MSM (88.4 percent). Approximately half of all respondents have been tested for HIV in the past six months with lower rates among FSWs (30.3 percent). When asked about receiving an HIV-positive test result, FSWs reported the highest positive rate, with 8.7 percent of FSWs saying they are HIV-positive, 4.4 percent of MSM, and 2.6 percent of the general population. Nearly all had used antiretroviral therapy (ART) at some point, and most of those are still using ART.

Table 20. HIV/AIDS information and testing

	FSWs	MSM	TG women*	General population	Total
In the past 12 months, received HIV/AIDS information from					
Community health worker or case manager at spot of interview	32.3	33.2	12.9	34.5	34.2
Radio	88.7	74.5	90.5	69.8	71.3
Friend or family member	67.8	60.2	60.2	68.3	67.8
Nurse	60.8	57.4	75.3	65.2	64.5
Doctor	18.4	24.5	18.5	37.3	35.4
Knows where to get an HIV test	93.5	88.4	100.0	94.2	93.9
Most recently tested for HIV					
In the past 6 months	30.3	57.0	12.4	52.6	51.4
7 to 11 months ago	33.7	9.5	0.0	17.5	18.0
1 to 5 years ago	16.3	24.5	56.8	21.6	21.6
Over five years ago	14.1	6.7	0.0	3.0	3.8
Never	5.6	2.2	30.8	5.4	5.3
Self-reported HIV-positive					
Yes	8.7	4.4	0.0	2.6	3.0
No or don't know	91.3	95.0	100.0	96.2	95.9
Refused to answer	0.0	0.6	0.0	1.2	1.1
Ever used ART, among those who are positive	100.0	100.0	NA	87.0	91.4
Currently taking ART, among those who ever used ART*	100.0	100.0	NA	87.0	90.2
Missed taking ART for 3 or more days in the past 7 days*	0.0	0.0	NA	41.7	30.3
Weighted n=	177	164	11	2,642	2,994

*Results represent fewer than 25 unweighted respondents.

Not having enough food to eat affected more than 1 in 10 respondents (11.8 percent). This shortage was reported most often by FSWs (24.5 percent). A larger proportion of respondents said they did not have enough money to support themselves (28.4 percent). All the KPs reported being victims of violence in the past year at higher rates than the general population (34.8, 27.7, and 39.8 percent for FSWs, MSM, and TG women, respectively, compared to 14.9 percent, for the general population). As many as one in four FSWs said they had been forced to have sex against their will. More than 1 in 10 respondents had spent a night in jail or prison in the past year, but only 3.2 percent had slept outside because of homelessness in the past 12 months.

Table 21. Negative life events in the past 12 months

	FSWs	MSM	TG women*	General population	Total
Did not have enough food to eat	24.5	11.9	0.0	11.0	11.8
Did not have enough money to support themselves	47.6	26.0	0.0	27.3	28.4
Victim of violence	34.8	27.7	39.8	14.9	16.8
Forced to have sex against their will	26.1	3.8	0.0	5.6	6.7
Spent a night in jail or prison	11.7	16.1	0.0	10.1	10.5
Slept outside because of homelessness	4.5	9.6	0.0	2.8	3.2
Weighted n=	177	164	11	2,642	2,994

*Results represent fewer than 25 unweighted respondents.

Population Size Estimates

Population size estimates were calculated for FSWs and MSM using PLACE data. There are multiple inputs into the calculations that can be adjusted, and those adjustments have affect the resulting figures to different degrees. These inputs are the following:

- **Weights:** The weight for each respondent depended on the frequency with which the respondent visited the spot where he or she was interviewed. A person who lived at the spot had a lower weight than a person who only visited the spot once a month.
- **Definitions of key populations:** This survey produced rich data, both about identity and behaviour, that can inform size estimates. For example, some people may have the behaviour and associated risk of a sex worker but may not identify as a sex worker. We can make choices about what definitions to apply, depending on what population we are interested in capturing in the size estimate.
- **Network size:** The survey asked respondents about their knowledge of KPs within their personal network (people they know who also know them). Respondents were asked a series of questions about the number of members of their network who go to venues over different periods of time. Applying these network size definitions in different combinations can produce subtle differences in results.

Applying what seemed like the most logical inputs for the context of KPs in Khomas region allowed researchers to calculate the following size estimates (Table 22).

Table 22. Population size estimates

	FSWs	MSM
Self-identify and engage in behaviour	907	1,063
Engage in behaviour, but do not necessarily self-identify	3,464	529

Note that, owing to the small sample size for TG women, we were unable to calculate a robust size estimate.

The most recent size estimates that were calculated for Windhoek come from the 2014 IBBSS. This study combined multiple size-estimation techniques, through stakeholder engagement, to come up with their final figures. Researchers determined an FSW population size estimate of 3,000, with a range from 1,800 to 3,400—which neither of the estimates found through the PLACE study fall within. Similarly, for MSM, the IBBSS calculated a population size estimate of 2,416, with a range of 850 to 4,000 in Windhoek. Although the KP definitions were aligned in both studies, the process for determining the final estimate in IBBSS was more iterative, involving stakeholders and expert opinion on the estimates. This process has yet to be completed for the estimates found in Table 13, which are subject to adjustment after review by stakeholders.

DISCUSSION

This is the first time a comprehensive mapping of KP spots has been completed in Windhoek, so it provides valuable insight into the types of spots where KPs are found as well as into the general population engaged in high-risk behaviour. Most spots are streets, bars, or shopping areas that have been around for some time. They are most likely found in a township or informal settlement area. They are more likely to contain men than women. Very few women are below the age of majority. Less than one-fifth of the spots have had any type of HIV prevention recently (in the past six months), and most often this is condom distribution. Half of spots have a manager who would be supportive of future or additional HIV prevention activities.

The community identified the spots described in our results as places where KPs can be found. Despite this, KPs were not found at all of the community-identified spots. According to spot informants, 51.7 percent of the spots were visited by FSWs, 20.7 percent by MSM, and 60.7 percent by TG women. Additionally, the individual patron and worker data showed that 59 of the 129 spots where individual interviews were conducted had KPs represented in the dataset (46 percent of spots). Key populations may visit the remaining 70 spots, but they are less likely to be found there. Even if KPs are not found at all spots identified by community members, patrons and workers who frequent those spots engage in high-risk behaviour.

Female sex workers and MSM face the greatest risk of acquiring HIV, because of their sexual behaviour and potential exposure to the virus. The sample of TG women is so small that generalizing about them is difficult. Despite this, results from this small group suggest that TG women have unique needs and should be treated as a distinct group, separate from MSM. Female sex workers face increased risk for acquiring HIV infection. They reported an average of 16.3 sexual partners in the past 12 months. Only half of them had used a condom at the last sexual encounter—a share lower than reported in a previous study, which found that 84.2 percent of FSWs had used condoms at last sex with clients and 87 percent had done so with nonclient partners (MOHSS, 2014). Our finding points to increased risk for transmission. It should be noted that only 55.9 percent of people labelled as FSWs for the purposes of this study, based on exchanging sex for cash, see themselves as sex workers despite their behaviour. As in previous studies, 38.4 percent of FSWs had a symptom of an STI in the past four weeks, which can also increase their risk for acquiring HIV, unless they already have the virus. Slightly less than two-thirds had been tested for HIV in the past year, showing room for improvement in testing.

Men who have sex with men are also at heightened risk for acquiring HIV based on their behaviour compared to that of the general population. Men who have sex with men engage in transactional sex at higher rates than the general population. Among MSM, more than one in four had received money for sex in the past month, and one in five had paid for sex in the past six months. Four out of ten MSM indicated that they may or may not use condoms, depending on the partner, but three out of ten said they use condoms consistently. MSM quite commonly have both male and female partners. Nearly two-thirds of MSM had had a female partner in the past year and an average of 9.5 partners when accounting for all genders. Approximately two-thirds of MSM had been tested in the past year, but only 88 percent said they knew where to get an HIV test—a lower rate than for other groups.

But KP members are not the only people engaged in risky behavioural and sexual practices. Most of the sample for the patron and worker interviews were people who do not qualify as KPs based on the definitions applied (88.3 percent of the sample), but they should not be neglected. Though they have fewer partners than their KP counterparts, these respondents have an average of 5.3 partners in the past year, half had penile-vaginal sex without a condom in the past six months, a third had anal sex without a condom, and 1 in 10 paid for sex in the past six months. It should be noted that the protocol excluded low-risk patrons and workers who had not multiple sexual partners, pain when urinating, fever for two weeks, or anal sex in the past three months.

The proximate determinants of HIV infection are important to understanding transmission routes and potential interventions to prevent transmission, but there are other high-risk behaviours that affect

determinants of health. Nearly three-quarters of FSWs and half of MSM drink alcohol daily or almost daily. Slightly less than 10 percent inject drugs. Approximately half of all FSWs and a quarter of MSM said they did not have enough money to support themselves in the past year. More than a quarter of FSWs were forced to have sex against their will, and they have higher levels of reported violence than any other group (34.8 percent). Though this is lower than findings from other studies of sex workers (MOHSS, 2014), it is still startling. It supports the need for social and human rights protection activities for KPs, a key strategy of many KP groups in Namibia.

The results of this study also show the changing nature of partnerships and how people meet sexual partners. Nearly 9 out of 10 FSWs and MSM had met a new partner in the past 12 months, compared to half of the general population. Three-quarters of FSWs and half of MSM met them at the same location the interview took place, but MSM have the largest proportion of people who met a new partner online or on a mobile application in the past three months (24 percent). Twelve percent of the general population met someone online, but only 7.5 percent of FSWs did. These data suggest that sex work in Namibia is still location-based (street, bar, or otherwise), and MSM and the general population are increasingly meeting sexual partners online. Public health programs may need to consider alternative approaches to standard location-based approaches when reaching out to MSM.

Without testing data for individual respondents, it is difficult to draw conclusions on HIV prevalence among these groups. Self-reported HIV status is not an accurate representation of true prevalence, because (1) many respondents do not know their status or have not been tested recently and (2) HIV infection is still stigmatized and respondents may not be willing to share their positive status. Self-reported HIV status was 8.7 percent for FSWs, 4.4 percent for MSM, 0 percent for transgender people (with a small sample size), and 2.6 percent for the general population. These are much lower rates than those found in other studies of HIV prevalence with testing, namely the IBBSS (MOHSS, 2014).

Similarly, size estimates from this study appear to be lower than the previous size estimates produced for Windhoek. There are many assumptions and inputs that factor into size estimation calculation that could account for the differences, but the size estimates need further exploration to produce robust figures that all stakeholders agree to.

These data not only highlight the problems and potential for HIV transmission, they also uncover opportunities for intervention. For example, the data indicate that many KP members come to the interview spots every day or several times per week. These people can be reached with outreach services and messages at those venues. Many managers of venues are willing to accept HIV outreach services at their businesses, to include peer education, HIV testing, and mobile clinic visits. Rates of testing are not as robust as they could be at the spots, highlighting the potential to increase peoples' knowledge of their own serostatus and linking them to care when necessary. There is room for improvements in social and behaviour change communication activities to reach populations of interest and additional strategies to enhance human rights and supportive environments for KPs. Additionally, further research is needed specifically related to TG women. Though the results reported here highlight some distinct trends in behaviour, testing, and prevention, the sample size was very small, and few conclusions can be drawn.

The study findings are not without limitations. The results are representative of people who can be found at venues where people socialize and go to meet new sexual partners. They are not representative of people who do not socialize in public spaces. In addition, the patrons and workers who were interviewed were deemed to be high-risk based on their response to a series of behavioural questions, and those who did not qualify were ineligible to complete an interview. Another potential limitation for comparability is the definitions used for KP inclusion. An attempt was made to apply definitions in line with other survey definitions, but there is not a standard definition in Government of Namibia documents. A final limitation is the small sample sizes found for KP members, particularly transgender people.

CONCLUSION

Good-quality data are essential for understanding the generalized HIV epidemic in Namibia, with a focus on the KPs most at risk for acquiring HIV. Windhoek, which bears a large burden of HIV among KPs, is an important place to concentrate efforts to reach the global 90-90-90 goals. These data demonstrate the continuing need to address gaps in HIV outreach and testing among populations engaged in high-risk behaviour, whether defined as a KP or members of the general population engaged in risky behaviour. This category highlights the need to expand definitions of KPs, because not all KP members may self-identify as FSWs or MSM. As the first mapping of its kind in Windhoek, it is important that the study be replicated to uncover more about the changing nature of partnerships and sexual behaviour as well as the dynamic nature of populations and the places where they can be reached. In the search for answers to critical program design questions, stakeholder engagement will be necessary to create interventions that best serve the KPs in Windhoek.

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APPENDIX A. SPOT IDENTIFICATION FORM AND INTERVIEWER INSTRUCTIONS

Interviewer Instructions for Community Informant Interviews

STEPS FOR CONDUCTING COMMUNITY INFORMANT INTERVIEWS

- 1 ➡ Review your Tally Sheet and the types of community informants assigned to you. Make sure you know the boundaries of the zone you have been assigned for interviews.
- 2 ➡ Upon arriving in the zone where you are working, prepare several copies of Form A by filling in your name, the date, the sequential informant number, and information about the zone where you are interviewing. Be sure to fill in one Tally Sheet for each zone you work in.
- 3 ➡ Find a community informant to interview. Ideally, the type of informant you approach is noted on your Tally Sheet as one of your targets. If your target types of informants cannot be found, confirm with your supervisor that you can interview other types.
- 4 ➡ Introduce yourself. Say the text on Questions to Ask Community Informants.
- 5 ➡ Offer a Fact Sheet
- 6 ➡ Confirm eligibility: age 18 or older and willing to answer questions
- 7 ➡ Ask community informant to name spots, events or websites. Record this information on Form A: Spot and Event Identification Form.
- 8 ➡ Ask community informant about each spot, event or website and record the location and how to find it, the type, busiest time and day, number of people at a busy time, whether each key population visits the spot and whether people have sex at the place. Record information on Form A.
- 9 ➡ Thank the informant and mark the type of informant successfully interviewed on the Tally Sheet.

QUESTIONS TO ASK COMMUNITY INFORMANTS		Interviewers carry these instructions at all times!!
RECORD RESPONSES ON FORM A: SPOT AND EVENT IDENTIFICATION FORM		
INTRODUCE YOURSELF: Hello. My name is _____ and I am working with the Ministry of Health and Social Services on a study that will improve HIV prevention programs in this area. I would like to ask you some questions about where people go to meet new sexual partners around here. This should take about 10 minutes. I can offer you this Fact Sheet that has more information about the study.		
CONFIRM ELIGIBILITY: Are you willing to answer a few questions? Are you at least 18 years of age?		IF NO: STOP INTERVIEW. IF YES: MARK THE TALLY SHEET TO INDICATE THE TYPE OF INFORMANT YOU ARE INTERVIEWING AND CONTINUE.
Number on Form A	Question	
S1	CONSECUTIVE NUMBER OF SPOT NAMED	
S2	ASK INFORMANT TO NAME UP TO 10 PLACES. ASK ALL QUESTIONS HERE. Could you tell me where people go to meet new sex partners in this area? This includes places where people who will have sex only one time meet, but also places where people may meet partners they will know for a long time. We are interested in public places, as well as events and websites. We are not interested in private homes. These places might be indoor locations where people socialize such as bars or outdoor places such as sportsgrounds and streets. What are the names of these places? <ul style="list-style-type: none"> Can you tell me about any other public places where women might look for men to pay them for sex? Or where men look for sex workers? Can you tell me about public places where gay or bisexual men, or any other men who have sex with men, meet new sex partners? Are there any other places they socialize and can be reached? Can you tell me about public places where transgender persons meet new sex partners? Are there any other places they socialize and can be reached? We are also interested in where people who inject drugs can be reached. Can you tell me about public places where people who inject drugs socialize? We don't want to know where they get drugs or use drugs, only where they socialize or interact. Can you tell me about events where people might go to meet a new sexual partner? Which websites or phone numbers do people use to meet a new sex partner? 	
S3	IF INFORMANT DESCRIBES WHAT THE PLACE LOOKS LIKE OR OTHER IDENTIFYING CHARACTERISTICS OF THE PLACE, RECORD IT HERE.	
S4	In which neighborhood is this place located?	
S5	What is the street address?	
S6	If you don't know the address, can you tell me how to find the place? Are there any landmarks that would help me find the place? What is it near?	
S7	What type of place is this?	ENTER CODE OF SPOT TYPE
S8	What day of the week is the busiest at that place?	
S9	On that day, what is the busiest time?	READ OPTIONS
S10	At that time on that day, how many people come to that place?	READ OPTIONS
S11	I want to know about people who visit that place. Do women who exchange sex for money visit that place?	OPTIONS: YES, NO or DON'T KNOW
S12	Do people who inject drugs visit that place?	
S13	Do gay or bisexual men, or men who have sex with men, visit that place?	

S14	Do transgender people visit that place?
S15	Do people have sex at that place?

SPOT TYPE CODES				
Brothel 1	Park 7	Restaurant/ Fast Food 13	Events	Other
Street 2	Nightclub/ Disco 8	University Campus 14	Market Days 17	Internet Site 23
Formal bar 3	Construction Site 9	Shopping Mall 15	Funerals 18	Telephone Number 24
Informal bar/shebeen 4	Truck stop 10	Beach/Lake 16	Wedding 19	Other 25
Hotel 5	Taxi Rank 11		Sports Events 20	NGO 26
Guesthouse/ Lodge/Inn 6				Private Party 27

Spot Identification Form

FORM A: SPOT AND EVENT IDENTIFICATION FORM					UP TO 10 SPOTS PER COMMUNITY INFORMANT		
A1. Interviewer Name:				A2. Interviewer Number:			
A3. Date: DD/MM/YY / /			A4. Sequential CI Number				
A5. Region of Interview:		A6. Constituency of Interview:		A7. Neighborhood of Interview:			
A. Name:		A. Name:		A. Name:			
B. Code:		B. Code:		B. Code:			
S1. Num 1	S2. Spot Name			S3. Description/Notes about the Spot			
S4. Neighborhood of Spot		S5. Street Address			S6. How to find this place/landmark		
S7. Type of Spot	S8. Busiest Day	S9. Busiest Time	S10. Number at Busy Time	Do these people visit this place?	YES	NO	DK
ENTER CODE FOR SPOT TYPE: <hr/>	Monday 1	11 AM to 2 PM 1	< 30 1	S11. Women who exchange sex for money	1	2	8
	Tuesday 2	2 PM to 5 PM 2	30 – 100 2	S12. People who inject drugs	1	2	8
				S13. Men who have sex with men	1	2	8
	Wednesday 3	5 PM to 8 PM 3	101 – 200 3	S14. Transgender persons	1	2	8
	Thursday 4	8 PM to 11 PM 4	> 200 4				
	Friday 5	11 PM to 2 AM 5		S15. Is there sex on site?	1	2	8
	Saturday 6	2 AM to 5 AM 6					
Sunday 7							
S1. Num 2	S2. Spot Name			S3. Description/Notes about the Spot			
S4. Neighborhood of Spot		S5. Street Address			S6. How to find this place/landmark		

S7. Type of Spot	S8. Busiest Day	S9. Busiest Time	S10. Number at Busy Time	Do these people visit this place?	YES	NO	DK
ENTER CODE FOR SPOT TYPE: <hr/>	Monday 1	11 AM to 2 PM 1	< 30 1	S11. Women who exchange sex for money	1	2	8
	Tuesday 2	2 PM to 5 PM 2	30 – 100 2	S12. People who inject drugs	1	2	8
	Wednesday 3	5 PM to 8 PM 3	101 – 200 3	S13. Men who have sex with men	1	2	8
	Thursday 4	8 PM to 11 PM 4	> 200 4	S14. Transgender persons	1	2	8
	Friday 5	11 PM to 2 AM 5					
	Saturday 6	2 AM to 5 AM 6		S15. Is there sex on site?	1	2	8
	Sunday 7						

Brothel 1	Park 7	Restaurant/ Fast Food 13	Events	Other
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Formal bar 3	Construction Site 9	Shopping Mall 15	Funerals 18	Telephone Number 24
Informal bar/shebeen 4	Truck stop 10	Beach/Lake 16	Wedding 19	Other 25
Hotel 5	Taxi Rank 11		Sports Events 20	NGO 26
Guesthouse/ Lodge/Inn 6				Private Party 27

S1. Num	S2. Spot Name	S3. Description/Notes about the Spot
---------	---------------	--------------------------------------

3							
S4. Neighborhood of Spot		S5. Street Address		S6. How to find this place/landmark			
S7. Type of Spot	S8. Busiest Day	S9. Busiest Time	S10. Number at Busy Time	Do these people visit this place?	YES	NO	DK
ENTER CODE FOR SPOT TYPE: <hr/>	Monday 1	11 AM to 2 PM 1	< 30 1 30 – 100 2 101 – 200 3 > 200 4	S11. Women who exchange sex for money	1	2	8
	Tuesday 2	2 PM to 5 PM 2		S12. People who inject drugs	1	2	8
	Wednesday 3	5 PM to 8 PM 3		S13. Men who have sex with men	1	2	8
	Thursday 4	8 PM to 11 PM 4		S14. Transgender persons	1	2	8
	Friday 5	11 PM to 2 AM 5					
	Saturday 6	2 AM to 5 AM 6	S15. Is there sex on site?	1	2	8	
	Sunday 7						
S1. Num 4	S2. Spot Name		S3. Description/Notes about the Spot				
S4. Neighborhood of Spot		S5. Street Address		S6. How to find this place/landmark			
S7. Type of Spot	S8. Busiest Day	S9. Busiest Time	S10. Number at Busy Time	Do these people visit this place?	YES	NO	DK
ENTER CODE FOR SPOT TYPE: <hr/>	Monday 1	11 AM to 2 PM 1	< 30 1 30 – 100 2 101 – 200 3 > 200 4	S11. Women who exchange sex for money	1	2	8
	Tuesday 2	2 PM to 5 PM 2		S12. People who inject drugs	1	2	8
	Wednesday 3	5 PM to 8 PM 3		S13. Men who have sex with men	1	2	8
	Thursday 4	8 PM to 11 PM 4		S14. Transgender persons	1	2	8
			S15. Is there sex on site?	1	2	8	

	Friday 5	11 PM to 2 AM 5					
	Saturday 6	2 AM to 5 AM 6					
	Sunday 7						

Brothel 1	Park 7	Restaurant/ Fast Food	Events	Other
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Formal bar 3	Construction Site 9	14	Funerals 18	Telephone Number 24
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Hotel 5	Taxi Rank 11	Beach/Lake 16	Sports Events 20	NGO 26
Guesthouse/ Lodge/Inn 6				Private Party 27

S1. Num 5		S2. Spot Name		S3. Description/Notes about the Spot				
S4. Neighborhood of Spot		S5. Street Address			S6. How to find this place/landmark			
S7. Type of Spot	S8. Busiest Day	S9. Busiest Time	S10. Number at Busy Time	Do these people visit this place?	YES	NO	DK	
ENTER CODE FOR SPOT TYPE: <hr/>	Monday 1	11 AM to 2 PM 1	< 30 1	S11. Women who exchange sex for money	1	2	8	
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	Wednesday 3	5 PM to 8 PM 3	101 – 200 3	S14. Transgender persons	1	2	8	
	Thursday 4	8 PM to 11 PM 4	> 200 4					
	Friday 5	11 PM to 2 AM 5		S15. Is there sex on site?	1	2	8	
	Saturday 6	2 AM to 5 AM 6						
Sunday 7								
S1. Num		S2. Spot Name		S3. Description/Notes about the Spot				

6								
S4. Neighborhood of Spot		S5. Street Address			S6. How to find this place/landmark			
S7. Type of Spot	S8. Busiest Day	S9. Busiest Time	S10. Number at Busy Time	Do these people visit this place?	YES	NO	DK	
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	Thursday 4	8 PM to 11 PM 4	> 200 4	S15. Is there sex on site?	1	2	8	
	Friday 5	11 PM to 2 AM 5						
Saturday 6	2 AM to 5 AM 6							
	Sunday 7							

Brothel 1	Park 7	Restaurant/ Fast Food	Events	Other
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Hotel 5	Taxi Rank 11	Beach/Lake 16	Sports Events 20	NGO 26
Guesthouse/ Lodge/Inn 6				Private Party 27

S1. Num	S2. Spot Name	S3. Description/Notes about the Spot
7		

S4. Neighborhood of Spot		S5. Street Address		S6. How to find this place/landmark			
S7. Type of Spot	S8. Busiest Day	S9. Busiest Time	S10. Number at Busy Time	Do these people visit this place?	YES	NO	DK
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	Thursday 4	8 PM to 11 PM 4		S14. Transgender persons	1	2	8
	Friday 5	11 PM to 2 AM 5	S15. Is there sex on site?				
	Saturday 6	2 AM to 5 AM 6					
	Sunday 7						
S1. Num	S2. Spot Name		S3. Description/Notes about the Spot				
8							
S4. Neighborhood of Spot		S5. Street Address		S6. How to find this place/landmark			
S7. Type of Spot	S8. Busiest Day	S9. Busiest Time	S10. Number at Busy Time	Do these people visit this place?	YES	NO	DK
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	Thursday 4	8 PM to 11 PM 4		S14. Transgender persons	1	2	8
	Friday 5	11 PM to 2 AM 5	S15. Is there sex on site?				

	Saturday 6	2 AM to 5 AM 6					
	Sunday 7						

Brothel 1	Park 7	Restaurant/ Fast Food	Events	Other
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Guesthouse/ Lodge/Inn 6				Private Party 27

S1. Num	S2. Spot Name	S3. Description/Notes about the Spot
9		

S4. Neighborhood of Spot	S5. Street Address	S6. How to find this place/landmark

S7. Type of Spot	S8. Busiest Day	S9. Busiest Time	S10. Number at Busy Time	Do these people visit this place?	YES	NO	DK
ENTER CODE FOR SPOT TYPE: <hr/>	Monday 1	11 AM to 2 PM 1	< 30 1	S11. Women who exchange sex for money	1	2	8
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	Thursday 4	8 PM to 11 PM 4	> 200 4				
	Friday 5	11 PM to 2 AM 5		S15. Is there sex on site?	1	2	8
	Saturday 6	2 AM to 5 AM 6					
	Sunday 7						

S1. Num	S2. Spot Name	S3. Description/Notes about the Spot
10		

S4. Neighborhood of Spot		S5. Street Address		S6. How to find this place/landmark			
S7. Type of Spot	S8. Busiest Day	S9. Busiest Time	S10. Number at Busy Time	Do these people visit this place?	YES	NO	DK
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	Friday 5	11 PM to 2 AM 5	> 200 4				
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	Sunday 7						

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APPENDIX B. SPOT VERIFICATION FORM

PART I –COMPLETE BEFORE INTERVIEW: SUPERVISOR COMPLETES SHADED AREA									
B1	SPOT ID Number:								
B2	Date: DD/MM/YY:				____/____/____				
B3	Interviewer Code:								
B4	Spot Name:								
B5	A. Region Name:				B. Region Code:				
B6	A. Constituency Name:				B. Constituency Number:				
B7	URBAN:	A. Neighborhood Name:				B. Sub Area:			
B8	Number of Community Informants who named this spot:								
	Community Informants reported spot has.....					YES	NO		
B9	Female Sex Workers					1	2		
B10	Men who Have Sex with Men					1	2		
B11	People who Inject Drugs					1	2		
B12	Transgender Women					1	2		
	Provided by Community Informant				Verified Information by Interviewer During Visit:				
B13	Spot Name:		A.		B.				
B14	Type of Spot (USE CODES BELOW)					ENTER 1 CODE:			
Brothel 1		Construction Site 9		Events		Other			
Street 2		Truck stop 10		Market Days 17		Internet Site 23			
Formal bar 3		Taxi Rank 11		Funerals 18		Telephone Number 24			
Informal bar/shebeen 4		Massage Parlor 12		Wedding 19		Other 25			
Hotel 5		Restaurant/ Fast Food 13		Sports Events 20		NGO 26			
Resthouse/Guesthouse/ Lodge/inn 6		University Campus 14				Private Party 27			
Park 7		Shopping Mall 15							
		Beach/Lake 16							

Nightclub/ Disco 8				
B15	A. Was the spot found? IF SPOT NOT FOUND OR NOT IN OPERATION, THEN STOP.	Spot not found		0
		Spot found and operational		1
		Spot closed temporarily		2
		Spot closed permanently		3
		Duplicate Spot (SEE 15B BELOW)		4
		Other (SEE 15C BELOW)		5
	B. IF DUPLICATE, OTHER SPOT NUMBER:			
	C. IF "OTHER" EXPLAIN			
B16	GPS coordinates in decimal degrees: USE THE GPS UNIT. WRITE COORDINATES HERE.	A. Longitude:		
		B. Latitude:		
PART II – BEGIN INTERVIEW WITH SPOT INFORMANT				
<p>READ: Hello. My name is < > and I am working on a study coordinated by the Ministry of Health and Social Services that will improve HIV prevention programs. I would like to ask you some questions about this spot. I can offer you this information sheet that has more information about the study. This should take about 30-40 minutes.</p>				
NO	QUESTION	RESPONSE		
B17	INSTRUCTIONS TO THE INTERVIEWER (DO NOT READ ALOUD):	YES	NO	
	DID YOU READ or OFFER THE FACT SHEET TO THE RESPONDENT & ANSWER QUESTIONS?	1	2	
B18	ASK: Are you willing to answer the questions I will ask you?	1	2	
B19	What is your age? IF YOUNGER THAN 18, STOP. FIND ANOTHER.	AGE:		
IF A RESPONDENT REFUSES OR IS NOT ELIGIBLE, KEEP LOOKING FOR A KNOWLEDGEABLE RESPONDENT WHO IS ELIGIBLE AND AGREES TO PARTICIPATE. IF A RESPONDENT REFUSES BEFORE FINISHING THE INTERVIEW, FIND ANOTHER RESPONDENT TO FINISH THE INTERVIEW.				
B20	Was an interview ever initiated with a willing and eligible respondent? IF NO, WHY NOT>			1
	NO (EXPLAIN):			2
B21	Sex of Respondent	MALE	FEMALE	
		1	2	

B22	Do you work here?		YES	NO	
			1	2	
B23	How many men and women usually work here during a busy day from opening until closing?		A. MEN:		
			B. WOMEN:		
B24	For how many years has this spot been in operation?	< 1 YEAR	1		
		1-2 YEARS	2		
		MORE THAN 2 YEARS	3		
		NOT APPLICABLE	9		
B25	I have been told that people meet sexual partners at places like this. In your opinion...		YES	NO	DK
		A. Do women meet new male sexual partners here?	1	2	8
		B. Do men meet new female sexual partners here?	1	2	8
		C. Do women who have sex with men for money come here?	1	2	8
		D. Do men who have sex with men for money come here?	1	2	8
		E. In some places, women pay the men to have sex. Do men come here who are looking for women to pay them to have sex?	1	2	8
		F. Do girls under 18 meet sex partners here?	1	2	8
		G. Do men meet new male sexual partners here?	1	2	8
		H. Do female staff meet new sexual partners here?	1	2	8
		I. Do people have sex at this spot?	1	2	8
		J. Do male staff meet new sexual partners here?	1	2	8
		K. Does someone here help people find sex partners?	1	2	8
		L. Do you keep a list of women who are available to provide sex to men who come here?	1	2	8
		M. IF YES: How many women are on that list?			
		N. Do men who have sex with men come here?	1	2	8
B26	We are also interested in other groups of	A. Do men who inject drugs come here?	1	2	8

	people who may come here to socialize.	B. Do women who inject drugs come here?	1	2	8
		C. Do transgender women come here?	1	2	8

NO	QUESTION		RESPONSE				
B27	<p>We want to know which days are the busiest. Can you tell me which days are busiest? CODE WITH 1</p> <p>Now, can you tell me the days that this place is closed? ENTER 9 IF CLOSED ALL DAY</p>		CODE				
		A. MONDAY					
		B. TUESDAY					
		C. WEDNESDAY					
		D. THURSDAY					
		E. FRIDAY					
		F. SATURDAY					
		G. SUNDAY					
B28	<p>On the busiest day, what hours are the busiest?</p> <p>CIRCLE ONLY ONE CHOICE FOR BUSIEST TIME.</p>	11 AM to 2 PM	1				
		2 PM to 5 PM	2				
		5 PM to 8 PM	3				
		8 PM to 11 PM	4				
		11 PM to 2 AM	5				
		2 AM to 5 AM	6				
NO	QUESTION		RESPONSE				
B29	<p>In a typical week, during that <THE BUSIEST TIME FROM B28 > and <BUSIEST DAY FROM B27> how many men and women are socializing here for at least 15 minutes or more ? Give your best estimate.</p> <p>WRITE 888 FOR DON'T KNOW</p>	A. NUMBER OF MEN					
		B. NUMBER OF WOMEN					
B30	Of those MEN who are here at the busiest time, how many men in <u>your opinion</u> READ OPTIONS	NONE	< HALF	> = HALF	ALMOST ALL	DK	
	A. Are looking for a woman to have sex with?	1	2	3	4	8	
	B. Are looking for a woman they would pay for sex?	1	2	3	4	8	

	C. How many are men who have sex with men?	1	2	3	4	8
	D. How many are men who are here at a busy time have injected drugs in the past year?	1	2	3	4	8

NO	QUESTION	RESPONSE				
B31	Of those women who are here at the busiest time, how many_women <u>in your opinion</u> READ OPTIONS	NONE	< HALF	> = HALF	ALMOST ALL	D K
	A. Are aged 15-17 years?	1	2	3	4	8
	B. Are girls aged 12, 13 or 14?	1	2	3	4	8
	C. Are looking for a man who would pay money for sex?	1	2	3	4	8
	D. Are staff who exchange sex for money with customers?	1	2	3	4	8
	E. Are women who have injected drugs in the past year?	1	2	3	4	8
B32	Now I would like to ask some questions about certain groups of people who may come here. First, think about women who accept money as payment for sex. On a typical Saturday night between 11 PM and 2 AM, how many women who have sex with men for money come here?			NUMBER:		
B33	For this question, think about men who have sex with other men. On a typical Saturday night between 11 PM and 2 AM, how many men who have sex with men come here?			NUMBER:		
B34	Where else do people who come here go to look for a new sexual partner? I am wondering about any people who come here not any particular groups.	A NAME OF SPOT:				
		B ADDRESS:				
		C LOCATION OF SPOT:				

NO	QUESTION	RESPONSE				
B35	We are also interested in knowing how often there have been HIV prevention activities at this place? For each activity has it occurred in this spot in the past 6 months, longer		<= 6 MONTHS AGO	MORE THAN 6 MONTHS AGO	NEVER	DK
		A. Any HIV/AIDS prevention?	1	2	3	8
		B. Free distribution of male condoms?	1	2	3	8
		C. Free distribution of female condoms?	1	2	3	8
		D. Free distribution of lubricant?	1	2	3	8
		E. Condoms for sale at spot?	1	2	3	8

than 6 months ago or never?	READ LIST	F. Persons tested onsite for HIV?	1	2	3	8
		G. Safer sex education by outreach workers?	1	2	3	8
		H. Visits by community health counselors or case workers?	1	2	3	8
		I. Visits by MSM Peer Educators?	1	2	3	8
		J. Visits by a mobile clinic?	1	2	3	8
		K. Needle exchange program?	1	2	3	8

		ALWAYS	SOMETIMES	NEVER
B36	In the past 6 months how often have male condoms been available here? By available, I mean they are free or can be purchased here.	1	2	3
B37	In the last 6 months, how often have female condoms been available here? By available, I mean they are free or can be purchased here.	1	2	3
B38	In the past 6 months, how often has sexual lubricant been available here?	1	2	3
B39	Can you show me a condom that is available for someone free or to buy? INDICATE IF YOU WERE SHOWN A CONDOM.	SHOWN A CONDOM		1
		NOT SHOWN A CONDOM		2

THANK THE RESPONDENT AND END THE INTERVIEW WITH THIS RESPONDENT.

PART III INTERVIEWER COMPLETES AFTER INTERVIEW WITH GENERAL SPOT INFORMANT

B40	INTERVIEWER OPINION: HOW KNOWLEDGEABLE WAS THE GENERAL SPOT INFORMANT ABOUT THE ACTIVITIES AND PATRONS AT THE SPOT OR EVENT?	EXTREMELY KNOWLEDGEABLE		1
		KNOWLEDGEABLE		2
		NOT VERY KNOWLEDGEABLE		3
B41	TIME OF DAY	A HOUR:	B MINUTE:	C AM/PM
B42	INTERVIEWER: COUNT THE NUMBER OF MALE PATRONS, FEMALE PATRONS, MALE STAFF AND FEMALE STAFF AT THE SPOT AFTER THE INTERVIEW IS COMPLETED AND RECORD THE NUMBERS HERE.		MALE	FEMALE
		STAFF	A:	B:
		PATRONS	C:	D:

B43 INTERVIEWER OBSERVATION: PHYSICAL CHARACTERISTICS

	YES	NO		YES	NO
A. Functional electricity	1	2	B. TV	1	2

C. Running water available	1	2	D. Bar for alcohol sales	1	2
E. Walls and ceiling	1	2	F. Tables for visitors	1	2
G. Inside toilet	1	2	H. Used needles on the ground	1	2
I. Beds on-site	1	2	J. Spot includes outdoor area	1	2
K. Video projection	1	2	L. KP live at the place	1	2
B44 INTERVIEWER OBSERVATION: HIV PREVENTION AT THE SPOT					
	YES	NO		YES	NO
A. HIV/AIDS posters displayed	1	2	B. Needle exchange visible	1	2
C. Condom promotion posters	1	2	D. Peer educators present	1	2
E. Condoms visible	1	2	F. Supportive spot manager	1	2
G. Sexual lubricant packets visible	1	2	H. Workplace safety notices	1	2
B45 INTERVIEWER OBSERVATION OF AREA AROUND SPOT					
A. Trading Center	1	2	B. Urban slum/township	1	2
C. Truck Stop Area	1	2	D. Rural area	1	2
E. Tourist Area	1	2	F. Informal settlement	1	2
G. Residential Area	1	2	H. Roundabout / Big Intersection	1	2
I. Commercial	1	2	J. Spot is in a Cluster	1	2

APPENDIX C. INTERVIEW QUESTIONNAIRE

FORM C NAMIBIA 2017			
No.	Information Requested or Question	Coding Category / Response	
COMPLETE THE FOLLOWING BEFORE ARRIVAL AT SPOT:			
TABLET	START TIME:		
TABLET	DATE OF SURVEY:		
C101	SPOT FINAL ID:		
C102	SPOT NAME:		
C103	IS THIS SPOT THE ORIGINALLY SELECTED SPOT OR A REPLACEMENT SPOT?	ORIGINAL SPOT	1
		REPLACEMENT	2
C104	INTERVIEWER ID:		
COMPLETE UPON ARRIVAL AT SPOT:			
C105	Is the spot available for interviews?	YES	NO
		1	2
C106	EVEN IF SPOT NOT AVAILABLE How many of each are currently at spot: INTERVIEWER: TAKE TIME TO COUNT.	A.Men	
		B. Women:	
		C. Female Sex Workers:	
		D. Male Sex Workers:	
C107	IF C105a=NO, SPOT NOT AVAILBLE: INTERVIEWER: 1. SPECIFY WHY NOT AVAILBLE IN A FEW WORDS=> 2. ENSURE THAT C101-C104 ARE COMPLETE. 3. SKIP TO MODULE 5. 4. REPORT SPOT OUTCOME TO SUPERVISOR. 5. PLAN TO VISIT REPLACEMENT SPOT.	SPECIFY WHY NOT AVAILABLE:	
SELECTION OF RESPONDENT			
<p>READ: Hello. My name is < > and I am working on a study conducted by the Ministry of Health and Social Services that will improve HIV prevention programs. We are interviewing many types of people at this place. Would you be willing to participate in a short survey?</p>			
No.	Information Requested or Question	Coding Category / Response	

C201	RESPONDENT ID: <THE RESPONDENT ID IS SITE ID, THE INTERVIEWER ID, AND THE HOUR & MIN>		
C202	INTERVIEWER: RECORD GENDER BY OBSERVATION	MAN 1 WOMAN 2 TRANS FEMALE 3	
C203	A. What is your age?	AGE:	
	B. What is your birthday?	_____/_____/_____ DD/ MM/ YY	
	C. Are you willing to answer the questions I will ask you?	YES	NO
		1	2
INTERVIEWER, IF: <ul style="list-style-type: none"> C203A (AGE) IS < 18 OR C203C= NO 		THEN: 1. THANK THE RESPONDENT 2. END INTERVIEW & SKIP TO MODULE 5. 3. SAVE FORM 4. GO TO NEXT RESPONDENT USING NEW FORM C.	
C204	INTERVIEWER: DID YOU READ & OFFER THE FACT SHEET & ANSWER QUESTIONS? IF YES AND PERSON IS ELIGIBLE: PROCEED TO MODULE 3.	1	2

MODULE 3 INTERVIEW WITH RESPONDENT: DEMOGRAPHICS, SPOT VISITING & RISK BEHAVIORS			
DEMOGRAPHICS: READ: First I am going to ask you a few general questions.			
NO.	QUESTION	RESPONSE	
		YES	NO
C301	Do you work here?	1	2
C302	Are you currently employed either full time or part-time?	1	2
C303	Did you complete secondary school?	1	2
C304	Do you live in this <constituency>?	1	2
<p>READ: Some people have few health problems and some people have more health problems. We want to make sure we interview enough people with certain types of behaviors so that we can determine whether they are getting the services they need. I am going to read a list of four behaviors. If you have done any of these in the past 3 months then we are interested in asking you some additional questions. You do not have to tell me which of the behaviors you did, just tell me if you have done any in the past 3 months. These behaviors are quite common and we know that many people do them.</p>			
C305	<p>Here are the behaviors:</p> <ul style="list-style-type: none"> • Had more than 3 sexual partners • Had anal sex with anyone • Had a fever for two weeks • Had pain when urinating <p>Have you done any of those behaviors at least one time in the past 3 months?</p> <p>IF NOT ELIGIBLE, SKIP TO MODULE 5.</p>	<p>YES 1</p> <p>NO 2</p>	
SPOT VISITING: READ: Next I am going to ask you about how often you come here. This information will help us estimate how many people could be reached here if we brought some health programs to this place.			
C306	<p>How often do you come to this spot?</p> <p>READ RESPONSES. PROBE TO DETERMINE IF PERSON LIVES AT SPOT. IF PERSON LIVES AT THE SPOT, MARK 0</p>	LIVES AT SPOT	0
		VISITS DAILY	1
		4-6 TIMES PER WEEK	2
		2-3 TIMES PER WEEK	3
		WEEKLY	4
		2-3 TIMES PER MONTH	5
		MONTHLY	6
		LESS THAN ONCE A MONTH	7
		THIS IS MY FIRST TIME HERE 8	8

C307	Before today, when did you come here most recently? How many days/weeks/months or years ago? IF FIRST TIME AT SPOT, CODE 97. IF LIVES AT SPOT CODE 98. IF CAME YESTERDAY, CODE 1 DAY AGO. IF CAME DAY BEFORE YESTERDAY CODE 2 FOR 2 DAYS AGO. NOTE RANGES.	A. DAYS AGO (RANGE 1-6):			
		B. WEEKS AGO (RANGE 1-3):			
		C. MONTHS AGO (RANGE 1-11):			
		D. YEARS AGO (RANGE 1-96):			
		E. FIRST TIME AT SPOT:		97	
		F. LIVES AT SPOT:		98	
C308	Why did you come here today/tonight? Did you come here to: READ EACH...			YES	NO
		A. SOCIALIZE?		1	2
		B. DRINK ALCOHOL?		1	2
		C. LOOK FOR A SEXUAL PARTNER?		1	2
		D. WORK AT YOUR JOB?		1	2
C309	Besides this place, how many other public places have you visited today to socialize, drink alcohol, or look for a person to have sex with?	NUMBER:			
C310	How many other public places do you plan to go to today to socialize, drink alcohol, or look for a sexual partner?	NUMBER:			
C311	Think about last Saturday night. Did you come here last Saturday night between 11PM and 2AM? IF TODAY IS SATURDAY, ASK ABOUT THE SATURDAY 7 DAYS AGO. IF TODAY IS NOT SATURDAY, ASK ABOUT THE MOST RECENT SATURDAY.	YES	NO		
		1	2		
C312	Including this place, how many public places did you go to socialize, drink alcohol or look for a sexual partner on Saturday between 11PM and 2AM?	NUMBER:			
<p>READ: Next I am going to ask you a few questions about your risk behaviors. This information will help us plan health programs in this area. All of your answers are confidential. Later I will ask you about your access to and use of services, but first I need to know whether you have done any of the following. For each, answer yes or no. The first questions are about use of alcohol and drugs.</p>					
		YES	NO		
C313	Do you drink alcohol daily or almost every day?	1	2		
C314	Did you inject a recreational drug in the past 12 months?	1	2		
C315	Did you share a needle with someone who was injecting drugs?	1	2		
<p>READ: The next few questions are about sexual behavior and how many people you have had sex with recently.</p>					
C316a	Have you ever had sex? By sex we mean both penile-vaginal or anal.	1	2		

C316b	Which best describes your use of condoms over the past 6 months and your intentions to use condoms in the future? READ OPTIONS	I DO NOT USE CONDOMS AND DO NOT HAVE PLANS TO		1
		I PROBABLY SHOULD USE CONDOMS BUT I DON'T		2
		I USE CONDOMS OCCASIONALLY DEPENDING ON THE PERSON		3
		I TRY TO USE CONDOMS EVERY TIME BUT SOMETIMES I DON'T		4
		I HAVE USED CONDOMS EVERY TIME I HAVE HAD SEX IN THE PAST 6 MONTHS		5
		I HAVE NOT HAD SEX IN THE PAST SIX MONTHS		6
C317	In the past 6 months, have you had penile-vaginal sex?	1	2	
C318	In the past 6 months, have you had penile-vaginal sex without a condom?	1	2	
C319	In the past 6 months, have you had anal sex with a man?	1	2	
C320	In the past 6 months, have you had anal sex without a condom?	1	2	
C321	In the past 6 months, have you paid a woman to have sex with you?	1	2	
C322	In the past 6 months, have you paid a man to have sex with you?	1	2	
C323a	In the past 1 month, has someone paid you money for having sex?	1	2	
C323b	In the past 6 months, has someone paid you for money for having sex?	1	2	
C324	In the past 1 month, has someone given you a gift or other good for having sex?	1	2	
C325	Have you had sex with a person in the past 12 months who you never had sex with before?	1	2	
C326	The last time you had sex of any kind, did you use a condom?	1	2	
C327	In the past 6 months, have you met a new sexual partner here at this spot?	1	2	
C328	We want to know where else to take our health programs besides this place. Where are other places you have been to socialize or meet a new sexual partner in the past 7 days?	A. Name of Spot		
		B. Location		
		C. Neighborhood		
		D. Description		
C329	Other places?	A. Name of Spot		
		B. Location		
		C. Neighborhood		
		D. Description		
C330	Other places?	A. Name of Spot		
		B. Location		
		C. Neighborhood		
		D. Description		
C331	In the past 3 months, have you met a new sexual partner online or on a phone app?	1	2	
READ: Thank-you. Now I would like to ask you a few more questions about your sexual behavior.				

C332	At what age did you first have sex? By sex I mean vaginal sex or anal sex. IF NEVER HAD SEX, SKIP TO MODULE 4	AGE: _____ NEVER HAD SEX 99
C333	A. In total, how many men have you had sex with in the past 12 months (not including transwomen)? B. In total how many women have you had sex with in the past 12 months (not including trans women)? C. In total, how many transgender women have you had sex with in the past 12 months?	A. NUMBER MEN: _____ B. NUMBER WOMEN: _____ C. TRANS WOMEN: _____

MODULE 4 INTERVIEW WITH RESPONDENT: SYMPTOMS, SERVICES, VULNERABILITIES

SYMPTOMS AND SERVICES. Next I would like to ask you if you have physical symptoms of an infection and whether you are getting health services.

		YES	NO
C401	In the past four weeks, have you had an unusual discharge from your penis or vagina?	1	2
C402	In the past four weeks, have you had sores on or around your penis or vagina?	1	2
C403	Are you a circumcised man?	1	2
C404	In the past 12 months, did a medical provider test or examine you to see if you had a sexually transmitted infection other than HIV?	1	2
C405	In the past 12 months, did you provide a sputum sample for a tuberculosis (TB) test?	1	2
C406	In the past 12 months, were you given a diagnosis of tuberculosis (TB)?	1	2
C407	Have you had a cough for the past two weeks, fever, night sweats or unexplained weight loss?	1	2
C408	In the past 12 months, have you received information about HIV or AIDS from...	A. A community health worker or case manager at this spot?	1 2
		B. The radio?	1 2
		C. A friend or family member?	1 2
		D. A nurse?	1 2
		E. A doctor?	1 2
C409	Have you accessed condoms for free in the past 6 months?	1	2
C410	Have you bought condoms in the past 6 months?	1	2
C411	Do you have a condom with you now? Will you show it to me now? ONLY CIRCLE 1 IF YOU SAW THE CONDOM.	1	2

C412	Have you accessed lubricant for free in the past 6 months?		1	2
C413	Do you know where to go to get tested for HIV?		1	2
C414	Before today, when were you most recently tested for HIV? IF NEVER, SKIP TO C420		Past 6 months 1 7-11 months ago 2 1-5 years ago 3 Over 5 years ago 4 Never 5	
C415	Have you had a positive HIV test indicating an HIV infection (not including today)?	YES	NO	
		1	2	
		Refuse to answer 99		
C416	Did you ever drink medicine for an HIV infection? IF NO, SKIP TO C420.		1	2
C417	Are you currently drinking antiretroviral (ART) drugs to treat an infection?		1	2
C418	In the past 7 days, did you miss drinking your anti-retroviral medicine 3 days or more?		1	2
C419	Where did you most recently obtain your ART medicine?	A NAME OF PLACE: _____ B TYPE OF PLACE: _____		
VULNERABILITY QUESTIONS: Finally, there are just a few more questions about problems people face in their life.				
C420	In the past 12 months, have you generally had enough food to eat?		1	2
C421	In the past 12 months, have you had enough money to support yourself?		1	2
C422	In the past 12 months, have you been the victim of violence?		1	2
C423	In the past 12 months, have you been forced to have sex against your will?		1	2
C424	Some people get paid money for sex and see themselves as sex workers. Do you get money for sex and see yourself as a sex worker?		1	2
C425	At what age did you first get paid money for sex?			
C426	In your opinion, how many of the women here right now are looking for men to pay them money for sex?			
C427	Some people see themselves as gay or lesbian. Do you see yourself as gay or lesbian?		1	2

C428	In your opinion, how many of the men here right now are men who have sex with men?		
C429	In the past 12 months, have you ever spent a night in jail or prison?	1	2
C430	Have you been homeless anytime in the past 12 months? (eg living in the street)	1	2
C431	I need to ask this for the purposes of the survey. Do you see yourself as a man or a woman?	MAN 1 WOMAN 2	
C432	Were you born male or female?	MALE 1 FEMALE 2	
READ: Lastly, we want to ask you about your knowledge of other types of people who visit places like these.			
C433	We want to take programs to places like this. How many people do you know in this constituency who go out to bars, clubs, streets, social events at least once in the course of a typical week. You know them. They know you. You have talked at least once in the past 4 weeks.		
C434	Of those [# in C433] you know who go out to bars, clubs, parks, streets, or other public social events in this constituency to socialize at least once, how many go out on Saturday nights?		
C435	Of those [# in C433] you know, how many have come to this spot in the past 7 days? Either you saw them here or you know they came here.		
C436	Of those [# in C433] you know, how many are here now?		
C437	Some women have sex in exchange for money. How many women who have sex for money do you know personally in this constituency? You know them. They know you. You have talked at least once in the past 4 weeks.		
C438	Of those [# in C437] women, how many go out to bars, clubs, streets, social events at least once in the course of a typical week?		
C439	Of those [# in C438] women, how many go out on Saturday nights?		
C440	Of those [# in C438] women, how many have come to this spot in the past 7 days? Either you saw them here or you know they came here.		
C441	Of those [# in C438] you know, how many are here now?		
C442	Some men have sex with other men. How many men who have sex with other men do you know personally in this constituency? You know them. They know you. You have talked at least once in the past 4 weeks.		
C443	Of those [# in C442] men, how many go out to bars, clubs, streets, social events at least once in the course of a typical week?		
C444	Of those [# in C443] men, how many go out on Saturday nights?		
C445	Of those [# in C443] men, how many have come to this spot in the past 7 days? Either you saw them here or you know they came here.		
C446	Of those [# in C443] you know, how many are here now?		

END OF SURVEY QUESTIONS. THANK THE RESPONDENT FOR PARTICIPATING! GO TO MODULE 5.

MODULE 5 CONCLUSION

INTERVIEWER: YOU MUST COMPLETE THIS SECTION FOR EVERY SPOT THAT IS VISITED EVEN IF THERE ARE NO RESPONDENTS. YOU MUST COMPLETE THIS MODULE FOR EACH POTENTIAL RESPONDENT EVEN IF THE PERSON WAS NOT ELIGIBLE OR REFUSED AT THE BEGINNING OR PART-WAY THROUGH. YOU MUST COMPLETE THIS SECTION FOR EACH RESPONDENT WHO WAS INTERVIEWED.

NO.	QUESTION	RESPONSE	
C501	Outcome of interview	Spot no longer in operation	1
		Spot not available-Refusal by owner/manager	2
		Spot not available, other reason	3
		Respondent not eligible	4
		Respondent refused completely	5
		Incomplete Interview	6
		Complete Interview with respondent	7
C501b	IF OTHER EXPLAIN		

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