

Programmatic Mapping Readiness Assessment for Use with Key Populations

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Abbreviations

| | |
|-------------|---------------------------------|
| ART | Antiretroviral therapy |
| KP | Key population |
| MRA | Mapping readiness assessment |
| MSM | Men who have sex with men |
| PEP | Post-exposure prophylaxis |
| PLWH | People living with HIV |
| PM | Programmatic mapping |
| PrEP | Pre-exposure prophylaxis |
| PWID | People who inject drugs |
| STI | Sexually transmitted infections |
| SW | Sex worker |
| TA | Technical assistance |
| TG | Transgender |
| VL | Viral load |

Introduction

WHAT IS PROGRAMMATIC MAPPING?

Programmatic mapping (PM) is a collaboration among key population (KP) communities (sex workers [SWs], people who inject drugs [PWID], men who have sex with men [MSM], and transgender people); service delivery providers; and researchers to systematically identify and map the locations where people most at risk of acquiring and transmitting HIV can be reached. It is a tool to focus HIV prevention programming and resources where they will have the greatest impact on the HIV epidemic. PM identifies and maps sites (physical structures, public spaces, Internet sites, and apps) where KPs congregate, estimates the number of KP members that could be reached at each site, and documents the health and wellness services available near these locations. As described by the Global Fund to Fight AIDS, Tuberculosis, and Malaria, “the aim of this process is to improve program coverage by ensuring services are located where they are needed most.” PM can be conducted using a variety of methods, including PLACE.^{1,2} Estimates of the number of KP individuals at each site can be used to help establish the size of KPs in a specific city, region, or country; information that then can be used to determine resource needs, program planning, and resource allocation.

WHY CONDUCT A MAPPING READINESS ASSESSMENT (MRA)?

The primary purpose of conducting an MRA is to determine whether PM can be implemented in a way that protects the safety, well-being, and confidentiality of individuals and KP groups. Collecting information from vulnerable populations, even to improve programs, may pose unintended risks through breaches in confidentiality and misuse of spatial data or by drawing unwanted attention to KP groups.

Conducting an MRA helps achieve safe and successful PM through a consultative process to gather information about risk, identify key people and places within the community, and strengthen partnerships. These relationships will help guide the appropriate use of data generated by PM to best improve the availability of health services for KPs. An MRA may also determine that PM poses too great a risk and should not be implemented.

WHOSE VOICES SHOULD BE INCLUDED IN AN MRA?

An MRA should reflect conversations with a wide range of stakeholders including service delivery providers, law enforcement, legal experts, representatives from KPs, leaders of KP organizations, experts in the field, general community members, religious leaders as appropriate, and local and regional leaders—including government officials and those at local academic institutions who may already be working with KPs.

PURPOSE OF THE *PROGRAMMATIC MAPPING READINESS ASSESSMENT TOOL*

The *Programmatic Mapping Readiness Assessment Tool* provides an adaptable step-by-step guide for conducting an MRA. The MRA focuses on the safety and well-being of KPs as a group and individuals within the group; helps identify the potential risks and benefits of conducting PM before initiating the mapping process; and guides discussions among program staff, steering committee members, and community leaders in creating an action plan to address risk.

WHO SHOULD USE THIS TOOL?

The MRA tool can be used by stakeholders planning to conduct a PM study. The assessment's implementers will depend on a country's specific project structure and needs but may include local program staff, researchers, or community-based organizations, with technical assistance (TA) and support from in-country or external advisors. An MRA should be implemented in collaboration with the groups who will eventually conduct the PM; however, it may rely on input, guidance, and expertise of other individuals or institutions. Because an MRA involves the use of qualitative methods to gather information, it can be helpful for one or more of the people conducting the MRA to have qualitative methods experience (for example, conducting interviews or focus groups) or to seek TA in this area.

HOW SHOULD THIS TOOL BE USED?

An MRA assesses the appropriateness, readiness, and safety of conducting PM within a community. Each community should review the MRA and adjust it as necessary to meet the specific needs and contexts of their community. LINKAGES staff at the University of North Carolina at Chapel Hill (UNC) can assist with this process.

The tool includes:

- 1 A step-by-step guide for gathering the information needed to identify collaborating partners, describe the KPs that will be mapped, assess the local legal environment, and identify data safety and security procedures
- 2 Worksheets to help organize information-gathering
- 3 Stakeholder consultation guides to gather input from KPs/KP representatives, health care and service providers, and mapping team members
- 4 Summary tables to describe each risk identified and create a plan for addressing each risk

After completing MRA activities, key stakeholders and representatives of the community should discuss whether or how and when to move forward with PM. The MRA initiates a reflective process that should engage program staff and stakeholders at each stage of PM to best protect the safety and well-being of individuals and the community.

Conducting a Mapping Readiness Assessment

OVERVIEW

There are six sets of activities in an MRA. To start the MRA process, the implementing partner first identifies key stakeholders and community partners who may eventually conduct or be affected by PM (Activity 1). These partners will be able to help provide information to define and describe a typology of each KP group (Activity 2), to assess the legal environment for KPs and mapping (Activity 3), and to assess data and safety concerns related to PM (Activity 4). Throughout the MRA, the implementing partner also gathers information from all stakeholders who are engaged in the discussion about the potential impact of PM (Activity 5).

These activities do not need to be conducted in a specific order. For example, information from Activity 5 can inform the responses to all other activities. Also, the activities can be adapted to the specific country context. The LINKAGES team can assist MRA implementers in any adaptations required.

Some of the information for the MRA can be gathered from existing sources (e.g., U.S. Agency for International Development (USAID) country office reports, LINKAGES desk review, LINKAGES preliminary site visits/rapid assessments, and other existing reports). Additional information should then be added as you conduct stakeholder consultations in Activity 5.

Once all the information for the MRA has been gathered, the implementing partner should convene a meeting of all key stakeholders—including community partners and KP representatives—to summarize the information and to determine whether to move ahead with PM and, if so, how to address identified risks (Activity 6).

The remainder of this document gives step-by-step guidance for conducting each of the six MRA activities and provides associated worksheets, consultation guides, and summary tables.

Activity 1. Identify stakeholders for programmatic mapping

Who are the stakeholders for PM? Complete the worksheet below—use additional pages if needed. Identify at least one partner from each sector. Consider whether new relationships will need to be built to prepare the community to support and participate in PM.

WORKSHEET 1: STAKEHOLDERS FOR PM

| STAKEHOLDER TYPE (SECTOR) | NAME OF ORGANIZATION | CONTACT PERSON AND INFORMATION | RELEVANT KP GROUPS (E.G., SWS, PWID) |
|--|----------------------|--------------------------------|--------------------------------------|
| Organizations led by and/or serving KPs | | | |
| Service delivery organizations and medical providers | | | |
| Ministry of health or other relevant government agencies | | | |
| Police and law enforcement representatives | | | |
| Religious organizations | | | |
| Traditional governance structures (e.g., traditional authorities, village leaders) | | | |
| Funder/donor organizations | | | |
| Other | | | |

Activity 2. Define and describe KPs to be mapped

Follow the five steps below to identify the typology of KP groups in the areas where PM will be conducted.

Step 1. Meet with community partners.

Step 2. Brainstorm a list of locations where each KP group can be reached. You can use the list below as a start.

Examples of sites (physical, Internet websites, or events) where MSM/PWID/SWs/transgender people can be reached:

- Bars
- Clubs
- Streets where they sell sex
- Gay parties
- Raves
- Church
- University
- Theaters
- Abandoned buildings
- Bottle stores
- Hair salons
- Internet websites (specify)
- Bus station
- Beach
- Tourist sites (specify)
- Jail
- Market
- Locally made alcohol seller or informal bar
- Brothel
- Massage parlor
- Sports event
- Cultural festival
- Wedding
- Funeral
- Others

Step 3. Once you have a final list, complete Worksheet 2 by grouping similar sites, listing the KP groups who frequent these sites, and providing an operational definition of each KP group at each location. An example of a completed Worksheet 2 (following the blank worksheet below) can help guide you through this process.

WORKSHEET 2: TYPOLOGY OF KP GROUPS BY TYPE OF LOCATION

| | LOCATION | KEY POPULATION | OPERATIONAL DEFINITION OF KEY POPULATION GROUP AT LOCATION |
|---|----------|----------------|--|
| 1 | | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |
| 5 | | | |
| 6 | | | |

Example of completed Worksheet 2

| | LOCATION | KEY POPULATION | OPERATIONAL DEFINITION OF KEY POPULATION GROUP AT LOCATION |
|---|---|----------------|--|
| 1 | Street sections/blocks identified as places where men buy sex | Female SWs | Any woman \geq age 18 at the location |
| 2 | Clubs identified as places where men buy sex | Female SWs | Any woman \geq age 18 working in or regularly patronizing the location |
| 3 | Bars identified as places where men buy sex | Female SWs | Any woman \geq age 18 working in or regularly patronizing the location |
| 4 | Establishments providing sexual massage | Female SWs | Any woman \geq age 18 working in or regularly patronizing the location |
| 5 | Internet sites offering sex with women for cash | Female SWs | Any woman \geq age 18 who offers sex for cash via the Internet site |
| 6 | Street sites where men can buy sex from TG people | TG SWs | Any TG person at the location |
| 7 | Public location where PWID congregate | PWID | Any person at the location who reports a history of injecting drug use |

Step 5. Next, based on the information in Worksheet 2 and your responses to the questions in Step 4, create a preliminary list of which KP groups and subgroups should be included in the PM and size estimation study. These decisions can be refined or expanded as you continue to gather information throughout the MRA process. Summarize your thoughts in Worksheet 3.

WORKSHEET 3: LIST OF KP GROUPS TO INCLUDE IN PROGRAMMATIC MAPPING AND SIZE ESTIMATION

| POPULATION | INCLUDED? | KNOWN SUBGROUPS THAT SHOULD BE INCLUDED | RATIONALE |
|-------------------|------------------|--|------------------|
| PWID | Yes or No | | |
| SWs | Yes or No | | |
| MSM | Yes or No | | |
| TG people | Yes or No | | |
| Other populations | Yes or No | | |

Activity 3. Assess the legal environment for KPs and mapping

Answer the following questions to assess the legal environment for KPs and PM in your setting. Then use your responses to complete Worksheet 4.

- What are the official local and national laws that affect KPs?
 1. In practice, how are these laws applied?
 2. What penalties are enforced?

- What protective laws are in place that affect KPs?
 1. What laws protect people living with HIV from discrimination?
 2. What laws specify protections for KPs?

- What punitive laws are in place that affect KPs?
 1. What laws present obstacles to access to HIV services for KPs?
 2. What laws criminalize same-sex sexual activities between consenting adults?
 3. What laws deem sex work (prostitution) to be illegal?
 4. What kind of compulsory treatment is available (e.g., methadone maintenance) for PWID?
 5. What offenses carry the death penalty as a sentencing option (e.g., drug offenses or same-sex sexual activities)?

- What legal recourse is available to KPs? For example, the Healthy Options Project Skopje (HOPS) in Macedonia provides legal services to female SWs. The project worked with SWs to raise public awareness and fight police repression after the detention, forced HIV testing, and public humiliation of SWs in 2008. Similarly, the Asociación de Mujeres Meretrices de la Argentina (AMMAR) provides legal aid to female SWs and has challenged police harassment and restrictions on where SWs can work, partly through an alliance with labor unions.³

- What political and legal trends or changes might occur in the coming years that would affect PM or KPs? How could these changes alter the safety of PM for KPs?

WORKSHEET 4: PROTECTIVE AND PUNITIVE LAWS AND POLICIES

Directions: Read each statement related to protective and punitive laws. Based on your responses to the questions above, circle “Yes,” “No,” or “unclear”, assessing to the best of your ability whether the setting has these types of laws in place.

| PROTECTIVE LAWS | |
|---|----------------|
| Laws that protect people living with HIV against discrimination | Yes/No/Unclear |
| Laws that specify protections for vulnerable populations | Yes/No/Unclear |
| PUNITIVE LAWS | |
| Laws that present obstacles to access to HIV services for vulnerable subpopulations | Yes/No/Unclear |
| Laws that criminalize same-sex sexual activities between consenting adults | Yes/No/Unclear |
| Laws that deem sex work (“prostitution”) to be illegal | Yes/No/Unclear |
| Compulsory treatment for people who use drugs | Yes/No/Unclear |
| Death penalty for drug offenses | Yes/No/Unclear |

Activity 4. Assess data safety and security considerations and capabilities

Answer the following questions to help determine the safety and security of data that will be collected during PM.

- What confidentiality agreements and data protection can realistically be put into place to ensure that maps and KP data are not used inappropriately?
- Would it be safer or more appropriate in this setting to map public sites where a broader group of at-risk individuals could be reached (as compared to focusing on KP sites)?
- What kinds of research ethics guidelines or specified codes of professional ethics are used by each organization that will be conducting PM activities or have access to PM data? Do these guidelines or codes describe standard procedures for (1) explaining program services, (2) requesting voluntary participation, and (3) maintaining the confidentiality of clients with regards to data, maps, routinely collected data, and individual client records?
- How will the information gathered during PM be used to improve services at the sites that are identified? What resources are or will be available to implement improvements? What additional resources are needed?

Activity 5. Gather perspectives from relevant stakeholders

Use the following stakeholder consultation guides to discuss the PM process with stakeholders (KP members, health care and service providers, and PM team members) and to gather their ideas and opinions.

STAKEHOLDER CONSULTATION WITH KEY POPULATIONS

Goal: Gain perspectives from members of each KP group and/or KP advocacy group that will be mapped.

Guidance: Include both key opinion leaders and typical members. The following questions can be adapted and expanded for use in one-on-one interviews or in focus group discussions with four to eight people. The exact methods used and questions asked should be chosen to best fit the local setting. Ideally, the individual who conducts these discussions will be familiar with the populations and will have had training and/or experience using qualitative methods to gather information. You may wish to circle or highlight the questions you plan to ask before the conversation begins. You may also write down any additional questions you plan to ask.

Begin the interactions by providing a brief overview of the PM activities that are planned.

Next, write down some basic information at the top of the page. Assign a number to the conversation so you can keep track of it. Use this number on each page of your notes. Record the date and location where the conversation is taking place. Write down a description of the person with whom you are speaking (include only their role, position, or connection to KPs; do not write down their name).

Take some brief notes below each question while you are conducting the consultation to help you remember what the respondent says. As soon as possible after you have completed the consultation, expand your notes with more details from your memory of the conversation. Also, write down follow-up questions you might have forgotten to ask or new questions that come to mind based on the information you have learned.

KP stakeholder consultation guide and notes (page 1 of 4)

Conversation #: _____

Date: _____

Location: _____

Role of respondent (do not write down their name, just a description of their position, role, or reason for interviewing them):

Interview questions for SWs (adapt as needed for MSM)

1. At what types of places do SWs socialize/meet clients?
2. Which SWs do you think are not currently being reached by HIV- and AIDS-related health services? Where do these SWs meet clients?
3. Do you think it is a good strategy to provide HIV prevention messages and information regarding treatment and care services at places where SWs meet new clients?
4. What services are available in this area that you would consider KP-friendly?
5. What health and legal protection/advocacy services do SWs access (e.g., legal representation, peer education, condoms, HIV testing and counseling, ART, PEP, PrEP, CD4/VL testing, STI screening, mental health services, family planning)?

KP stakeholder consultation guide and notes (page 3 of 4)

Conversation #: _____

14. What can we do to alleviate your concerns about mapping?

15. **MSM specific:** What do you think about mapping semipublic events like parties?

Questions about HIV, CD4, and viral load testing at mapped locations

Finger-prick testing using just a few drops of blood can be done by trained fieldworkers in private rooms or unmarked clinic vans at the mapped locations. These tests can provide participants with their HIV status and current CD4 count within 30 minutes in the same visit and their viral load results within a few days/weeks.

1. How easy do you think it would be to recruit [SWs, MSM, PWID] at mapped locations to participate in finger-prick testing?

2. What factors would make it difficult to recruit people for this testing?

3. What factors would make it easy to recruit people for testing?

4. What concerns would you have about this testing at mapped venues?

5. How would you feel about getting HIV and CD4 test results in this way?

STAKEHOLDER CONSULTATION WITH HEALTH CARE AND SERVICE PROVIDERS

Goal: Gather perspectives from health care and service providers about mapping.

Guidance: Include both key opinion leaders and typical members. The following questions can be adapted and expanded for use in one-on-one interviews or in focus group discussions with four to eight people. The exact methods used and questions asked should be chosen to best fit your local setting. Ideally, the individual who conducts these discussions will be familiar with the populations and will have had training and/or experience using qualitative methods to gather information. You may wish to circle or highlight the questions you plan to ask before the conversation begins. You may also write down additional questions you plan to ask.

Begin these interactions by providing a brief overview of the PM activities that are planned.

Next, write down some basic information at the top of the notes page. Assign a number to the conversation so you can keep track of it. Use this number on each page of your notes. Record the date and location where the conversation is taking place. Write down a description of the person with whom you are speaking (include only their role, position, or connection to KPs; do not write down their name).

Take some brief notes below each question while you are conducting the consultation to help you remember what the respondent says. As soon as possible after you have completed the consultation, expand your notes with more details from your memory of the conversation. Also, write down follow-up questions you might have forgotten to ask or new questions that come to mind based on the information you have learned.

Health care and service provider consultation guide and notes (page 1 of 3)

Conversation #: _____

Date: _____

Location: _____

Role of respondent (do not write down their name, just a description of their position, role, or reason for interviewing them):

Interview questions

1. What are some examples and locations of services that are currently available for KPs in your community (e.g., drop-in centers, HIV testing or care services)? What additional services do you think are needed? Where should these services be geographically located?
2. Could you describe any special arrangements you have for caring for KPs?
3. What partnerships/relationships do you have (or does your organization have) with owners or managers of sites such as bars or clubs where KPs meet new sexual partners? What outreach activities have you done at these sites (e.g., offer on-site HIV/STI testing or distribute condoms)?
4. Could you describe any outreach efforts you have participated in that reached KPs?
5. What are your experiences providing HIV testing, distributing condoms, or promoting condom use at high-risk sites such as bars or clubs?
6. What kinds of challenges have you or your organization faced in conducting HIV prevention and care activities in the past?

Health care and service provider consultation guide and notes (page 3 of 3)

Conversation #: _____

2. What factors would make it difficult to recruit people for finger-prick testing?

3. What factors would make it easy to recruit people for finger-prick testing?

4. What concerns do you have about finger-prick testing at mapped venues?

5. What risks to safety or privacy for [SWs, MSM, PWID] do you think should be considered?

6. How do you think this kind of testing might help your HIV prevention/care work?

7. What might be some benefits or challenges for health workers using finger-prick testing?

8. Would you be willing to participate in the collection of dried blood spots via finger-prick testing at mapped locations?

9. What might be some benefits or challenges for health workers participating in the assessment?

10. What procedures should be developed for these results to be used by health care and service providers to link [SWs, MSM, PWID] to HIV care and treatment?

Additional notes (use additional pages if necessary, add conversation number at top of each additional page)

STAKEHOLDER CONSULTATION WITH THE PROGRAMMATIC MAPPING TEAM

Goal: Gather perspectives from PM team about preparedness.

Guidance: Include both key opinion leaders and typical members. The following questions can be adapted and expanded for use in one-on-one interviews or in focus group discussions with four to eight people. The exact methods used and questions asked should be chosen to best fit your local setting. Ideally, the individual who conducts these discussions will be familiar with the populations and will have had training and experience using qualitative methods to gather information. You may wish to circle or highlight the questions you plan to ask before the conversation begins. You may also write down additional questions you plan to ask.

Begin these interactions by providing a brief overview of the PM activities that are planned.

Next, write down some basic information at the top of the notes page. Assign a number to the conversation so you can keep track of it. Use this number on each page of your notes. Record the date and location where the conversation is taking place. Write down a description of the person with whom you are speaking (include only their role, position, or connection to KPs; do not write down their name).

Take some brief notes below each question while you are conducting the consultation to help you remember what the respondent says. As soon as possible after you have completed the consultation, expand your notes with more details from your memory of the conversation. Also, write down follow-up questions you might have forgotten to ask or new questions that come to mind based on the information you have learned.

Programmatic mapping team consultation guide and notes (page 1 of 3)

Conversation #: _____

Date: _____

Location: _____

Role of respondent (do not write down their name, just a description of their position, role, or reason for interviewing them):

Interview questions

1. What will your role be in the mapping activities?
2. What specific tasks will this entail?
3. What steps do you need to take for your safety and comfort while conducting this job?
4. What are your specific concerns about the mapping activities?
5. What concerns have you heard from others in the community?
6. What can we do to alleviate your concerns about mapping?
7. What value/benefit do you think the information from mapping could provide?

Programmatic mapping team consultation guide and notes (page 2 of 3)

Conversation #: _____

8. What do you think are the most important things we can do to protect the safety and security of those who will be affected by these mapping activities?

Questions about HIV, CD4, and viral load testing at mapped locations

(The following questions are only used if finger-prick testing is planned for your setting.)

Finger-prick testing using just a few drops of blood can be done by trained fieldworkers in private rooms or unmarked clinic vans at the mapped locations. These tests can provide participants with their HIV status and current CD4 count within 30 minutes in the same visit and their viral load results within a few days/weeks.

1. How easy do you think it would be to recruit [SWs, MSM, PWID] at mapped locations to participate in finger-prick testing?
2. What factors would make it difficult to recruit people for finger-prick testing?
3. What factors would make it easy to recruit people for finger-prick testing?
4. What concerns would you have about doing finger-prick testing at mapped venues?
5. What concerns would you have about providing people with their test results at mapped venues?
6. What risks to safety or privacy for [SWs, MSM, PWID] do you think should be considered?

Activity 6. Make a summary decision about the risks of programmatic mapping

STEP 1. CREATE A COMPREHENSIVE LIST OF THE RISKS OF PROGRAMMATIC MAPPING.

Complete Worksheet 5 to create a list of the risks of PM. Consider the information gathered in the previous activities to decide whether to move forward with PM and, if so, how to conduct PM while protecting the safety and security of KPs. These questions will help guide your list creation, discussion, and decision.

- Could consensus among KPs/KP representatives be reached regarding the risks and benefits of PM?
- How likely is it that the data generated from PM will be used?
- What risks of PM were identified?
- Who do these risks most affect (e.g., brothel-based SWs, street-based SWs, mapping team, MSM)?
- How serious are these risks (e.g., a “low” risk might include individual discomfort or embarrassment or minor financial loss, a “moderate” risk might include discrimination or a major financial loss, a “high” risk might include high likelihood of violence or arrest)?
- How likely are negative outcomes to happen (unlikely, possible, very likely, certain)?
- What precautions could be taken to ameliorate or minimize these risks? (List multiple possible steps.)
- In summary, is it possible to implement PM safely in the country?
- In summary, is it possible and acceptable to conduct finger-stick testing for HIV, CD4 count, and viral load at the mapped venues?

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