Research report

INTEGRATED BIOLOGICAL AND BEHVAIORAL SURVEILLANCE among KEY POPULATIONS in KOSOVO

SECOND GENERATION SURVEILLANCE of HIV AIDS

(Round IV)

2017-2018

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FOREWORD

Evidence informed decision making is fundamental to Kosovo successful response to HIV/AIDS. A robust surveillance system, tracking HIV epidemic in the country, has been core to the provision of the prevention programs and preventive programs and reducing HIV prevalence. The surveillance system through integrated biological and behavioral surveillance study (IBSS) and other researches in the field of HIV / AIDS has evolved over the years, by monitoring the epidemic's progress and leading response at the national level.

Considering the low level HIV epidemic in Kosovo, Integrated Biological and Behavioral Surveillance (IBBS) was formulated as a strategic focus to strengthen HIV surveillance among Key Population. It was implemented in three study groups/key populations comprising Female Sex Workers (FSWs), Men having Sex with men (MSM), People who Inject Drug (PWID).

This is the fourth round of biological and behavior surveillance studies on HIV conducted in Kosovo. The first round of biological and behavioral surveillance was conducted in 2006, followed by the IBBS rounds undertaken in 2011 and 2014, which were supported by the Global Fund (GF) HIV Program in Kosovo through CDF and implemented by the National Institute of Public Health.

This national report provides a descriptive analysis of behavior and biological data collected for IBBS for key population FSW, MSM and PWID. The indicators presented in this report are comprehensive encompassing a wide array of, but not limited to aspects like risk behaviors, HIV -related knowledge and practices, experiences of violence, stigma & discrimination, usage of prevention services as well as HIV prevalence.

I hope that the report will provide an insight into the current status of HIV epidemic of key population in Kosovo and will be used by all stakeholders involved in prevention programs, treatment, care and human rights, for efficient review, modification and implementation of national HIV/AIDS-related services.

I would like to thank all participants, key population members and all stakeholders to whom this report belongs, in joint efforts to improve national HIV response in Kosovo.

We would like to extend our gratitude to the Global Fund for financing and the CDF who enabled effective, resilient and very successful management throughout the implementation of the research.

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- Labyrinth, CSGD and KOPF, NGOs who devotedly participated and provided resources-.
- The NIPHK team for their commitment and efforts in implementation of the research

In particular, we would like to thank all respondents, members of key populations who participated in the study and contributed to provision of relevant data.

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LIST OF ABBREVIATIONS

AIDS	Acquired Immunity Deficiency Syndrome
CDF	Community Development Fund
CSGD	Center for Social Group Development
FSWs	Female Sex Workers
GF	Global fund
HCV	Hepatitis C Virus
HIV	Human Immunodeficiency Virus
IBBS	Integrated Biological and Behavioural Survey
KPs	Key Populations
MICS	Multiple Indicators Cluster Survey
MoH	Ministry of Health
MSM	Men Who Have Sex with Men
NGOs	Non-Governmental Organizations
NIPH	National Institute of Public Health
PWID	People Who Inject Drugs
SDP	Service Delivery Program
SGS	Second Generation Surveillance
SPSS	Statistical Package for Social Sciences
STI	Sexually transmitted Infection
TWG	Technical Working Group
UIC	Unique Identifying Code
UNAIDS	The Joint United Nations Programme on HIV/AIDS
VCT	Voluntary Counselling and Testing
WHO	World Health Organization

EXECUTIVE SUMMARY

Kosovo is among countries with one of the lowest HIV prevalence among the general population and low prevalence among key populations: men who have sex with men (MSM), people who inject drugs (PWID), and female sex workers (FSWs). To date, three rounds of HIV bio-behavioural surveillance have been conducted in Kosovo. The first round of bio-behavioural surveillance was conducted in 2006 supported by USAID/FHI and UNKT, followed by IBBS rounds conducted in 2011 and 2014 which were supported by the Global Fund program in Kosovo and implemented by National Institute of Public Health of Kosova. The current IBBS survey aimed to gather strategic information regarding Second Generation of HIV surveillance for better advocacy, planning, and design of future prevention programs. The overall implementation was managed by CDF and field implementation was coordinated by NIPH in partnership with NGOs having experience of working with Key populations. In addition, technical inputs to the study were provided by surveillance expert from the University of Manitoba, Canada.

The study collected data in multiple study sites for FSWs (4 sites), PWID (6 sites) and MSM (9 sites). Study populations were defined using international guidelines developed by WHO/UNAIDS for international comparisons and reference. Sample size was calculated to have enough power to detect the difference between prevalence of risk behaviours between various rounds of surveillance with precision. The sample was distributed based on weights which were derived from the number of key populations in each municipality by the mapping study conducted in 2016. Data were collected by trained interviewers using structured questionnaires which included questions on socio-demographic and personal characteristics, as well as a core set of risk behaviour indicators to monitor the behavioural patterns of key populations. Interviewers were hired separately from the partner NGOs by NIPH, to reduce bias. They were trained in a three-day training workshop which was facilitated by the technical team of the National Institute of Public Health and members of the technical working group. Data were collected in field offices established to ensure confidentiality and a smooth implementation of the data collection process. Data were entered in a data base developed in MS Excel and was analysed using SPSS for Windows version 23.0. All received blood samples were initially screened with ELISA test according to producer instructions for presence of antibodies against HIV (including HIV antigen with fourth generation of ELISA HIV test) and HCV (anti-HCV) and for IgM/IgG antibodies against Treponema Pallidum. All samples which were reactive (positive) for the presence of antibodies against HCV and HIV were tested on Western Blot for confirmation. The HIV Western Blot was conducted for the confirmation of HIV infection due to national protocol, despite the fact that fourth generation of ELISA was used for initial testing. The study met international ethical protocols by taking effective measures to avoid risk, protect individuals' rights, and ensure safety of all study participants as well as data protection.

FEMALE SEX WORKERS:

A total number of 429 Female sex workers were interviewed from Ferizaj, Prizren, Lipjan and Shtime. Some of the key findings among this group included:

- The average current age of FSWs was 31.6 ± 8.4 years, with nearly half of the FSW were living alone.
- The average monthly income was reported to be 741.1 ± 711.2 euros, with a median income of 600) euros.
- The average age of initiation of sexual activity was 18.1 ± 3.1 years, while the average age of initiation of sex work was reported to be 21.8 ± 4.5 (median 21 years).
- Bars/night clubs was the main venue where clients are found, followed by clients connected through pimps.
- Almost 15% of the FSWs interviewed informed to be part time sex workers and had some other form of another profession.
- Hotels are the most common places where sex acts happen.
- An average number of 1.8 ± 1.3 clients are reported per day, while an average of 7.9 ± 5.4 (median 6) clients reported in a week.
- Condom use at last vaginal sex with a client was 77.5% and only 37% reported use of a condom with non-paying partners at last vaginal sex.
- Nearly 91% informed that condoms are easily available whenever they need it, and 65% informed that it was provided to them for free.
- Nearly one fourth of the FSWs interviewed informed of having abnormal vaginal discharge in the last 6 months, and another 19% experienced itching, redness or having ulcers in the vaginal/perennial area.
- Drug use was reported by 5% of the FSW interviewed. Another 5.5% reported to have sex with someone who injects drugs.
- Knowledge of sexual transmission as a mode of HIV transmission was reported by 93% of FSWs.
- Nearly 90% knew that using a condom during sex could prevent HIV transmission
- Nearly 68% knew of a place where they could get tested for HIV, while 46% had ever been tested and 97% of those knew the results.
- Only 57% of FSWs were aware of a HIV service delivery program (SDP) in their city. Service utilization was reported by 43.8% of FSWs,
- None of the FSWs who participated in the study were tested positive for HIV and Syphilis.

PEOPLE WHO INJECT DRUGS:

A total number of 458 PWID were interviewed from 6 different municipalities during the study period. Following are the key findings:

- Of the 458 PWIDs who participated in the study, 399 (87%) were males, while only 59 females were interviewed.
- The average age was 32.7 ± 9.2 years, with approximately half of the PWIDs up to 30 years old.
- The average monthly income for all PWID was reported to be 299 ± 298 euros.
- Average age when they started injecting drugs was 21.7 years. Females at a slighter younger age in comparison to males.

- Nearly half of the PWIDs surveyed (46.5%) reported injecting once daily with no significant differences between males and females.
- Streets, Homes and shooting galleries were the most common places where participating PWID injected.
- Less than 20% of PWID reported sharing syringes or any of the injecting equipment; friends being the most common people whom they shared with.
- Heroine (67.5%) and methadone (71.6%) were the most common drugs injected in the last 6 months.
- Nearly 90% of the PWID interviewed informed that they injected at least twice a day
- A high proportion (97.6%) reported use of a new/sterile syringe for the last injection.
- Thirty-three percent informed that they overdosed themselves with drugs to the point of losing consciousness, while 24% were treated in a hospital/medical centre.
- Nearly half of the PWID informed that they had been ever treated for drug addiction.
- Average age at first sexual intercourse was reported to be 16.4 ± 1.9 years.
- Overall 77% PWID informed that they hadn't had sex in the last 6 months.
- Nearly 6% PWID reported having sex with a sex worker in the last 6 months.
- The average number of sex partners was reported to be 2.0 ±1.7 in the last six months.
- Only 14.7% always used a condom (lower in female PWID (9.5%), while 43% rarely or never used a condom.
- Nearly 10% informed that they sold sex for money.
- A very high proportion of PWIDs had the correct knowledge of sexual transmission and sharp instruments as the routes of HIV transmission however very few knew that used syringes (19%) could spread HIV.
- Nearly 70% knew a place to get tested for HIV, while 63% got tested, and 96% of those who got tested knew their test results.
- Almost 80% knew of HIV prevention programs and services in their area, while nearly two-thirds actually utilized them.
- Program Services mostly utilized were free syringes (48%), counselling and education (36.5%) and VCT for HIV (24%).
- None of the PWID who participated in the study were tested positive for HIV
- HCV testing showed an overall prevalence of 23.8%, with varying prevalence rates among Municipalities, which ranged between 50% in Mitrovice to 17.3% in Ferizaj.

MEN WHO HAVE SEX WITH MEN:

A total number of 216 MSM were interviewed for this study, which was almost half of the required sample size. The required sample size wasn't achieved due to issues of non-response and the unwillingness of the MSM community to participate in the study. However, street based MSM were sampled in 9 different municipalities, while web based MSM were recruited from 19 different municipalities. The predominant proportion of MSMs interviewed identified themselves as bisexual men (56.5%), while another 39.4% identified as gay/homosexual.

- The average age for MSM was found to be 25.9 ± 7.8 years, with the highest proportion of MSM up to 20 years of age.
- Nearly 70% of the interviewed MSM were single, while 27% were married or living in cohabitation with a partner.
- The highest proportion of MSM received secondary level education (40.3%), while 30% had levels of education.
- Most interviewed MSM lived with their families and parents (83.7%) while only 8% lived alone.
- The average total monthly income from all sources was approximately 288 euros.
- Forty-three percent of the MSM reported to have travelled outside of Kosovo in the last year, with 47% among those who travelled have had sex with other men while travelling.
- Nearly 20% of the MSM reported involvement in sex work. We further inquired the age when they got involved in sex work which was reported to be 18.4 ± 4.1 years. Internet was the main source of finding new sex partners, followed by streets, bars/night clubs and cell phones.
- Nearly 25% of the MSM reported one paid partner, 12.7% had two and 2.8% had three paid partners in the last week
- Nearly 60% MSM reported use of a condom and 45% reported use of a lubricant at last anal sex.
- Only 33% MSM reported always using a condom with paid partners and condom use at last sex with a paid partner was reported by 46%.,
- Ninety-six percent informed that condom is easily available when needed and 42% said that they received a free condom in the last month. NGO (30%), health workers (27%) and pharmacies (32.4%) were the key source of condoms reported.
- Drug use in the last 6 months was reported by 12.4% of the MSM interviewed.
- Regarding routes of HIV transmission, 84.5% knew of sexual route, while very few MSM knew of other routes of transmission.
- Sixty-two percent knew of a place where they could be tested for HIV, while nearly 60% had an HIV test. Nearly 95% knew of their test results, and most were tested at the NGO site.
- Sixty-three percent of the MSM interviewed were aware of a HIV service delivery program (SDP) in their city, while 41.6% reported its utilization.
- One tenth experienced an STI in the past 6 months.
- Seventy-one percent ever had sex with a female, while 56.5% had sex with a female in the last 6 months,
- The average number of female partners reported were 2.6 ± 4.6, with 43% reported condom use at last sex with a female.
- The results of HIV and Syphilis showed an overall prevalence of 2.8% for both HIV and Syphilis.

1. INTRODUCTION

1.1 Background

Integrated Biological and Behavioural Surveillance (IBBS) studies consists of systematic and repeated cross-sectional surveys of HIV and sexually transmitted disease-related behaviours, with other knowledge and attitudinal variables added where appropriate. Its major purpose is to detect trends among selected key populations whose behavioural change can have the most impact on the epidemic. IBBS is also useful for tracking trends in behaviours over time in regions exposed to HIV prevention activities, as a contributing component to the comprehensive monitoring and evaluation. Key Populations at increased risk are of particular importance to HIV prevention and surveillance; members of these populations are at a higher risk of acquiring HIV infection compared to the general population due to higher prevalence of risk behaviours.

Additional reasons to conduct HIV surveillance among key populations are: to guide HIV prevention programming at the local level; to inform priority-setting and resource allocation at the national level; to contribute to the scientific understanding of HIV transmission in key populations and to inform disease burden and treatment needs.

1.2 HIV and Key Populations in Kosovo

Kosovo is among the countries with one of the lowest HIV prevalence among the general population and low prevalence among key populations: men who have sex with men (MSM), people who inject drugs (PWID), and female sex workers (FSWs). Between 1986 and 2017, a total of 114 HIV cases were registered. Of those, 69 developed AIDS, and 46 died of AIDS-related diseases. The main mode of transmission was heterosexual, with 52%, while 18% of transmission was among MSM, and only 2% among PWID. The mode of transmission was unknown for a quarter (26%) of HIV cases. It is possible that transmission as a result of men having sex with men is underreported, given the very high stigma around MSM: they may represent a proportion of those who report “heterosexual” sex, or the “unknown” category. In 2017, however, 3 new HIV cases were detected. The majority of registered HIV cases (70%) were males. The recent 2014 IBBS studies confirmed low prevalence of HIV in all the key populations: no HIV positive cases were found among PWID and FSWs, nor during previous IBBS studies in 2006 and 2011. HIV prevalence among MSM respondents was 2.3% (0.5% - RDSAT).

Overall, HIV testing is limited: the 2013-2014 Multiple Indicators Cluster Survey (MICS) found that only 0.7% of women and 1.4% of men had been tested for HIV in the last 12 months and knew their HIV status. Similarly, results of the 2014 IBBS study reveal that only 12% of PWID and 34% of MSM had been tested for HIV in the last 12 months. Only 52% of surveyed FSW in Ferizaj had ever tested for HIV; and only 14% were tested during last 12 months.

A recent programmatic mapping and size estimation study among KPs in 2016 identified a total number of 5,819 PWID in the country. There is anecdotal evidence that a small proportion (less than 5%) of PWID in Kosovo were females. Most PWID were found in Prishtina, Ferizaj and Prizren. Common places for PWID to meet and use drugs include public streets, abandoned buildings, establishments, public transport stops or parks. While no HIV was found among PWID in Prishtina and Prizren in the 2014 IBBS study, HBV prevalence was 5% in Prishtina and 2.5% in Prizren. HCV prevalence was 31% in Prishtina and 20% in Prizren. Multi-drug use was common, mostly heroin, methadone and diazepam. 83% of PWID in Prishtina and 95% in Prizren reported using sterile needles or syringes at last injection. 40% in Prishtina and 49% in Prizren reported being tested for HIV in the past year.

In the 2016 size estimation study, men who have sex with men (MSM) were the largest key population, with a total number of 6,814. More than three-quarters of MSM were found in five cities: Prishtina, Prizren, Mitrovica and Gjakova and Peja. Meeting places for MSM include hotels, motels and guest houses, open spaces and parks, residential areas, restaurants, coffee shops and bus stops. A large proportion of MSM seek male sex partners mainly online. Among the estimated number, a significant number provide paid sexual services to other men. IBBS 2014 data revealed that HIV prevalence among MSM in Prishtina was 0.5%, and HBV prevalence at 5.6%. MSM were a highly mobile population with 55% reporting traveling outside of Kosovo and 90% traveling outside of Prishtina in the past 12 months. 27% of those who travelled abroad reported having anal sex without a condom during their travel. Only half of MSM who had sex with women in the past 12 months used condom. 69% of MSM reported always using condoms during anal sexual intercourse in the past 12 months. Only 25% of MSM had correct comprehensive HIV transmission knowledge. Most MSM know where to get an HIV test, 73% have ever been tested, among which 47% have been tested in the past 12 months.

The 2016 Mapping and size estimation study identified a total number of 5,037 female sex workers (FSWs). The 2014 IBBS study in Ferizaj found no HIV-positive FSW, infectious HBV or secondary Syphilis. However, high-risk sexual behaviours were common: 33% agreed to have sex without condom the last time if more money was offered. 38% of FSW did not use condom during the last vaginal sex with a client, and only 33% reported always using condom with clients in the past month. Only 25% of FSW used a condom during the last sex with a non-paying sexual partner. 67% reported that their regular sexual partners were also having sex with other women. There is an overlap between SW and drug use, with 22.4% of FSWs in Ferizaj reporting using drugs prior to sexual intercourse with clients. 52% of FSW in Ferizaj reported ever being tested for HIV, while 28% of those who ever tested for HIV did so in the last 12 months (only 14% of all respondents). The 2016 study showed that about 20% of FSWs do not operate in geographical spots, while approximately 10% of FSWs in Kosovo use the Internet to connect with clients. The four municipalities with the highest proportion of FSWs were Ferizaj, Prizren, Prishtina and Gjilan, which accounted for 16%, 13%, 10% and 9% of all FSWs respectively. The study identified many different types of geographic spots where FSW congregate, find sexual partners, or engage in sexual activities. They include hotels, motels and guesthouses, restaurants with live music, restaurants/coffee shops, open spaces, bus stops, parks, residential areas, beauty salon, casino or gambling places, and others including internet cafés.

2. GOALS & OBJECTIVES

To date, three rounds of HIV bio-behavioural surveillance have been conducted in Kosovo. The first round of bio-behavioural surveillance was conducted in 2006, which was financially supported by USAID/UNKT and implemented by FHI, while the second and third rounds were conducted in 2011 and 2014 and were supported by the Global Fund program in Kosovo and implemented by National Institute of Public Health of Kosova.

The goal of the Integrated Biological and Behavioural Survey 2018 was to gather strategic information regarding Second Generation of HIV surveillance for better advocacy, planning, and design of future prevention programs

Following were the specific objectives of this assessment:

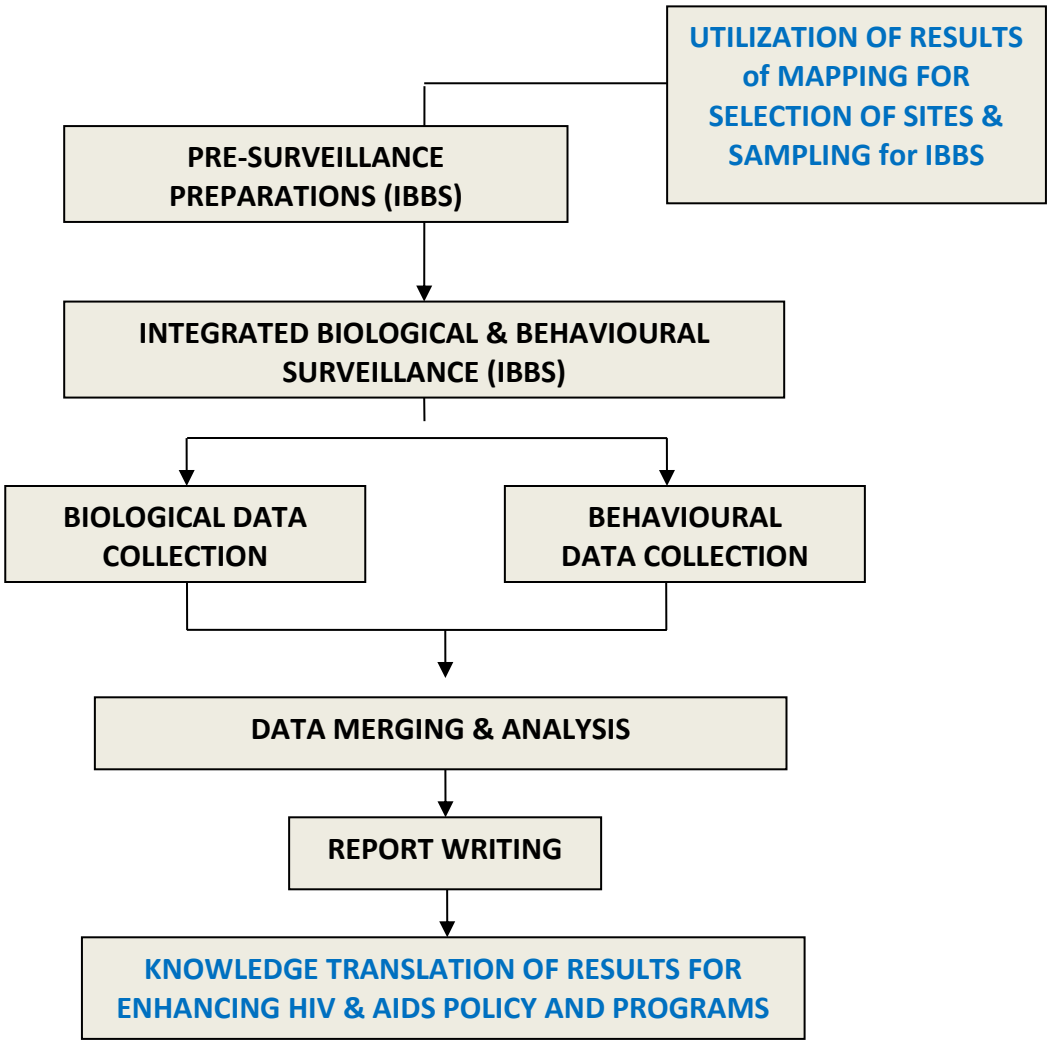
- To determine HIV prevalence and epidemic trends among reachable key populations in Kosovo
- To determine the extent and type of risk behaviours, health seeking behaviours and knowledge of HIV and AIDS among reachable Key populations in Kosovo
- To measure the prevalence of HIV, Hepatitis C and Syphilis among reachable key populations in Kosovo
- To measure the availability of HIV prevention services and coverage of services among reachable Key populations in Kosovo

3. METHODOLOGY

3.1 The Overall Approach

This round of surveillance followed the following sequence of events for conducting Integrated Biological and Behavioural Surveillance of HIV

Fig 3.1. An overview of the methodological framework for SGS round 5 in Kosovo



The existing mapping and HIV prevalence data was used to determine cities and municipalities where this surveillance was conducted. Further the results of mapping were used to draw representative samples of each KPs for IBBS. Both behavioural and Biological data was collected from the same individual to be

merged and analysed for report writing and dissemination of results.

3.2 Implementing partnerships

The overall implementation of the surveillance round was done through a consortium of multiple partners with a rich technical background in the field of second generation HIV surveillance and working with key populations. While the activity was coordinated by CDF the GF grant Principal Recipient, partnership was developed with NIPH academic/research institution who led the research and NGOs having experience of working with Key populations within Kosovo for field implementation. In addition technical inputs to the study were provided by surveillance expert from the University of Manitoba, Canada.

3.2.1 Community Development Fund

CDF being the Principal Recipient of the GF grant managed the overall process for this study. It provided an over-arching financial support to the entire study, procurement and supply of medical products, as well as technical advice, supervision and coordination of various partners and upstream reporting to the Global Fund.

3.2.2 National Institute of Public Health of Kosova

NIPH, Department of Epidemiology was the lead implementing organization that conducted this study. It coordinated the overall implementation of IBBS including administrative work, staff hiring, training, data collection and management as well and field monitoring. NIPH team provided technical expertise in finalization of study protocol and questionnaires in coordination with the international surveillance expert and national stakeholders, and submitted those to the MoH Ethical Board for review and approval. It conducted regular field supervision and monitoring and updated all stakeholders on study updates. While the department of Epidemiology led the overall implementation of this IBBS round, the department of Microbiology in NIPH was involved in technical specification medical products required for the study, as well as in the collection and testing of blood samples for HIV, HCV and Syphilis.

3.2.3 Partner NGOs

The following organizations facilitated the process of data collection

- Labyrinth facilitated data collection with People Who Inject Drug.
- CSGD (Centre for Social Group Development) worked with Men Who have Sex with Men
- KOPF works with Female Sex Workers in Kosovo and provided access within that KP. The selected organizations were trained accordingly on the protocol and research procedures and were responsible for the facilitation of the data collection process of IBBS.

It needs to be mentioned that the NGOs did not collect data, but were only responsible to provide access to the key populations and facilitate data collection process.

Data collection teams (comprising of interviewers, mobilizers and field supervisors) were hired by NIPH who worked alongside the NGO teams to collect data in the field. The key role of the NGO staff was to

provide access to the key populations for sampling and recruitment of selected KP members in the IBBS survey and provide office space for data collection. They were also responsible for the referral and follow up of all survey participants to available HIV prevention services in their respective areas.

3.2.4 Technical Support

Technical support to this study was provided on-line by expertise from the University of Manitoba, Canada with proven experience of conducting IBBS among key populations. This technical support included:

- Protocol Development and finalization of a research methodology
- Finalization of questionnaires and implementation procedures for SGS
- Provided on-line support for the Training of field teams
- Data analysis and development of final IBBS report and recommendations
- Provide guidance on dissemination of results, including scientific manuscripts and abstracts for peer reviewed journals and Scientific meetings/conferences.

3.2.5 The Technical Working Group

A Technical Working Group was set up to oversee the execution of this study and support this research. The Technical Working Group consisted of members from CDF team, MoH, NIPH, representatives of NGOs working with key populations and members of KPs. The TWG:

- Provided inputs to the development of the protocol and instruments for the study, including inputs for the indicators required for national and international reporting system (GAM)
- Facilitated the study's implementation by developing linkages with partner agencies and other stakeholders
- Guided the planning, managing, and assuring the quality of data collection
- Monitored technical aspects of field work
- Assisted with report-review and dissemination

3.2.6 Meaningful Community Involvement[1]

Establishing collaborative relationships with key population members in the study process is important for advocacy, planning and implementation of HIV prevention, care, and treatment programs, and for monitoring and evaluation of these programs. People who inject drugs, sex workers, men who have sex with men– the "key populations" that were the subject of this research -- are often socially marginalized, even without existing legal barriers. Thus in order to have their cooperation and a meaningful participation in this study, it is crucial to develop a trust-building rapport with the community. Community participation

[1] Adapted from Using Programmatic Mapping to Improve Program Access and Coverage for Key Populations: Guidelines for Countries Participating in Workshops. Developed by Measure Evaluation and University of Manitoba for GFATM. 2014

and leadership in the design, implementation and follow up of the study findings was ensured through a number of steps mentioned below:

- During the preparation phase, key population communities and networks were engaged and strengthened. This involved all non-governmental based organization and peer support groups were contacted and invited to participate in the study.
- As mentioned above, service providing NGOs were identified, and all community members and peer groups were invited and involved in the study to facilitate the process.
- Representatives from all communities in all targeted municipalities were invited to assess the implementation strategy for the IBBS round and identify any activities which could harm the confidentiality and rights of the participating community. After discussions with the community as per their advice appropriate safeguards were developed to protect the confidentiality of information and rights of the key populations under study. Community members were involved in the overall study process by working closely with the research team and providing advice and support to the overall research process from its conception to dissemination, and a few community members were randomly hired (peers) as part of the research team to help open doors to the more hidden segments of these populations.

3.3 Study sites

One of the tasks of the technical group was to finalize the geo-coverage of the surveillance study. In addition, the group also decided which key populations to include in the surveillance and along with what sub-types within each KP to work with. This process was completed through repeated discussions with the various stakeholders including key population members.

This round of surveillance was planned among three KPs (PWID, MSM and FSWs) using cross-sectional survey methodology in the following municipalities based on Programmatic Mapping and Population Size Estimates data conducted in 2016:

- People Who Inject Drugs (PWID): Prishtina, Prizren, Gjilan, Ferizaj, Gjakova and Mitrovica.
- Men who have Sex with Men (MSM[2]): Ferizaj, Fushe Kosova, Gjakova, Gjilani, Lipjani, Mitrovica, Peja, Podujeva and Prishtina.
- Female Sex Workers (FSW): Ferizaj, Prizren, Lipjan and Shtime.

[2] MSM recruited from the web based sampling belonged to 19 municipalities, while those based at geo-locations were recruited from 9 municipalities

3.4 Key populations selected for IBBS

The key definitions were developed using international guidelines developed by WHO/UNAIDS for KPs for international comparisons and reference. The key populations selected for this study along with their case definitions and exclusion criteria were provided below:

3.4.1 People who inject drugs (PWIDs)

"Any person (male or female), who injects drugs regularly for non-therapeutic reasons".
Further the eligibility criteria for inclusion in the sample included:

a) injected drugs at least once in the last month
b) ≥ 18 years of age
c) Spoke local language
d) lived/worked in Prishtina, Prizren, Gjilan, Ferizaj, Gjakova or Mitrovica (depending on study targeted area) for at least three months during the last 12 months

3.4.2 Female sex workers FSWs

In accordance with the UNAIDS Guidance Note on HIV and Sex Work, Female sex workers were defined as, "any female who receives money or goods in exchange for sexual services"
Further the eligibility criteria for inclusion in the sample included:

a) ≥ 18 years of age
b) spoke local language
c) lived/worked in the targeted municipalities for at least three months during the last 12 months

3.4.3 Men having sex with men (MSM)

"All males, who regularly frequent locations/sites (either geographical or virtual) to find other male partners. Men who sell sex for money or material benefits, were also be included in the study"
Further the eligibility criteria for inclusion in the sample was:

a) had anal or oral sex with a man in the last 12 months
b) ≥18 years of age
c) spoke local language
d) Lived/worked in Prishtina, Gjilan, Ferizaj, Gjakova, Fushë kosovë, Mitrovica, Lipjan, Peja, Podujeva (depending on study targeted area) for at least three months during the last 12 months.

3.4.4 Exclusion Criteria:

Any of the eligible subjects who did not want to be included and were not willing to provide informed consent were excluded from the study. Moreover, persons who were previously interviewed or contacted at another site during the same round of surveillance (either at a different site or city) were also not included.

3.5 Sample Size

Sample sizes for each key population were calculated based on assumptions in which baseline prevalence and expected change in prevalence were varied to get a maximum sample size. Behavioural data from previous surveillance was used to determine baseline prevalence rates to inform the sample size calculations. To calculate the sample size for IBBS in Kosovo, the first parameter considered was the level of change in behaviour between various survey rounds. We focused on two basic parameters for this

i) The estimated prevalence at baseline or in the previous survey (P1)
ii) The expected prevalence in future or the current survey (P2)

We calculated the sample size to have enough power to detect the difference between P1 and P2 with precision. We assumed a change of 10% to 15% in the two parameters. The results of the last surveillance round were used as values for P1 and the following formula was used to determine the sample size

$$n = D\frac{\left[\sqrt{2P(1-P)}Z_{1-\alpha} + \sqrt{P_1(1-P_1)+P_2(1-P_2)}Z_{1-\beta}\right]^2}{\Delta^2}$$

P1 = estimated prevalence at baseline (Behavioural data from previous surveillance was used to determine baseline prevalence rates. For IDUs, use of a new syringe at last injection while for FSWs, and MSM "condom use at last sex" was used.
P2 = expected prevalence in future (detect a change of 10-15%)
P = (P1 + P2) / 2;
Δ2 = (P2 – P1)2
Z1-α= 95% level of significance
Z1-β = Power of the study set at 80%
D = Design effect of 1.5 to 2 was used

In the following table, we used the various parameters to show which sample size suits the study best.

Table 3.2 Parameters used to determine sample size

KP	Parameter used	P1	10%	Sig level	Power	design effect	Sample size
FSW	Consistent condom use	34%	44%	95%	80%	1.5	441
MSM	Consistent condom use	70%	80%	95%	80%	2	462
PWID	Shared someone's syringe	50%	40%	95%	80%	1.5	458

3.6 Sample Distribution & Sampling technique

The table below shows the distribution of the sample in various municipalities. The sample was distributed based on weights which were derived from the number of key populations in each municipality. The total sample size was multiplied by the weight of each municipality to get the distribution of the overall sample in each selected municipality.

For MSM the sample was distributed into two strata i) geo-based MSM (305) which was 2/3rd of the total sample and ii) Websites based MSM (157) which was 1/3rd of the sample. The total sample was 462. In addition to the geo-distribution of sample within various municipalities, the sample was further proportionally distributed among various typologies.

Table 3.3 The sample size distribution in the municipalities where the IBBS is planned

PWID = 458		FSWs=441		MSM=306 geo-based	
Prishtina	177	Prizren	139	Prishtina	105
Prizren	69	Ferizaj	164	Gjilan	20
Gjilan	40	Lipjan	65	Ferizaj	18
Ferizaj	110	Shtime	73	Gjakova	45
Gjakova	40			Mitrovica	60
Mitrovica	22			Lipjan	10
				Peja	10
				Podujeva	38

Since a list of potential sampling units were available from the mapping 2016 preceding IBBS, recruitment of a representative sample of the key populations through probability based sampling techniques was possible. Mapping showed a fixed pattern of visitation of KPs to the spots and most KPs stay fairly connected to their own spots (they don't move between spots a lot), we used a two-stage cluster sampling approach rather than a time-location cluster sampling for all geo-location based groups of KPs.

In the first stage spots were randomly selected from the spot list available from the mapping study within each municipality. No more than 3 respondents were allowed to be recruited from a given spot, therefore the number of spots selected was ascertained by the number of subjects to be recruited from each municipalities. Moreover, the type of spot selected for inclusion, corresponded to the overall typology of spots within each sampling population.

In the next stage, respondents were selected from each of the spots selected at peak times of operation of the spot. In case the number of subjects congregating at the spot was more than the number required to be recruited from that spot, a random selection of subjects was done.

Sampling Web based MSM was an extremely challenging task. Since this proportion of MSM community is extremely hidden and clandestine, any probability based sampling technique was hard to implement. The sampling for this stratum of KPs was facilitated by the peer members who randomly selected eligible subjects from various websites and mobile apps. The exact process included peer members logging onto the internet sites at random timings and then randomly inviting all available MSM to participate in the survey. Any person who agreed to participate was discreetly provided information on where and how an interview will be conducted and blood sample will be drawn.

3.7 Data Collection Instruments

Data were collected by trained interviewers using structured questionnaires. The questionnaires were designed in English and subsequently translated into Albanian and back translated into English to check for any errors. The Albanian versions were used to collect the required data.

Questionnaires included questions on socio-demographic and personal characteristics, as well as a core set of risk behaviour indicators to monitor the behavioural patterns of key populations.

Following were the key variables for which data were collected:

- Socio-demographic variables:
    - age
    - gender
    - education
    - living arrangements
    - family information
    - income
    - migration status
    - employment
    - travel history.

- Profession related variables:
    - number of clients
    - source of clients
    - types of services offered, etc.

- Injecting risk behavior and practices:
    - Types of drugs used and their routes of administration
    - length of drug use and injecting careers

- drug use in group
- sharing of equipment and needles
- frequency of drug use/injecting etc.

- Sexual risk behaviors:
  - Age of initial sexual intercourse,
  - number of sexual partners,
  - regular and causal partners,
  - condom use.

- Knowledge and information about HIV and other STIs:
  - Knowledge about HIV and/or AIDS,
  - routes of transmission,
  - methods to prevent transmission,
  - perception of self-risk, etc.

- HIV prevention services:
  - Knowledge of HIV prevention services
  - Utilization of services
  - Types of services used

- Others
  - Donation of blood
  - History of Violence
  - History of arrest

3.8 Training on IBBS Data Collection:

Once the research protocol and data collection instruments were finalized, the field teams were trained on the same in a three-day training workshop which was facilitated by the technical team of the National Institute of Public Health and members of the technical working group. The international consultant also provided inputs, on-line into the training workshop, which focused on providing information and points of clarification to the interviewers on issues such as:

- Biological and Behavioural Surveillance
- Basic interviewing skills with special emphases on interviewing about sex and injecting drug use issues
- Issues related to HIV and collection of IBBS data, and the importance of collecting and analysing sex-disaggregated data
- Values and attitudes
- Different aspects of field work accessing vulnerable groups subject selection and recruitment process

explaining the rationale and objectives of the study to the subjects

- Ethical issues including confidentiality acquiring informed consent
- Debriefing and referral process

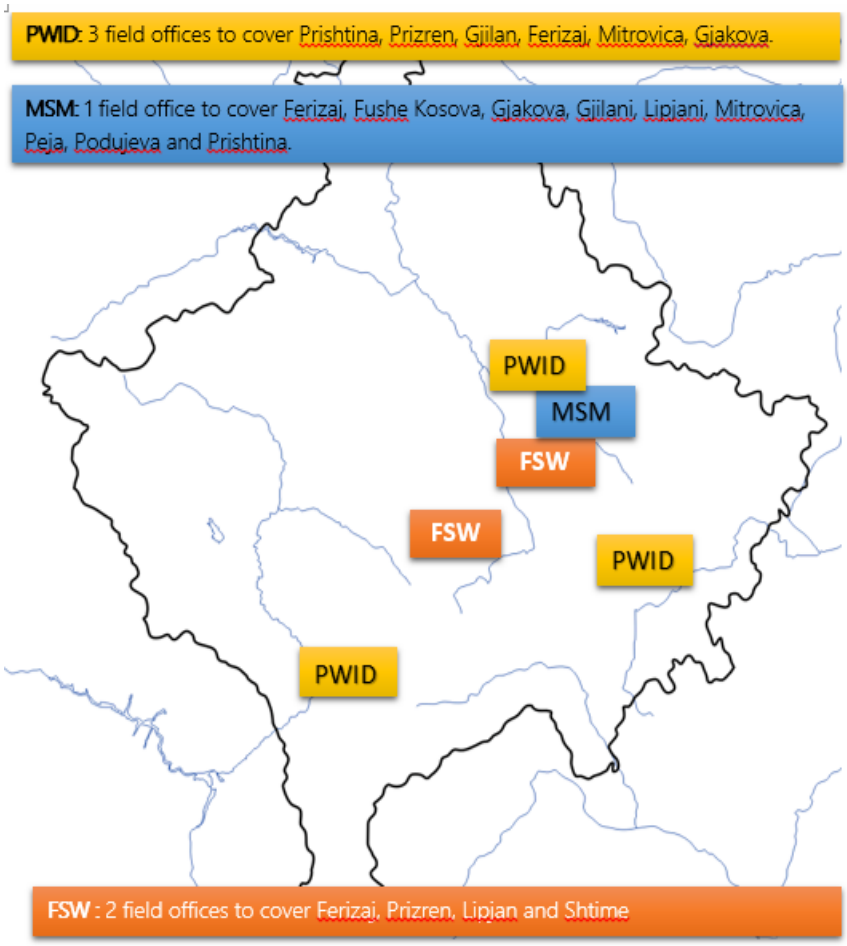
In addition to lectures and training sessions, actual field visits by the trainees were included in the workshop. Workshop participants included all data collection teams (including social mobilizers), data management personnel, field supervisors, and representatives of the NGO and key populations as well.

3.9 Behavioral Data Collection

During the pre-surveillance preparations, not only the geo-coverage of the IBBS study were determined, the implementation process at each site and for each KP group were also discussed in detail. Inputs were sought by the community to have their cooperation and a meaningful participation in the design, implementation and follow up of the study findings.

3.9.1 Data collection sites

Fig 3.2 Field sites of data collection



The municipalities included in the surveillance round have already been discussed in section 3.3. While NIPH served as the central coordinating office for the activity, field offices were established NGOs for each key population type. Fig 3.2 gives the number and locations of the field offices where data collection took place.

3.9.2 Field Teams

Fig 3.3. Team composition & management

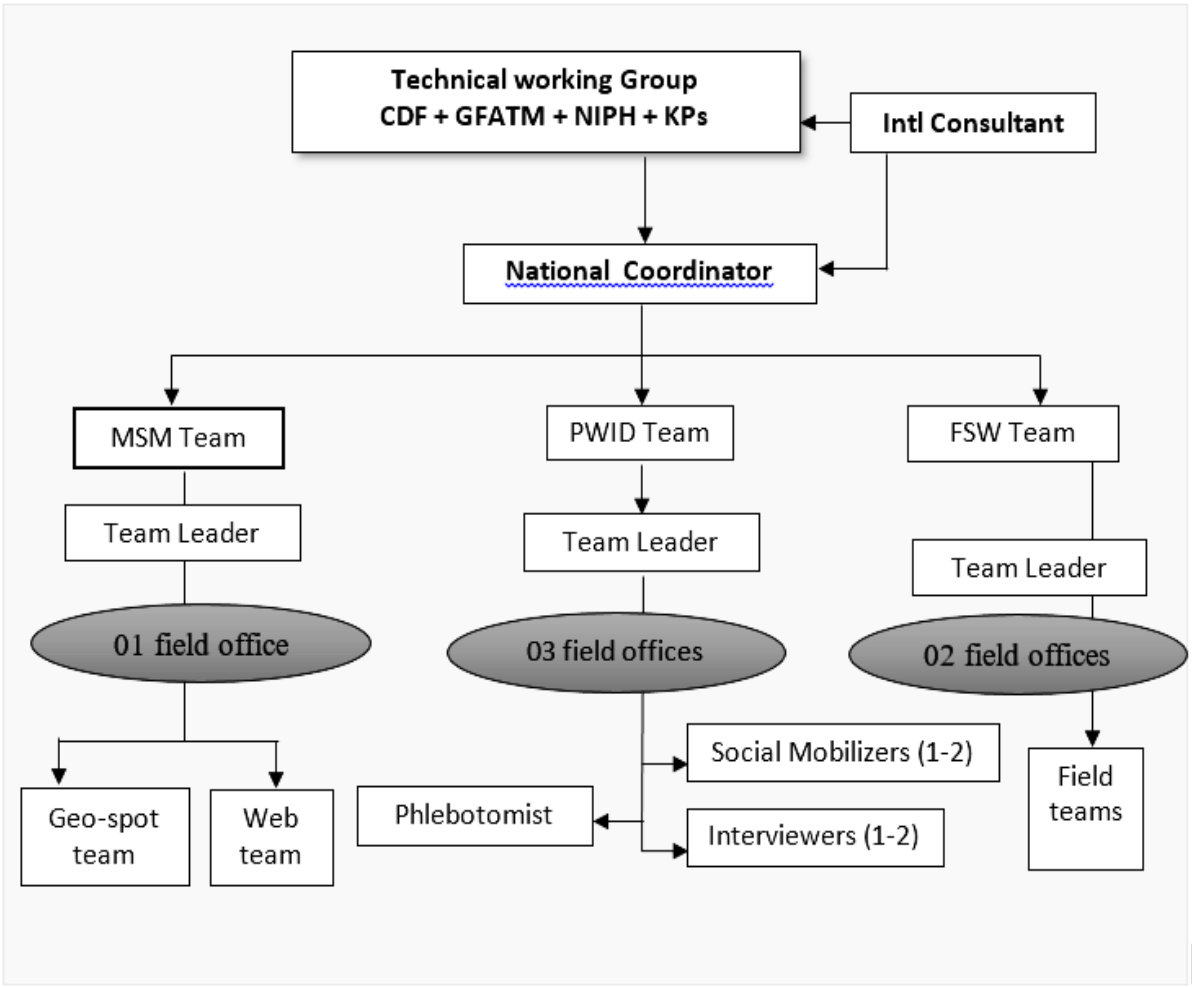


Fig 3.3 shows the field team structure. Depending on the site as well as the key populations (KPs) targeted, varying numbers of field teams were engaged in data collection supervised by each team leader coordinator. For PWID 3 teams were hired, one at each site. For MSM, 2 field teams were hired, one each for geo-based and web-based MSM. For FSWs, one team at each of the 03 sites were hired. The basic structure of each team was as follows:

- Team Leader

- Social Mobilizers
- Interviewers
- Nurse

In addition to the team members mentioned, a DATA MANAGEMENT TEAM comprising of a data manager and data entry operators worked alongside the field team. The job description of the field staff is provided in annex 1.

3.9.3 Recruitment

Once the spots from where study subjects were to be recruited were selected through a random process by the National Coordinator and team leaders, a field plan was developed by the entire team sitting along with the social mobilizers; members of the active community, who facilitated the data collection process.

The team leader/interviewer visited the selected spot at a designated time along with the social mobilizer. The social mobilizer facilitated the recruitment of an individual, who was selected randomly from the spot. Once the social mobilizers identified all eligible participants at a selected spot, the team leader/interviewer randomly picked a key population member. If the number of subjects congregating at the spot is more than the number required to be recruited from that spot, a random selection of subjects was done. On the other hand, if the number of potential subjects was less than or equal to 3 at a selected spot, then a "take all" approach was employed.

The mobilizer facilitated the process of recruitment by approaching the selected subject, introduced the study and also sought consent for participation. If the eligible participant refused, the next available community member was recruited. The interviews were conducted at the field offices/interview sites mentioned before. They were either transported to the interview site by the study team or were paid for transportation cost if they reached the office by themselves.

3.9.4 Applying Study Codes & taking consent

In the field office the study participants were greeted by the site manager. The unique identifier code was applied, which was the same as the one used for KP registration by the program. If the person did not have an existing UIC, a new UIC was developed by the site manager and the code was used for the biological as well as the behavioral data.

For FSWs, among those interviewed for IBBS, 108 were already enrolled with the program and were allotted a UIC. The remaining 333 new FSWs reached during this IBBS were provided UICs and were enrolled with the program. Likewise for PWID, 198 PWIDs were already enrolled with the program and had existing UICs, while the remaining 260 PWID who participated in the IBBS were provided new UICs. For MSM, 60 new MSM were provided new UICs through this IBBS.

The consent form was read aloud to each eligible participant. This form provided participants with an overview of the objectives of the study, the confidential nature of the interview, the right of the participants

to refuse to answer questions, as well as the right of subjects to end the interview at any time. Once the person agreed to participate in the study, the interviewer signed on behalf of the respondent and the interview process was initiated.

3.9.5 Administering the Questionnaire

Once informed consent was obtained, administration of the questionnaire commenced, by asking questions and filling out the questionnaire. The interview took place in a separate room, where the confidentiality and privacy of the information obtained was maintained. At each data collection site, 2 to 3 such rooms were developed, to accommodate for more interviews being conducted simultaneously. The administration of the questionnaire took 15 to 20 minutes on an average.

3.10 Blood Sample Collection and Handling

3.10.1 Sample collection

Upon completion of the interview, consenting participants provided a blood sample for serologic testing. To reduce the risk of adverse effects for subjects as well as for the health workers him/herself, trained nurses were hired to take blood samples, using WHO protocols for taking blood samples.[3] Samples were drawn by these licensed nurses at each study sites in a specially designed clean, well-lit area where subject's privacy was ensured.

Once quality standards were ensured, following steps were followed:

- Took informed consent to provide blood sample
- The process of drawing blood sample was explained to the subject, and sample was drawn using anti-septic techniques.
- The blood sample was transferred to the laboratory sample tubes after marking the Identification code on the sample tube clearly. The same ID was used on the questionnaire as well to eventually be used to conduct an integrated analysis.
- The used needle and syringe or blood sampling device was discarded into a puncture-resistant sharps container, along with the used items into the appropriate category of waste.
- Collected blood samples were stored at 2 – 8 OC at the collection site, and were transportation at the end of each day in isothermal boxes to the NIPH Kosovo in Prishtina.

3.10.2 Biohazard Waste Handling and Occupational Exposure

A set of guidelines entitled Universal Precautions for Prevention of Transmission of HIV, Hepatitis C Virus, and Other Blood borne Pathogens in Health-Care Settings has been developed by Family Health International (Annex 2). These guidelines were to be followed in this study and all participants were

[3] WHO guidelines on drawing blood: best practices in phlebotomy. World Health Organization 2010.

informed about the protocol of how to report any blood contaminations, spilling or needle stick injuries. However, no occupational exposures were reported during the conduct of this study from any site.

All biological waste was collected in a biohazard bag and was transported twice a week along with the samples to the NIPH where it was incinerated.

3.11 Testing algorithms:

All received samples were initially screened with ELISA test according to producer instructions for `HCV (anti-HCV) and for IgM/IgG antibodies against Treponema Pallidum.

All samples which were reactive (positive) for the presence of antibodies against HCV and HIV were tested on Western Blot for confirmation. The HIV Western Blot was conducted for the confirmation of HIV infection due to national HIV testing guideline i.e. testing algorithm, despite the fact that fourth generation of ELISA was used for initial testing.

3.12 Concluding the interview

3.12.1 Debriefing

After completing the interview, a debriefing session was held with participants so as to allow the interviewer to respond to any questions that the participants may have. Information was also provided to participants during this session on the modes of transmission and prevention of HIV as well as related health care services.

3.12.2 Referrals

Since results of the study were not shared with the subjects, all respondents were provided an opportunity to know their HIV status as well as results of other biological tests through providing a date and time to visit back the implementing NGOs. In addition, all participating subjects were connected to the available HIV prevention services and associated VCT services. Each participant was assigned a peer educator who immediately established contact with the participating member for regular follow up. The last step of the process was to provide each participant with compensation paid by the site manager.

3.12 Data analysis & Report

3.13.1 Data Analysis

Data analysis was driven to a certain extent by the needs of the surveillance network stakeholders, and a common core of data analysis procedures were developed based on their input. Data were entered in a data base developed in MS Excel and was analyzed using SPSS for Windows version 23.0.

The first step of data analysis was cleaning and editing of the data, organizing it for detailed analysis. This

entailed analyzing each of the variable, recoding into meaningful categories by breaking up multiple response variables and generating new variables by combining and recoding missing values. Initially a descriptive analysis of all socio-demographic and behavioral variables was done. All continuous variables were analyzed to present most appropriate measures of central tendency, while proportions of various categories of categorical variables were presented. Further steps of analysis included stratified analyses, for variables where stratification was deemed necessary such as gender, typology of the specific key population and geography.

3.13.2 Data Ownership

Data will remain the property of CDF, National AIDS program and NIPH and remains within the custody of NIPH. Until the GF grant closure, lead Investigators including the team (CDF/NIPH) along with the technical consultant will have access to the data.

3.13.3 Report writing & Dissemination of results

Followed by analysis, a national surveillance report was developed. The report was circulated to various Government stakeholders, bilateral/multilateral/international agencies, health organizations, NGOs and other national stakeholders. Surveillance reports will also be available for the general population on the World Wide Web.

Important research findings will also be presented on national and international forums by representatives of CDF/NIPH teams. These findings will also be published in various national and international research journals.

3.14 Monitoring and Quality Assurance

While the overall research process was managed by CDF as mentioned, NIPH as leading coordinating and implementing agency along with the consultant from the University of Manitoba continued to provide onsite technical support to the field teams. To ensure a smooth process of data collection and ensure quality of the study, a monitoring system was devised to track the progress of the study as well as keep checks so that all field operations were held as per the research protocol and quality standards were well maintained.

A monitoring team was devised which included senior faculty members and public health officers from NIPH who directly supervised the surveillance round and field data collection. In addition, members of the technical working group also monitored field work and provided regular feedback to the field teams. A regular update on data collection was provided by the study National coordinator to all stakeholders of the study on a regular basis.

The monitoring team worked with the study National Coordinator and team supervisors to ascertain field visit times and made random checks to monitor study progress. This ensured an adequate implementation

of the procedure based on the research protocol especially related to sampling criteria and all ethical guidelines. No deviation from the protocol were observed or reported by the field teams.

3.15 Ethical considerations for SGS

The study met international ethical protocols by taking effective measures to avoid risk, protect individuals' rights, and ensure safety of all study participants and study teams, as well as data protection.

3.15.1 Approval of the Study Protocol

The study protocol was reviewed and approved by an Ethical Review Board (ERB) at the Ministry of Health of the Republic of Kosovo. In addition, all members of the Technical Working group were provided copies of the detailed protocol for their inputs and suggestions to incorporate all ethical principles of conducting research with key populations. All efforts were made to follow the research protocol and it was ensured that all those involved in the data collection were appropriately trained and familiar with the protocol. Final report will be submitted to the ERB at MoH, as per their request.

3.15.2 Safety of the field teams

A number of steps were taken to ensure the safety of the team.

- Field team members were provided with identification cards. Each team member was required to carry the IDs any time they were in the field.
- Contact were made with the local community police office by the National Coordinator to inform them about the research and solicit support.
- Each field team member was required to have a Cell phone, for which call credit were provided for emergency calls.
- Field team members were not permitted to work alone. All fieldwork was done in (at least) pairs.
- A session on security measures was included in the training program, where experiences and lessons learned from previous projects were shared and discussed. Training included how to assess for safety and potential hazards in an area.
- In the course of fieldwork, staff could at any time and for any reason choose to leave a location if they felt that it was unsafe. This was to be respected by their partner/teammate(s). If this step was taken, the Coordinator was informed and next steps were discussed.
- Safety was a regular item for de-briefing every day. The team discussed any untoward situations or security threats faced in the field and measures to avoid or mitigate similar situations in the future.

3.15.3 Safety & Confidentiality of the key populations

SGS has been successfully conducted in Kosovo over the last many years and no harm to a community or its individual members has ever been reported. Conversely, we were aware of appreciable benefits to communities that (for example) now have improved access to quality services and/or higher uptake of services. The following considerations were incorporated into the study design:

- The interviews were conducted in field offices specifically set up to provide a private and secure place.
- Strict measures were taken to ensure and maintain participants' confidentiality.
- No nominal information was required or used for any part of the investigation.
- No written consent was sought.
- A non-identifying coding system was used to track study data while assuring non-disclosure of participants' identities.
- All survey-related materials (e.g., completed questionnaires, maps, etc.) were kept in a secure and locked cabinet at the survey field office, which was accessible only to the study coordinator and staff. Electronic data were password protected, and only Principal Investigator and authorized officials of CDF and NIPH will have access to the data files.
- The final report does not contain information which can lead to identification of spots and places where key populations congregate. The tables and figures presented in the report do not include details about individuals.

3.15.4 Recruitment Process

Participation was voluntary and no coercion were used in the recruitment process. Individuals who refused to participate in the study were not adversely affected in any way. Simple random sampling was used to identify spots and further recruit study subjects from the spots. After selection of required number of spots the list was provided to team leaders and social mobilizers, who recruited the respondents as described earlier.

3.15.5 Informed Consent

Recruitment of participants was conducted only after describing the study procedures and obtaining informed consent. During the process of obtaining informed consent, participants were clearly informed that participation is voluntary and that non-participation would have no negative consequences in terms of access to programs or services.

3.15.6 Compensation

In this study we provided the participants with a compensation based on the amount consistent with the amount they would receive for an equivalent amount of time in their normal income generation activity. i.e., approx.. 5 euros. The compensation was paid in cash by the team leader after both behavioral data was collected and blood samples were obtained.

3.16 Limitations

A few limitations in the study need to be considered:

- Most of the questions were related to exposures that took place in the past leading to potential recall bias. In order to minimize recall bias, interviewers were well trained in probing techniques.

- Information collected from the study subjects is entirely based on self-reported data. Although research has shown that self-reported data when obtained under non-threatening conditions is reliable, an association between self-reported HIV risk behaviors and socially desirable responding has been documented in the literature. However, there were multiple steps taken to minimize social desirability bias in this study:
    - Providing private and confidential sites for interviewing,
    - Stressing the confidential nature of the survey,
    - Using interviewers who were experienced in working with vulnerable populations
    - Establishing rapport, and conducting risk behavior counseling/debriefing after each interview.

4. FEMALE SEX WORKERS

4.1 Socio-demographic information

A total number of 429 Female sex workers were interviewed, thus the sample size calculated for this study was well achieved. As already mentioned, the sampling distribution of sample was based on mapping results, thus 35.4% of the FSW interviewed were from Ferizaj, 32% were from Prizren, Lipjan (15%) and 17% of the FSWs interviewed were from Shtyme. The key socio-demographic characteristics of FSWs are summarized in Table 4.1

Table 4.1 - Socio-demographic characteristics of FSWs in Kosovo, 2018

Variable	N	%
Age of the respondent		
• Upto 20 years	14	3.3
• 21 - 25 years	100	23.4
• 26 - 30 years	138	32.2
• 31 - 35 years	45	10.5
• 36 - 40 years	51	11.9
• Above 40 years	80	18.7
Mean ± SD (Median) yrs	*31.6 ± 8.4 (28) yrs*	
Civil status		
• Single	208	48.5
• Married / Co-habitation	68	15.9
• Divorced / Widow / Separate	153	35.7
Level of Education		
• No formal education	36	8.4
• Primary education	155	36.1
• Secondary education	230	53.6
• High education	8	1.9
With whom do you live?		
• Parents	74	17.2
• Husband / Partner	60	14.0
• Employer / at worksite	21	4.9
• Colleagues / Friends	62	14.5
• Alone	212	49.4

Which city do you live in?		
• Ferizaj	152	35.4
• Lipjan	65	15.2
• Prizren	139	32.4
• Shtime	73	17.0
What is your nationality?		
• Kosovar	229	53.4
• Albanian	157	36.6
• Others	22	5.1
• Bulgarian	11	2.6
• Romanian	10	2.3
International Travel for sex work		
Ever travelled out of Kosovo for sex work	53	12.6
Which countries		
• Albania	21	40.4
• Macedonia	12	23.1
• Serbia	5	9.6
• Other	14	26.9
Total Average Monthly Income (in euros)[4]		
• Upto 250 euros	15	5.6
• 251 - 500 euros	103	38.6
• 501 - 750 euros	62	23.2
• 751 - 1000 euros	68	25.5
• More than 1000 euros	19	7.1
Mean ± SD	*741.1 ± 711.2 (600) euros*	

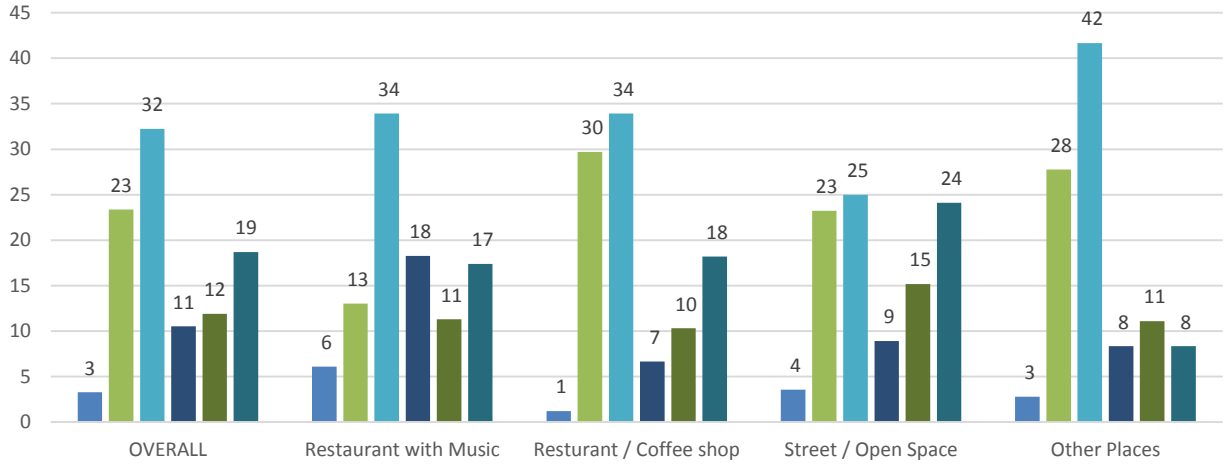
The average current age of FSWs was 31.6 ± 8.4 years, with nearly one third of the FSWs within 26 to 30 years of age. Approximately half of the FSWs (48.5%) were single, and a small proportion of FSWs (16%) were either married or cohabitating with their partners. Nearly 92% had some sort of education, and more than half of the FSWs interviewed had received secondary education. Nearly half of the FSW informed that they were currently living alone. Slightly more than half of the FSWs interviewed were Kosovar by Nationality, followed by Albanians (36.6%). Only 12.6% FSWs travelled out of Kosovo for sex work. Albania and Macedonia were the major countries travelled.

The average monthly income was reported to be 741.1 ± 711.2 euros, with a median income of 600) euros. Most FSWs (38.6%) reported to earn between 251 to 500 euros per month. Only 7% earn more than 1000

[4] The average wage for Kosovo ranges between 168 to 478 euros per month. (https://tradingeconomics.com/kosovo/wages)

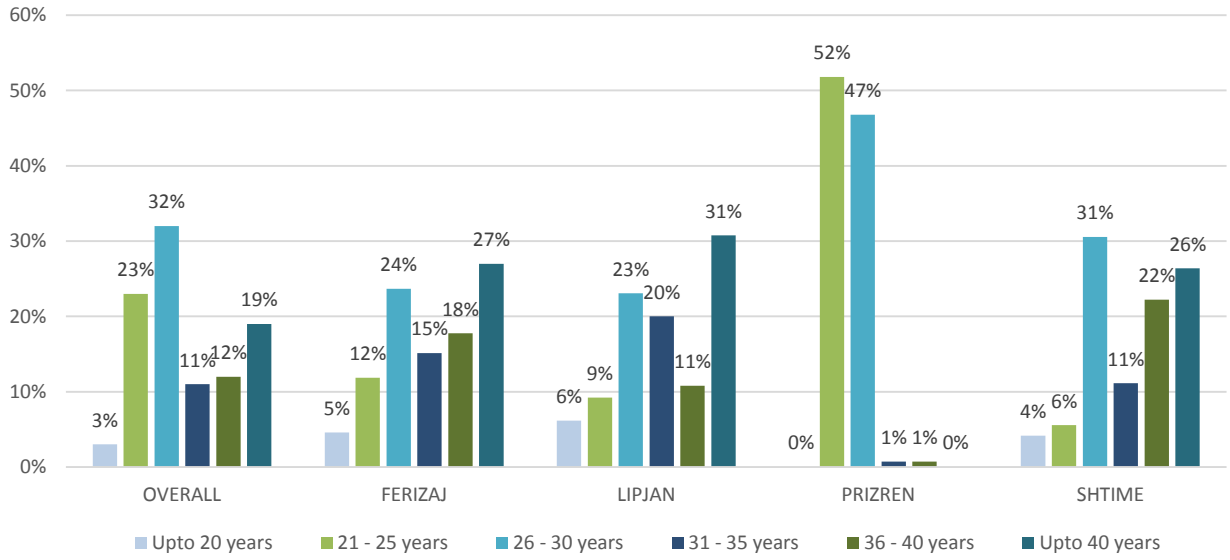
euros per month. Overall, almost 87% earned between 250 to 1000 euros per month. We further looked at the key sociodemographic characteristics of FSW by conducting a stratified analysis of FSW typology and municipality in which they live in. Distribution of age by various age categories did not present any significant differences by typology of FSWs, other than the fact that there were more street based FSWs in the older age group category, while FSWs in the others class (internet, mobile phone, internet café etc.,) were more seen in the younger categories.

Fig 4.1a Age distribution by typology of Sex work in Kosovo



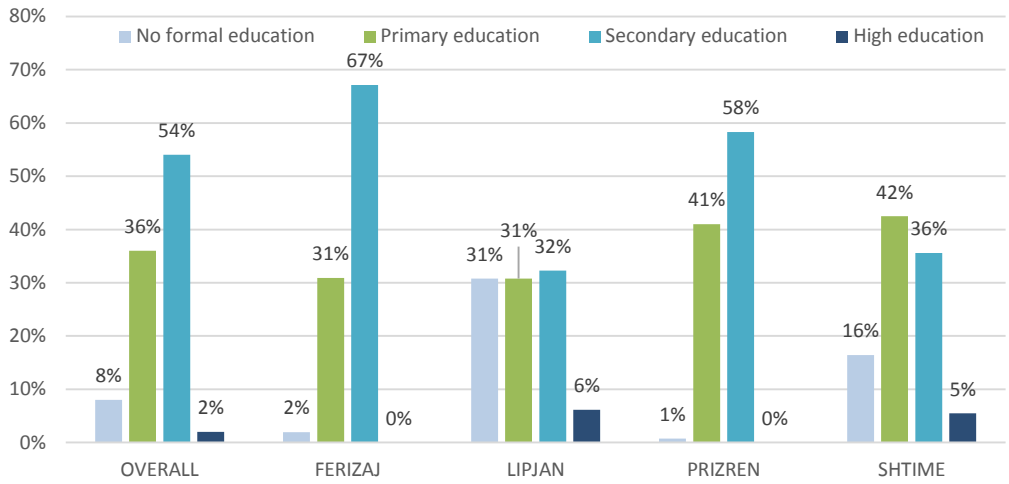
Stratified analysis of municipalities showed that Prizren was significantly different from all other municipalities. Nearly 98% of the FSWs in Prizren were less than 30 years of age while equal distribution of FSWs was seen in all age categories in other municipalities.

Fig 4.1b Age distribution of FSWs by Municipality in Kosovo



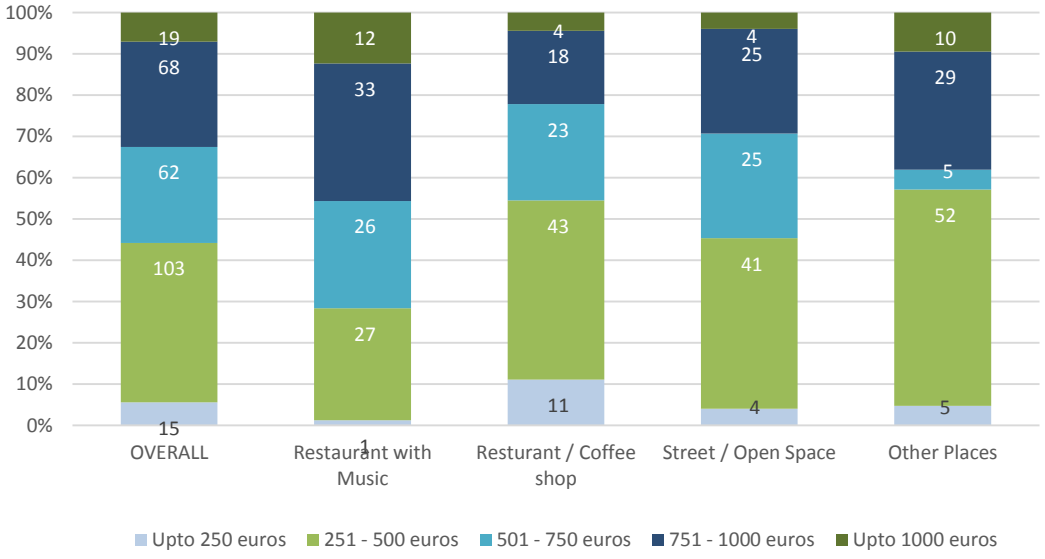
Stratified analysis of education by municipality (Fig 4.1c) showed significant differences between FSW in Lipjan, where a higher proportion of FSWs reported to have no formal education. Both Ferizaj and Prizren reported high levels of secondary education among FSWs.

Fig 4.1c Level of Education by municipality in Sex workers in Kosovo



FSWs in restaurants with music had the highest income with approximately 50% of FSWs earning more than 500 euros a month. Moreover the same typology of FSWs has the highest proportion of FSWs who reported to have a monthly income of more than 1000 euros. The proportions of FSWs in various income categories were not significantly different for other typologies, other than a small proportion reported for other FSWs who make between 500 to 750 euros/month.

Fig 4.1d Income categories by FSW typology, Kosovo



4.2 Information about sex work

The average age of initiation of sexual activity reported by FSWs was 18.1 years with a standard deviation of 3.1 years (median 18 years), while the average age of initiation of sex work was reported to be 21.8 ± 4.5 (median 21 years). Bars/night clubs was the main venue where clients are found, followed by clients connected through pimps. Approximately 15% of the FSWs reported to find clients through the internet or cell phone. Hotels were the most frequent venues where sexual activity takes place. An overall 15% of FSWs interviewed informed to be part time sex workers and had some other form of a profession.

Table 4.2 - Information about sex work in FSWs in Kosovo, 2018

Variable	N	%
Age at first sexual intercourse?		
Mean ± SD	18.1 ± 3.1 years	
Median	18.0 years	
Age at first sex for money		
Mean ± SD	21.8 ± 4.5 years	
Median	21.0 years	
Usual mode of finding clients		
• In hotels	67	15.6
• In bars/nightclubs	133	31.0
• In public spaces such as the street, bus stops, parks	44	10.3
• Through the internet, social media sites / Phone	63	14.7
• Through middlemen (e.g taxi drivers) / Friends / Pimps	122	28.4
Usual place of Sex		
• At home / Someone else's house / apartment	120	28.8
• In a hotel	268	64.3
• In a car or truck / Public spaces	5	1.2
• At a bar or nightclub / Beauty Salons or Massage Parlor	24	5.8
Part time or full time involved in sex work		
• Full time sex work	288	85.0
• Part time sex work	51	15.0

Stratified analysis of the average age at initiation of sexual activity and sex work didn't not show any significant differences between various typologies of FSWs as well as within municipalities.

Fig 4.2a Age (average) at first sex and age at first sex for money by typology

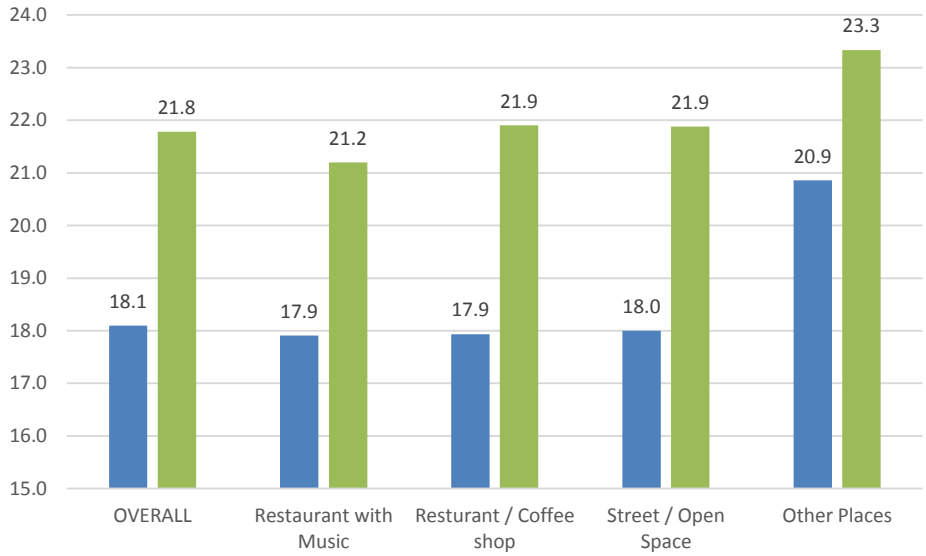
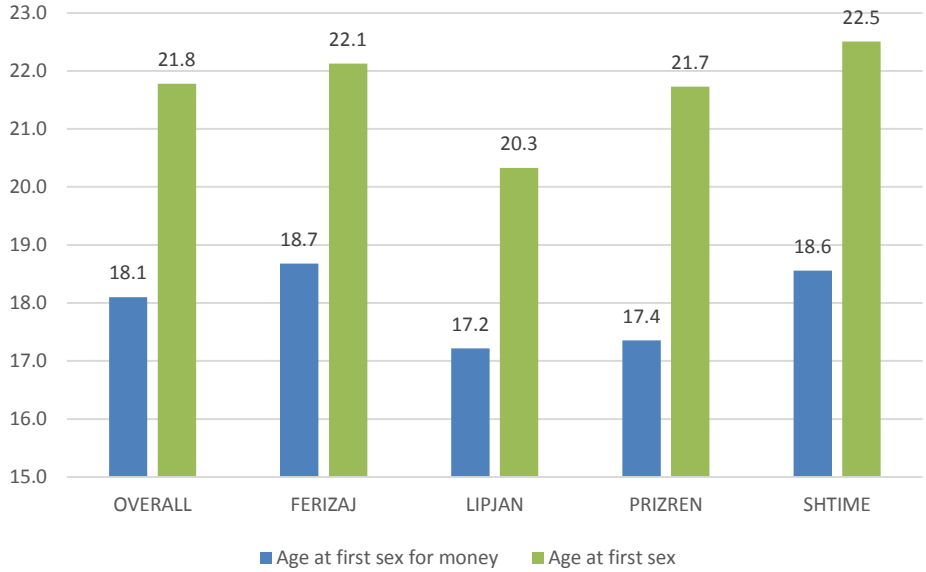
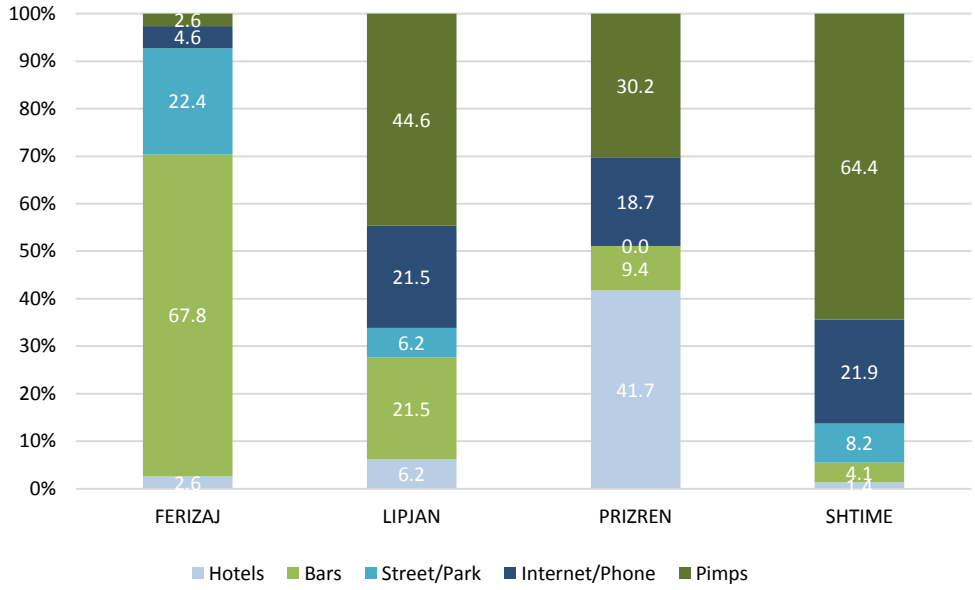


Fig 4.2b Age (average) at first sex and age at first sex for money by Municipality



Further analysis of the usual places to find clients showed a wide variation among various municipalities. In Ferizaj, the most common place to find clients was bars, followed by streets and open places. In Lipjan and Shtime the clients are mostly connected through pimps, followed by internet or phone based connection with clients. In Prizren however most clients are found at hotels.

Fig 4.2c Usual places for FSWs to find clients by Municipality in Kosovo, 2018



Hotels are the most common places of sex in Ferizaj, Lipjan and Shtime. In Prizren however, most sex activities are reported to take place in vehicles or some isolated spaces on the streets. This is a bit surprising and might need more investigation. When analyzed by typology of FSWs, Hotels again are reported as the key venues of sexual activities in all different typologies of FSWs, other than street based FSWs who reported that sex act usually takes place in vehicles or some isolated spaces on the streets. (Fig 4.2D & 4.2E).

Fig 4.2d Usual places of sex for FSWs by Municipality in Kosovo, 2018

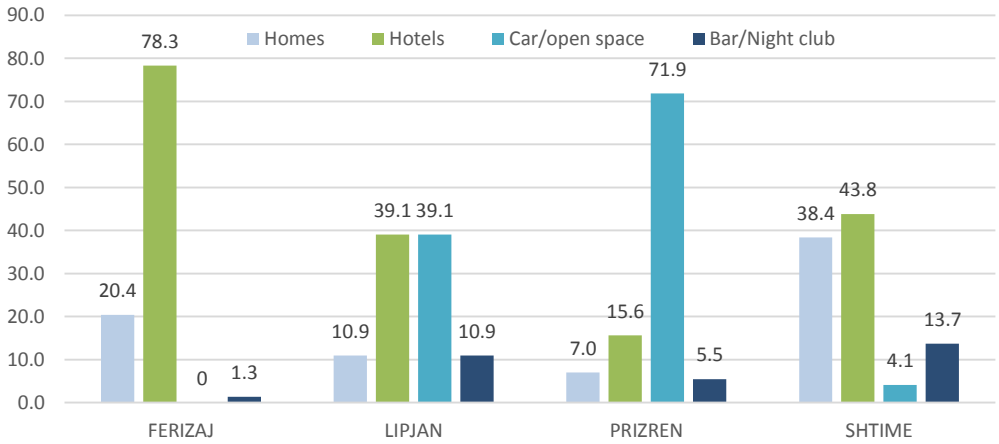
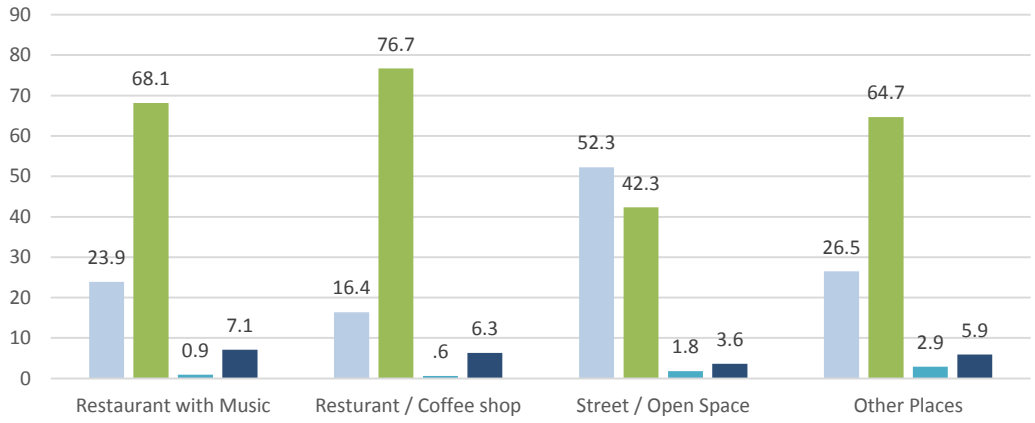


Fig 4.2e Usual places of sex by FSWs typology in Kosovo, 2018



4.3 Partners – Paid and Non Paid partners

Overall, FSWs reported to have an average number of 1.8 ± 1.3 clients a day. An average of 7.9 ± 5.4 (median 6) clients were reported in a week. Nearly 40% of the FSWs interviewed had 4 to 6 clients in a week. In addition to having paid partners, nearly one third FSWs reported to have non paid sex partners as well.

Table 4.3 – Paid and Non paid partners of FSWs in Kosovo, 2018

Variable	N	%
No of clients in a week		
• Upto 3 men	33	11.6
• 4 - 6 men	113	39.6
• 7 - 9 men	75	26.3
• 10 and above	64	22.5
Mean ± SD	7.9 ± 5.4	
Median	6.0	
No of clients in a day		
• One	169	59.3
• Two	70	24.6
• Three and more	46	16.1
Mean ± SD	1.8 ± 1.3	
Median	1.0	
Has a regular sex partner/non-paying partners		
• Yes	139	32.4
• No	281	65.5

4.4 Condom use

Table 4.4A presents analysis of condom use with clients as well as regular partners among FSWs. Condom use at last vaginal sex with a client was reported by 77.5% of FSWs, while nearly 70% informed that they used a condom at last anal sex with a client. Fifty six percent FSWs reported that they always used a condom while having sex with a client. Condom use was reported to be much lower with regular or non-paying partners. Only 37% of FSWs reported use of a condom with non-paying partners at last vaginal sex, and nearly one fourth FSWs reported condom use at last anal sex with a non-paying partner. Nearly 3/4th FSWs informed that they had discussed issues of HIV and AIDS with their regular non-paying partners.

Table 4.4A - Condom use with Paid and Non paid partners of FSWs in Kosovo, 2018

Variable	n	%
Condom use with Clients		
Condom use at last vaginal sex with a client*	244	77.5
Condom use at last anal sex with a client*	150	69.4
Use of a condom		
• Always 100%	240	55.9
• Most of the Time 75% - 99%	66	15.4
• Usually 50% - 74%	42	9.8
• Occasionally/Never 0% - 49%	81	19
Condom use with Regular / Non-paying partners		
Condom use at last vaginal sex with non-paying partner*	51	36.7
Condom use at last anal sex with non-paying partner *	34	24.5
Talked about HIV/AIDS with regular / non-paying partner	106	76.3

Fig 4.4a Condom use with clients and regular partner at last sex by FSWs typology in Kosovo, 2018

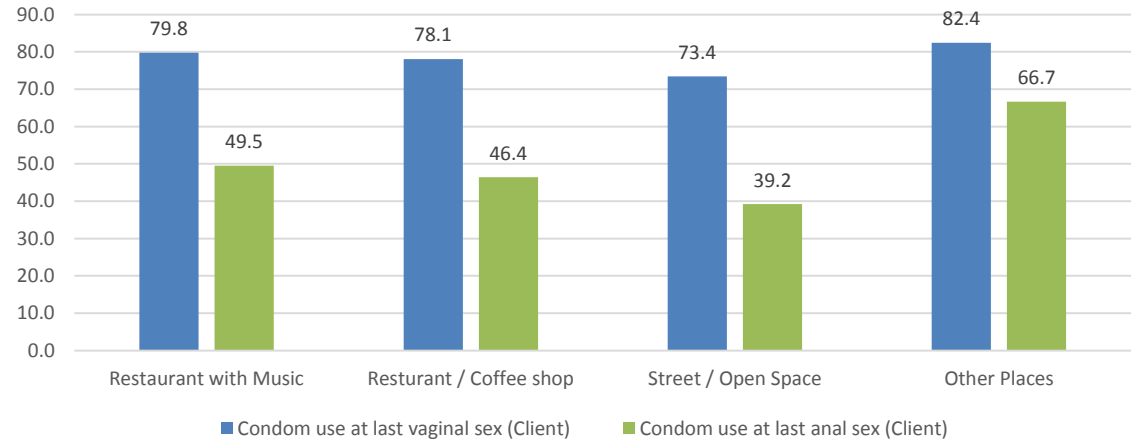


Fig 4.4b Condom use with clients and regular partner at last sex by Municipality in Kosovo, 2018

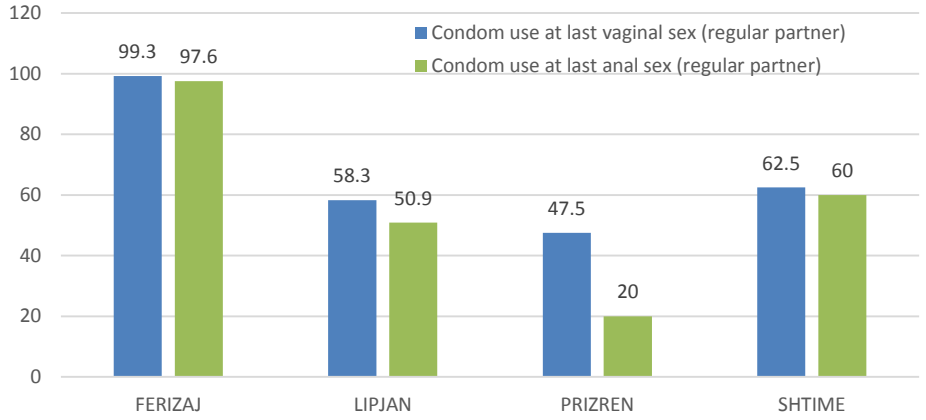


Table 4.4B shows results of condom availability for FSWs in Kosovo. Nearly 91% FSWs informed that condoms are easily available whenever they need it, and 65% informed that it was provided to them for free. There is a high availability and awareness of condom use among FSWs as only 7.5% suggested that they would agree to have sex without a condom. Places from where condoms were obtained usually are also presented with NGO workers being the largest source of free condom provision.

Table 4.4b - Condom availability for FSWs in Kosovo, 2018

Variable	n	%
Has a condom with her at the time of interview	307	71.6
Condom is easily available when needed	390	90.9
Received free condoms in the last month	277	64.6
Agreed to have sex without condom for more money	32	7.5
Where do you get condoms usually		
• I do not use condoms	5	1.2
• I get them from medical workers	65	15.7
• I get them from NGO workers	170	41.0
• I get them from clients / Friends / Someone else	25	6.0
• I buy them in pharmacy, shops	150	36.1

Further analysis showed that while condom availability and having received a condom from service delivery programs was not very different for various typologies of FSWs, it varied significantly across various municipalities. Thus while 96% of the FSW interviewed in Ferizaj had a condom at the time of interview, only 43% reported to have received a condom from the SDP. On the other hand, 94% of FSWs in both Lipjan

and Shtime informed of having received a condom from service providing NGOs. Fig 4.4C and 4.4d shows the results.

Fig 4.4c Condom availability for FSWs by Typology in Kosovo, 2018

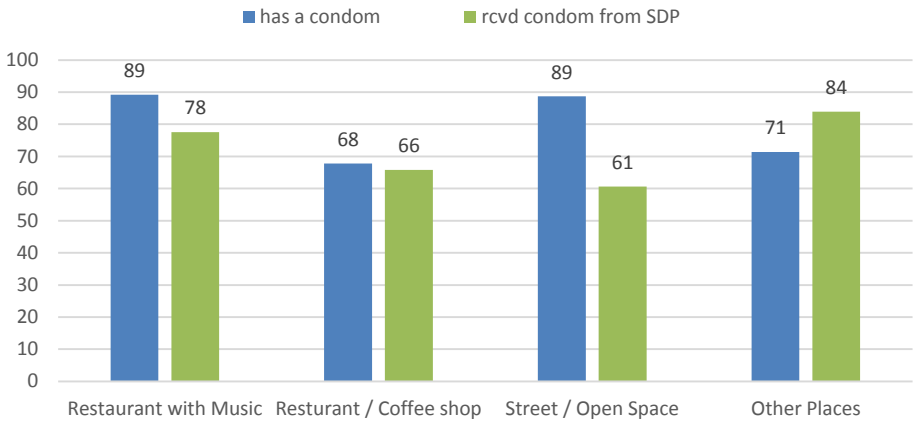
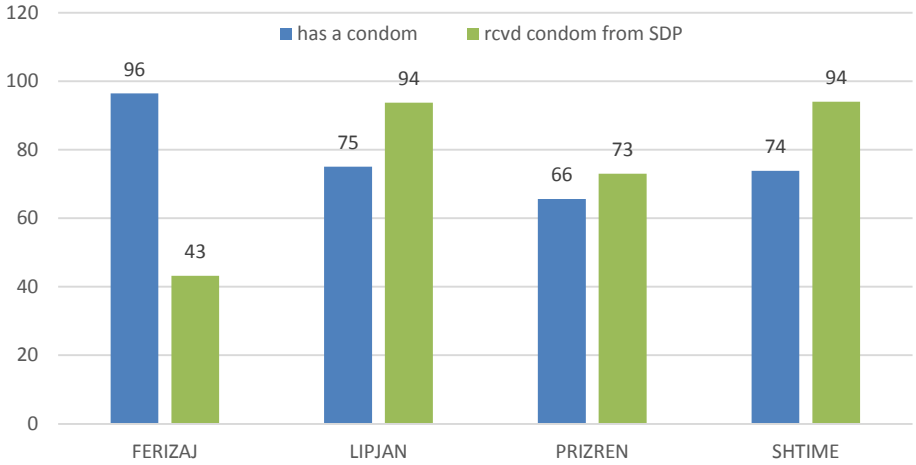


Fig 4.4d Condom availability for FSWs by Municipality in Kosovo, 2018



4.5 STI and Health seeking behavior

Nearly one fourth of the FSWs interviewed informed of having abnormal vaginal discharge in the last 6 months, another 19% experienced itching, redness or having ulcers around the vagina/perennial area. Among all those FSWs who informed of having abnormal vaginal discharge or any similar complaints, 75.5& visited a medical doctor or were treated by a health worker. Nine percent of the FSWs treated themselves, and 2% didn't treat themselves at all.

Among those who didn't go to a medical doctor, half of them didn't like it, while 11% found them too expensive. Among other reasons reported for not being treated included, health facility is far, prefer self-treatment and didn't find time to get treated. Almost 8% were diagnosed with a sexually transmitted infection in the last 6 months.

Table 4.5 – Sexually Transmitted Infections in FSWs in Kosovo, 2018

Variable	n	%
Abnormal Vaginal discharge in last 6 months	113	26.3
Experienced Itching, redness, ulcers around vagina (6 months)	82	19.1
Diagnosed with STIs in last 6 months	35	8.2
How did you get treated for these symptoms		
• Medical doctor, health worker	77	75.5
• Friend or relative	9	8.8
• Pimp gave medicine	3	2.9
• Nobody, I treated myself with medicines from the pharmacy or clinic	9	8.8
• Nobody, I did not treat it	2	2.0
• Colleague gave medicine	2	2.0
Why didn't you go to a doctor		
• Too expensive	3	11.5
• Health facility is too far away	2	7.7
• I do not like to go to doctors	13	50.0
• I prefer treating myself	2	7.7
• I had no time	2	7.7

4.6 Drug use

Drug use was reported by 5% of the FSW interviewed. Hashish was the most common drug used, followed by Tranquilizers. Nearly 70% reported of having alcohol while only 3 FSWs reported injected drugs.

Another HIV risk identified during this study was FSWs having sex with someone who injects drugs, which was reported by 5.5% of FSWs.

Table 4.6 – Drug & Alcohol use in FSWs in Kosovo, 2018

Variable	n	%
Drug use in last 6 months	22	5.1
Which drug was most commonly used		
• Hashish	10	45.5
• Cocaine	2	9
• Heroin	2	9
• Tranquilizers	7	32
• Ecstasy	1	5
Alcohol use in last 6 months		
• Never	120	28.9
• Rarely	121	29.2
• Sometimes	84	20.2
• Often	61	14.7
Injected drugs in the last 6 months	3	16.7
Shared needle/syringe in the last 6 months	3	100
Had sex with a PWID in last 6 months	34	5.5

4.7 Knowledge of HIV and AIDS & Testing

All FSWs who participated in the study heard of HIV and/or AIDS. Knowledge about whether a healthy looking person can have HIV was also correctly noted for 79% FSW. Knowledge of sexual transmission as a mode of HIV transmission was reported by 93% of FSWs. Blood transfusion as a source of HIV transmission was reported by 43%, vertical transmission by another 12%, and 37% knew that HIV could be transmitted through sharp instruments/syringe. Knowledge of HIV prevention showed that, 89.3% of the FSWs knew that using a condom during sex could prevent HIV transmission, while 69% believed that sexual abstinence could prevent HIV transmission. Only 17% knew that the use of clean needles/syringes could prevent HIV transmission and 40% knew of safe blood transfusion.

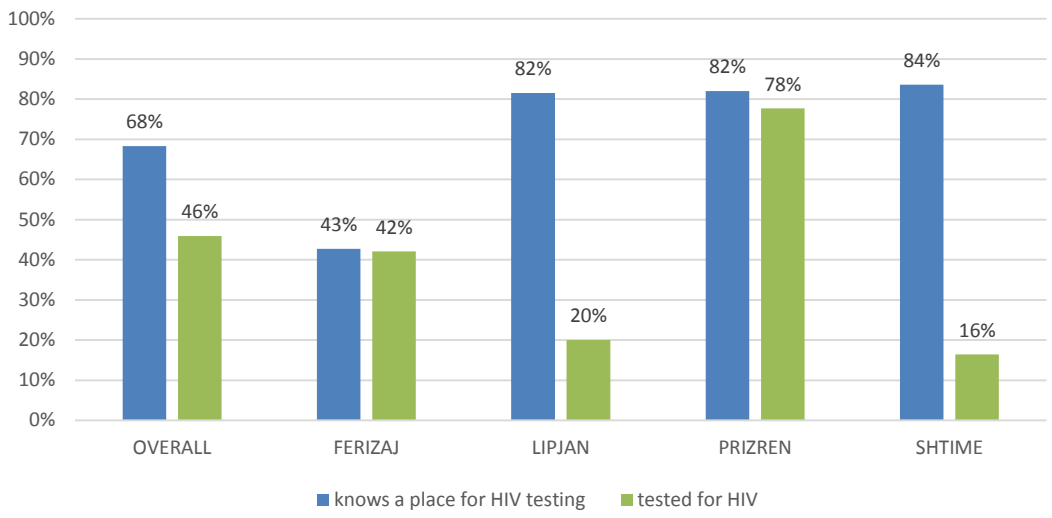
Nearly 68% of the FSW interviewed knew of a place where they could get tested for HIV, while 46% had ever been tested and 97% of those knew the results. Detailed results are presented in Table 4.7.

Further analysis showed (fig 4.7a), that a very high proportion of FSWs in Prizren, Lipjan and Shtime knew of a place to get tested for HIV, however other than Prizren, a very few FSWs got tested for HIV in Shtime and Lipjan.

Table 4.7 HIV Knowledge in FSWs in Kosovo, 2018

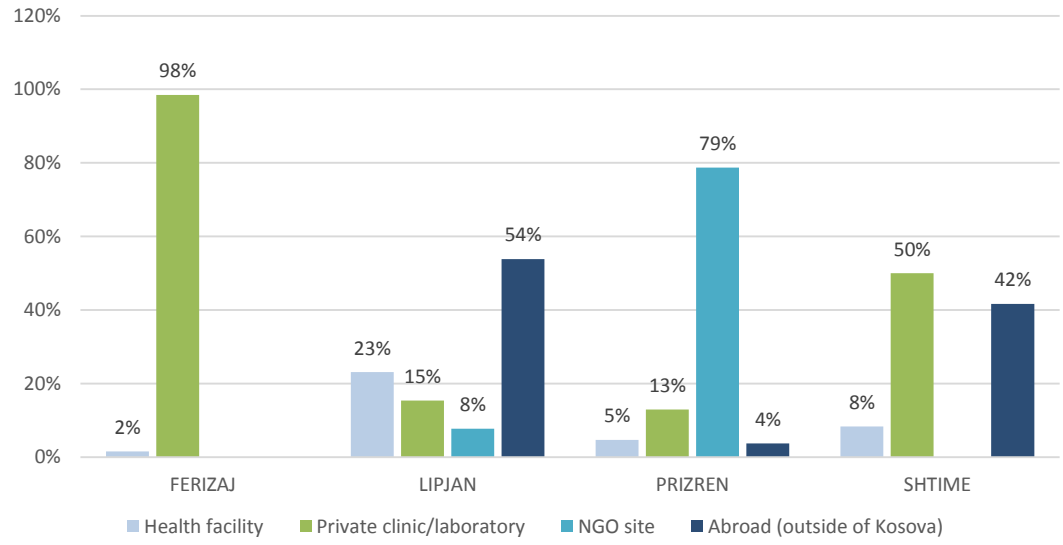
Variables	N	%age
Basic Knowledge of HIV		
Heard of HIV or the disease called AIDS?	429	100.0
A healthy looking person can have HIV?	338	78.8
Having sex with one partner reduces risk?	341	79.5
HIV/AIDS routes of transmission		
• Sexual intercourse	399	93.0
• Sharp instruments/syringe	159	37.1
• Mother to child	51	11.9
• Blood transfusion	184	42.9
Misconception about HIV transmission		
• Kissing, Touching, Hugging	16	3.7
• Eating/drinking with HIV +ve	4	0.9
• Staying filthy	7	1.6
• Insect bites (mosquitoes)	16	3.7
Ways to prevent HIV/AIDS?		
• Using Condom during sex	383	89.3
• Safe Blood transfusion	172	40.1
• Using clean syringes	73	17.0
• Refraining from sex	134	68.8
• Staying Away from patients	14	3.3
HIV Testing		
Knows a place to get free HIV test?	293	68.3
Tested for HIV	197	45.9
• last year	112	26.1
• More than one year ago	85	19.8
• Tested at		
○ *Health facility*	10	2.3
○ *Private clinic/laboratory*	85	19.8
○ *NGO site*	86	20.0
○ *Abroad (outside of Kosova)*	16	3.7
• Knows test results	191	44.5

Fig 4.7a HIV testing Knowledge & Practice in FSWs by Municipalities in Kosovo, 2018



Analysis of the place where FSWs got tested for HIV showed varying results. For example almost all tests conducted in Prizren were in Private clinics, while in Prizren nearly 80% of the tests were conducted at NGO sites. In Lipjan and Shtime nearly half of the FSWs were tested outside of Kosovo for HIV (fig 4.7b).

Fig 4.7b Where were you tested for HIV in FSWs by Municipalities in Kosovo, 2018



4.8 Prevention programs & Health seeking behavior

Only 57% of FSWs were aware of a HIV service delivery program (SDP) in their city. Service utilization was reported by 43.8% of FSWs, with most (15%) utilizing it for less than a month. More than two thirds (67.6%) of FSWs reported receiving free condoms in the past month (Table 4.8).

Fig 4.8A Knowledge & utilization of prevention programs by FSWs in Kosovo, 2018

Variables	N	%
Prevention programs		
Knows of Prevention program	245	57.1
Utilized Prevention program	188	43.8
• More than once a week	21	4.9
• Approx. once a week	23	5.4
• Once fortnightly	21	4.9
• Once a month	41	9.6
• Less than once a month	64	14.9
Received free condoms in past 6 months	290	67.6

Fig 4.8A Knowledge & utilization of SDPs in FSWs by Municipalities in Kosovo, 2018

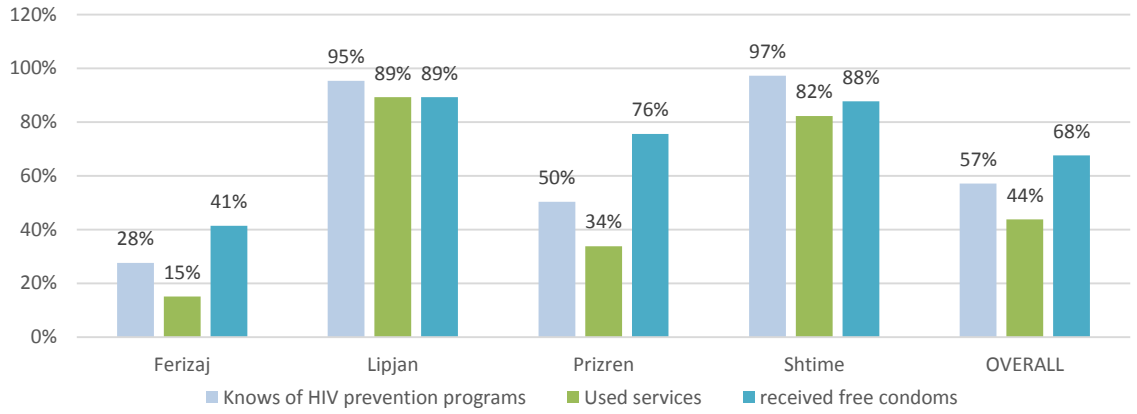
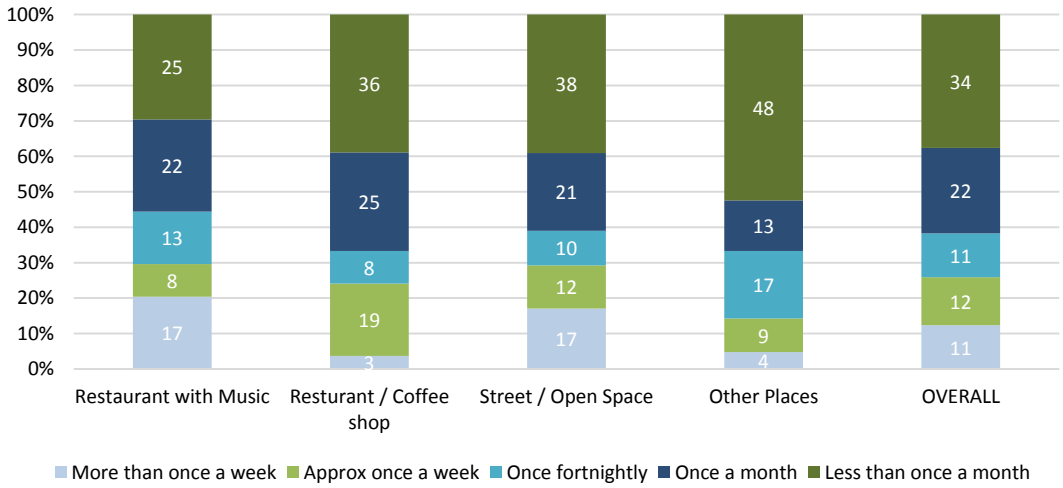


Fig 4.8B Utilization HIV prevention programs by FSWs by Typology in Kosovo, 2018



Further analysis showed a higher knowledge and utilization of SDPs in Lipjan and Shtime, while Prizren and Ferizaj showed much lower rates (Fig 4.8a). Analysis of SDP utilization by typology did not show any significant differences (Fig 4.8b).

4.9 Other Risks

Among other risks evaluated, 7.9% FSWs reported that they were arrested within the last 6 months of the reporting period. Approximately 8% FSWs reported of sexual violence where they were forced to have sex. Most FSW reported clients to be the ones who mostly (33.3%) forced them to have sex. Regular partners and pimps/managers were the next most commonly reported (20.8%) while friends, other sex workers and other random men were also reported (8.3% each).

Table 4.9 – Other risky behaviors in FSWs in Kosovo, 2018

Variable	n	%
Arrested in last 6 months	34	7.9
Forced sex ever	35	8.2
Forced sex in last 6 months	24	5.6
• Regular Partner	5	20.8
• Someone who paid me for sex	8	33.3
• Friends/acquaintances	2	8.3
• Other sex workers	2	8.3
• Pimp/Manager	5	20.8
• Police	1	4.2
• Other random men	2	8.3

4.10 HIV and Syphilis Infection

None of the FSWs who participated in the study were tested positive for HIV and Syphilis.

4.11 Trends in key risk behaviors among FSWs

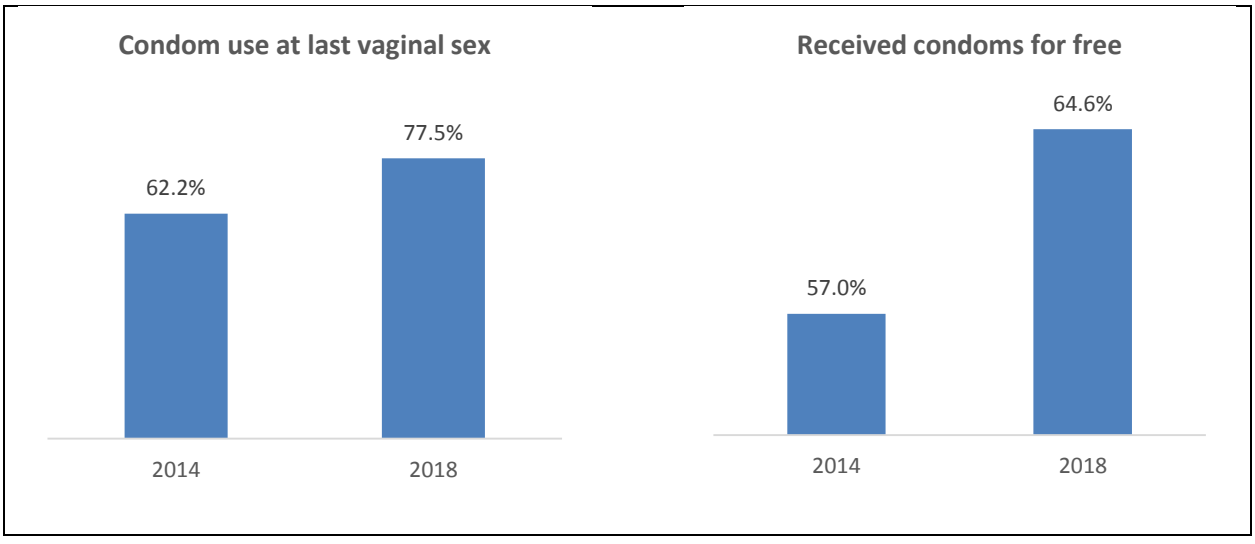
A total number of 429 Female sex workers were interviewed, with representation of most FSW populated municipalities i.e., Ferizaj, Prizren, Lipjan and Shtyme. There are a number of messages that can be taken from this IBBS study and could be used to scale up and improve service provision. There was a marked heterogeneity seen in the sexual knowledge, behaviors and practices of FSWs in various municipalities as well as by typologies. While the knowledge of HIV and AIDS and its prevention is fairly high, condom use which is the main stay of HIV prevention was moderate. Fifty six percent FSWs reported that they always used a condom while having sex with a client, but condom use was reported to be much lower with regular

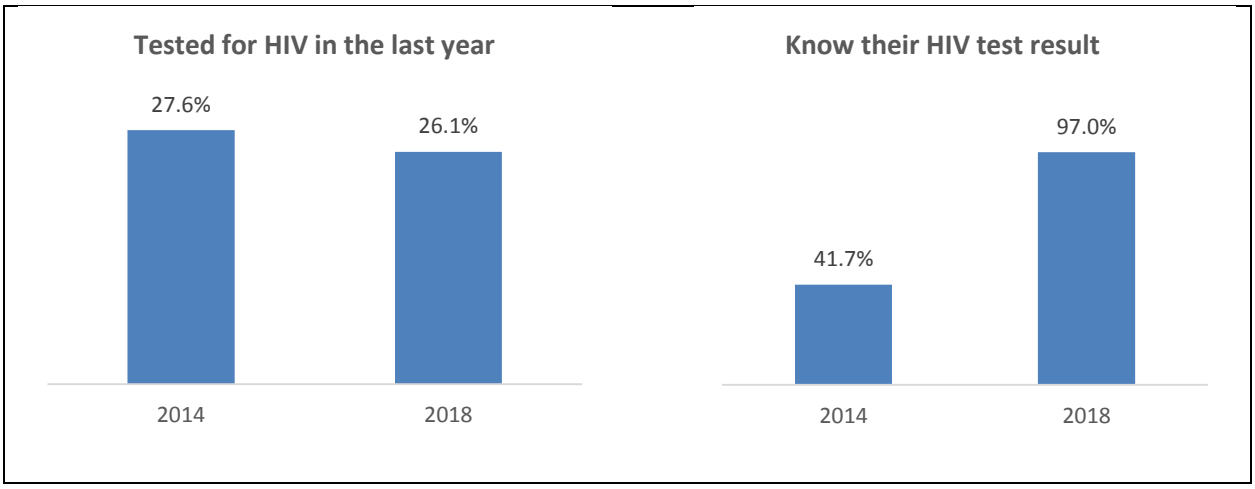
or non-paying partners. Although a high proportion of FSWs informed that condoms were provided to them free of cost, however more coverage is needed. Only 57% of FSWs were aware of a HIV service delivery program (SDP) in their city, with even lower utilization rates. SDPs apparently focus more on the visible component of sex work (bars, restaurants, street etc.,) while FSWs operating through the internet or cell phone might stay hidden and go non-serviced. In addition a significant proportion of FSWs work as pert-timer sex workers and also might stay uncovered.

To look at time trends in the progression of HIV as well as its associated factors, we compared a few key indicators of sexual behavior and practices identified by this IBBS round with the previous IBBS round conducted in 2014. Before we look at the differences, there is a need to highlight some of the key differences between the two IBBS surveys conducted in 2014 and 2018. The 2014 IBBS study was only conducted in 60 FSWs in Ferizaj, while the current IBBS round was conducted in 04 of the key FSW populated municipalities in Kosovo and represented FSWs from 10 different cities. It followed a sound epidemiological approach with a much wider geographical and typological representation of the study populations. It also used a scientific sampling methodology that brought a representative sample of the study population, which was able to detect key behaviors and practices with substantial power. While the 2014 IBBS study used a convenience sampling approach, the 2018 study used a multistage sampling approach with selection of FSWs from randomly selected spots. To rule out selection and information bias, the interviewers were hired separately from the NGOs and no person from the service providing organizations was allowed to conduct interviews.

A comparison of some the key indicators from 2014 study and 2018 study is shown in Fig 4.11, which shows a significant improvement of all studied variables.

Fig 4.11 Comparison of a few key indicators from IBBS 2014 to IBBS 2018, Kosovo.




Tested for HIV in the last year
27.6%
26.1%
2014
2018
Know their HIV test result
41.7%
97.0%
2014
2018

5. PEOPLE WHO INJECT DRUGS

A total number of 458 PWID were interviewed from 6 different municipalities during the study period. The final sample size was exactly equal to the calculated sample size, which was a huge achievement for the data collection teams.

5.1 Socio-demographic information

Table 5.1 - Socio-demographic characteristics of PWID in Kosovo, 2018

Socio Characteristics	N	%	Males (%)	Females (%)
Sex of the respondent				
• Male	399	87.1		
• Female	59	12.9		
Age				
• Upto 20 years	37	8.1	8.3	6.8
• 21 - 30 years	185	40.4	39.3	47.5
• 31 - 40 years	146	31.9	31.1	37.3
• Upto 40 years	90	19.7	21.3	8.5
• Mean ± SD (Years)	32.7 ± 9.2		33.1 ± 9.4	30.2 ± 7.8
Nationality				
• Albanian	411	89.7	88.5	98.3
• Serbian	15	3.3	3.5	1.7
• RAE	32	7.0	8	0
Education Status				
• No formal education	16	3.5	3.5	3.4
• Primary education	103	22.5	24.6	8.5
• Secondary education	258	56.3	57.6	47.5
• High education	81	17.7	14.3	40.7
Living arrangements				
• Own house	258	56.3	56.4	55.9
• Parents or Relative house	193	42.1	42.1	42.4
• Street, abandoned building)	7	1.5	1.5	1.7
Lives with				
• Parents	266	58.1	59.1	50.8
• Husband / Partner	107	23.4	23.1	25.4
• Colleagues / Friends	9	2.0	0.8	10.2

• Alone	76	16.6	17	13.6
Civil status				
• Married/In steady relationship	157	34.3	33.8	37.3
• Single	243	53.1	53.4	50.8
• Divorced / Separated	58	12.7	12.8	11.9
Average total monthly Income[5]*				
• Upto 100 euro	64	17.8	16.9	23.9
• 101 - 200 euro	115	32.0	32.3	30.4
• 201 - 300 euro	72	20.1	20.8	15.2
• 301 - 400 euro	48	13.4	13.4	13
• 401 - 500 euro	32	8.9	9.6	4.3
• 501 and above euro	28	7.8	7	13
Average ± SD (Median)	299± 298 (210)		302 ± 306 (230)	286 ± 233 (200)
Main source of Income?				
• No income	40	8.7	9.8	1.7
• Business / Job	211	46.1	46.9	40.7
• Family support	134	29.3	27.3	42.4
• Social welfare	41	9.0	9	8.5
• Sell drugs / sex	5	1.1	1	1.7
• Petty Crimes	23	5.0	5.3	3.4
• Rent	4	0.9	0.8	1.7
International travel in last 6 months				
• Yes	117	25.5	24.3	33.9
• No	341	74.5	75.7	66.1
Q113. Inject drugs in that country*				
• Yes	52	45.2	45.3	45
• No	63	54.8	54.7	55

Of the 458 PWIDs who participated in the study, 399 (87%) were males, while only 59 females were interviewed. The average age of PWIDs was 32.7 ± 9.2 years, with approximately half of the PWIDs up to 30 years of age. Males were on an average 3 years older to females included in this study. The highest proportion (33.1%) of PWIDs were 35 years or above (Table 4.2a). A very few PWIDs were less than 20 years of age. Nearly 90% of the interviewed PWID were Albanian; almost all female PWID interviewed were Albanian with only one female who was of a Serbian origin. Female PWID had higher education in comparison to male PWID (40.7% vs 14.3%) with most PWID having education up to secondary level. Half

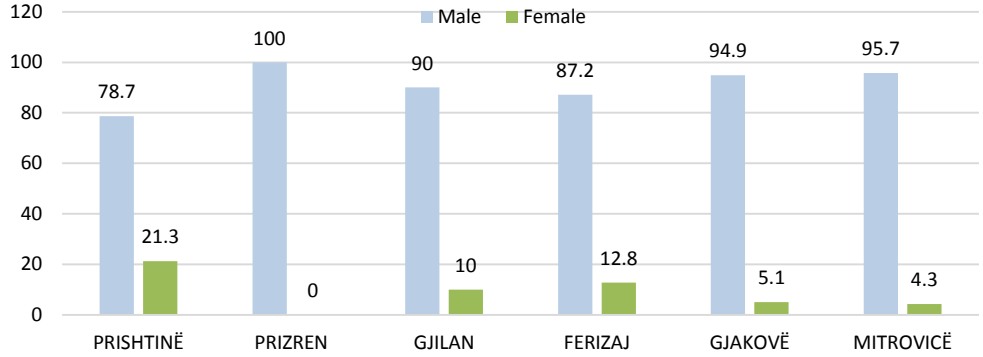
[5] The average wage for Kosovo ranges between 168 to 478 euros per month. (https://tradingeconomics.com/kosovo/wages)

* The sum of categories might not add up to the totals because of Non responses.

of the PWID interviewed were unmarried, while approximately 34.3% were currently married or in a steady partnership. There were no significant differences between male and female PWIDs. The average monthly income for all PWID was reported to be 299 ± 298 euros. Although male PWID earn slightly more, the difference in average monthly income was not significant. Business or job was reported as the main source of income (46%) by all PWIDs, followed by family support (29%). The same income sources were reported by both males and females. Nearly one quarter of the PWID interviewed informed that they had travelled out of Kosovo in the last year. Female PWIDs had travelled more frequent (one third) than male PWIDs (one fourth). Nearly 45% of those who travelled outside of Kosovo.

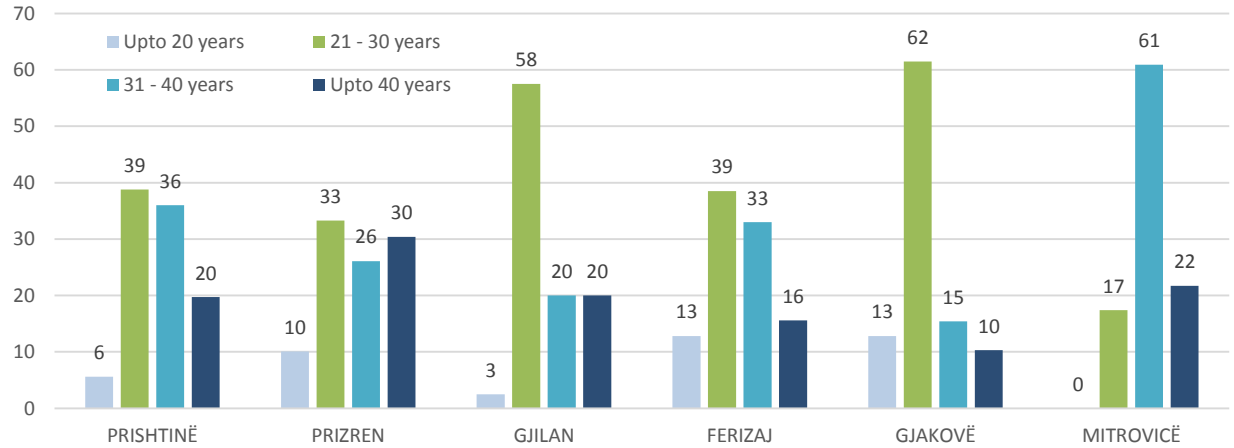
Gender distribution of PWID by municipalities showed small number of females in all municipalities, other than Prizren. Prishtina had the highest proportion of females interviewed.

Fig 5.1a Gender distribution of PWID by Municipality in Kosovo, 2018



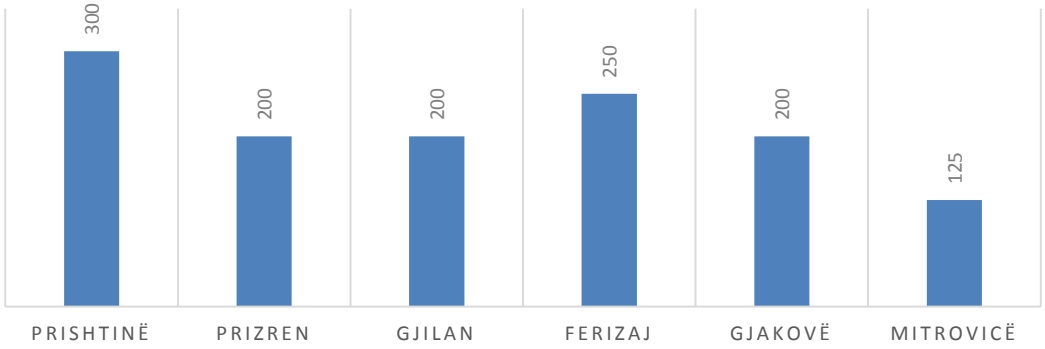
Gjokove and Gjilan had the highest proportion of younger PWIDs as shown by stratified analysis of age by municipalities. In all municipalities other than Mitrovice, the highest proportion of PWID were within 21 to 30 years of age (Fig 5.1b).

Fig 5.1b Age distribution of PWID by Municipality in Kosovo, 2018



Municipality wise analysis of median monthly income showed that the PWID in Prishtine had the highest monthly income with PWID from Mitrovice reporting the lowest median income in a month.

Fig 5.1c Median Monthly Income of PWID by Municipality in Kosovo, 2018



5.2 Drug injecting Practices

Injecting drug users (PWID) were inquired about the age of initiation drug injecting drugs. Average age of PWID at the time of survey was 21.7 years. Females started injecting at a slighter younger age in comparison to males. Nearly half of the PWIDs surveyed (46.5%) reported injecting once daily with no significant differences between males and females. Streets, Homes and shooting galleries were the most common places where participating PWID injected. Higher proportion of female PWIDs in comparison to their male counterparts also reported to be injecting at a drug dealer's home or apartment.

PWID were inquired about their sharing practices of syringes, needles and drug injecting equipment (dishes to mix drugs, cotton or water etc.,) with other PWID. Less than 20% of PWID reported of sharing their syringes or any of the injecting equipment with friends being the most common people whom they shared with. A fairly high proportion of PWID reported that they always used a sterile needle or syringe for injection.

Table 5.2A - Information about drug injecting practices (last 6 months) of PWIDs in Kosovo, 2018

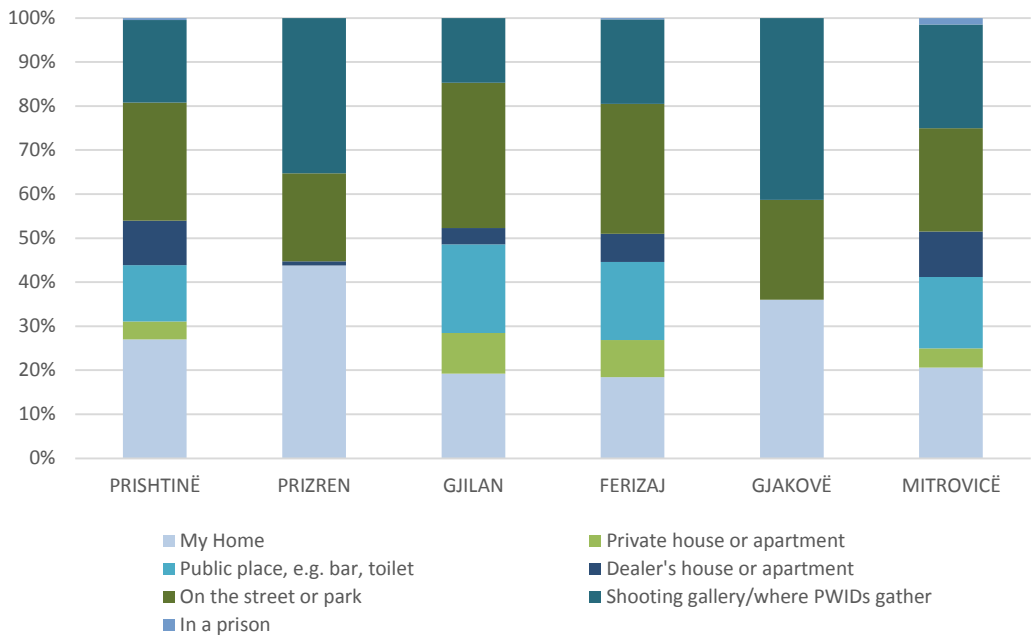
Injecting Practices	n	%	Males	Females
Age when started injecting				
Mean ± SD		21.7 ± 5	21.9 ± 5	20 ± 4
No of times injected in a day (6 months)				
• Once daily	212	46.5	45.6	52.5
• Twice daily	93	20.4	19.9	23.7
• Thrice daily	68	14.9	15.1	13.6
• More than 3 times in a day	83	18.2	19.4	10.2
All places where injected (6 months)				
• My Home	288	62.9	62.4	66.1

• Private house or apartment	57	12.4	10.8	23.7
• Public place, e.g. bar, toilet	145	31.7	33.1	22.0
• Dealer's house or apartment	78	17.0	15.0	30.5
• On the street or park	302	65.9	65.7	67.8
• Shooting gallery/where PWIDs gather	244	53.3	57.1	27.1
• In a prison	4	0.9	1.0	0.0
Sharing practices (last 6 months)				
• Shared someone's syringe	88	19.3	18.7	23.7
• Shared someone's filter/cotton	79	17.4	17.2	18.6
• Shared dish for mixing drugs	95	20.9	20.7	22.0
• Shared water to wash syringe	24	5.3	5.3	5.1
• Average No. of people who shared	1.3 ± 0.7			
• Whom with share syringe				
○ *Unknown person(s)*	3	8.3	9.7	0.0
○ *Friend(s) or acquaintance(s)*	21	58.3	61.3	40.0
○ *My sexual partner*	8	22.2	19.4	40.0
○ *Dealer*	4	11.1	9.7	20.0
• Used a sterile needle for injection				
○ *Always (100%)*	348	76.0	75.9	76.3
○ *Most of the Time (75% - 99%)*	81	17.7	17.5	18.6
○ *Usually (50% - 74%)*	23	5.0	5.3	3.4
○ *Occasionally/Never (0% - 49%)*	6	1.3	1.3	1.7
Drugs Injected in the last 6 months				
• Heroin	309	67.5	65.9	78.0
• Cocaine	75	16.4	16.0	18.6
• Heroin & cocaine together	15	3.3	3.5	1.7
• Amphetamine	20	4.4	3.3	11.9
• Morphine	3	0.7	0.8	0.0
• Opium	7	1.5	0.8	6.8
• Methadone	328	71.6	72.4	66.1
• Diazepam (Benzodiazepine)	232	50.7	52.1	40.7
• Subotex / Valeron	2	0.4	0.5	0.0

Heroine (67.5%) and methadone (71.6%) were the most common drugs injected in the last 6 months. Nearly half of the interviewed PWID also informed of injecting Diazepam. Cocaine was injected by another

16.4% PWID. Further analysis showed no significant differences by gender for sharing as well as by the type of drugs injected. Places where drugs were injected are shown by municipalities in Fig 5.2a.

Fig 5.2a Places of injecting in PWID by Municipality in Kosovo, 2018



Use of sterile injecting equipment always differed in various municipalities. It ranged from 100% in Gjakove to only 39% in Mitrovice. Prizren also reported the use if sterile syringe almost all of the time. Two thirds of PWID in Prishtine informed that they always used a sterile syringe for injecting drugs.

Fig 5.2b Use of sterile syringe for injection in PWID by Municipality in Kosovo, 2018

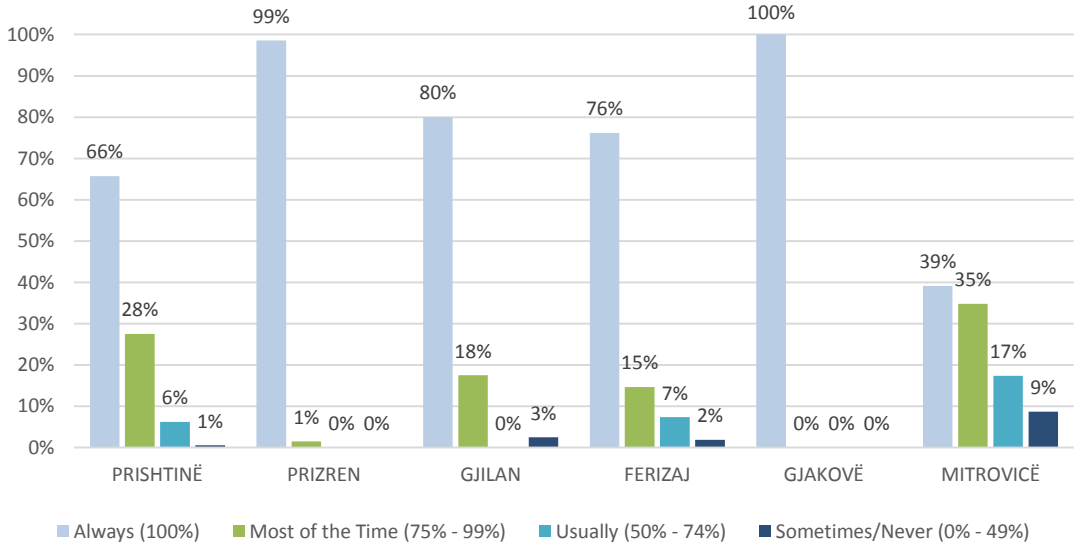


Fig 5.2c shows the various types of drugs injected by PWID in various Municipalities. Heroin, Methadone and Diazepam were the most commonly injected drugs in all municipalities with no significant differences. Thus the drug use situation is seen to be fairly homogenous across the whole country.

Fig 5.2c Drugs used in the last 6 months by PWID in Kosovo by Municipality, 2018

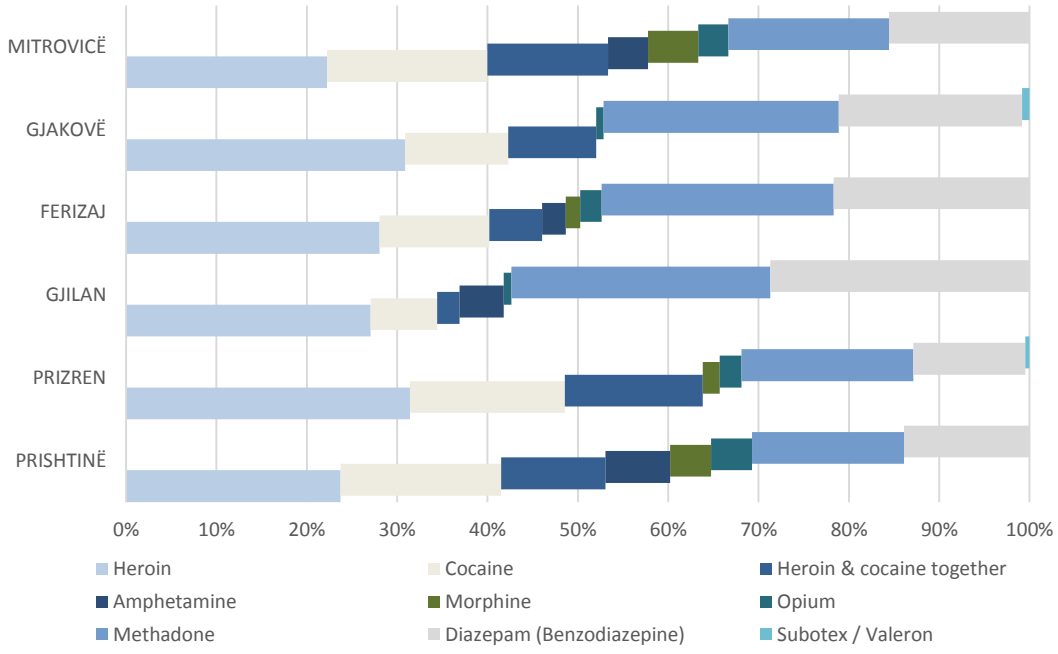


Table 5.2B - Information about drug injecting practices (last injection) of PWIDs in Kosovo, 2018

Injecting Practices	n	%	Males	Females
No of times injected yesterday?				
• 1 time	246	66.3	65.7	70.0
• 2 times	85	22.9	24.0	16.0
• 3 times	35	9.4	8.7	14.0
• More than 3 times	5	1.3	1.6	0.0
Use a new/sterile needle and syringe?				
• Yes	447	97.6	97.5	98.3
• No	11	2.4	2.5	1.7
Use a needle/syringe someone else used?				
• Yes	7	1.5	0.9	0.6
• No	4	0.9	0.4	0.4
Tried to clean/disinfect the needle/syringe?				
• Yes	9	1.9	2.7	-

• No	2	0.4	-	3.3
Someone injected with your used syringe?				
• Yes	12	2.6	2.5	3.4
• No	389	84.9	84.2	89.8
• Don't Know	54	11.8	13.3	6.8

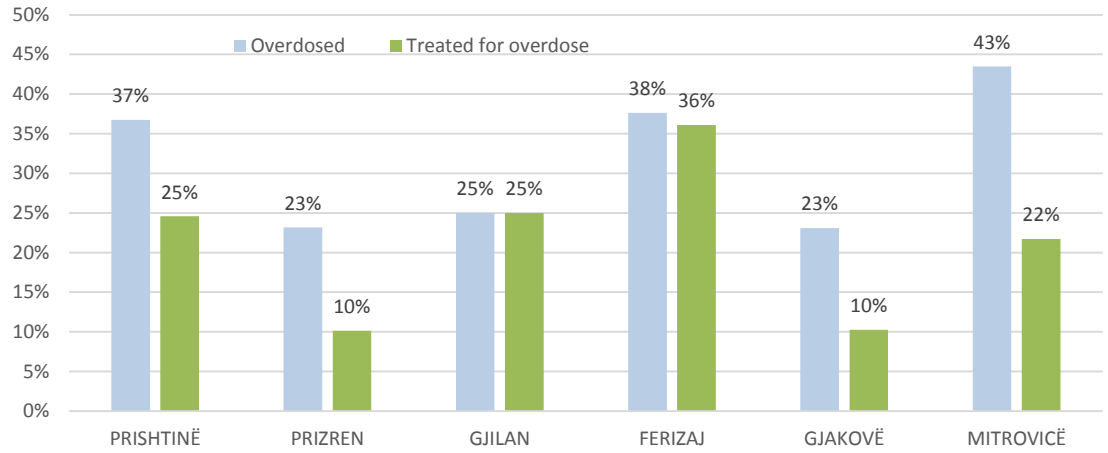
Table 5.2B presents information about the last time drugs were injected. Nearly 90% of the PWID interviewed informed that they injected at least twice a day, with no significant differences between males and females. A very high proportion (97.6%) reported use of a new/sterile syringe for the last injection. Among those who reported sharing of syringe/needle on last injection, 1.5% used someone else syringe, while 2.6% passed on their syringe to someone else.

Table 5.2 C shows information on overdosing and history of drug treatment reported by PWIDs interviewed. Thirty three percent of the PWID informed that they overdosed themselves with drugs to the point of losing consciousness, while 24% were treated in a hospital/medical center. Nearly half of the PWID informed that they had been ever treated for drug addiction. The response on where this treatment was done are also provided.

Table 5.2C - Information about drug injecting practices (last injection) of PWIDs in Kosovo, 2018

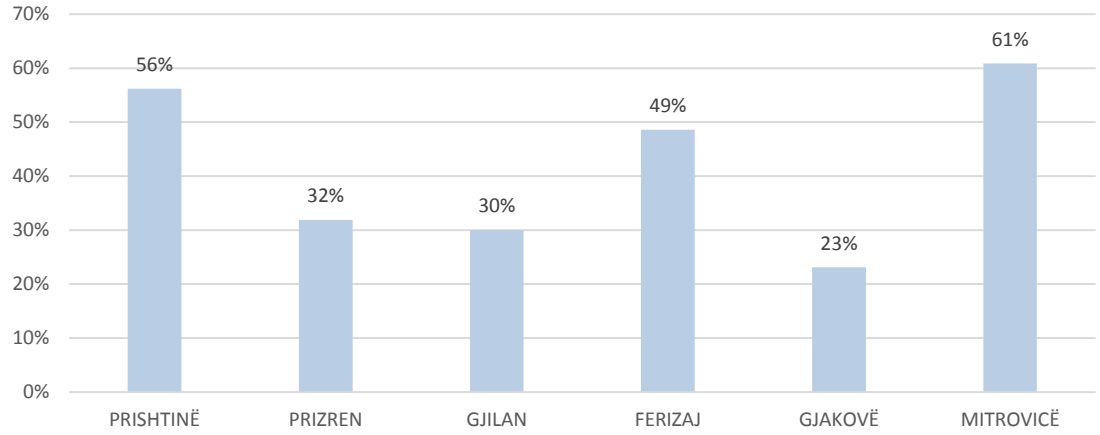
Injecting Practices	n	%	Males	Females
Overdosing				
Overdosed to the point of losing consciousness?	151	33.0	34.6%	22.4
Treated in a medical center for overdosing	108	23.8	24.7%	17.5
Treatment & Rehabilitation				
Treated for drug addiction	210	45.9	47.4%	35.6
Type of treatment				
• Rehab program by an NGO	34	16.3	17.1%	9.5
• Rehab in a medical treatment facility	98	47.1	44.9%	66.7
• Rehabilitation treatment in prison	10	4.8	5.3%	0.0
• Detox treatment by my family	17	8.2	7.5%	14.3
• Self-help (tried by my own)	46	22.1	23.5%	9.5
• Naltrexone	3	1.4	1.6%	0.0

Fig 5.2d Overdosing in PWID in Kosovo by Municipality, 2018



Further analysis of overdosing and its treatment by Municipality ranged between 43% in Mitrovice to 23% in Gjkove and Prizren. Only half of the PWID who overdosed were treated on Mitrovice, Gjakove and Prizren (Fig 5.2d). Mitrovice also reported the highest proportion of PWID treated for drug addiction, while less than one fourth of PWID in Gjakove were treated for drug addiction. (Fig 5.2e)

Fig 5.2e Addiction treatment/Rehab in PWID in Kosovo by Municipality, 2018



5.3 Sexual Practices

The average age at first sexual intercourse was reported to be 16.4 ± 1.9 years. Approximately two thirds of the PWID reported that they had their first sexual intercourse between the ages of 16 to 20 years. Overall 77% PWID informed that they hadn't had sex in the last 6 months. Nearly 6% PWID reported having sex with a sex worker in the last 6 months. Among other partners, regular sex partner was reported by 70%, and random partners were reported by 43%. The average number of sex partners was reported to be 2.0 ±1.7 in the last six months. Only 14.7% informed that they always used a condom (lower in female PWID (9.5%), while 43% rarely or never used a condom. Nearly 10% informed that they sold sex for money which was much higher for female PWID (30.5%). Condom was used half of the time in paid sexual acts.

Table 5.3 – Sexual Practices of PWID in Kosovo, 2018

Variable	n	%	Males (%)	Females (%)
Age at first sexual intercourse				
Mean ± SD (Median) yrs	16.4 ± 1.9 (16)			
• 10 - 15 years	146	32.0	33.8%	20.3%
• 16 - 20 years	300	65.8	64.2%	76.3%
• 21 - 25 years	10	2.2	2.0%	3.4%
Had sex in the last 6 months				
• Yes	354	77.3	78.2%	71.2%
Whom did you have sex				
• Regular Sex partner	249	70.3	68.6%	83.3%
• Sex worker	22	6.2	7.1%	-
• Random person	153	43.2	43.9%	38.1%
• Another IDUs	19	5.4	5.1%	7.1%
• Friend/ Ex-Girlfriend	14	4.0	7.6%	0.0%
Number of partners in the last six months				
Mean ± SD (Median)	2.0± 1.7 (1)			
Condom use in last 6 months				
• Always 100%	52	14.7	15.4%	9.5%
• Most of the Time 75%	53	15.0	14.4%	19.0%
• Every second time 50%	41	11.6	12.8%	2.4%
• Sometimes 25%	58	16.4	16.3%	16.7%
• Rarely 10%	150	42.4	41.0%	52.4%
Last sex				
Last sex partner				
• Regular Sex partner/Girlfriend	291	63.6	61.4%	71.2%
• Sex worker	26	5.7	5.5%	6.8%
• Random person	128	27.9	29.1%	20.3%
• Another IDUs	13	2.8	3.0%	1.7%
Other sexual risks				
Condom use at last sex	136	30.0	31.3%	20.7%
Ever had anal sex	37	8.1	2.8%	44.1%
Condom use at last anal sex	11	29.7	27.3%	30.8%
Had sex with someone who injects drugs	175	38.2	35.8%	54.2%
Condom use at last sex with a PWID	60	34.3	35.0%	31.3%
Sold sex for money or drugs	47	10.3	7.3%	30.5%
Used condom when sold sex	23	48.9	41.4%	61.1%

Further analysis of sexual risk behaviors stratified by municipality are shown in Fig 5.3 a, b and c.

Fig 5.3A Proportion of PWID who are sexually active in Kosovo by Municipality, 2018

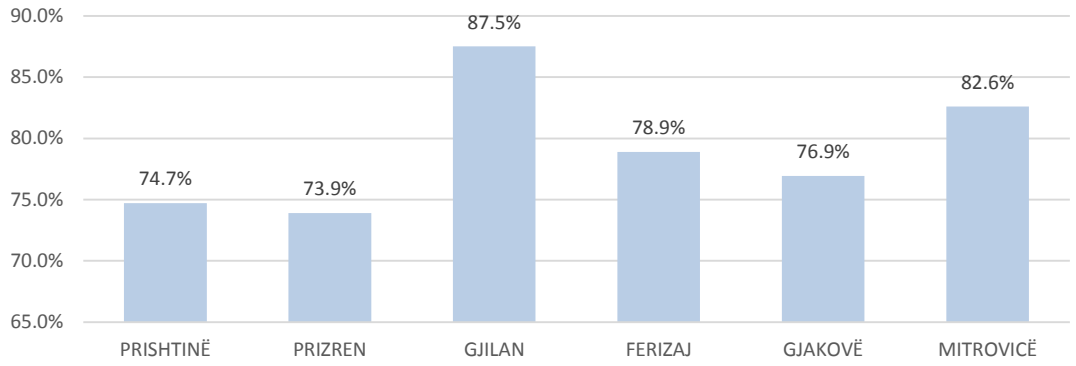


Fig 5.3b Condom use among PWID by Municipality (last 6 months) Kosovo, 2018

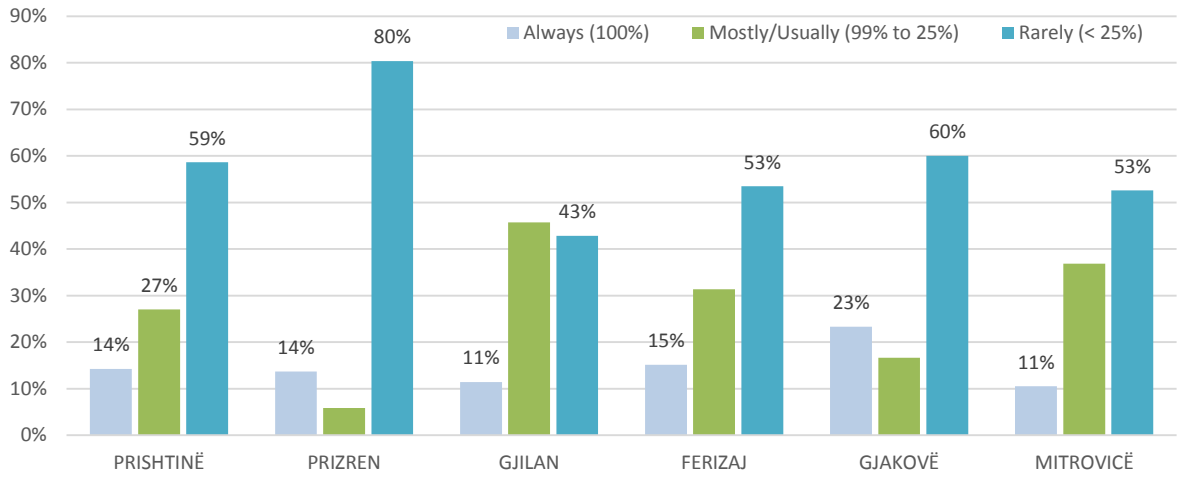
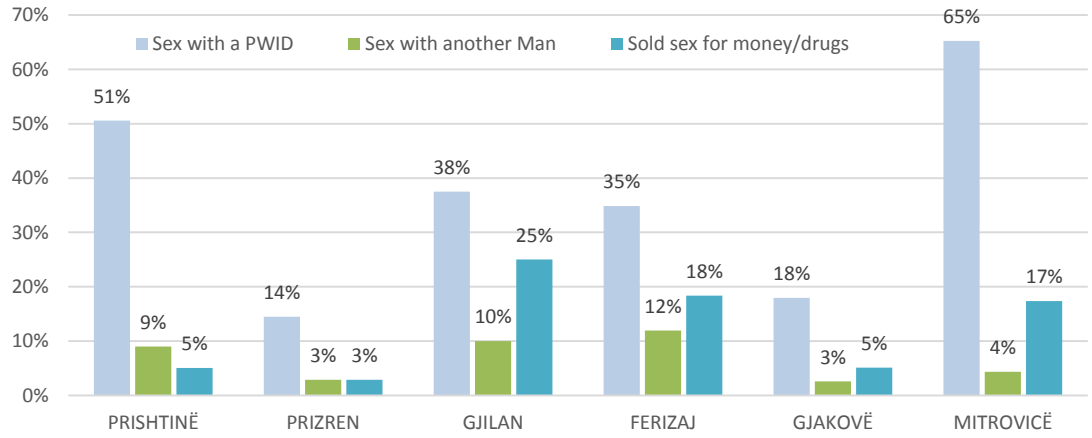


Fig 5.3c Other sexual risks among PWID by Municipality (last 6 months) Kosovo, 2018



5.4 HIV Knowledge & Testing

Almost all PWIDs interviewed heard of HIV and/or AIDS (Table 5.4a). About 70% believed that a healthy-looking person can be infected with HIV. A very high proportion of PWIDs had the correct knowledge of sexual transmission and sharp instruments as the routes of HIV transmission however very few knew that used syringes (19%) could also spread HIV. There were a few misconceptions noted as well e.g., PWID thought that HIV can spread through eating or drinking with HIV infected people. Sixty nine percent knew that using sterile syringes can prevent HIV spread, while 96% knew that condom can protect HIV transmission.

Table 5.4 – HIV AIDS knowledge and testing among PWID in Kosovo, 2018

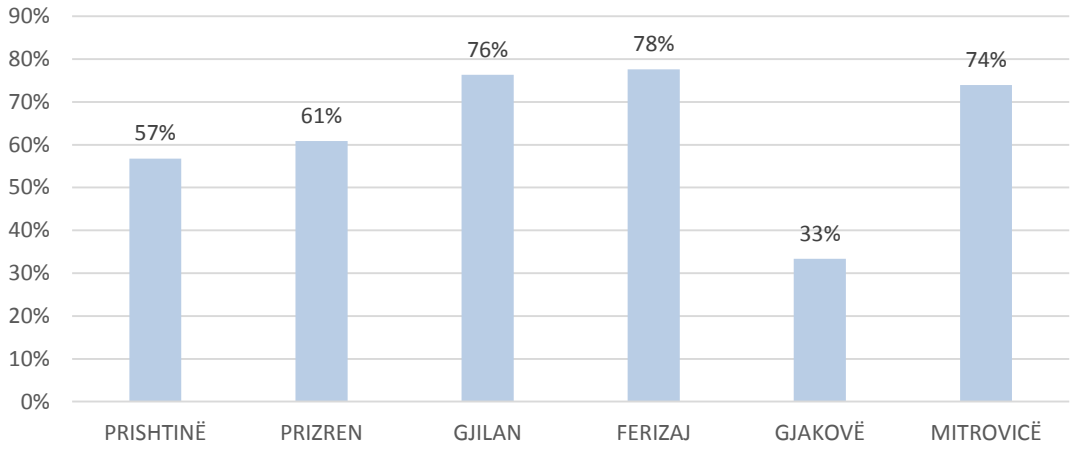
Variables	N	%age	Males (%)	Females (%)
Basic Knowledge of HIV				
Heard of HIV or the disease called AIDS?	454	99.1	99.0%	100.0%
A healthy looking person can have HIV?	319	70.3	69.4%	76.3%
Having sex with one partner reduces risk?	262	57.7	57.0%	62.7%
HIV/AIDS routes of transmission				
• Sexual intercourse	444	97.8	98.0%	96.6%
• Sharp instruments/ needles	399	87.9	87.6%	89.8%
• Used needle and syringe	277	18.9	20.0%	11.9%
• Mother to child	289	63.7	61.8%	76.3%
• Blood transfusion	73	16.1	15.9%	16.9%
Misconceptions about HIV transmission				
• Kissing, Touching, Hugging	68	15.0	14.7%	16.9%
• Eating/drinking with HIV +ve	186	41.0	38.2%	59.3%
• Staying filthy	75	16.5	16.7%	15.3%
• Insect bites (mosquitoes)	29	6.4	6.1%	8.5%
Ways to prevent HIV/AIDS?				
• Using Condom during sex	436	96.0	96.2%	94.9%
• Refraining from sex	95	20.9	21.8%	15.3%
• Staying Away from patients	95	20.9	21.0%	20.3%
• Using clean syringes	313	68.9	70.1%	61.0%
• Safe Blood transfusion	163	35.9	34.2%	47.5%
HIV Testing				

Knows a place to get free HIV test?	317	62.0	61.9	62.3
Tested for HIV	285	62.2	63.4	54.2
• last year	131	28.6	29.6	22.0
• More than one year ago	154	33.8	33.8	33.9
• Tested at	285			
○ *Health facility*	20	4.4	4.0	6.8
○ *Private clinic/laboratory*	20	4.4	4.5	3.4
○ *NGO site*	232	50.7	51.4	45.8
○ *Abroad (outside of Kosova)*	13	2.8	3.3	0.0
• Knows test results	273	59.6	60.4	54.2

Nearly 70% of the interviewed PWID knew a place to get tested for HIV, while 63% got tested. More Male PWID were tested in comparison to females (64% males vs 56% females). Among those who were tested, 46% got tested within the last year, with the highest proportion getting tested at NGOs sites for both males and females. Overall 96% knew of their test results.

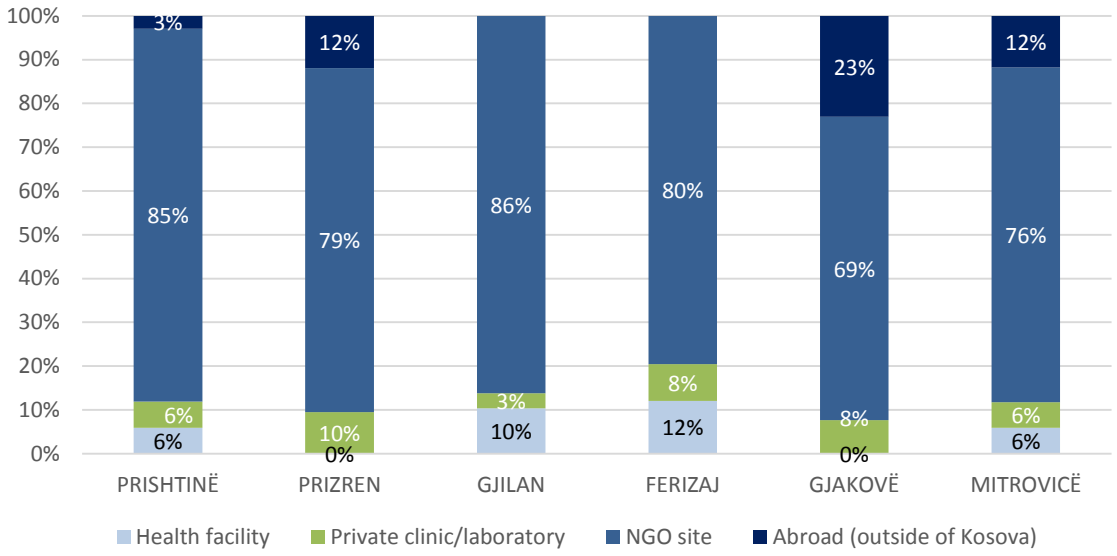
Results of the stratified analysis showed that other than Gjakove, more than 50% PWID in all other municipalities were tested for HIV. Nearly 3/4th of PWIDs were tested in Mitrovice, Ferizaj and Gjilan.

Fig 5.4a PWIDs ever tested for HIV by Municipality, Kosovo, 2018



Further analysis of the lace of HIV testing showed that most HIV tests were conducted at the NGO office in all municipalities. A significant proportion of PWIDs in Gjakove were tested outside of Kosovo, while the next commonest place of HIV testing was reported to private clinics and laboratories.

Fig 5.4b Place of HIV testing for PWIDs by Municipality, Kosovo, 2018



5.5 Prevention programs & Services Utilized

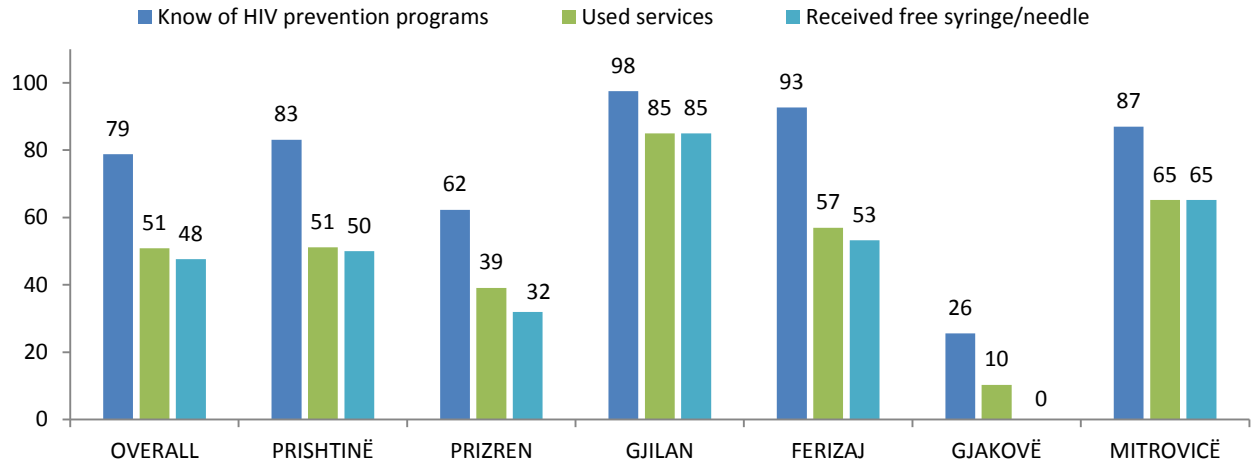
Table 5.5 – HIV Prevention programs and its utilization among PWID in Kosovo, 2018

Variables	N	%age	Males (%)	Females (%)
Knowledge of Prevention programs				
Knows of Prevention program	361	78.8	78.7	79.7
Utilized Prevention program	233	64.5	66.9	33.1
More than once a week	89	38.2	39.5	26.1
Approx. once a week	67	28.8	27.1	43.5
Once fortnightly	34	14.6	14.8	13
Once a month	26	11.2	11.4	8.7
Less than once a month	11	4.7	4.8	4.3
Services commonly use (last 6 months)				
Given free syringes	218	47.6	93.4%	91.0%
Received counselling/education	166	36.5	37.4%	30.5%
Anti-septic dressing/wound mgment	36	7.9	7.8%	8.5%
Received HIV testing & Counselling	110	24.1	24.7%	20.3%

Further analysis showed that nearly 79% of PWID knew of HIV prevention programs and services in their area, while nearly two-thirds had actually utilized them. Males utilized the services twice more than

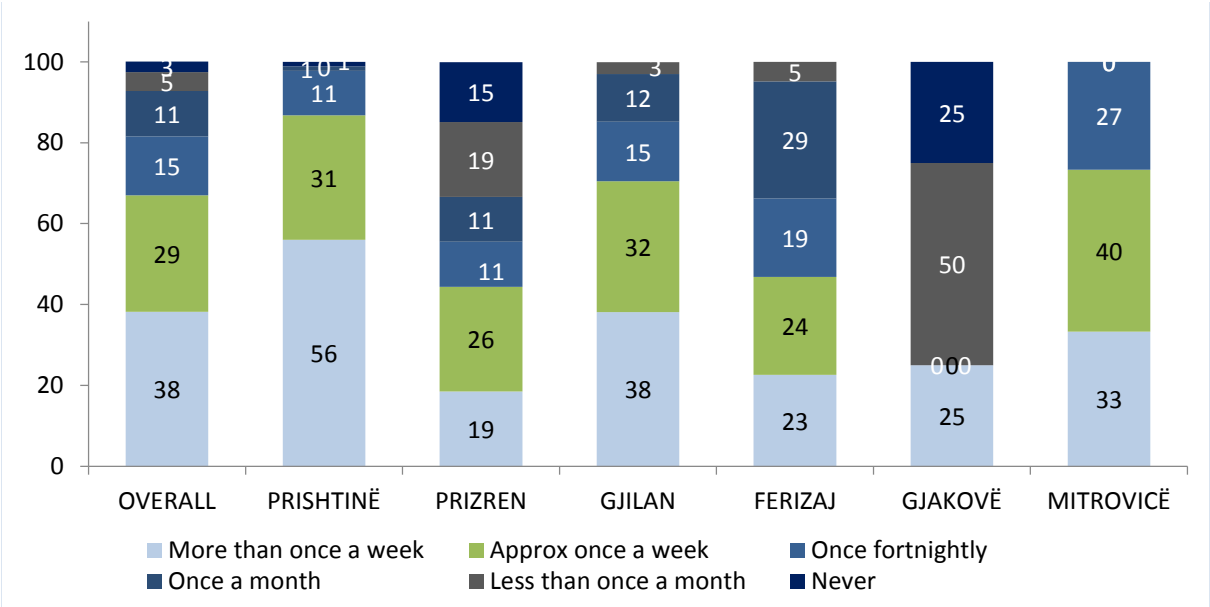
females, which shows a poor coverage of programs for female PWIDs. Program Services mostly utilized are free syringes (48%), counselling and education (36.5%) and VCT for HIV (24%).

Fig 5.5a Knowledge & Utilization of HIV programs by Municipalities (PWID) in Kosovo, 2018



Municipality wise utilization and knowledge of services showed that nearly all municipalities other than Gjakove had a high proportion of PWID who knew of HIV prevention programs. Other than Gjilan, the gap between the knowledge of a prevention program and its utilization was fairly large in all remaining municipalities. See fig 5.5a and Fig 5.5b for details on service provision, its utilization and how frequently it was utilized in the last year.

Fig 5.5b Utilization of HIV services by PWID by Municipality in Kosovo, 2018



5.6 Other vulnerabilities

Sixty two percent of the PWID informed that they were ever arrested, while 17% were arrested in the last 6 months. A much higher proportion of males were arrested in comparison to females. Of those who got arrested, 11% injected drugs in prison, while 12% informed that they were physically abused is prison.

Table 5.6 – Other vulnerabilities in PWID in Kosovo, 2018

Variable	N	%	Males (%)	Females (%)
Ever arrested	285	62.2	67.4	27.1
Arrested in last 6 months	79	17.2	28.6	12.5
Injected drugs in prison	25	11.3	11.3	0
Physically abused in prison	28	12.1	12.2	10
Physically abused in last 6 months	39	8.5	7.8	13.6

5.7 HIV and HCV Infection

None of the PWID who participated in the study were tested positive for HIV

The testing results for HCV are given below in Table 5.7A. Results of HCV testing showed an overall prevalence of 23.8%, with varying prevalence rates among Municipalities, which ranged between 50% in Mitrovice to 17.3% in Ferizaj. The results of HCV testing does hint to the parenteral transmission of HCV which is due to sharing of syringes and injecting equipment.

Table 5.7 – Prevalence of HCV in PWID in Kosovo, 2018

Municipality	HCV +ve		HCV -ve	
	N	%	N	%
Ferizaj	19	17.3%	91	82.7%
Gjakovë	8	20.0%	32	80.0%
Gjilan	13	32.5%	27	67.5%
Mitrovicë	11	50.0%	11	50.0%
Prishtinë	42	23.7%	135	76.3%
Prizren	16	23.2%	53	76.8%
OVERALL	**109**	**23.8**	**349**	**76.2**

5.8 Conclusions and Trends in key risk behaviors among PWIDs

A total number of 458 PWID were interviewed from 6 different municipalities during the study period, and showed appreciable results. Overall, lower levels of syringe and equipment sharing are seen, with a fairly high proportion of PWID reported that they always used a sterile needle or syringe for injection. Among those who reported sharing of syringe/needle on last injection, a very few percentage used someone else syringe, or passed on their syringe to someone else. However there were wide variations noted among municipalities ranging from 100% in Gjakove to only 39% in Mitrovice. Poly drug use was common with Heroine (67.5%) and methadone (71.6%) being the most common drugs injected in the last 6 months. Nearly half of the PWID informed that they had been ever treated for drug addiction.

A high proportion of PWID in Kosovo were found to be sexually active with risky sexual practices. A substantial proportion of PWID reported both regular and casual sex partners, and were also found to be involved in sex work. A very low proportion always used a condom (lower in female PWID) while a high proportion rarely or never used a condom. Nearly one tenth informed that they sold sex for money which was much higher for female PWID (30.5%). Condom was used half of the time in paid sexual acts.

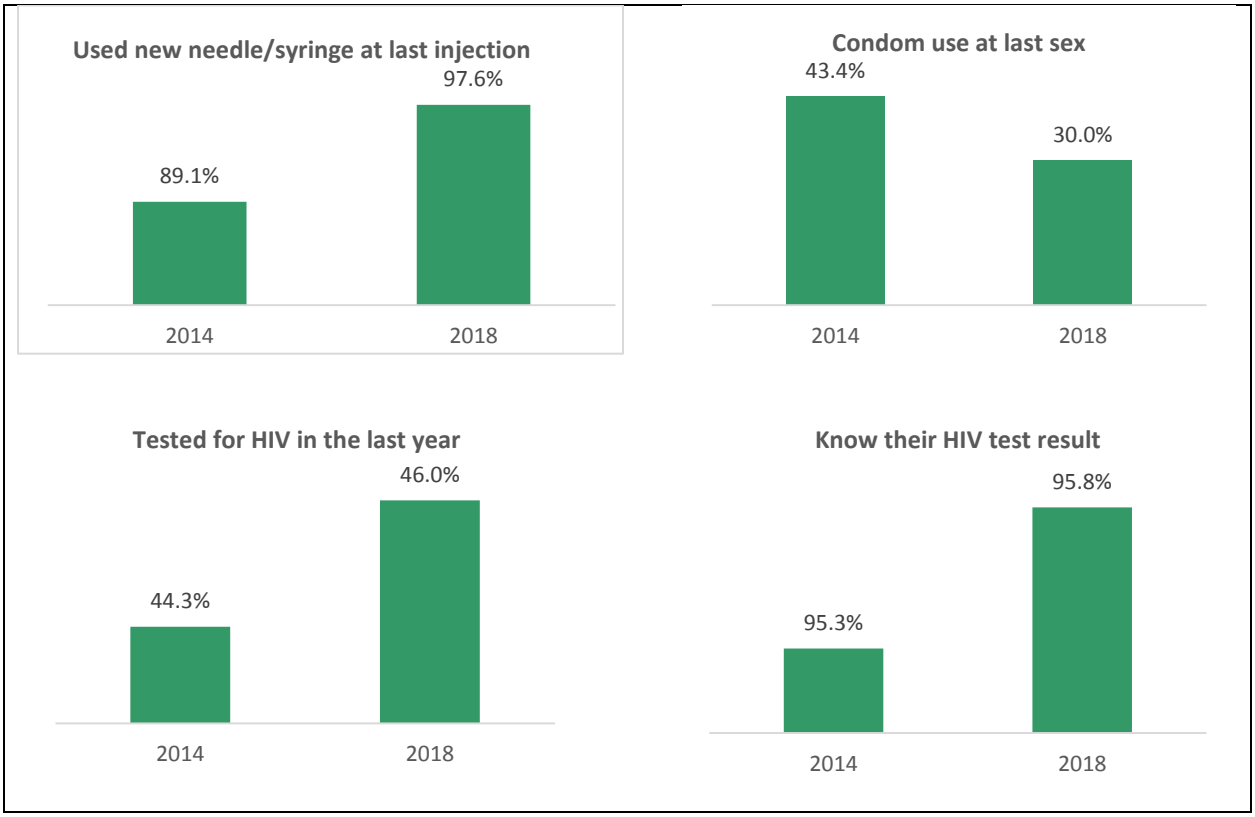
A very high proportion of PWIDs had the correct knowledge of sexual transmission and sharp instruments as the routes of HIV transmission however very few knew that used syringes (19%) could also spread HIV. Nearly two-thirds were tested for HIV with more male tested in comparison to females (64% males vs 56% females). Nearly 80% knew of HIV prevention programs and services in their area, while only actually utilized them. Males utilized the services twice more than females, which shows a poor coverage of programs for female PWIDs.

Results of HCV testing showed an overall prevalence of 23.8%, with varying prevalence rates among Municipalities, which ranged between 50% in Mitrovice to 17.3% in Ferizaj. The results of HCV testing does hint to the parenteral transmission of HCV which is due to sharing of syringes and injecting equipment.

As done with FSWs, we also compared a few key indicators of injecting practices, sexual behavior and HIV testing identified by this IBBS round with the previous IBBS round conducted in 2014. Before we look at the differences, the same methodological differences as discussed in the FSW section should kept in mind. The 2014 IBBS study was only conducted in Prizren and Prishtina and used a Respondent Driven sampling approach to bring a sample through chain referrals. On the other hand, the current IBBS round was conducted in 06 of the key PWIDs populated municipalities, and attained a sample through probability sampling approaches. Moreover, while the 2014 IBBS study relied on the NGO that also provides services to PWID, while IBBS 2018 limited the role of the participating NGOs to facilitation only and used independent researchers to sample, recruit and interview PWIDs with a wider geographical and typological representation of the study populations. It also used a scientific sampling methodology that brought a representative sample of the study population, which was able to detect key behaviors and practices with substantial power. While the 2014 IBBS study used a convenience sampling approach, the 2018 study used a multistage sampling approach with selection of PWIDs from randomly selected spots.

Overall results show that while injecting practices have improved, condom use has gone down, which is a focus of attention for the programs. HIV testing has slightly improved over the years. See Fig 5.8 for further details.

Fig 5.8 Comparison of key indicators from IBBS 2014 to IBBS 2018, Kosovo.



6. MEN WHO HAVE SEX WITH MEN

A total number of 216 MSM were interviewed for this study, which was almost half of the required sample size. The required sample size wasn't achieved due to issues of non-response and the unwillingness of the MSM community to participate in the study. Some of the reasons mentioned by MSM not to participate in the study included i) Fear of being recognized (disclosed) and identified as MSM, by someone known, when showing up at the study site; ii) concerns that confidentiality will be maintained correctly and iii) loss of a team member in one of the municipalities.

The MSM team wanted to explore more spots and requested for additional time to complete the sample size, which owing to set time frame was not possible.

6.1 Socio-demographic information

Table 6.1a provides information on the key socio-demographic characteristics of MSMs. While overall MSM results are presented, we provided the information based on the typology (street based and web based MSM) to identify significant differences between the two typologies. The average age for MSM was found to be 25.9 ± 7.8 years with no significant differences between street and web based MSM. The highest proportion of MSM were upto 20 years of age.

Table 6.1 A - Socio-demographic characteristics of MSM in Kosovo, 2018

Variable	N	%	Street based	Web based
Age of the respondent				
• Upto 20 years	67	31.0	30.6	31.9
• 21 - 25 years	60	27.8	28.6	26.1
• 26 - 30 years	50	23.1	22.4	24.6
• 31 - 35 years	17	7.9	6.1	11.6
• 36 and above	22	10.2	12.2	5.8
Mean ± SD (yrs)	25.9 ± 7.8		25.9 ± 7.8	25.5 ± 7.9
Nationality[6]				
• Kosovar Albanian	145	67.1	63.9%	73.9%
• Kosovar Turkish	3	1.4	.7%	2.9%
• Kosovar Bosniac	2	.9	.7%	1.4%
• Kosovar Romanian	7	3.2	4.1%	1.4%

[6] Information obtained as community within the country e.g. Kosovar Albanian, Kosovar Serbian, Kosovar RAE etc.

• Kosovar Ashkali	56	25.9	29.3%	18.8%
• Kosovar Egyptian	3	1.4	1.4%	1.4%
Civil status				
• Single	151	69.9	72.8	63.8
• Married / Co-habitation	59	27.3	16.4	37.2
• Divorced /Separated`	6	2.8	4.1	-
Level of Education				
• No formal education	16	7.4%	7.5%	7.2%
• Primary education	50	23.1%	25.9%	17.4%
• Secondary education	87	40.3%	40.1%	40.6%
• High education	63	29.2%	26.5%	34.8%
With whom do you live?				
• Parents / Family	181	83.7	83.1	85.6
• Female Partner	9	4.2	4.8	2.9
• Colleagues / Friends	8	3.7	3.4	4.3
• Alone	18	8.3	8.8	7.2
Average Monthly Income[7]				
Total average Monthly Income	288 ± 438.2	263.2 ± 298.4		339.4 ± 634.8
Monthly Income Source				
• Permanent employment	62	28.7	26.5%	33.3%
• Temporary/part-time job	63	29.2	27.2%	33.3%
• Family support	66	30.6	31.3%	29.0%
• Spouse or partner support	1	.5	.7%	-
• Social welfare	10	4.6	6.8%	-
• None	14	6.5	7.5%	4.3%
International Travel				
Travelled Internationally (past year)	93	43.1	43.2	45.5
Had sex with a man while travelling	45	46.9	56.8	54.5

Nearly 70% of the interviewed MSM were single, while 27% were married or living in cohabitation with a partner. Web based MSM were more living in partnership in comparison to street based MSM. Analysis of the education status of MSM showed that the highest proportion of MSM received secondary level

[7] The average wage for Kosovo ranges between 168 to 478 euros per month. (https://tradingeconomics.com/kosovo/wages)

education (40.3%), while almost 30% MSM had received higher levels of education. Most interviewed MSM lived with their families and parents (83.7%) while only 8% lived alone.

The average total monthly income from all sources was approximately 288 euros. Web based MSM earned much more income in comparison to street based MSM. The monthly sources of income didn't vary substantially across both types of MSM, other than social welfare was only obtained by street based MSM. Forty three percent of the MSM reported to have travelled outside of Kosovo in the last year, with 47% among those who travelled had sex with another men while travelling.

The city wise distribution of the MSM sample is provided in Table 6.1B. The sample was well distributed across Kosovo. Street based MSM were sampled in 9 different municipalities, while web based MSM were recruited from 19 different municipalities.

Table 6.1 B – City wise distribution of MSM sampled for IBBS in Kosovo, 2018

City	N	%	Street Based (%)	Web based (%)
Deçan	1	0.5	-	1.4%
Dragash	2	0.9	-	2.9%
Drenas	4	1.9	-	5.8%
Ferizaj	12	5.6	7.5%	1.4%
Fushë kosovë	8	3.7	1.4%	8.7%
Gjakovë	11	5.1	6.8%	1.4%
Gjilan	16	7.4	10.2%	1.4%
Kamenicë	1	0.5	-	1.4%
Lipjan	13	6.0	6.8%	4.3%
Malishevë	2	0.9	-	2.9%
Mitrovicë	17	7.9	10.2%	2.9%
Obiliq	3	1.4	-	4.3%
Pejë	20	9.3	6.8%	14.5%
Podujevë	16	7.4	10.9%	-
Prishtinë	63	29.2	39.5%	7.2%
Prizren	21	9.7	-	30.4%
Rahovec	1	0.5	-	1.4%
Shtime	1	0.5	-	1.4%
Suharekë	3	1.4	-	4.3%

6.2 Information about sexual activities

The predominant proportion of MSMs interviewed identified themselves as bisexual men (56.5%), while another 39.4% identified as gay/homosexual. There were differences noted in sexual identities by the typology of MSM. MSM were asked about the age at which they started sex activities which was informed to be 17.7 years with no significant differences across typologies.

Table 6.2 - Information about sexual activities of MSM in Kosovo, 2018

Variable	N	%	Street Based (%)	Web based (%)
Sexual Identity				
• Gay / Homosexual	85	39.4	42.2%	33.3%
• Bisexual	122	56.5	55.1%	59.4%
• Straight / Heterosexual	8	3.7	2.0%	7.2%
Age at first sexual intercourse?				
Mean ± SD	17.7 ± 4.7 years		17.6 ± 5.0	17.9 ± 3.9
Median	17 years		17	17
Sexual role in sex with men				
• Active partner	102	47.2	46.3%	49.3%
• Passive partner	42	19.4	17.7%	23.2%
• Both active and passive	72	33.3	36.1%	27.5%
Where do you usually find sexual partners				
• Bars/Night clubs	23	10.6	-	-
• Streets/Open spaces/	47	21.8	-	-
• Internet/Web	129	59.7	-	-
• Cell phone	22	10.2	-	-
• Through Pimp/other contacts	14	6.5	-	-
Male sex work				
• Yes	43	19.9	20.4	18.8
• No	173	80.1	81.2	80.1
Age at first sex for money				
Mean ± SD	18.4 ± 4.1 years		18.3 ± 4.5	18.8 ± 3.2
Median	18 years		18	18

Nearly 20% of the MSM reported involvement in sex work. We further inquired the age when they got involved in sex work which was reported to be 18.4 ± 4.1 years. Internet was the main source of finding new sex partners, followed by streets, bars/night clubs and cell phones. Forty seven percent of the MSM informed that they usually are active partners during sex with another man, while 33% informed of being both active and passive partners. No significant differences were noted between typologies.

6.3 Paid & Non-Paid regular partners & Condom Use

More than half of the MSM interviewed informed that they had no paid partner in the last week. Nearly 25% of the MSM reported one paid partner, 12.7% had two and 2.8% had three paid partners in the last week. A higher proportion of Web based MSM had only one partner in comparison to street based MSM. Sixty four percent of the MSM interviewed informed of having an average number of one paid partner in a day, with no significant differences noted between street and web based MSM. Nearly 60% MSM reported use of a condom while 45% reported use of a lubricant at last sex. Web based MSM reported higher use of both a condom and lubricant in comparison to street based MSM. Only 33% MSM reported always using a condom with paid partners, with a higher proportion of web based MSM using a condom.

Table 6.3 – Sexual partners and condom use in MSM in Kosovo, 2018

Variable	N	%age	Street Based (%)	Web based (%)
No of paid partners (last week)				
• None	111	52.4	54.5	47.8
• One	54	25.5	20.7	35.8
• Two	27	12.7	13.8	10.4
• Three	6	2.8	3.4	1.5
• More than three	10	6.6	5.5	3.0
No of paid partners in a Day				
• None	1	0.7	0.7	-
• One	135	64.3	62.5	68.2
• Two	39	18.6	18.1	19.7
• Three	16	7.6	7.6	7.6
• More than three	16	7.6	9.8	3.0
Condom Use at last anal sex with paid partner				
• Yes	124	59.9	55.3	69.7
Lubricant Use at last anal sex with paid partner				

• Yes	91	45.3	43.1	50.0
Condom use with paid partners (last 6 months)				
• Always 100%	66	32.8%	29.9%	39.1%
• Most of the Time 75% - 99%	36	17.9%	16.8%	20.3%
• Usually 50% - 74%	21	10.4%	12.4%	6.3%
• Sometimes 25% - 49%	22	10.9%	9.5%	14.1%
• Occasionally, 1% - 24%	34	16.9%	19.0%	12.5%
• Never, 0%	22	10.9%	12.4%	7.8%
No of Non - paid regular partners in a Day				
• None	5	5.1	4.6	5.9
• One	63	63.6	67.7	55.9
• Two	10	10.1	9.2	11.8
• Three	6	6.1	7.7	2.9
• More than three	13	13.1	18.4	20.6
Condom Use at last anal sex with non-paid regular partner				
• Yes	45	46.4	43.1	53.1
Lubricant Use at last anal sex with non-paid regular partner				
• Yes	44	45.8	45.3	46.9
Condom use with non-paid regular partners (last 6 months)				
• Always 100%	32	33.3%	30.8%	38.7%
• Most of the Time 75% - 99%	11	11.5%	9.2%	16.1%
• Usually 50% - 74%	11	11.5%	15.4%	3.2%
• Sometimes 25% - 49%	8	8.3%	6.2%	12.9%
• Occasionally, 1% - 24%	14	14.6%	13.8%	16.1%
Condom availability				
Has a condom with her at the time of interview	35	16.2	17.0	14.5
Condom is easily available when needed	207	95.8	95.9	95.7
Received free condoms in the last month	91	42.1	46.3	33.3
Where do you get condoms usually				
• I do not use condoms	10	4.6	4.8	4.3
• I get them from health workers	58	26.9	27.9	24.6

• I get them from NGO workers	65	30.1	31.3	27.5
• Clients /Friends/Someone else	12	5.5	6.1	4.3
• I buy them in pharmacy, shops	70	32.4	29.3	39.1
• Never	20	20.8%	24.6%	12.9%

Condom use at last sex with a paid partner was reported by 46% MSM, with a higher proportion of web based MSM using a condom. Nearly one third of MSM interviewed reported always using a condom with non-paid regular partners with slightly more web based MSM reporting always using a condom with non-paid partners. Only 16% MSM had a condom at the time of interview, but 96% informed that condom is easily available when needed and 42% said that they received a free condom in the last month. NGO (30%) and health workers (27%) and pharmacies (32.4%) were the key source of condoms reported. More web based MSM (39%) reported to have bought condoms from pharmacies than street based MSM (29%).

6.4 Drug & Alcohol use

Drug use in the last 6 months was reported by 12.4% of the MSM, with almost double of street based MSM reporting drug use than web based MSM. Hashish was the most common drug used reported by both street and web based MSM, in addition to Cocaine and Ecstasy as other drugs being used. Only 6% of the MSM reported use of alcohol in the last 6 months. Moreover only 1% MSM injected drugs in the last 6 months. See Table 6.4 for details

Table 6.4 – Drug & Alcohol use in MSMs in Kosovo, 2018

Variable	n	%	Street based (%)	Web based (%)
Drug use in last 6 months	27	12.4	14.9	7.2
Which drug was most commonly used				
• Hashish	27	87.1	84.6	100
• Cocaine	2	6.5	7.7	-
• Ecstasy	2	6.5	7.7	-
Alcohol use in last 6 months				
• Never	180	83.3	82.3	85.5
• Rarely	6	2.8	2	4.3
• Sometimes	4	1.9	2.7	-
• Often	3	1.4	1.4	1.4
• No reply	23	10.6	11.6	8.7
Injected drugs in the last 6 months **	1	1.2	1.6	-
Had sex with a PWID in last 6 months	17	7.9	9.5	4.3

6.5 Knowledge of HIV and AIDS & Testing

Analysis of the Knowledge of HIV AIDS showed appreciable results with 91% of the interviewed MSM knowing of the disease called HIV and AIDS. Seventy eight percent of the MSM knew that a healthy looking person can be infected with HIV. Regarding routes of HIV transmission, 84.5% knew of sexual route, while very few MSM knew of other routes of transmission. The misconceptions about HIV transmission were also low. Eighty four percent knew of condom use as a way to limit HIV transmission. Sixty two percent knew of a place where they could be tested for HIV, while nearly 60% had an HIV test. Nearly 95% knew of their test results, and most were tested at the NGO site. More street based MSM were tested at the NGO in comparison to street based MSM.

Table 6.5 – Knowledge of HIV AIDS and HIV testing in MSMs in Kosovo, 2018

Variables	N	%	Street based (%)	Web based (%)
Basic Knowledge of HIV				
Heard of HIV or the disease called AIDS?	197	91.2	89.8	94.2
A healthy looking person can have HIV?	160	78.0	77.5	79.1
Having sex with one partner reduces risk?	119	58.0	56.5	61.2
HIV/AIDS routes of transmission				
• Sexual intercourse	174	84.5	84.9	83.6
• Sharp instruments/syringe	25	12.1	10.8	14.9
• Mother to child	3	1.5	2.2	0
• Blood transfusion	38	18.4	18.0	19.4
Misconceptions about HIV transmission				
• Kissing, Touching, Hugging	21	10.2	10.8	9.0
• Eating/drinking with HIV +ve	2	1.0	0.7	1.5
• Staying filthy	6	2.9	2.2	4.5
• Insect bites (mosquitoes)				
Ways to prevent HIV/AIDS?				
• Using Condom during sex	174	84.5	84.2	85.1
• Refraining from sex	13	6.3	6.5	6.0
• Staying Away from patients	3	1.5	1.4	1.5
• Using clean syringes	14	6.8	7.9	4.5
• Safe Blood transfusion	10	4.9	6.5	1.5
HIV Testing				
Knows a place to get free HIV test?	134	62.0	61.9	62.3
Tested for HIV	128		57.8	62.3
• last year	54	25.0	24.5	26.1

• More than one year ago	76	35.2	34.7	36.3
• Tested at				
○ *Health facility*	10	4.6	4.1	5.8
○ *Private clinic/laboratory*	14	6.5	4.8	10.1
○ *NGO site*	101	46.8	48.3	43.5
○ *Abroad (outside of Kosova)*	05	2.3	2.0	2.9
• Knows test results	123	56.9	55.1	60.9
HIV Self-testing				
Ever conducted HIV self-testing	02	0.9	0.7	1.4
Is it feasible to self-test for HIV	61	28.2	34.0	15.9
If positive, who will you consult				
• Public Health institution/Hospital	120	55.6	54.4	58.0
• Private Health Institution/NGO	199	92.1	92.5	91.3
• Go abroad to discuss	43	19.9	23.8	11.6
• Partner	30	13.9	15.6	10.1
• Won't tell anyone	53	24.5	24.5	24.6
• Will commit suicide	2	0.9	-	2.9

We also inquired about the option if HIV self-testing is made available to the community. Less than one percent of the interviewed MSM ever self-tested for HIV, however 28% thought it would be feasible to allow self-testing for HIV. Upon inquiring if you get a positive result what would you do, 92% replied that they would consult the NGO, while 55.6% informed that they would go to a public health institution. Nearly one fourth said that they won't inform anyone.

6.6 Prevention programs, STIs and Health seeking behavior

Sixty three percent of the MSM interviewed were aware of a HIV service delivery program (SDP) in their city, while 41.6% reported its utilization. The knowledge and utilization of SDP was more seen in street based MSM, which shows that the prevention coverage for web based MSM is much lower. Nearly 40% of the MSM who utilized the SDPs reported utilizing it for less than a month, however condoms were reported to be received by nearly 42%. Nearly 10% experienced some sort of a STI in the past 6 months, while 6.5% were actually diagnosed with an STI. Of those who had an STI, 38% were treated by a doctor.

Table 6.6 – HIV prevention programs, STIs & health seeking behavior in MSMs in Kosovo, 2018

Variables	N	%age	Street based (%)	Web based (%)
Prevention programs				
Knows of Prevention program	136	63.0	66.0	56.5

Utilized Prevention program	90	41.6	46.2	31.9
▯ More than once a week	20	19.6	21.1	15.4
▯ Approx. once a week	11	10.8	10.5	11.5
▯ Once fortnightly	09	8.8	9.2	7.7
▯ Once a month	14	13.7	14.5	11.5
▯ Less than once a month	40	39.2	36.8	46.2
Received free condoms in past 6 months	92	42.6	47.6	31.9
STIs and Health seeking behavior				
Itching, redness, ulcers around genital area / discharge from penis/anus (6 months)	21	9.7	9.5	10.1
Diagnosed with STIs in last 6 months	14	6.5	6.1	7.2
How did you get treated				
• Medical doctor, health worker	8	38.1	35.7	42.9
• Self-treated or Friends gave treatment	3	14.3	14.2	14.3
• Nobody, I did not treat it	2	2.0	2	2.0

6.7 Other Vulnerabilities

Forty two percent of the MSM interviewed reported a lifetime history of arrest with higher proportions of street based MSM arrested. Within the last 6 months 4.2% MSM reported a history of being arrested, another 4.2% reported of forced sex in the last 6 months, while nearly 8% reported physical abuse. Seventy one percent ever had sex with a female, while 56.5% had sex with a female in the last 6 months, The average number of female partners reported were 2.6 ± 4.6, with web based MSM having more female sexual partners than street based MSM. Condom use at last sex with a female was reported by 43%. Nearly 3% had sex with a female, with web based MSM reporting much higher proportions than street based MSM. This reflects that most MSM in Kosovo are bisexual and have sexual relations with females as well, and not just males.

Table 6.7 – Other vulnerabilities and risky behaviors in MSM in Kosovo, 2018

Variables	N	%age	Street based (%)	Web based (%)
Ever arrested	92	42.6	47.6	31.9
Arrested in last 6 months	09	4.2	5.4	1.4
Forced sex in last 6 months	09	4.2	3.4	5.8
Physically beaten/abused in the last 6 months	17	7.9	9.5	4.3
Had sex with a female (ever)	151	70.9	72.2	68.1

Had sex with a female (last 6 months)	122	56.5	53.7	62.3
Avg Number of female partners (last 6 months)	2.6 ± 4.6		2.2 ± 3.9	3.6 ± 5.7
Condom use at last sex with female	59	43.1	40.7	47.8
Had sex with FSW (last 6 months)	04	2.9	1.1	6.4

6.8 HIV and Syphilis Infection

The results of HIV and Syphilis prevalence are provided in Table 6.8. Results show and overall prevlance of 2.8% for both HIV and Syphilis.

Table 6.8 – HIV and Syphilis Prevalence in MSM in Kosovo, 2018

Test	Result	OVERALL		Street based		Web based	
		N	%	N	%	N	%
HIV	Positive	06	2.8	05	3.4	01	1.4
	Negative	210	97.2	142	96.6	68	98.6
Syphilis	Positive	06	2.8	03	2.0	03	4.3
	Negative	210	97.2	144	98.0	66	95.7

6.9 Conclusions and trends in key risk behaviors among MSM

The sample size calculated for the study was not achieved due to issues of non-response and the unwillingness of the MSM community to participate in the study. The field teams were able to interview a total number of 216 MSM, which was well distributed across 19 different municipalities across Kosovo and included both street based and web based MSM.

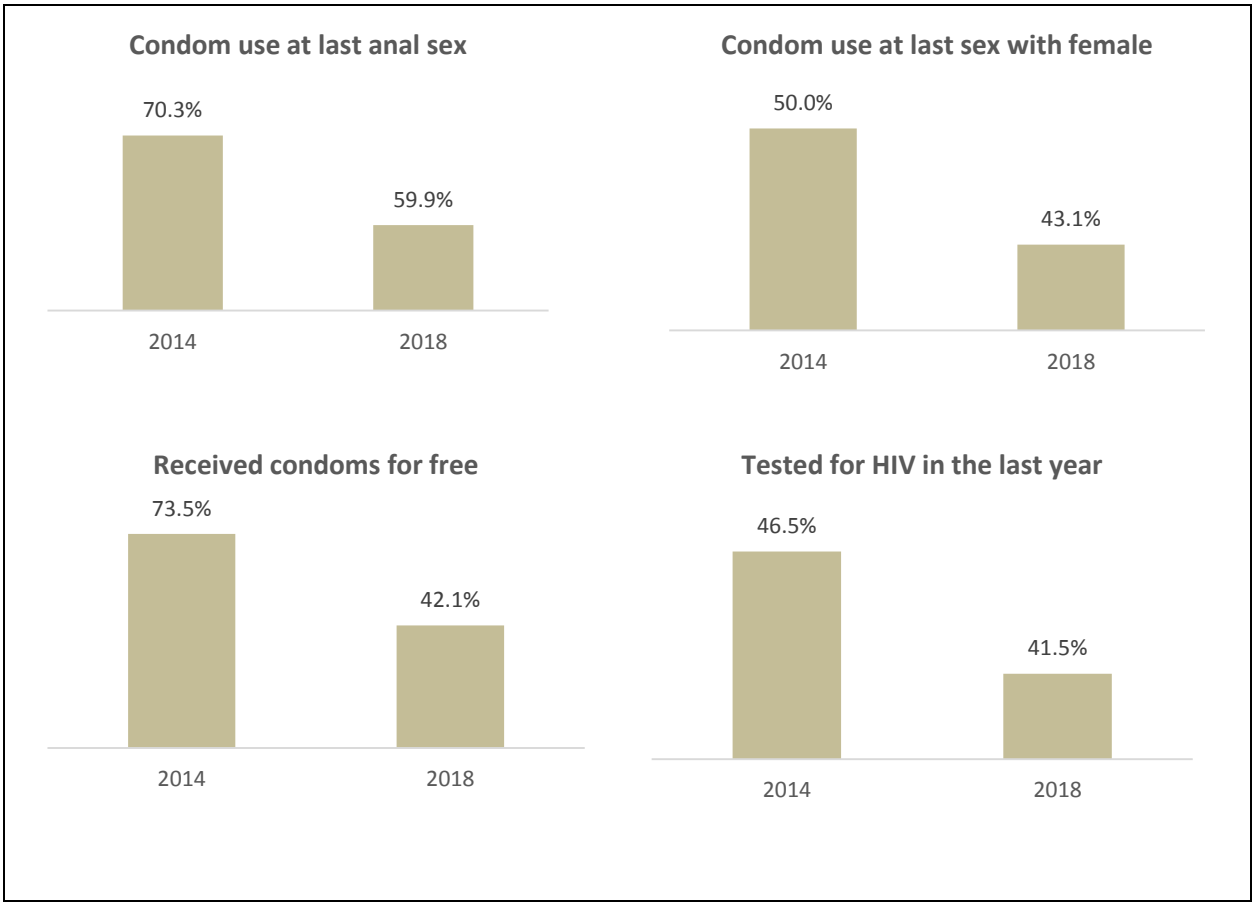
MSM was found to be the most under reached and riskier group in Kosovo. In addition this is the only key population which shows an emergence of HIV, with an overall HIV prevalence of 2.8% and if goes unchecked can lead to a full blown epidemic in Kosovo.

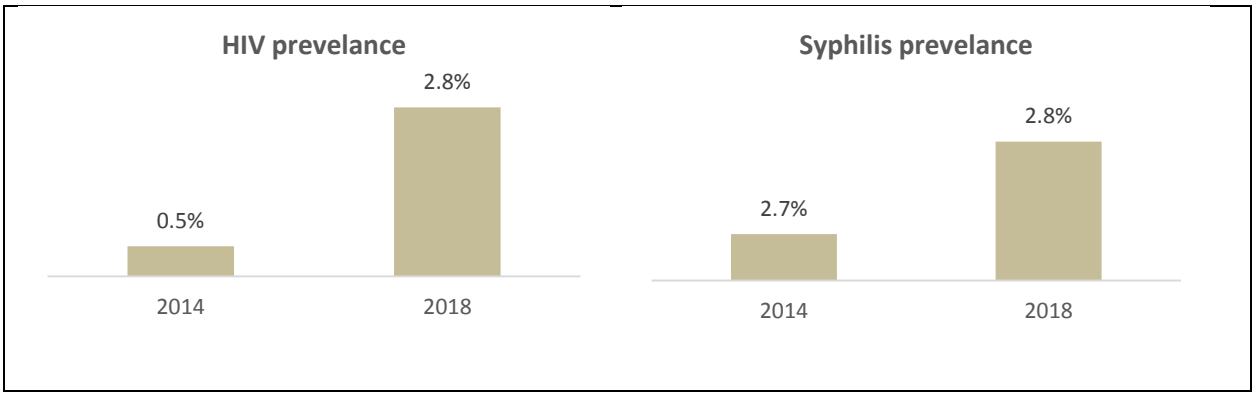
The predominant proportion of MSMs interviewed identified themselves as bisexual men (56.5%), and nearly 70% reported to have female sex partners. This presented an extremely risk environment in Kosovo where men have sex with each other as well as their woman partners. Most MSM started sex at a very young age, and a high proportion reported selling sex to elder men. Most MSM whether being on the street, find most sexual partners on the internet and cell phone, which is a big challenge for the HIV prevention programs.

Condom use was low with both paid and non-paid partners. Only one third of MSM interviewed reported always using a condom with paid partners, while condom use at last sex with a paid partner was reported by 46% MSM. Less than a half of the MSM interviewed received a free condom in the last month.

The knowledge of HIV AIDS as a disease was high. However, a high proportion only knew of sexual route as a route of HIV transmission and the knowledge of other modes of transmission were not known to most. Less than half of the MSM interviewed were connected to HIV prevention programs.
A comparison of the results of this IBBS study with the last round, are shown below. Methodologically there were a few differences such as i) the previous round was only conducted in Prishtina ii) employed an RDS approach to recruit MSM, iii) didn't differentiate between street based and web-based MSM. However there are important finding that need to looked into as shown in the Fig 8.3 below.

Fig 6.9 Comparison of a few key indicators from IBBS 2014 to IBBS 2018, Kosovo.

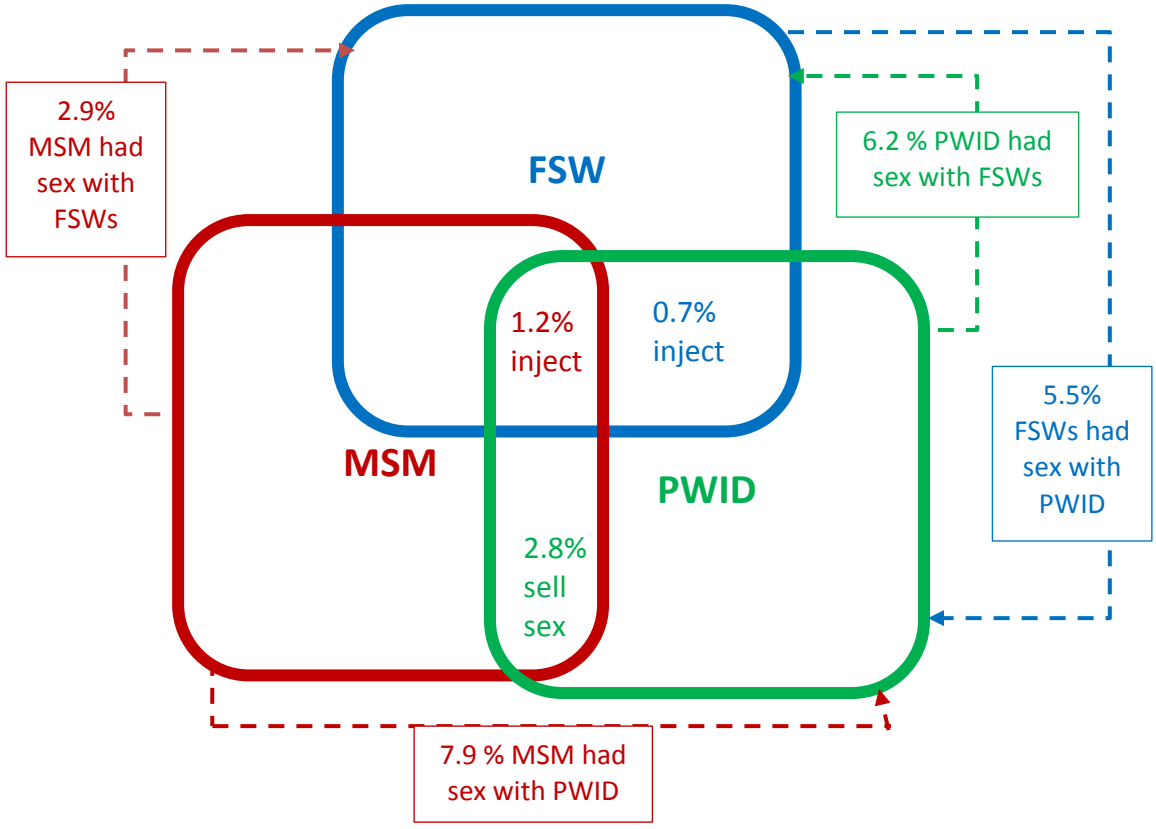



HIV prevelance
2.8%
0.5%
2014
2018
Syphilis prevelance
2.8%
2.7%
2014
2018

7. NETWORK OVERLAPPING

To prevent the spread of HIV, it is important to understand the extent and pattern of interactions between different key populations and the coverage of prevention programs targeting these groups. Surveillance data suggest some important interactions between MSM, PWIDs and FSWs as illustrated in Figure 7.1.

Fig 7.1 Overlapping behaviors in key populations, Kosovo 2018



Some of the key overlapping behaviors include:

- 0.7% FSW and 1.2% MSM inject drugs
- 2.8% PWID sell sex. 7.3 % of Male PWID sold sex to other MEN, while 30% females PWID sold sex.
- 7.9 % MSM had sex with PWID
- 5.5% FSWs had sex with PWID
- 6.2 % PWID had sex with FSWs
- 2.9% MSM had sex with FSWs

8. Recommendations

Kosovo is one of the countries which has the lowest prevalence of HIV among general population as well as among key populations as well. However, behavioral data suggest that the potential for the epidemic to spread among key populations is fairly high and the infection once established can spread to general population as well. Based on the salient findings of this IBBS round, we suggest the following

- Comparison from previous rounds suggests that, ***a considerable improvement has been noticed in the knowledge and utilization of various SDPs among PWID and FSWs as compared to previous years***. This improvement in the utilization reflects in the overall improvement of knowledge and awareness of HIV modes of transmission and prevention. However, the overall coverage remains low and needs to be scaled up to reach a larger proportion of these key populations. Scaling-up of the services should be the key objective to contain HIV epidemic at present level and to prevent it from becoming a generalized epidemic. With the information and experience available, there is no longer any justification for small-scale programs, as they may further delay much-needed program expansion and result in inadequate coverage.
- ***Scaling-up*** does not only mean an expansion in absolute numbers, but a more refined and focused effort to address the challenge. It comprises of
    - Expansion in the level of existing services to provide greater coverage both geographically and numerically
    - Expansion in the range of services and
    - Greater focus on quality of services while ensuring minimum standards set for service delivery;
- The ***participation of sex workers and other stakeholders*** including pimps, network operators, and even clients is essential for every sex worker project to be meaningful and successful.
- There is a need ***to broaden the focus of existing programs to address a broad and long-term perspective*** The program should initiate strategies through which sex workers can be provided an environment in which sex workers can put knowledge about how to work safely, and translate knowledge into safe practices. An effort to develop ***enabling environments, provide legal assistance*** to manage prostitution offences, ***petty crime and issues of violence and harassment*** etc., can be beneficial steps. It can also help to promote and sustain safe sex and safer working conditions by increasing sex workers' control of their working environment.
- More efforts are needed ***to strengthen referral system for services*** which are not/can't be directly provided by existing SDPs. These services might include HIV counselling and testing, as well as hospital referrals for follow up in cases of sickness and provision of treatment and care.
- For PWID, widespread and intensive efforts are required to bring about broad changes in high risk injecting as well as sexual behaviors. ***Needle and syringe programs on their own are not enough to control***

HIV infection among PWID. Rather, they should be supported by a range of complementary activities, such as risk-reduction education, referrals to drug-dependence treatment as well as provided enough support for issues such as general health conditions especially wound management etc.,

- Special focus needs to be laid on the ***sexual component of HIV transmission among PWID***. The PWID population in Kosovo is a very young cohort, and has been found sexually active. The program needs to broaden its scope of work to include informing and educating PWID s on sexual routes of HIV transmission, its prevention, active treatment of sexually transmitted infections and promoting condom use.
- For both FSW and PWID programs***, HIV counseling and testing as well as provision of care, treatment and support for persons with HIV/AIDS*** needs more emphasis. .
- While a considerable improvement has been noticed in PWID and FSWs programs, ***MSM presents a much riskier situation than before and the HIV infection has also increased many folds (0.5% to 2.8%).*** Data is suggestive that the ***MSM programs need massive improvement*** in its prevention response, especially considering the fact that this is the only key population currently showing some level of HIV infection. There are significant overlaps between MSM and other key populations, which might provide an efficient conduit of spread of the infection to other groups. While the survey team was able to collect sample from a number of sites, this is an indication that the program is reaching it to a number of geographies which could provide a good platform for the program if the focus of the program is carefully looked into. An effective and continuous targeted response is necessary in order to promote safer behavior, improve access to effective health and social services, and to address the underlying structural and occupational dimensions of vulnerability.

9. Annexures

Annex 01 - Job descriptions for field teams

The National coordinator who managed the study at a National level, was responsible for:

- The overall implementation of the study including all logistic and management supervision, managing human resources, supervision and quality assurance of field work
- Maintain liaison between CDF, TWG, NIPH staff, technical consultant and all field teams
- Regularly communicate with the technical consultant for regular feedback and support
- Training the field team
- Planning of all field activities and ensuring logistic and communication support.
- Along with the Team supervisor finalizing plans of data collection process.
- Supervise and monitor the data collection process in the field by visiting field teams randomly on a daily basis
- Conduct regular meetings with the teams along with team supervisors to highlight field problems and provide solutions.
- Provide regular updates to TWG and other partners.

Each TEAM leader was responsible:

- To develop a data collection plan for the specific team
- To conduct daily meetings and brief the team about the day's work in the morning meeting
- Debrief the team during evening meetings, discuss field issues and suggest appropriate solutions
- Arrange for social mobilizers and help in recruitment as per the sampling guidelines
- Supervision of interviews being conducted on regular basis
- Review and edit each completed questionnaire in order to ensure that all questionnaires filled by the team members were complete and according to guidelines
- To supervise forms daily along with the data editor and appraise the team about mistakes
- Maintenance of record of field questionnaire
- Monitor the work-in-progress, prepare and submit daily update to the National Coordinator

Each INTERVIEWER was responsible:

- To conduct interviews according to the provided training and guidelines
- To ensure confidentiality of information, and eliminate any apprehensions and fears from the mind of the study subjects
- To take verbal consent from the interviewee.
- Not to give advice to respondents but to refer them to local resources or the supervisor

- To hand over completed questionnaires to the team supervisors.

SOCIAL MOBILIZERS were members of the key population who were required to

- Mobilize target community and ensure smooth data collection
- Identify key populations at the spots, approach them to introduce the study and motivate them to participate.

THE DATA MANAGEMENT TEAM:

- Developed a data base for data entry
- Received all questionnaires from supervisors and maintained a log of questionnaires received.
- Entered all questionnaires in the data base
- Manage data entry process
- Prepared and submitted report on the quality of form filling, interview conducted and issues (if any) to the National coordinator on a weekly basis.
- Received lab results and integrate lab data into the data base using unique IDs for integrating lab and questionnaire data

Annex 02 - Biohazard safety guidelines

UNIVERSAL PRECAUTIONS FOR PREVENTION OF TRANSMISSION OF HIV, HEPATITIS B VIRUS, AND OTHER BLOODBORNE PATHOGENS IN HEALTH-CWERE SETTINGS

"Universal precautions" were a simple, standardized set of procedures to be used in the care of all patients at all times to minimize the risk of transmission of blood borne viruses, including HIV. They consist of: hand washing; use of protective clothing such as gloves; safe handling of sharp instruments; safe disposal of medical waste including sharps; and decontamination of instruments and equipment.

Universal precautions were as important in emergency situations as at any other time to prevent the transmission of HIV between relief workers and the affected population. Because people working under pressure were more likely both to have work-related accidents and to use short-cuts in the precautions they take, infection control measures adopted during crises must be as practical as possible to implement and enforce.

The guiding principles for HIV infection control in emergency settings is that all blood should be assumed to be potentially infectious. (Though HIV has been isolated from many other body fluids including saliva, tears, urine, and breast milk, experience shows that blood is the only fluid associated with HIV transmission during health care procedures.)

The main risks to relief workers were:

- Injury with a needle or sharp instrument which has been contaminated with blood.
- Exposure of open wounds to infected blood (HIV is not transmitted through unbroken skin).
- Splashes of infected blood or body fluids on to mucous membranes and eyes.

The main risks to the patients were:

- Contaminated instruments e.g. needles, syringes, scalpels etc. that were reused without being adequately disinfected or sterilized;
- Transfusion with contaminated blood;
- Exposure of open wounds to infected blood.

Health were workers, patients and the general population should be reassured that there is no risk of transmission through casual contact between people, such as sharing eating utensils or washing facilities. Under certain circumstances, people without experience (e.g. aid agency officials, politicians, peacekeeping forces, journalists) may find themselves drawn into the relief effort because there is an urgent need for extra hands. They, too, should be given the information and wherewithal to protect themselves from infection as appropriate.

In the post-acute emergency phase, health care workers and other service personnel should be trained in more detail in infection control, especially those working in areas of risk for occupational exposure, e.g. attending childbirths and working in laboratories.

1. Elements of universal precautions and good hygiene:

Hand washing with soap and water. If hands were dried with a re-usable towel, it should be washed regularly. Hand washing is particularly important after contact with body fluids or wounds. Gloves should be worn for all procedures involving contact with blood or other potentially infected body fluids. (Gloves were not necessary, however, when the amount of blood is small enough to be contained in a swab e.g. injection site). If gloves were in short supply, priority should be given to procedures involving contact with blood. Gloves should be discarded after each patient, or else washed or sterilized before re-use as appropriate. Heavy-duty gloves should be worn when materials and sharp objects were taken for disposal. Hands should be washed with soap and water as a matter of routine after the removal of gloves in case of tiny perforations.

Protective clothing Such as waterproof gowns or aprons, masks and eye shields should be worn only where there is likely to be exposure to large amounts of blood. Safe handling of sharps. This is the single most important consideration in preventing HIV transmission in emergency situations. All sharps should be handled extremely carefully, they should never be passed directly from one person to another, and their use should be kept to a minimum.

Workers should never try to bend or break needles, nor attempt to recap needles in their sheaths a manipulation associated with needle stick injury. Puncture-resistant containers for their disposal must be readily available, close at hand and out of the reach of children. Sharps should never be thrown into ordinary waste bins or bags.

Disposal of waste materials

It should be recognized that people (including small children) struggling to survive were scavenge, so safe disposal is a vitally important consideration. All waste materials should be burnt and those that still pose a threat, such as sharps, should be buried in a deep pit (at least 30 feet from a water source).

Cleaning and disinfection

Cleaning of medical instruments between patients is essential. Special attention must be paid to instruments that were contaminated with body fluids.

Disinfection and cleaning were recommended. HIV were be inactivated through boiling or the use of chemical disinfectants. Non-reusable equipment such as disposable needles and syringes should not be reused. Reusable equipment should first be dismantled and cleaned and then boiled for at least 20 minutes. For those instruments that were heat sensitive, the following agents may be used:

- Chlorine-based agents (e.g. household bleach)

- 2% Glutaraldehyde
- 70% Ethyl and isopropyl alcohol.

2. Accidents at work

In cases of injury with a sharp instrument, the wound should be encouraged to bleed for a few moments and then washed thoroughly with soap and water. It should then be covered with a waterproof dressing. If a person receives splashes of blood or other body fluid into the mouth, the mouth should be rinsed out thoroughly with water. If the splash occurs to the eyes, these should be bathed with saline solution or plain water.

3. Implementation

Guidelines should be adapted or developed that give workers in the field clear and concise information about the potential risks of their environment, how to protect themselves, and what to do in the case of accidents such as needle-stick injuries, cuts or blood spilling. For workers peace of mind and the rational use of infection control measures, it is equally important to give clear information about what does not constitute a risk. The guidelines should spell out when it is, and when it is not, appropriate to use the various items of protective clothing and why. Health workers should also be given guidance on how to avoid unnecessary injections and other procedures involving sharp instruments.

4. Monitoring and evaluation

Implementation of the procedures for universal precautions, including the ordering and distribution of necessary supplies, disinfectants and protective clothing, should be monitored and evaluated as soon as the situation has stabilized.

5. Handling corpses

HIV can live and reproduce only in a living person. Therefore, shortly after an HIV infected person has died the virus were also die. However, when handling corpses in an emergency situation it is advisable for relief workers to protect their hands with gloves, if possible, and to cover any wounds on the hands or arms with a plaster or bandage. This is especially important if body fluids such as blood or diarrhea stools were involved. Relief workers should wash thoroughly with soap and water afterwards.

6. The risk of nosocomial transmission of HIV, HBV, and other blood borne pathogens can be minimized if health-care workers use the following general guidelines:

    1. Take care to prevent injuries when using needles, scalpels, and other sharp instruments or devices; when handling sharp instruments after procedures; when cleaning used instruments; and when disposing of used needles. Do not recap used needles by hand; do not remove used needles from disposable syringes by hand; and do not bend, break, or otherwise manipulate used needles by

hand. Place used disposable syringes and needles, scalpel blades, and other sharp items in puncture-resistant containers for disposal.

2. Use protective barriers (e.g., rubber gloves) to prevent exposure to blood, body fluids containing visible blood, and other fluids to which universal precautions apply. The type of protective barrier(s) should be appropriate for the procedure being performed and the type of exposure anticipated.
3. Immediately and thoroughly wash hands and other skin surfaces that were contaminated with blood, body fluids containing visible blood, or other body fluids to which universal precautions apply.
4. Glove Use for Phlebotomy

Gloves should reduce the incidence of blood contamination of hands during phlebotomy (drawing blood samples), but they cannot prevent penetrating injuries caused by needles or other sharp instruments. In universal precautions, all blood is assumed to be potentially infective for blood borne pathogens, but in certain settings (e.g., volunteer blood donation centers), the prevalence of infection with some blood borne pathogens (e.g., HIV, HBV) is known to be very low.

Institutions that judge that routine gloving for all phlebotomies is not necessary should periodically reevaluate their policy. Gloves should always be available to health-care workers who wish to use them for phlebotomy. In addition, the following general guidelines apply:

1. Use gloves for performing phlebotomy when the health-care worker has cuts, scratches, or other breaks in his/her skin.
2. Use gloves in situations where the health-care worker judges that hand contamination with blood may occur, for example, when performing phlebotomy on an uncooperative patient.
3. Use gloves for performing finger and/or heel sticks on infants and children.
4. Use gloves when persons were receiving training in phlebotomy.
5. Use sterile gloves for procedures involving contact with normally sterile areas of the body. Use examination gloves for procedures involving contact with mucous membranes, unless otherwise indicated, and for other patient are or diagnostic procedures that do not require the use of sterile gloves.
6. Change gloves between patient contacts.
7. Do not wash or disinfect surgical or examination gloves for reuse. Washing with surfactants may cause "wicking," i.e., the enhanced penetration of liquids through undetected holes in the glove. Disinfecting agents may cause deterioration.
8. Use general-purpose utility gloves (e.g., rubber household gloves) for housekeeping chores involving potential blood contact and for instrument cleaning and decontamination procedures. Utility gloves may be decontaminated and reused but should be discarded if they were peeling, cracked, or discolored, or if they have punctures, tears, or other evidence of deterioration.

Annex 03 - IBBS questionnaires

UIC	MUNICIPALITY	KP

INTEGRATED BIOLOGICAL & BEHAVIORAL SURVEILLANCE ROUND (2017)
Questionnaire for Female Sex Workers (FSWs)

1=Restaurant with music
2=Restaurant/Coffee shop
3=Street/Open spaces/bus stop/ park
4= Hotel/Motel/Guest house
5= Beauty salon
6= Casino
7= Others

Name of the Municipality/City: _____ FSW typology:

Name of the **Physical spot :** _____

The time when the interview began:	
The time when the interview ended:	

Interviewer Name: _____ Date of Ir | | | - | | | - | | |
DD/MM/YY

INFORMED CONSENT

I *(introduce yourself)* work for the _____ (organization name) in Kosova. We are conducting a study that focuses on HIV and other infections risks among females who exchange sex for money or goods and would be very grateful if you agree to participate. The study is anonymous (we do not record your name or any other identifier) and completely confidential – which means that the information collected will be made available only to researchers for the purpose of scientific analyses. In addition to this interview, in which we will ask you some personal questions, we will offer you free and anonymous testing for HIV, and syphilis. If needed, we will refer you to treatment, free of charge. We will award you with a gift if you agree to participate in this study (interview and blood drawing). You can refuse to answer any question and end the interview whenever you wish. Also, you can quit the study at any stage.

NOW THAT YOU ARE INFORMED ABOUT THE STUDY, DO YOU AGREE TO PARTICIPATE?

Interviewer's signature BELOW confirms that the participants agreed to participate:_____

Section 1: Socio-demographic information			
No.	**Question**	**Answer**	**COMMENT**
101	What is your age	…….. (years)	
102	What is your nationality?	1- Kosovar 2- Albanian 3- Serbian 4- Ukrainian 5- Moldavian 6- Bulgarian 7- Romanian 8- Macedonian Other (Specify :…….) 99- Refused to answer	
103	Level of Education	1- No formal education 2- Primary education 3- Secondary education 4- High education (college/university)	
104	Which city do you live in ?	Name of the city _____ 99– Refused to answer	
105	With whom do you live?	1- Parents or grandparents 2- Husband 3- Employer/at worksite 4- Colleagues, friends 5- Partner 6- Alone Others (Specify ……)	
106	What is your civil status right now?	1- Single 2- Married 3- Divorced 4- Widow 5- Separate 6- Co-habitation Other (Specify……)	
107	Have you ever been out of the country for sex work?	1- Yes 2- No 99- Refused to answer	If 2 or 99, go to 109

Section 1: Socio-demographic information			
No.	**Question**	**Answer**	**COMMENT**
108	When travelling outside of the country in the last 12 months, where did you spent most of the time	Name of the place _____	One answer only
109	Do you have another source of income (aside from exchanging money or goods for sex)?	1. Yes 2. No 99- Refused to answer	
110	What is your total average monthly income?	_____ in euros 9 – refused to answer	
111	Right now, do you **financially** support someone other than yourself (children, husband, parents etc.)	1. Yes 2. No 99- Refused to answer	

Instructions: *Now I would like to ask you about your sexual experience and work as a sex worker.*

Section 2: Information about sex work			
No.	Question	Answer	COMMENT
201	At what age did you have your first sexual intercourse?	…..…….. years old 99- Refused to answer	
202	At what age was the first time you exchanged sex for money or goods?	…… years old 99- Refused to answer	
203	How do you find men who want to pay money/goods to have sex with you? **MULTIPLE ANSWERS POSSIBLE: CIRCLE ALL THAT ARE MENTIONED**	A. In hotels B. In bars/nightclubs C. In public spaces such as the street, bus stops, parks D. through the internet, social media sites E. Through the phone (e.g. men contact me by calling) F. Through middlemen (e.g taxi drivers) G. Through friends H. Pimps Other (specify :……)	**MULTIPLE ANSWERS POSSIBLE:**

Section 2: Information about sex work			
No.	Question	Answer	COMMENT
204	How do you **usually** find men who want to pay money/goods to have sex with you?		Use same codes as Q.203. Only ONE response allowed
205	Where do you **usually** (or *most often*) provide sex in exchange for money/goods?	1- At home 2- At someone else's house/apartment 3- In a hotel 4- In a car or truck 5. at a bar or nightclub 6. in public spaces such as alleyways, streets and parks 7. Beauty Salons/Massage Parlor Some place else (specify: ……..) 99- Refused to answer	

Instructions: *Now I will ask you some questions about men who pay you to have sex with them.*

Section 3: Information about CLIENTS/Men who pay you for sex			
No.	**Question**	**Answer**	**COMMENT**
301	During the **LAST WEEK,** with how many men who paid you for sex did you have sexual intercourse?	……. (enter the number) 99- Refused to answer	
302	On an average, how many men who pay you for sex will you have sexual intercourse **IN A DAY**?	……. (enter the number) 99- Refused to answer	
303	Last time you had **vaginal intercourse** (penis in vagina) with someone who paid you, did you use condom?	1- Yes 2- No 99- Refused to answer	
304	Last time you had **anal intercourse** (penis in anus, butt) with someone who paid you, did you use a condom?	1 - Yes 2 - No 3 – never had anal sex with client 99- Refused to answer	

Section 3: Information about CLIENTS/Men who pay you for sex			
No.	**Question**	**Answer**	**COMMENT**
305	During the last month, how often did you use condoms with clients **each and every time** you had sexual intercourse?	1. Always 100% 2. Most of the Time 75% - 99% 3. Usually 50% - 74% 4. Sometimes 25% - 49% 5. Occasionally, 1% - 24% 6. Never, 0%	

Instructions: *Now I will ask you some questions* about your regular or steady partners (someone you consider your husband or boyfriend with whom no money or goods are exchanged directly for sex).

Section 4: Information about regular partner/lover/husband/boyfriend			
No.	**Question**	**Answer**	**COMMENT**
401	Right now, do you have a regular non-paying sex partner?	1. Yes 2. No 99- Refused to answer	If NO go to next section
402	Last time you had vaginal intercourse (penis in vagina) with your regular non-paying sex partner, did you use condom?	1. Yes 2. No 99- Refused to answer	
403	Last time you had anal intercourse (penis in anus, butt) with your regular non-paying sex partner, did you use a condom?	1 - Yes 2 - No 3 – never had anal sex 99- Refused to answer	
404	During the last month, how often did you use condoms with your regular non-paying sex partner **each and every time** you had sexual intercourse?	1. Always 100% 2. Most of the Time 75% - 99% 3. Usually 50% - 74% 4. Sometimes 25% - 49% 5. Occasionally, 1% - 24% 6. Never, 0%	
405	Have you ever talked about HIV/AIDS with your regular non-paying partner?	1- Yes 2- No	

Section 5: Condom Availability

No.	Question	Answer	COMMENT
501	Do you have a condom with you now? Please show me	1- Yes – showed a condom 2- No – didn't have a condom 99- Refused to answer	
502	Can you easily find condoms any time you want them?	1- Yes 2- No 99 – Refused to reply	
503	In the last 12 months, have you received free condoms from a service or organization?	1. Yes 2. No 99 – refused to Reply	
504	Where do you **usually** (*most often*) obtain condoms?	1- I do not use condoms 2- I get them from medical workers 3- I get them from NGO workers 4- I get them from clients 5- I get them from friends 6- I get them from someone else 7- I buy them in pharmacy/shop 8- I buy them from bars/hotel management 9- I buy them from other women who exchange sex for money or goods 10- Something else, Specify ……) 99- Refused to answer	ONLY ONE ANSWER DO NOT READ OUT OPTIONS.
505	The last time someone offered you more money for having sex without a condom, did you agree?	1- Yes 2- No 3- No paying person ever suggested it 99- Refused to answer	

Section 6: Alcohol and Drug use

No.	Question	Answer	COMMENT
601	During **the last six months**, how often did you drink alcohol (more than 1 glass of wine, 1 beer or 1 hard liquor drink) before having sexual intercourse with someone who paid you for sex?	1- Never 2- Rarely 3- Sometimes 4- Often 99- refused to answer	
602	During **the last six months**, did you take any illegal drug before having sexual intercourse with someone who paid you for sex?	1- Yes 2- No 99- Refused to answer	IF "NO", GO TO 606

Section 6: Alcohol and Drug use

No.	Question	Answer	COMMENT
603	During **the last six months**, which drug did you use **most often** (or *most frequently*)?	1- Hashish 2- Cocaine 3- Heroin 4- Amphetamines 5- Tranquilizers 6- Ecstasy 7- Other (what:…….)	DO NOT READ OUT OPTIONS
604	During the **last six mothns**, have you injected drugs (used drugs intravenously)?	1- Yes 2- No 99- Refused to answer	If NO go to 606
605	The last time you injected drugs, did you share injecting equipment (needles or syringes)? By sharing we mean that you used equipment that someone else already used or that someone has used the equipment that you have used.	1- Yes 2- No 99- Refused to answer	
606	During the **last six months,** have you ever had sex with someone who injects drugs?	1. Yes 2. No 99- Refused to answer	

Section 7: STIs and Health Seeking Behavior

No.	Question	Answer	COMMENT
701	During the **last six months**, have you experienced increased vaginal/anal discharges or pains in the genital area?	1- Yes 2- No 99- Refused to answer	
702	During the **last six months**, have you experienced itching, redness, ulcerations or skin lesions in the genital area?	1- Yes 2- No 99- Refused to answer	IF BOTH 701 AND 702 ARE "NO", GO TO 705
703	Whom did you consult for the treatment of vaginal/anal discharges or pains or itching, redness, ulcerations or skin lesions in the genital area mentioned problems?	1- Medical doctor, health worker 2- Friend or relative 3- Pimp 4- Nobody, I treated myself with medicines from the pharmacy or clinic 5- Nobody, I did not treat it 6- Other (Specify …..……) 99- Refused to answer	DO NOT READ OUT OPTIONS… IF THE ANSWER IS "1", GO TO 705

Section 7: STIs and Health Seeking Behavior

No.	Question	Answer	COMMENT
704	Why did you not consult a medical doctor or health worker?	1- Too expensive 2- Health facility is too far away 3- I do not like to go to doctors 4- I prefer using traditional medicine 5- I prefer treating myself 6- I had no time 7- I did not think it was necessary 8- I was afraid/shy 9. Something else (Specify :……) 99- Refused to answer	DO NOT READ OUT OPTIONS
705	Have you ever been diagnosed with an STI?	1 – Yes 2 – No 3 – Don't know	

Section 8: Knowledge about HIV and AIDS

No.	Question	Answer	COMMENT
801	Have you ever heard of HIV or the disease called AIDS?	1- Yes 2- No 97 Don't Know	If 2 or 97, skip this section
802	Can a healthy looking person be infected with HIV?	1- Yes 2- No 97 Don't know	
803	Can having sex with only one faithful and uninfected partner reduce the risk of HIV infection?	1- Yes 2- No 97 Don't know	
804	How do you think HIV/AIDS can be transmitted from one person to another person?	A. Sexual intercourse B. Sharp instruments/syringe C. Kissing, Touching, Hugging D. Eating& drinking with patients E. Mother to child F. Blood transfusion G. Staying filthy H. Insect bites (mosquitoes) I. Through Animals 97 Don't know 98 No response 99 Others (specify):_____	Multiple responses allowed

Section 8: Knowledge about HIV and AIDS

No.	Question	Answer	COMMENT
805	What method (s) you know of which can be used to prevent HIV/AIDS?	A. Condom B. Refraining from sex C. Staying Away from patients D. Using clean syringes E. Safe Blood transfusion 96 Don't know 97 No response 98 Others (specify):_____	Do not read the list Multiple Responses are allowed.
806	Do you know a place where you can test for HIV for free and anonymously?	1- Yes 2- No	
807	Have you ever tested for HIV?	1- Yes 2- No 99- Refused to answer	IF "NO" GO TO 813
808	When did you test the last time?	1- In the last year 2- More than one year ago	
809	Where was this last test done?	1- Health facility 2- Private clinic/laboratory 3- NGO site 4- Abroad (outside of Kosova) 5- Someplace else (Specify :……)	
810	Do you know the result of your (last) HIV test?	1- Yes 2- No	
811	What was the result of you last HIV test	1- Positive 2- Negative 3- Refuse to Answer	IF "NEGATIVE" GO TO 813
812	Are you taking ART?	1- Yes 2- No 9- No answer	
813	If you think about your behaviors **in the last six months**, how possible do you think it is that you become infected with HIV?	1- Not possible 2- Very low possibility 3- Moderate possibility 4- High possibility 5- Don't know	

Section 9: Service delivery and Other risks			
No.	Question	Answer	COMMENT
901	Do you know that there are programs the betterment of health of sex workers, which provide condoms free of charge. Have you ever heard of these programs?	1- Yes 2- No 99- Refused to answer	If NO go to 904
902	If yes, are you a part of any of these programs.	1- Yes 2- No 99- Refused to answer	If NO go to 904
903	How frequently you use the services of these programs?	1- More than once a week 2- Approx once a week 3- Once fortnightly 4- Once a month 5- Less than once a month 6- Never	
904	Have you been given free condoms in the **past 6 months**	1- Yes 2- No 99- Refused to answer	
905	**In the past 6 months**, have you been arrested?	1- Yes 2- No 99- Refused to answer	
906	Has any man **ever** forced you to have sex with him (having sex with someone you did not want to have sex with)?	1- Yes 2- No 99- Refused to answer	If NO go to 909
907	**In the past 6 months**, has any man ever forced you to have sex with him (having sex with someone you did not want to have sex with)?	1- Yes 2- No 99- Refused to answer	If NO go to 909
908	**In the past 6 months** who ever forced you to have sex with him	A. Regular Partner B. Someone who paid me for sex C. Friends/acquaintances D. Other sex workers E. Pimp/Manager F. Police G. Health Care Providers H. Other random men Others _____	Multiple responses are allowed

Section 9: Service delivery and Other risks			
No.	Question	Answer	COMMENT
909	**In the past 6 months**, has any one beaten you, or physically abused or hurt you?	1- Yes 2- No 99- Refused to answer	If NO end the interview
910	**In the past 6 months** who ever beat you, or physically abused or hurt you?	A. Regular Partner B. Someone who paid me for sex C. Friends/acquaintances D. Other sex workers E. Pimp/Manager F. Police G. Health Care Providers H. Other random men Others _____	Multiple responses are allowed
911	Have you ever participated in this kind of study (interviewed and blood drawn)?	1. Yes 2. No 3. I don't remember	

Thank you very much for your kind cooperation and spending your valuable time with me.

Now we would like to take a blood sample to test for HIV and a few other tests. Send the person to the Phlebotomist/Nurse

Interviewer comments:

UIC	MUNICIPALITY	KP

INTEGRATED BIOLOGICAL & BEHAVIORAL SURVEILLANCE ROUND (2018)
Questionnaire for People who Inject Drugs (PWID)

1=Abandoned buildings
2=Street
3=Bus stop/ park
4= Establishments
5= Others

Name of the Municipality/City: _____
Name of the **spot** where this person was recruited**:** _____

The time when the interview began:	
The time when the interview ended:	

Interviewer Name: _____ Date of Ir | | | - | | | - | | |

DD/MM/YY

Social mobilizer Name:_____

INFORMED CONSENT

I *(introduce yourself)* work for the _____ (organization name) in Kosova. We are conducting a study that focuses on HIV and other infections risks among people who inject drugs and would be very grateful if you agree to participate. The study is anonymous (we do not record your name or any other identifier) and completely confidential – which means that the information collected will be made available only to researchers for the purpose of scientific analyses. In addition to this interview, in which we will ask you some personal questions, we will offer you free and anonymous testing for HIV and hepatitis C. If needed, we will refer you to treatment, free of charge. We will award you with a gift if you agree to participate in this study (interview and blood drawing). You can refuse to answer any question and end the interview whenever you wish. Also, you can quit the study at any stage.

NOW THAT YOU ARE INFORMED ABOUT THE STUDY, DO YOU AGREE TO PARTICIPATE?

Interviewer's signature BELOW confirms that the participants agreed to participate:_____

Section 1: Socio-demographic information			
No.	**Question**	**Answer**	**COMMENT**
101	Sex of the respondent	1- Male 2- Female 3- Transgender	Observe. Ask if unsure
102	What is your age	…….. (years)	
103	What is your nationality?	9- Kosovar Albanian 10- Kosovar Serbian 11- Kosovar RAE 12- Kosovar Bosnian Other (Specify :……) 99- Refused to answer	
104	Level of Education	5- No formal education 6- Primary education 7- Secondary education 8- High education (college/university)	
105	Which city do you live in?	Name of the city _____ 99– Refused to answer	
106	Where did you live most of the time during the **last six months?**	7- In your own house or apartment 8- In a rented house or apartment 9- In your parents' house or apartment 10- In someone else's house or apartment 11- No permanent location (e.g., street, park, abandoned building) 12- Prison 13- Somewhere else (where?) _____	
107	With whom do you live?	1- Parents or grandparents 2- Husband/Partner 3- Employer/at worksite 4- Colleagues, friends 5- Alone	

Section 1: Socio-demographic information			
No.	**Question**	**Answer**	**COMMENT**
		Others (Specify ……..…….…… ……)	
108	What is your civil status right now?	1- Married 2- In steady relationship 3- Single 4- Divorced/widowed	
109	What is your total average monthly income?	_____ in euros 9 – refused to answer	
110	What was the main source of your income during the **last six months?**	1- No income 2- Permanent employment 3- Temporary or a part-time job 4- Family support 5- Social welfare 6- Selling drugs 7- Stealing 8- Begging 9- Sell sex Other:_____	
111	In **the last 12 months** did you travel outside of Kosova?	1- Yes 2- No 99- Refused to answer	If 2 or 99 go to next section
112	When traveling outside of Kosova in the last 12 months, in which country did you spend the most time	Name of the country _____	Only one answer
113	While visiting this country in the last 12 months, did you inject drugs	1- Yes 2- No 99- Refused to answer	

Section 2: Information about Injection Drug Use

No.	Question	Answer	COMMENT
201	you when you injected drugs for the first time?	…….…….. years old 99- Refused to answer	
202	How many times (average) did you inject drugs during **the last 6 months**	…….…….. Times injected **99- Refused to answer**	
203	**During the last 6 months**, where did you inject drugs?	A. At my home B. Private house or apartment C. Public place, e.g. a bar, shop, toilet D. In a dealer's house or apartment E. On the street or in the park F. In a shooting gallery or in another place where PWID gather G. In a prison H. Someplace else (where?) _____	MULTIPLE ANSWERS POSSIBLE:
204	**During the last 6 months**, did you injected drugs by using a syringe in which somebody else has put a drug from his/her syringe?	1- Yes 2- No 99- Refused to answer	
205	**During the last 6 months**, did you use a filter or cotton wool which somebody else had previously aspirated using their own needle/syringe?	1- Yes 2- No 99- Refused to answer	
206	**During the last 6 months**, did you aspirate your drug solution into the syringe from the dish for mixing/cooking (a spoon or a glass container) from which somebody else previously aspirated?	1- Yes 2- No 99- Refused to answer	
207	**During the last 6 months**, did you use the same water somebody else had previously used for washing or rinsing the syringes?	1- Yes 2- No 99- Refused to answer	
208	**During the last 6 months**, how many people used the needle and/or syringe that you used before them?	…….…….. No of people 999- No answer	If 'zero' go to 210

Section 2: Information about Injection Drug Use

No.	Question	Answer	COMMENT
209	Who were the persons to whom you gave your used needle and/or syringe (the one you have already used for injecting yourself) **in the last 6 months**?	A. Unknown person(s) B. Friend(s) or acquaintance(s) C. My sexual partner D. Family member or a relative E. Dealer F. Other (who?).....	
210	**In the last 6 months**, how often did you use sterile needles and syringes to inject drugs?	1. Always (100%) 2. Most of the time (75%) 3. About every second time (50%) 4. Sometimes (25%) 5. Rarely (about 10%) 6. Never or almost never	IF the answer is "1" go to 212
211	**During the last 6 months**, how did you usually clean already used needle/syringe?	1. I do not clean my injecting equipment 2. With cold water 3. With warm water 4. With hot water 5. With boiling water from a pot 6. With soap or detergent 7. With bleach 8. With alcohol Other _____	
Now I am going to ask you some questions about the last time you injected ……			
212	How many times did you inject **yesterday?**	…….…….. Times injected 99- Refused to answer	
213	The **last time** you injected, did you use a new/sterile needle and syringe?	1. Yes 2. No 99- Refused to answer	IF answer is "1" go to 217
214	The **last time** you injected, did you use a needle or syringe that someone else used?	1. Yes 2. No 99- Refused to answer	
215	The **last time** you injected drugs with a used syringe, did you try to clean/disinfect the needle/syringe?	1. Yes 2. No 99- Refused to answer	IF answer is "2" go to 217

Section 2: Information about Injection Drug Use

No.	Question	Answer	COMMENT
216	How did you try to clean the needle/syringe?	A. I do not clean my injecting equipment B. With cold water C. With warm water D. With hot water E. With boiling water F. With soap or detergent G. With bleach H. With alcohol I. Others _____	Multiple answers are possible
217	The **last time** you injected drugs, did someone else use the needle and/or syringe that you already used?	1. Yes 2. No 3. Don't know 99. Refused to answer	
218	<table><tr><th colspan="2">**DRUG**</th><th>**1. Ever Injected (Y or N)**</th><th>**2. Injected in last 6 month (Y or N)**</th></tr><tr><td>a)</td><td>Heroin</td><td></td><td></td></tr><tr><td>b)</td><td>Cocaine</td><td></td><td></td></tr><tr><td>c)</td><td>Heroin & cocaine together</td><td></td><td></td></tr><tr><td>d)</td><td>Amphetamine</td><td></td><td></td></tr><tr><td>e)</td><td>Morphine</td><td></td><td></td></tr><tr><td>f)</td><td>Opium</td><td></td><td></td></tr><tr><td>g)</td><td>Methadone</td><td></td><td></td></tr><tr><td>h)</td><td>Diazepam (Benzodiazepine)</td><td></td><td></td></tr><tr><td>i)</td><td>Others</td><td></td><td></td></tr></table>		Read the list and get a response in yes or no for each drug
219	Have you ever overdosed to the point of losing consciousness?	1. Yes 2. No 99. Refused to answer	
220	Have you ever been treated in a medical center for overdosing?	1. Yes 2. No 99. Refused to answer	

Section 2: Information about Injection Drug Use

No.	Question	Answer	COMMENT
221	Have you ever received treatment that could help you reduce or quit using drugs?	1. Yes 2. No 99. Refused to answer	If 2 go to 301
222	How old were you <u>the last time</u> you went for the treatment	_____ (years) 99. refused to answer	
223	What kind of treatment did you receive the last time you went for treatment?	1. Rehabilitation program by an NGO 2. Rehabilitation program in a medical treatment facility 3. Rehabilitation treatment in prison 4. Detox treatment by my family 5. Self-help (tried by my own) 6. Other _____	

Section 3: Information about sexual behaviors

No.	Question	Answer	COMMENT
301	e you when you had your first sexual intercourse?	…….…….. years old 99- Refused to answer	
302	**In the last 6 months**, have you had sexual intercourse with someone?	1- Yes 2- No 99- Refused to answer	If NO go to 306
303	With whom you had sex during **the last 6 months**?	A. Regular Sex partner B. Sex worker C. Random person D. Another IDUs E. Others _____	Multiple answers are possible
304	With how many different people you had sexual intercourse during **the last 6 months**?	_____ no of persons 99- Refused to answer	
305	During **the last 6 months**, did you use condoms each time you had sex?	1- Always (100%) 2- Most of the time (75%) 3- Every second time (50%) 4- Sometimes (25%)	

Section 3: Information about sexual behaviors			
No.	Question	Answer	COMMENT
		5- Rarely (10%) 6- Never or almost never	
306	With whom you had sex the **last time?** (last sexual partner)	1. Regular Sex partner 2. Sex worker 3. Random person 4. Another PWIDs Others _____	Only one answer allowed
307	Did you use a condom the **last time** you had sex?	1- Yes 2- No 99 No reply	
308	Have you **ever** had anal sex with a man?	1- Yes 2- No 99 – No reply	If NO go to 310
309	Did you use a condom the **last time** you had anal sex?	1- Yes 2- No 99- No reply	
310	Have you **ever** had sex with someone who injects drugs?	1- Yes 2- No 99- No reply	If NO go to 312
311	Did you use a condom the **last time** you had sex with a PWID?	1- Yes 2- No 99- No reply	
312	Have you **ever** received money, goods or drugs in exchange for sexual intercourse	1- Yes 2- No 99- Refused to answer	If No go to 401
313	During **last 6 months**, did you have sexual intercourse with someone you paid with cash, goods or drugs?	1- Yes 2- No 99- Refused to answer	
314	Did you use a condom the **last time** you had sexual intercourse with someone you paid with cash, goods or drugs?	1- Yes 2- No 99- Refused to answer	

Section 4: Needle and Syringe Availability

No.	Question	Answer	COMMENT
401	Can you easily find a new/clean needle or syringe any time you want them?	3- Yes 4- No 99 – Refused to reply	
402	**In the last 6 months**, have you received free new/clean needle or syringe from a service or organization?	3. Yes 4. No 99 – refused to Reply	
403	Where do you **usually** (*most often*) obtain new/clean needle or syringe?	7- I get them from medical workers 8- I get them from NGO workers 9- I get them from friends 10-I get them from someone else 5- I buy them in pharmacy/shop 11- I buy them from other PWID 12-I obtain them at shooting sites Something else, Specify ……..) 99- Refused to answer	ONLY ONE ANSWER DO NOT READ OUT OPTIONS.

Section 5: Knowledge about HIV and AIDS

No.	Question	Answer	COMMENT
501	Have you ever heard of HIV or the disease called AIDS?	3- Yes 4- No 98 Don't Know	If 2 or 97, skip this section
502	Can a healthy looking person be infected with HIV?	1- Yes 2- No 97 Don't know	
503	Can having sex with only one faithful and uninfected partner reduce the risk of HIV infection?	3- Yes 4- No 98 Don't know	
504	How do you think HIV/AIDS can be transmitted from one person to another person?	J. Sexual intercourse K. Sharp instruments/Used needle and syringe L. Kissing, Touching, Hugging M. Eating& drinking with infected person N. Mother to child O. Blood transfusion P. Staying filthy Q. Insect bites (mosquitoes) R. Through Animals	Multiple responses allowed

Section 5: Knowledge about HIV and AIDS			
No.	Question	Answer	COMMENT
		100 Don't know 101 No response Others (specify):_____	
505	What method (s) you know of which can be used to prevent HIV/AIDS?	F. Using Condom during sex G. Refraining from sex H. Staying Away from patients I. Using clean syringes J. Safe Blood transfusion 99 Don't know 100 No response Others(specify):_____	Do not read the list Multiple Responses are allowed.
506	Do you know a place where you can test for HIV for free and anonymously?	3- Yes 4- No	
507	Have you ever tested for HIV?	3- Yes 4- No 99- Refused to answer	IF "NO" GO TO 612
508	When did you test the last time?	3- In the last year 4- More than one year ago	
509	Where was this last test done?	5- Health facility 6- Private clinic/laboratory 7- NGO site 8- Abroad (outside of Kosova) Someplace else (Specify :……..….)	
510	Do you know the result of your (last) HIV test?	1- Yes 2- No	
511	What was the result of your last HIV test	4- Positive 5- Negative 9 Refused to Answer	IF "NO" GO TO 513
512	Are you receiving ART?	1- Yes 2 No 9 Refused to answer	
513	If you think about your behaviors **in the last 6 months**, how possible do you think it is that you become infected with HIV?	6- Not possible 7- Very low possibility 8- Moderate possibility 9- High possibility 10- Don't know	

Section 6: Service delivery and Other risks			
No.	Question	Answer	COMMENT
601	Do you know that there are programs for people who inject drugs, which provide needles or syringes condoms free of charge. Have you ever heard of these programs?	3- Yes 4- No 99- Refused to answer	If NO go to 605
602	If yes, are you a part of any of these programs.	3- Yes 4- No 99- Refused to answer	If NO go to 605
603	How frequently you use the services of these programs?	7- More than once a week 8- Approx once a week 9- Once fortnightly 10- Once a month 11- Less than once a month 12- Never	
604	Have you been given free syringes/needles in the **past 6 months**	1- Yes 2- No 99- Refused to answer	
605	Have you received any counselling/health/ HIV education in the **past 6 months**	3-Yes 4-No 99 Refused to answer	
606	Have you been provided any wound management/dressing in the **past 6 months**	1- Yes 2- No 99 Refused to answer	
607	Have you received VCT in the **past 6 months**	1- Yes 2- No 99 refused to answer	
608	Have you ever been arrested?	1- Yes 2- No 99 Refused to answer	If no go to 613
609	**In the past 6 months**, have you been arrested?	1- Yes 2- No 99- Refused to answer	
610	Have you ever been to prison?	1- Yes 2- No 99- Refused to answer	If No go to 613
611	Did you inject drugs during your prison time?	1- Yes 2- No 99- Refused to answer	
612	While you were in prison, did anyone beat you, physically abused you or hurt you	3- Yes 4- No 99- Refused to answer	

Section 6: Service delivery and Other risks			
No.	Question	Answer	COMMENT
613	**In the past 6 months**, has any one beaten you, or physically abused or hurt you?	3- Yes 4- No 99- Refused to answer	
614	**In the last 6 months**, did you pay any female to have vaginal or anal sex?	1- Yes 2- No 99- Refused to answer	
615	Have you ever participated in this kind of study (interviewed and blood drawn)?	1- Yes 2- No 3- I don't remember	

Thank you very much for your kind cooperation and spending your valuable time with me.

Now we would like to take a blood sample to test for HIV and a few other tests. Send the person to the Phlebotomist/Nurse

Interviewer comments:

UIC	MUNICIPALITY	KP

INTEGRATED BIOLOGICAL & BEHAVIORAL SURVEILLANCE ROUND (2017)

Questionnaire for Men who have sex with Men (MSM)

1=Physical spot based
a) Hotel/motel/guest house
b) Open spaces/park
c) Residential place
d) Restaurant/coffee shop
e) Street spot
f) Other

1=Internet or mobile app
a) Grinder
b) Facebook
c) Planet Romeo
d) Snapchat
e) Other

Name of the Municipality/City: _____ MSM typology:

Name of the **Website/MobApp/Physical spot :**

_____

The time when the interview began:	
The time when the interview ended:	

Interviewer Name: _____ Date of Ir | | | - | | | - | | | DD/MM/YY

INFORMED CONSENT

I *(introduce yourself)* work for the _____ (organization name) in Kosova. We are conducting a study that focuses on HIV and other infections risks among men who have sex with other men and would be very grateful if you agree to participate. The study is anonymous (we do not record your name or any other identifier) and completely confidential – which means that the information collected will be made available only to researchers for the purpose of scientific analyses. In addition to this interview, in which we will ask you some personal questions, we will offer you free and anonymous testing for HIV, and syphilis. If needed, we will refer you to treatment, free of charge. We will award you with a gift if you agree to participate in this study (interview and blood drawing). You can refuse to answer any question and end the interview whenever you wish. Also, you can quit the study at any stage.

NOW THAT YOU ARE INFORMED ABOUT THE STUDY, DO YOU AGREE TO PARTICIPATE?

Interviewer's signature BELOW confirms that the participants agreed to participate:_____

Section 1: Socio-demographic information			
No.	**Question**	**Answer**	**COMMENT**
101	What is your age	…….. (years)	
102	What is your nationality?	13- Kosovar Albanian 14- Kosovar Serbian 15- Kosovar Turkish 16- Kosovar Bosniac 17- Kosovar Rom 18- Kosovar Ashkali 19- Kosovar Egiptian Other (Specify :……) 99- Refused to answer	
103	Level of Education	9- No formal education 10- Primary education 11- Secondary education 12- High education (college/university)	
104	Which city do you live in?	Name of the city _____ 99– Refused to answer	
105	With whom do you live?	14- Parents or grandparents 15- Male partner 16- Female partner 17- Employer/at worksite 18- Colleagues, friends 19- Alone Others (Specify …..……)	
106	What is your civil status right now?	5- Married 6- In steady relationship with a man 7- In steady relationship with woman 8- Single 9- Divorced/widowed	
107	How would you describe your gender?	3- Male 4- Transgender 5- Other _____ 99 – refused to answer	
108	How would you describe your sexual orientation?	1- Gay/Homosexual 2- Bisexual 3- Straight/Heterosexual 4- Other _____ 99- Refused to answer	

Section 1: Socio-demographic information			
No.	**Question**	**Answer**	**COMMENT**
109	What is your total average monthly income?	_____ in euros 9 – refused to answer	
110	What was the main source of your income during the last month?	10- Permanent employment 11- Temporary jobs or a part-time job 12- Family support 13- Spouse or partner support 14- Social welfare 15- Selling sex 16- Other (explain): _____	
111	In **the last 12 months** did you travel outside of Kosova?	3- Yes 4- No 99- Refused to answer	If 2 or 99 go to next section
112	When traveling outside of Kosova in the last 12 months, in which country did you spend the most time	Name of the country _____	Only one answer
113	While visiting this country in the last 12 months, did you engage in anal sex with men	3- Yes 4- No 99- Refused to answer	

Instructions: *The following questions refer to sexual activities with men. A passive partner in anal or oral sexual intercourse is the one who has his partner's penis in the anus or mouth, while the active partner is the one whose penis is in his partner's anus or mouth (use this explanation if needed).*

Section 2: Information about sex with men			
No.	Question	Answer	COMMENT
201	you when you had your first anal intercourse with a man (regardless of whether you were active or passive partner)?	…….…….. years old 99- Refused to answer	

Section 2: Information about sex with men			
No.	Question	Answer	COMMENT
202	Regarding anal sex, which of the following experiences have you had?	***1-*** **"active" partner (Placed your penis in the anus of another man)** ***2-*** **"passive" partner (Another men placed his penis in your anus)** ***3-*** **"both" an active and a passive sexual partner with other men**	
203	Have you ever charged money from another man to have sex with him?	3- Yes 4- No 99- Refused to answer	If No go to 206
204	What was your age when you exchanged sex for money or goods for the very first time	…… years old 99- Refused to answer	
205	Where do you **usually** (or *most often*) provide sex in exchange for money/goods?	1- At home 2- At someone else's house/apartment 3- In a hotel 4- In a car or truck 5. at a bar or nightclub 6. in public spaces such as alleyways, streets and parks Some place else (specify: ……..) 99- Refused to answer	
CASUAL MALE SEX PARTNERS: **I am going to ask you about your sexual experiences with other men. This does not include your regular male sex partner, but includes men whom you had a casual sex encounter (even once). This also includes men you might have exchanged sex for money**			
206	How do you find men whom you usually have sex with? **MULTIPLE ANSWERS POSSIBLE: CIRCLE ALL THAT ARE MENTIONED**	I. In hotels J. In bars/nightclubs K. In public spaces such as the street, bus stops, parks L. through the internet, social media sites M. Through the phone call (e.g. men contact me by calling) N. Through middlemen (e.g taxi drivers, other MSM friends) O. DON'T HAVE Sex with MEN other than my steady MALE partner Other (specify :……)	**MULTIPLE ANSWERS POSSIBLE:** If only G got to 213

Section 2: Information about sex with men			
No.	Question	Answer	COMMENT
207	During the **LAST WEEK,** with how many men (casual partners including men who paid you) did you have sexual intercourse?	……. (enter the number) 99- Refused to answer	
208	On an average, how many men (casual partners including men who paid you) did you have sexual intercourse **IN A DAY**?	……. (enter the number) 99- Refused to answer	
209	**Last time** you had anal sex (penis in anus) with a casual partner, did you use a condom?	3- Yes 4- No 5- Never had anal sex with casual partner 99- Refused to answer	If YES go to 211 If 3 go to 213
210	If a condom was NOT used during your last anal intercourse with a male partner, what was the main reason for not using it?	1- A condom was not available at that moment (neither me nor my partner had a condom) 2- My partner has no infections (it is safe; I trust my partner) 3- My partner and I are both positive; both negative (serosorting) 4- I don't like sex with condoms 5- My partner did not want to use a condom 6- I don't use condoms because they create problems with my erection 7- Other (explain): _____	ONLY ONE ANSWER do not read out answers
211	**Last time** you had anal sex (penis in anus) with a casual partner, did you use a lubricant?	1 - Yes 2 - No 3 – never had anal sex with casual partner 99- Refused to answer	
212	During the **last 6 months**, how often did you use condoms with casual partners **each and every time** you had sexual intercourse?	7. Always 100% 8. Most of the Time 75% - 99% 9. Usually 50% - 74% 10. Sometimes 25% - 49% 11. Occasionally, 1% - 24% 12. Never, 0%	

Section 2: Information about sex with men

No.	Question	Answer	COMMENT
REGULAR MALE SEX PARTNER: I am going to ask you about your sexual experiences with your regular male sex partner. This could be your lover or boy friend,. This also includes men you might have exchanged sex for money but had sex regularly			
213	Do you have any male partner whom you regularly have sex with?	1 - Yes 2 - No 99- Refused to answer	If NO go to next section
214	How many men (regular partners) do you have whom you regularly have sex with?	……. (enter the number) 99- Refused to answer	
215	**Last time** you had anal sex (penis in anus) with a regular partner, did you use a condom?	1- Yes 2- No 99- Refused to answer	If YES go to 217
216	If a condom was NOT used during your last anal intercourse with a male partner, what was the main reason for not using it?	1- A condom was not available at that moment (neither me nor my partner had a condom) 2- My partner has no infections (it is safe; I trust my partner) 3- My partner and I are both positive; both negative (serosorting) 4- I don't like sex with condoms 5- My partner did not want to use a condom 6- I don't use condoms because they create problems with my erection 7- Other (explain): _____	ONLY ONE ANSWER; do not read out answers
217	**Last time** you had anal sex (penis in anus) with a regular partner, did you use a lubricant?	1 - Yes 2 - No 99- Refused to answer	
218	During the **last 6 months**, how often did you use condoms with regular partners **each and every time** you had sexual intercourse?	1. Always 100% 2. Most of the Time 75% - 99% 3. Usually 50% - 74% 4. Sometimes 25% - 49% 5. Occasionally, 1% - 24% 6. Never, 0%	

Section 3: Condom Availability

No.	Question	Answer	COMMENT
301	Do you have a condom with you now? Please show me	3- Yes – showed a condom 4- No – didn't have a condom 99- Refused to answer	
302	Can you easily find condoms any time you want them?	5- Yes 6- No 99 – Refused to reply	
303	In the **last 6 months**, have you received free condoms from a service or organization?	5. Yes 6. No 99 – refused to Reply	
304	Where do you **usually** (*most often*) obtain condoms?	13-I do not use condoms 14-I get them from medical workers 15-I get them from NGO workers 16-I get them from clients 17-I get them from friends 18-I get them from someone else 7- I buy them in pharmacy/shop 8- I buy them from bars/hotel management 9- I buy them from other men who exchange sex for money or goods 10- Something else, Specify ……..) 99- Refused to answer	ONLY ONE ANSWER DO NOT READ OUT OPTIONS.

Section 4: Alcohol and Drug use

No.	Question	Answer	COMMENT
401	During the **last 6 months**, how often did you drink alcohol (more than 1 glass of wine, 1 beer or 1 hard liquor drink) before having sexual intercourse with someone who paid you for sex?	5- Never 6- Rarely 7- Sometimes 8- Often 99- refused to answer	
402	During the **6 last months**, did you take any illegal drug before having sexual intercourse with someone who paid you for sex?	3- Yes 4- No 99- Refused to answer	IF "NO", GO TO 406

Section 4: Alcohol and Drug use

No.	Question	Answer	COMMENT
403	During the **6 last months**, which drug did you use **most often** (or *most frequently*)?	7- Hashish 8- Cocaine 9- Heroin 10-Amphetamines 11-Tranquilizers 12-Ecstasy 7- Other (what:…….)	DO NOT READ OUT OPTIONS
404	During the **last 6 months**, have you injected drugs (used drugs intravenously)?	3- Yes 4- No 99- Refused to answer	If NO go to 406
405	The **last time** you injected drugs, did you share injecting equipment (needles or syringes)? By sharing we mean that you used equipment that someone else already used or that someone has used the equipment that you have used.	3- Yes 4- No 99- Refused to answer	
406	During the **last 6 months,** have you ever had sex with someone who injects drugs?	3. Yes 4. No 99- Refused to answer	

Section 5: STIs and Health Seeking Behavior

No.	Question	Answer	COMMENT
501	During the **last 6 months**, have you experienced itching, redness, swelling, ulcerations or skin lesions in the genital area or any pus discharge from the penis or anus?	1- Yes 2- No 99- Refused to answer	IF “NO”, GO TO 504
502	Whom did you consult for the treatment of urethral /anal discharges or pains or itching, redness, ulcerations or skin lesions in the genital area mentioned?	6- Medical doctor, health worker 7- Friend or relative 8- Other MSM/partner 9- Nobody, I treated myself with medicines from the pharmacy or clinic 10-Nobody, I did not treat it 6- Other (Specify ……)	DO NOT READ OUT OPTIONS… IF THE ANSWER IS “1”, GO TO 504

Section 5: STIs and Health Seeking Behavior			
No.	Question	Answer	COMMENT
		99- Refused to answer	
503	Why did you not consult a medical doctor or health worker?	10-Too expensive 11-Health facility is too far away 12-I do not like to go to doctors 13-I prefer using traditional medicine 14-I prefer treating myself 15-I had no time 16-I did not think it was necessary 17-I was afraid/shy 9. Something else (Specify :……) 99- Refused to answer	DO NOT READ OUT OPTIONS
504	Have you ever been diagnosed with an STI?	1 – Yes 2 – No 3– Don't know	

Section 6: Knowledge about HIV and AIDS			
No.	Question	Answer	COMMENT
601	Have you ever heard of HIV or the disease called AIDS?	5- Yes 6- No 99 Don't Know	If 2 or 97, skip this section
602	Can a healthy looking person be infected with HIV?	1- Yes 2- No 97 Don't know	
603	Can having sex with only one faithful and uninfected partner reduce the risk of HIV infection?	5- Yes 6- No 99 Don't know	
604	How do you think HIV/AIDS can be transmitted from one person to another person?	S. Sexual intercourse T. Sharp instruments/syringe U. Kissing, Touching, Hugging V. Eating& drinking with patients W. Mother to child X. Blood transfusion Y. Staying filthy Z. Insect bites (mosquitoes) AA.Through Animals 102 Don't know	Multiple responses allowed

Section 6: Knowledge about HIV and AIDS			
No.	Question	Answer	COMMENT
		103 No response Others (specify):_____	
605	What method (s) you know of which can be used to prevent HIV/AIDS?	K. Condom L. Refraining from sex M. Staying Away from patients N. Using clean syringes O. Safe Blood transfusion 101 Don't know 102 No response Others(specify):_____	Do not read the list Multiple Responses are allowed.
606	Do you know a place where you can test for HIV for free and anonymously?	5- Yes 6- No	
607	Have you ever tested for HIV?	5- Yes 6- No 99- Refused to answer	IF "NO" GO TO 613
608	When did you test the last time?	5- In the last year 6- More than one year ago	
609	Where was this last test done?	9- Health facility 10-Private clinic/laboratory 11-NGO site 12-Abroad (outside of Kosova) Someplace else (Specify :……..….)	
610	Do you know the result of your (last) HIV test?	1- Yes 2- No	
611	What was the result of your last HIV test	6- Positive 7- Negative 9 Refuse to Answer	IF "Negative" GO TO 613
612	Are you taking ART?	11- Yes 12- No 18- Refuse to Answer	
613	If you think about your behaviors **in the last 6 months**, how possible do you think it is that you become infected with HIV?	1- Not possible 2- Very low possibility 13- Moderate possibility 14- High possibility 15- Don't know	

Section 7: Service delivery and Other risks			
No.	Question	Answer	COMMENT
701	Do you know that there are programs the betterment of health of men who have sex with men, which provide condoms free of charge. Have you ever heard of these programs?	5- Yes 6- No 99- Refused to answer	If NO go to 704
702	If yes, are you a part of any of these programs.	5- Yes 6- No 99- Refused to answer	If NO go to 704
703	How frequently you use the services of these programs?	13- More than once a week 14- Approx once a week 15- Once fortnightly 16- Once a month 17- Less than once a month 18- Never	
704	Have you been given free condoms in the **past 6 months**	7- Yes 8- No 99- Refused to answer	
705	**In the past 6 months**, have you been arrested?	5- Yes 6- No 99- Refused to answer	
706	Has any man **ever** forced you to have sex with him (having sex with someone you did not want to have sex with)?	3- Yes 4- No 99- Refused to answer	If NO go to 709
707	**In the past 6 months**, has any man ever forced you to have sex with him (having sex with someone you did not want to have sex with)?	5- Yes 6- No 99- Refused to answer	If NO go to 709
708	**In the past 6 months** who forced you to have sex with him	I. Regular Partner J. Someone who paid me for sex K. Friends/acquaintances L. Other MSM M. Other random men Others _____	Multiple responses are allowed
709	**In the past 6 months**, has any one beaten you, or physically abused or hurt you?	5- Yes 6- No 99- Refused to answer	If NO end the interview

Section 7: Service delivery and Other risks			
No.	Question	Answer	COMMENT
710	**In the past 6 months** who beat you, or physically abused or hurt you?	A. Regular Partner B. Someone who paid me for sex C. Friends/acquaintances D. Other MSM E. Other random men Others _____	
711	Have you **ever** had vaginal or anal sex with a female?	1- Yes 2- No 99- Refused to answer	If No finish the interview
712	**In the last 6 months**, with how many females did you have vaginal or anal sex?	……. (enter the number) 999- Refused to answer	
713	The **last time** you had vaginal or anal sex with a female in the past 12 months, did you use a condom?	1- Yes 2- No 99- Refused to answer	
714	**In the last 6 months**, did you pay any female to have vaginal or anal sex?	4- Yes 5- No 99- Refused to answer	
715	Have you ever participated in this kind of study (interviewed and blood drawn)?	3- Yes 4- No 5- I don't remember	
716	Have you ever conducted self-testing for HIV?	1- Yes 2- No 9 – Refused to answer	
717	Do you think it is feasible to conduct HIV testing yourself? (HIV self-testing is a testing where you will be trained by a professional if provided a training and than you will conduct self-testing without a presence of others)	1- Yes 2- No 9 – Refused to answer	
718	In case of a positive result, whom would you consult/or what would you do for follow up	1- Hospital/public health institution 2- Hospital/private health institution 3- NGO 4- Abroad Kosovo 5- Partner/friend	Do not read the list Multiple Responses

Section 7: Service delivery and Other risks			
No.	Question	Answer	COMMENT
		6- I won't tell anyone 7- Refused to answer	are allowed.

Thank you very much for your kind cooperation and spending your valuable time with me.

Now we would like to take a blood sample to test for HIV and a few other tests. Send the person to the Phlebotomist/Nurse

Interviewer comments: