2016

PROGRAMMATIC MAPPING AND SIZE ESTIMATION OF KEY POPULATIONS IN KOSOVO

PROGRAMMATIC MAPPING
AND SIZE ESTIMATIONS
OF KEY POPULATIONS

KOSOVO, 2016

Table of Contents

FOREWORD

The National AIDS response was launched by the Ministry of Health in 2002, by establishing AIDS office and National AIDS Coordinator. From the beginning, the priority of the program has been to identify key populations where transmission is most likely to occur due to risky behaviors, and to provide prevention programs for them.

Outreach work among Key Populations initiated by the Global Fund HIV in Kosovo program in 2008 through a network of peer educators and outreach workers. The program matured over the years and was reinforced with civil society organizations joining force with government officials and collaborating closely.

Programmatic Mapping of Key Populations in Kosovo is conducted for the first time using this research method that allows the program to make population size estimates, analysis and documents where key populations can be reached, whether services are available and accessible to key populations in these locations, the typology and where there are gaps in program services for KPs, improve coverage for KPs as well as resource mobilization. The concept of mapping of key population and the methodology was recently introduced in Eastern Europe and Central Asia region. National representative Government and civil society were trained along with other EECA region representatives in April 2015 in Almaty, Kazakhstan. Kosovo representatives returned with the resolution to conduct mapping in Kosovo witj the support of the Global Fund Grant.

Technical assistance was sought from the University of Manitoba, expert in the process, and the mapping process became a reality for Kosovo.

A multi-sectoral team made up of Ministry of Health, National Institute of Public Health of Kosova, CDF, Civil Society organizations and representatives of the three key populations, namely people who inject drugs, female sex workers and men who have sex with men, was constituted.

Guided by the Consultant from University of Manitoba, Dr Faran Emmanuel the mapping exercise got under way.

Under the leadership of the National Institute of Public Health of Kosova, the team was driven by passion and conducted the field activities efficiently, bringing valuable information of the numbers, the geographical location and the typology of each key population.

Data obtained from the Mapping of Key Populations has been used to develop the extension proposal submitted to the Global Fund.

We would like to thank all the participants, the key population members and to 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 CDF who enabled effective and very successful management throughout the implementation of the research.

Prof. Dr. Naser Ramadani,
Executive Director
National Institute of Public Health

ACKNOWLEDGEMENTS

The Community Development Fund (CDF) wishes to thank the whole mapping team for their valuable contribution to this report, namely:

i. The Global Fund Country Team for the Kosovo Portfolio, led by Gyongyver Jakab.

ii. The International Consultant from the University of Manitoba, Dr Faran Emmanuel who provided the technical guidance.

iii. The Ministry of Health

iv. All NGOs who devotedly participated and provided resources: - Labyrinth, CSGD and KOPF.

v. The incredibly dedicated team at the National Institute of Public Health who spared no effort to make the Mapping of Key Populations in Kosovo a success.

The Programmatic Mapping of Key Populations was financially supported by Global Fund Round 7 grant to Kosovo "Scaling up HIV prevention in Kosovo" and implemented by the National Institute of Public Health of Kosova.

Dr. Edona Deva
GF HIV Program Manager
Community Development Fund

THE RESEARCH TEAM

National Research Coordinator:	Dr. Dafina Gexha - Bunjaku	
Principal Investigators:	Dr. Edona Deva	
	Dr. Luljeta Gashi	
	Dr. Pranvera Kaçaniku – Gunga	
Assistant supervisor:	Rifat Batusha	
Interviewers	Arbër Boshnjaku	Flora Robelli
	Arta Idrizi	Hana Buza
	Baftishahe Veselaj	Imer Ramaj
	Blerta Nimanaj	Jehona Krasniqi
	Dion Deva	Mirlinda Spahija
	Durim Nimonaj	Mustefa Llugiqi
	Ervin Hysenaj	Saranda Rexha
	Fatbardha Musa	Shkelqesa Nimanaj
	Fatmir Lulaj	Shpresa Kushaj
	Fjolla Ibrahimi	Vlora Morina
Data Manager:	Uran Kurtishi	
Data entry operators:	Myrvete Vinarci	
	Raif Hasani	
Finance officer:	Avdyl Lokaj	
Administration officer:	Ilir Gllasoviku	
Research Advisor:	Dr Faran Emmanuel (University of Manitoba)	

Assistance for compilation of this report was provided by Carly A. Comins, University of Manitoba

EXECUTIVE SUMMARY

A total number of 100 HIV infections in Kosovo have been registered from the first reported case in 1986 until 2015 (100 HIV and AIDS cases: 46 HIV, 54 AIDS cases with 41 AIDS related deaths). The HIV epidemic is the smallest, in terms of registered cases, in the EURO region, and one of the smallest in the world. The possibility of a high proportion of undiagnosed infections makes it difficult to estimate overall HIV prevalence accurately and to confirm whether HIV incidence has remained stable. Although the Kosovo HIV response is well developed and provides some basic information about key populations, the granularity of information which needs to develop large scale outreach programs with high level coverage is missing to an extent. The available interventions for KPs are fragmented, lack sufficient and appropriate coverage and need a much more scientific base for program development. The objective of the research was to conduct population size estimate and to map whether services currently provided are aligned with KPs' needs, with intention to create evidence for developing action plans for HIV prevention interventions tailored to key populations including Female Sex Workers (FSWs), Men who have Sex with Men (MSM) and People Who Inject Drugs (PWID).

The mapping methodology included two sequential steps. In Level 1, systematic information was gathered from key informants (KI) regarding the locations (sites) where key population members congregate and/or meet casual or paying sexual partners. This included both geographic and virtual locations. A total number of 1,537 interviews were conducted in level 1. Data were assembled and reviewed every day, followed by the creation of various spot lists, which served as a foundation for the next level of activity. Level 2 mapping involved conducting interviews with key population informants i.e., FSWs, MSMs and PWID, at the spots listed during Level 1 mapping. A total number of 976 spots were validated in Level 2. This included255 spots for FSWs, 226 spots for MSM (including 85 web based MSM interviews and 495 spots for PWID. The geo-mapping was supplemented by a mapping of the virtual sites (internet/mobile apps) for MSM. The process involved developing a list of all websites and apps that MSM in the region used to meet sexual partners, and then logging for a week, 3 times a day regularly to monitor the registration and presence of MSM on each site. In addition, a random sample of 84 interviews were conducted with web-based MSM in Kosovo. Field teams received a comprehensive 4 day training from 25th to 28th February on all aspects of mapping. In addition to lectures and training sessions, actual field visits were conducted and the formats were pretested in the field. Other than the core training, the field teams were provided two days of refresher training on L2 process, before L2 was initiated. All data collected in the field was entered in a database developed in Microsoft Excel, and in-built quality checks were developed for all data capturing tools. Data entry was conducted in the project office in Pristina, under the supervision of a data base supervisor. Once the data set was entered,

it was analyzed after a thorough cleaning of the data file. Key population size estimates were calculated for each spot. These were rolled up into municipality estimates. Analyses of population sub-types, operational dynamics, etc. were conducted. The final estimates were corrected for frequency of visiting spots, Invisibility of KPs who don't come to spots and for double-counting to account for the overlap between those accessible at physical venues and those who use internet sites. Finally, GIS distribution maps and maps for each key population were created. The overall study was designed to meet international ethical protocols by taking effective measures to avoid risk, protect individuals' rights, and ensure safety of all study participants including field staff.

An estimated number of FSW was found to be 5,037 (range; 4,213 to 5,860). An estimated 1/5th of the FSWs do not operate on geographical spots, while approximately 10% of FSW in Kosovo use websites to connect with clients. On the other hand, an estimated 3,722 (range; 3,050 to 4,393) FSW are distributed over the 790 geo-spots on a usual day, which increases to 4,162 (range; 3,482 to 4,843) on a peak day. The peak days of sex work were found to be Fridays and Saturdays. The four municipalities with the highest proportion of FSW were Ferizaj, Prizren, Prishtinë and Gjilan, which accounted for 16.0%, 13.0%, 10.0% and 9.0% of all FSW respectively. This study identified eight different types of geographic spots where FSW in Kosovo congregate, find sexual partners, or engage in sexual activities. The various spot types include hotel/motel/guest houses, restaurants with live music, restaurants/coffee shops, open spaces/bus stops/parks, residential, beauty salon, casino/gambling places, and others including internet café etc., Approximately 70% of FSW in Kosovo frequent restaurants with live music and restaurants/coffee shops, 31.8% and 38.1% respectively. Other than a few street based spots, almost all of the spots found in Kosovo were establishment based, which is reflective of the highly institutionalized, structured and organized FSW network prevalent in the country. Moreover, the types of geographic spots where FSW congregate varies dramatically within and between municipalities in Kosovo. The average number of FSW per geographical spot in Kosovo was found to be 5.5, which varies significantly across municipalities in Kosovo. The municipality with the highest proportional distribution of geographically based FSW in Kosovo, Ferizaj, had an average spot size of 6.3 FSW, and the municipality of the capital city, Prishtinë, the average spot size was 4.4.

Men who have sex with men (MSM) is the largest key population identified in Kosovo through this study. We identified a total number of 6,814 (range; 6,445 to 7,117) men who have sex with men (MSM) in Kosovo. This is the estimated number reported on peak days. On a usual day i.e., mostly week days the average number of MSMs in reported to be 6,445 (range; 6,110 to 6,780). More than 3/4thof the MSM are distributed in five municipalities in Kosovo i.e., Prishtinë, Prizren, Mitrovicë and Gjakovë and Pejë. MSM, as a KP in Kosovo, operate differently than PWID and FSW populations. Far fewer MSM operate at geographic spots, owing to the large stigma and discrimination against same sex relationships, and as a result of the community's desire to keep their actions and sexual activities covert a larger proportion of the MSM operation occurs virtually. An estimated number 1,874 (range; 1,570 to 2,177) MSMs congregate at 141 geographical spots on a peak day. The estimates are slightly lower (estimated avg: 1,505; range; 1,170 to 1,840) on a

usual day. Peak days include weekends, Fridays and Saturdays. Among the estimated number, a significant number provide sexual services to other men in return for money and can thus be regarded as "male sex workers". Their estimated number is 731 (range; 595 to 865) male sex workers (MSW) distributed throughout the country. The municipalities with the most MSM operating was Prishtinë and Prizren, with 2,613 and 1,277 MSM, respectively. Geo-spots include hotel/motel/guest house, open spaces/parks, residential, restaurant/coffee shops, streets/bus stops, and "others". Spots located in parks, abandoned buildings and bus stops are typical 'first contact' spots, where MSM initially meet other men, and places for sexual activity. Municipality variation existed regarding the spot typology of MSM who visit geographic locations. In comparison to the other KP in Kosovo, MSM were found to have the largest average spot size. The average number of MSM at each geographic spot in Kosovo was found to be 13.3. MSM spot size was found to vary greatly by municipality. A total of 4,940 MSM were estimated to be internet based in Kosovo. Face book is the most popular networking site, as nearly half of the MSM utilized Facebook to associate with other MSM friends. There are specific MSM facebook pages that are reported to exist in Kosovo, which form the most visited network site. Other than networking sites, 32% MSM reported using "Grinder" (through website as well as mobile apps). An additional 13% reported to use "Planet Romeo" for finding other MSM. Each web-based MSM in Kosovo was found to be registered with more than 2 sites on an average. A high number also reported to be registered on the same site with more than 1 ID.

The mapping study estimated a total number of 5,819 (range; 4,777 to 6,860) PWIDs spread over 847 geographical spots. The majority of PWID in Kosovo visit geographical spots, accounting for an estimate of 4,973 (range; 3,932 to 6,015) PWID. There is some anecdotal information that a small proportion (< 5%) of all PWID in Kosovo are females, but these women were not captured in this study and no female PWID were identified at geographic spots". Of the estimated 4,973 PWID visiting 847 geographic spots, half of these PWID were found in the three municipalities of Prishtinë, Ferizaj and Prizren, accounting for 24.5%, 15.2% and 9.6%, respectively, of all geographically based PWID. This study identified five spot types where PWID in Kosovo congregate (Table 5.2). They included, abandoned buildings, establishments, public transport stops or parks, streets, and other. Approximately 35.1% of PWID are distributed over the largest spot typology in Kosovo, street spots. Abandoned building spots were found to be the second largest spot typology, account for 26.9% of PWID in Kosovo. Wide variations were seen among the types of geo-spots utilized by PWID across different municipalities in Kosovo. PWID emphasized feeling unsafe in small cities, due to potentially easier identification. Therefore, in smaller cities, injection in residential locations is more prominent. The average number of PWID per geographical spot in Kosovo was found to be 7. This spot size is indicative of the average number of PWID found on a spot on a typical day. Since PWID have to inject everyday, regardless of the time of the week or month or year, we therefore found no peak days where PWID activity or presence on geographical spots increased. However, there were found to be peak times of the day for PWID spot presence in Kosovo. A predominate percentage of PWID visited geo-spots during the daytime, in the morning before noon and in the afternoon before 5:00PM. Only a small percentage, 21% of PWID,

frequented spots after 9:00PM to midnight. Out of the 496 PWID spots investigated in this study, there were only 39 spots where drugs were sold. Spots were also profiled to identify the presence of overlapping risk i.e., number of spots in each municipality where PWID and sex worker KPs overlapped. The overlap of risk was highest in Pristinë and Gjilan, each municipality was the location of 10 spots where both PWID and sex workers operated. Many times the sex workers at this overlapping risk sites also injected drugs.

Based on the estimates, additional analysis was undertaken to calculate key population density (number of FSWs per 1000 adult females, number of MSM per 1000 adult males) to look at global comparisons. Our analysis revealed that there exist approx. 9 FSWs per 1000 adult females, 12 MSM per 1000 adult men and 10 PWID per 1000 adult men.

The study has produced estimates of these populations within all the municipalities studied, based on primary data collected in the field, validated and triangulated against multiple, independent sources of information. We followed a simple and straightforward community-led approach, ensuring active leadership and involvement of the key populations themselves in validating estimates. In fact, one of the key achievements of this study was the explicit and active involvement of the key populations themselves from the design and inception phase of the study to the active implementation and finalization of the results. Moreover, while finalizing these estimates, we conducted some triangulation exercises, including looking at data available from service delivery as well as conducted discussions with NGOs working with these populations

As part of utilization of the results, the knowledge gained from this study could be used to develop MACRO-PLANS, to strategize target regions and towns where provision of services would be most effective and cost beneficial. Within cities, mapping data helped identify spots and locations, where risk of HIV transmission is the highest and can help guide the development of a MICRO-PLAN to set up services. The study has provided reliable information on the characteristics of spots and in effect the key population typology can facilitate outreach efforts by designing the most appropriate targeted interventions. There is a need for long engagement and trust-building period with key populations. There is a need to continue a focused HIV prevention program for these populations. Although the HIV epidemic in Kosovo remains, most likely, a small epidemic, there is a fairly high potential for growth, particularly among men who have sex with men and people who inject drugs. While efforts need to be focused on learning more about the epidemic and its driving forces, scaling-up of the current national HIV/AIDS response should be the key objective to contain HIV at its present level.

Section 1

INTRODUCTION and BACKGROUND

1. Introduction

Kosovo is the smallest country in the Balkans region of Europe. A landlocked country, Kosovo, is bordered by Serbia to the north and east, Macedonia to the south, Albania to the west, and Montenegro to the northwest. More than half the population lives in rural areas, mainly in small villages in the central plains and on the lower slopes of the mountains. The principal cities are the capital, Pristina,Prizren, Ferizaj, Mitrovicë, Gjakovë, Pejë and Gjilan. According to the 2014 report from the Kosovo Agency for Statistics, Kosovo has a population of approximately 1.8 million people, of whom the majority are Albanians (92%), followed by Serbs (4%), Bosniaks and Gorans (2%) and Turks (1%). About 96% of the population are Muslim, while the Christian population is estimated at 3.69% (Catholic 2.2% and Orthodox 1.48%). The capital city is Pristina with population of 200,000 (3). Kosovo has a very young population - in 2013, 60% of citizens were below 25 years of age.

1.1 HIV Epidemic in Kosovo

A total number of 100 HIV infections in Kosovo have been registered from the first reported case in 1986 until 2015[1] (100 HIV and AIDS cases: 46 HIV, 54 AIDS cases with 41 AIDS related deaths). The HIV epidemic is the smallest, in terms of registered cases, in the EURO region, and one of the smallest in the world. Following are the modes of transmission for the cases registered since 1986-2014: heterosexual –80%, MSM – 13%, PWID – 2%, and Vertical Transmission – 5%[1]. Given the much higher rates of transmission among MSM in particular in surrounding countries, it should be assumed that same people who have stated "heterosexual" transmission are actually MSM. Lately, more transmission has been reported among men who have sex with men. The possibility of a high proportion of undiagnosed infections makes it difficult to estimate overall HIV prevalence accurately and to confirm whether HIV incidence has remained stable[2].

"Since its first reported HIV case in 1986 until 2015, a total number of 100 HIV infections in Kosovo have been registered"

"No estimation process for PLHIV has been carried out to date and, on current testing figures, it would be difficult to make an estimate with any degree of accuracy"

[1] *National Institute of Public Health of Kosovo, Department of Epidemiology*
[2] *Review of the HIV Programme in Kosovo*

In the 2014 IBBS, numbers of positive test results for HIV remained low, as did results for other transmissible diseases. The various years are not directly comparable as different populations were surveyed for each IBSS (for example, in 2014, only MSM in Pristina were surveyed; PWID only in Pristina and Prizren; FSW only in Ferizaj). The hepatitis C rate among PWID, while lower than in 2011, remains a cause for concern both because it reveals a need for hepatitis C treatment, and as a predictor of how widespread HIV infection could become among PWID once it takes hold in this community. In conclusion, the HIV epidemic in Kosovo remains, most likely, a small epidemic with the potential for growth, particularly among men who have sex with men and people who inject drugs.

1.2 Key populations in Kosovo

"Key populations in the HIV epidemic are defined by UNAIDS as "groups at higher risk of HIV acquisition and transmission as compared to the general population"

Although various countries may have additional country specific key populations, Female Sex workers (FSW), men who have sex with men (MSM) and people who Inject Drugs (PWIDS) are universally categorized as key populations.

KPs are populations that are at higher risk of HIV infection or transmission, who face societal barriers to accessing general HIV prevention and care interventions. KPs play a key role in the way HIV spreads, and their involvement is vital for an effective and sustainable response to HIV. KPs are also at a higher risk of other infections such as syphilis, Hepatitis B and Hepatitis C.

1.2.1 People who inject drugs

The recent 2014 IBBS studies confirmed that no PWID was infected with HIV in Pristina and Prizren. Prevalence of HBV for Pristina was 5% and for Prizren was 2.5%, while HCV prevalence was reported to be 31% (Pristina) and 20% (Prizren).

PWID in Pristina and Prizren consume many different types of drug, but mostly heroin, methadone and Diazepam. Regarding the use of sterile needles and syringes to inject

"For size estimation of PWID, the midrange between the unique object multiplier and the SS size was selected, which provided estimates of 3,946 PWID in Pristina and 1,113 PWID in Prizren. Using the adult population sizes of Pristina and Prizren, it was estimated that PWID in Pristina comprise 2.5% of the adult male population and PWID in Prizren comprise 0.8% of the adult population1. Assuming these estimates are correct, the mean of these percentages (1.7%) was taken and the population size of PWID in Kosovo was calculated to be around 30,000. However, it is assumed that this result is towards the higher side, and most likely biased since it was based on having only population size estimations for the two larger cities in Kosovo".

drugs, 83% of PWID in Pristina and 95% in Prizren reported using sterile needles or syringes at their last injection.

Approximately 50% of PWID in Pristina and Prizren have correct HIV transmission knowledge based on a composite of five questions. A higher percentage of PWID in Pristina compared to Prizren have ever been tested for HIV and among those, 40% in Pristina and 49% in Prizren were tested in the past year. Among all PWID, only 19% in Pristina and 11% in Prizren were tested in the past year and among those testing in the past year.

1.2.2 Men who have sex with men

IBBS 2014 data revealed that HIV prevalence among MSM in Pristina was 0.5%, and HBV prevalence at 5.6%. MSM are a highly mobile population with 55% reporting traveling outside of Kosovo and 90% traveling outside of Pristina in the past 12 months. 27% of those who travelled abroad reported having anal sex without a condom during their travel. Anal sex without a condom is even more common during in-country travel - 38% of those who travelled outside of Pristina reported unprotected anal intercourse 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 HIV transmission knowledge based on a composite of correctly responding to five HIV knowledge questions. 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 most realistic estimates is 5,214 MSM in Pristina, or 6.4% of adult males have sex with males. If this calculation is used for the entire population of adult males in Kosovo then we can say that 45, 632 men in Kosovo have sex with men".

1.2.3 Female sex workers

According to 2014 IBBS study in Ferizaj no FSW tested positive for HIV, infectious HBV or secondary Syphilis in Ferizaj. Only 23% of FSW always carry a condom. 33% agreed to have sex without

"Estimating the size of populations on extremely hidden populations is almost impossible. In order to get some type of understanding of the numbers of FSW in Kosovo, we asked key experts who provided the population size estimations. If we were to say that the mean percentage of females selling sex is 0.9% and that the total adult female population in Kosovo is approximately 704,622, then there would be a total of 6,342 FSW in Kosovo".

condom 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 condom during the last sex with non-paying sexual partner. 67% reported their regular sexual partners also having sex with other women. There is an overlap between SW and drug use, and 22.4% of FSW in Ferizaj reported using drugs prior to sexual intercourse with clients. Only 3.5% reported never using alcohol. Only 52% of surveyed FSW in Ferizaj had ever tested for HIV infection. Only 28% of those who ever tested for HIV did that in the last 12 months (only 14% of all respondents).

1.3 The Rationale

Although the Kosovon HIV response is well developed and provides some basic information about key populations, the granularity of information which needs to develop large scale outreach programs with high level coverage is missing to an extent. The available interventions for KPs are fragmented, lack sufficient and appropriate coverage and need a much more scientific base for program development. From a service/program planning perspective, it is essential to first quantify the size of key populations, understand their subtypes, and identify locations where they can be found. To be able to effectively implement key population interventions, information on the key population sizes, extent and HIV risk profiles as well as their congregation sites are needed.

In order to understand the dynamics of these population, various techniques have been employed in the literature, example e.g. rapid situational assessments, participatory appraisals, and ethnographic studies[2,3] Unfortunately, these research methods (although helpful for gathering particular information) are unable to provide reliable size estimates, whereas methodologies that estimate population sizes (census and enumeration, nomination techniques, multiplier methods, capture recapture, etc.) do not adequately describe the distribution and locations of populations in a geographical context, which is required for effective service planning.[4] The

"The approach undertaken is form of a geographical/programmatic mapping, which gathers data from members of these populations—primarily in publicly-accessible locations—about their number, the venues wherein they gather, and their typologies (sub-groupings) to understand the dynamics of each population. The locations mapped included both geographic and virtual spaces (social networking websites, online message boards, etc".

[2] *Mack et al. (2005). Qualitative Research Methods: A Data Collector's Field Guide. FHI 360.*
[3] *Cornwalla & Jewkes (1995). What is participatory research? Social Science & Medicine41(12), 1667-1676.*
[4] *Pisani (2003). Estimating the size of populations at risk for HIV: issues and methods. Family Health International (FHI).*

methodology utilized for this study aimed to marry elements of these approaches in order to both describe the key populations in question, as well as situate them in space. This Programmatic mapping was intended not only helps develop size estimates for these populations at a granular as well as National level, but also provides a sound platform to improve service delivery and will also suggest ways to scale up the response. Experience working with these populations has demonstrated that effective interventions built around a population focus not only protect and engage members of these communities, but also makes a major contribution to averting a wider epidemic.

1.4 Objectives

The objective of the research was to conduct population size estimate and to map whether services currently provided are aligned with KPs' needs, with intention to create evidence for developing action plans for HIV prevention interventions tailored to key populations including Female Sex Workers (FSWs), Men who have Sex with Men (MSM) and People Who Inject Drugs (PWID).

Following were the specific objectives of this study:

1. To engage the selected key population's representatives in all stages of the exercise in the manner that contributes to strengthen the affected communities.
2. To identify and map key geographical locations/areas where Key populations including Female Sex Workers (FSWs), Men who have Sex with Men (MSM) and People who Inject Drugs (PWID), congregate and services are most needed in Kosovo.
3. Using mapping data, identify gaps in the current service provision by community organization.
4. To estimate the size of key populations in the regions selected for the exercise, and use the information collected to extrapolate the findings to obtain national estimates.
5. To describe the characteristics, typologies and operational characteristics of key populations at these sites.
6. To develop capacities of the key implementers to plan, implement and monitor geographical mapping studies in country

Section 2

METHODOLOGY

2. Methodology

Mapping methodology, in epidemiological terms, resembles a cross sectional survey to identify the specific locations and estimates of high risk activities for HIV and AIDS. High risk activities for HIV and AIDS include sex work, injecting drug use and sexual intercourse between men.

2.1 The Key Populations

The following populations were prioritized for mapping and assessment, recognizing that there can be significant overlaps between them:

- Female sex workers (FSWs)
- Men who have sex with men (MSM), including male sex workers
- People who Inject drugs (PWID)

2.1.1 Female Sex Workers (FSW)

Any female who exchanges sexual activity with a man in return for money or benefits, irrespective of site of operation (e.g. street, bars, home, hotel, etc.).

2.1.2 Men having sex with men (MSM)

Any male who has sex with other men as a matter of preference or practice, regardless of their sexual identity or sexual orientation, and irrespective of whether or not they also have sex with women. The proposed definition focuses on 'high-risk' as hotspots or locations (including virtually) where MSM find casual—including paid and anonymous—sexual partners.

2.1.3 People who inject drugs (PWID)

People who inject drugs were defined as —men or women who are currently injecting drugs, regularly for non therapeutic purposes. Those who self injected medicines for medical purposes were excluded.

2.2 Study Sites

Kosovo is divided into 38 different municipalities for administrative purposes. The same geographical divisions were included in this study as shown in Table 2.1. Municipalities with security issues and/or political unrest were excluded from data collection, which included very small municipalities that included 9 Serbian, one Turkish and 2 Albanian municipalities

Table 2.1. Municipalities in Kosovo showing Population and Geographical area

#	Municipality name	Population (2011)	Area (km2)	Settlements
1.	Deçan	38,984	180	37
2.	Hani i Elezit	9,389	83	11
3.	Ferizaj	108,690	345	45
4.	Gjakova	94,557	587	91
5.	Gjilan	90,015	385	54
6.	Gllogoc/Drenas	58,531	290	37
7.	Graçanicë	10,675	131	16
8.	Istog	39,289	454	50
9.	Kamenicë/Dardanë	35,600	423	58
10.	Kaçanik	33,454	221	31
11.	Klinë	38,496	308	54
12.	Fushë Kosovë	34,827	83	15
13.	Lipjan	57,605	422	70
14.	Malishevë	59,722	361	43
15.	Mitrovicë	71,909	350	45
16.	Obiliq/Kastriot	21,549	105	19
17.	Rahovec	55,053	276	32
18.	Pejë	96,450	603	14
19.	Podujevë	90,499	663	76
20.	Prishtinë	198,897	572	41
21.	Prizren	177,781	284	74
22.	Skënderaj	50,858	378	49
23.	Suharekë	54,613	306	42
24.	Viti	46,959	278	39
25.	Vushtrri	69,870	344	67
26.	Shtime	27,324	134	23

The following map, shows the municipalities that were included in the study. The municipalities highlighted in Grey color were not chosen for this mapping activity, while those included in the study are shown in white.

Figure 2.1. Map of Kosovo showing municipalities selected for Mapping

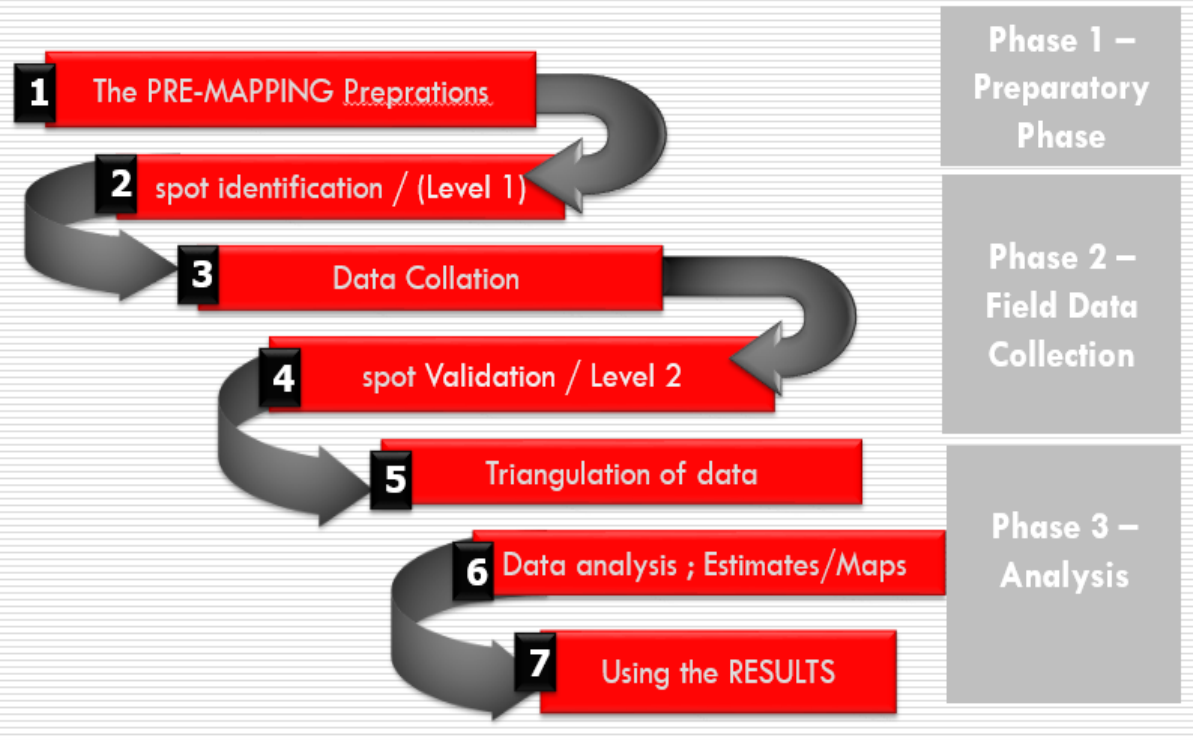
2.3 Geo-Mapping: Methodological Approach

The mapping methodology included two sequential steps:

- Level 1 – Systematic information-gathering from key informants (KI) regarding the locations (sites) where key population members congregate and/or meet casual or paying sexual partners. This included both geographic and virtual locations.
- Level 2 – Site validation and in-depth profiling of sites identified in Level 1.

The mapping process incorporated the following main steps are illustrated in Figure 1.

Figure 2.2. Sequential illustration of steps of Programmatic Mapping



2.3.1 The Pre-Mapping Phase

The pre-mapping phase established the necessary logistical and conceptual foundations for the data collection. The key aspects of the pre-mapping exercise included:

- **Collating and analyzing existing literature and secondary data** to gain insight into the variables under study in the context of Kosovo. A review of literature and existing data, as well as formative research was undertaken to understand the local contextual factors, typology of sites, typology of populations and terminology of these KP.

- **Establishing collaborative relationships with key population members** in the study process. Rapport was built as community involvement and ownership was central within this study. KP communities engaged in group discussions, providing valuable information regarding access KP members and spots, KP subgroups and typologies and steps to adequately minimize harm to KP population. During the preparation phase, engagement with key populations was critical, with the approach of "nothing for us without us." Decisions not to implement were made consistent public health principles of "Do no harm" and research ethics.

- **Meetings with partners and stakeholders** (governmental departments non-profits, service providers, etc.) was also held to inform them about the purpose and nature of the mapping study, and to solicit their input and support.

- **Geographical Zones: sub-units for mapping and extrapolation.** After geographical maps were acquired, the entire area under study was divided into smaller data collection 'zones'—which formed sub-units within which the data was collected. As Kosovo is already divided into "Municipalities; administrative divisions," these existing sub divisions were considered as zones. Based on security reasons a total number of 26 municipalities were included in the study (as shown in Figure 2.1).

- **Recruitment and training of local field team.** The members of the field teams were recruited based on their willingness and experience working with key populations as well experience in working with similar kind of research. All team members received basic training before starting fieldwork.

- **Reaching consensus on the various terms, definitions, and instruments** used during the mapping study was another important feature of this phase. This was done with the community members.

- **Development of a field monitoring process**and a detailed work plan for the local mapping exercise. A monitoring and quality assurance system was designed and a timeline developed to complete the data collection activities within the due time frame.

2.3.2 Level 1 Activity – Identification Phase

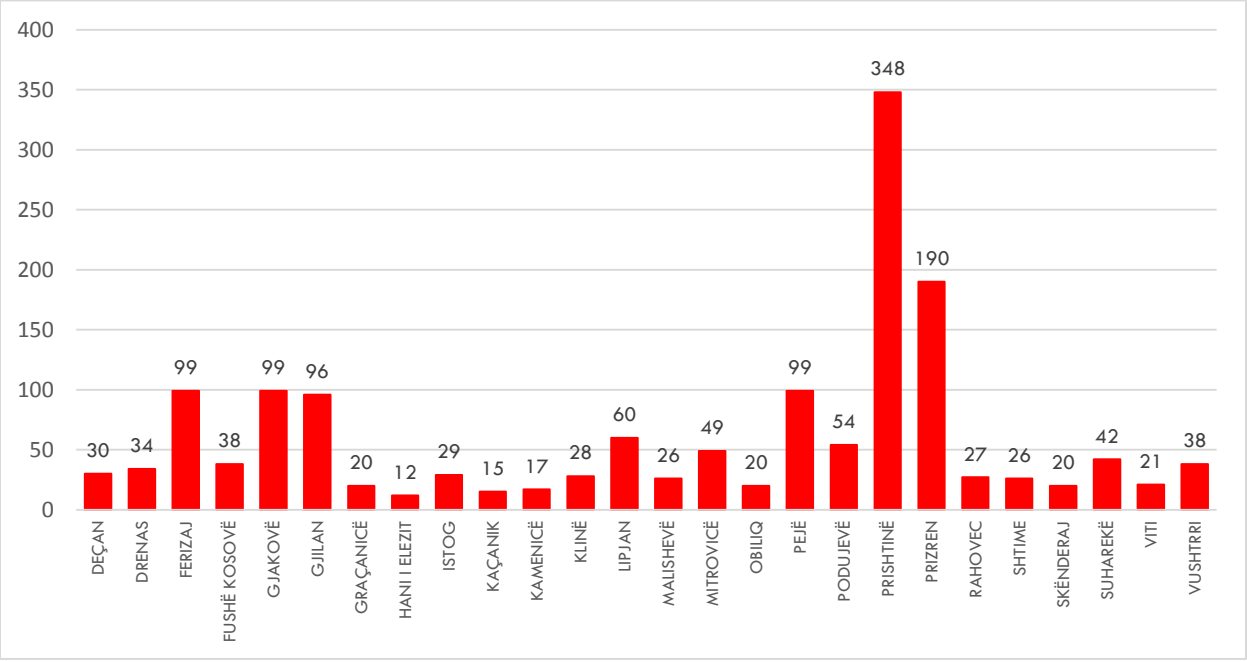
Level 1 mapping entailed listing all physical spots within each zone (municipalities) selected for mapping, where key population members (FSWs, MSM, and PWIDs) go to meet clients, sexual partners, or to procure or inject drugs.

The level 1 interview began as casual conversations with key informants. The intention was to build rapport and later gather information discretely and covertly. The major focus was placed on arriving at a list of spots where key population members were found, and to estimate (minimum and maximum) the number of key population members that were at that spot. For each spot mentioned, KIs were asked a set of questions about characteristics of the spot (public place, brothel, night club, etc.), hours of operation, and the number of key population members who could be found at that site at different times (minimum, maximum, and usual). The level 1 interview were conducted at various major location, such as markets, parks, streets, etc., within each municipality.

Information was gathered using a pre-designed format, called the Level 1 Form (annex 1). KIs included anyone who was directly or indirectly in contact with key population members, e.g. taxi drivers, bar workers, NGO staff, health care providers, security staff, police etc. at various places such as parks, transit stops, shopping malls, night clubs, etc. All KIs were more than 18 years of age.

"A total number of 1,537 interviews were conducted in level 1. The number of interviews conducted in each municipality was determined based on population density, with an objective to reach data saturation (i.e., when no new spots are reported). It was planned to conduct 35 to 50 interviews in each zone, however in zones where no significant risk activities were reported even after meeting a large number of key informants, the interviews were stopped after discussion with the supervisors".

Fig 2.3. Number of L1 interviews conducted in each Municipalities in Kosovo



2.3.3 Data Collation

Each day, the field teams assembled to collate the data collected after Level 1 activity. Data were assembled and reviewed every day, followed by the creation of various spot lists, which served as a foundation for the next level of activity. One of the key objective of the data collation exercise was to provide a spot code to each spot, as well as finalize spot names and addresses. A computer database was used for data collation and analysis; however, the field teams conducted manual data collation for coding and finalizing all spots in each zone.

The primary outcome of this phase was the development of lists of spots where key populations congregate. Each spot list contained the following information:

- Spot name and address
- Spot Code
- Spot Typology
- Frequency of mention (each time a spot is mentioned by a KI)
- Spot timing (hours of operation)
- Minimum estimates (average of all minimum values provided by various KIs)
- Maximum estimates (average of all maximum values provided by various KIs)

2.3.4 Level 2 Activity – Validation Phase

Level 2 mapping entailed enumeration of key population members at spots listed as part of Level 1 mapping, as well as updating (removing inactive sites and adding new sites) to level one mapping. Information on number of KPs frequenting sites were gathered, along with information to adjust for double-counting between sites, and overlap with virtual sites.

"Ideally, all spots mentioned in Level 1 are validated, to achieve maximum internal validity. However, owing to the local context, the validation process was conducted only in spots where access was possible. The validation process especially for FSWs was extremely risky as all FSWs are part of an extremely hidden and secure network managed by pimps and network operators. We only validated spots where Social mobilizers had an access, and took prior permission from the network operators to bring in the study team.

Level 2 mapping involved conducting interviews with key population informants i.e., FSWs, MSMs and PWID, at the spots listed during Level 1 mapping. All respondents were more than 18 years of age. Level 2 was considered to be the 'validation stage,'

where sites/spots mentioned by KIs in Level 1 were validated by meeting and interviewing key population members at each spot. Level 2 involved specific planning of each and every visit. The team supervisor ensured that enough social mobilizers are available to validate each spot in the list, and then a field plan was developed based on the availability of a social mobilizer who could facilitate the validation process. Unlike level 01 form, there were different formats for each key population. (Level 2 Geo-mapping forms - annex 2) For data collection, teams of at least two (an interviewer and a social mobilizer) visited the identified hotpot and interviewed a member of the key population at the spot to verify location, describe spot type, and obtain more specific information about the size and characteristics of those KP members present/operate at that spot.

"A total number of 976 spots were validated in Level 2. This included 255 spots for FSWs, 226 spots for MSM (including 85 web based MSM interviews and 495 spots for PWID"

An additional mapping of FSW network operators/pimps was also proposed to supplement the FSW geographical mapping. But due to potential issues, especially surrounding safety and risk to KP members, this approach was not conducted.

2.4 Mapping Virtual/Internet sites for MSM

A technical limitation of geographic mapping was that it captures only the segment of the KP who meet their clients or partners at publicly accessible venues. People who meet their clients/partners exclusively by other means (e.g. through the internet, phone, or through friends) or who look for clients/partners infrequently (e.g. less than once or twice a month) were less likely to be counted during this mapping exercise. Therefore, for the mapping of KP in Kosovo, consultation with target community members and key stakeholders informed the study team that it was important to account for these less visible or less frequently active KP members. The geo-mapping was supplemented by a mapping of the virtual sites (internet/mobile apps) for MSM. The following section provides detail on this variate of the mapping approach.

The conceptual approach for mapping virtual sites is conceived as being the same as for mapping geographical sites. Following were the steps of virtual mapping:

- During the pre-mapping phase, a small but diverse group of MSM key informants were identified. The group was knowledgeable about the use of web sites and apps that men in the region use to meet partners for sex.
- The key informant group developed a list of websites and apps that MSM in the region used to meet sexual partners.
- One peer member of the MSM team created visited each site and app (observed virtually) during scheduled times (3 times a day i.e, morning, evening and night) daily for a period

of one week. The information on total registrations at each site as well as people currently logged on the site was noted in a data collection sheet (annex 3). The information collected from each site was logged into a separate Virtual Site Visit Form.

- In addition, a random sample of Level 2 Virtual MSM Form (annex 4) were filled. The selection of these MSM was a total of 84 interviews were conducted with web-based MSM in Kosovo. The forms gathered information on all website/app registration, multiple ID registration and the number of friends on each website.

2.5 The Implementation Procedures

2.5.1 Research Partners

This research was led by the **Community Development Fund (CDF),** which is the PR for GFATM functions in Kosovo and is the lead on implementation of all prevention activities with KPs in Kosovo. CDF commenced its activities in November 1999, when it was established in partnership with the Soros Foundation/Open Society Institute. Later, on 8 October 2000, the CDF was registered as a local, non-profit NGO with Public Benefit Status to carry out a community development project through small-scale community investments, under a World Bank project. Currently CDF implements two Global Fund programs HIV and TB, ACT-LS/USAID project and EU Commission cross-border project.

The **National Institute of Public Health (NIPH)** in Kosovo was the lead field implementing partner. NIPH was established on 5th June 1925. It is the highest health, professional and scientific institution in Kosovo. NIPH prepares and implements Public Health Strategy including control and preventive measures, health promotion and education, quality control of water, air and food, expanded program of immunization, health policy, health information system all over Kosovo. The Institute conducts scientific research work and organizes specialization and on-the job training of health workers. Within NIPH, Department of Epidemiology is HIV/AIDS/STI surveillance unit responsible for HIV surveillance in the country.

The institute developed working collaborations with the following NGOs for the implementation of this study:

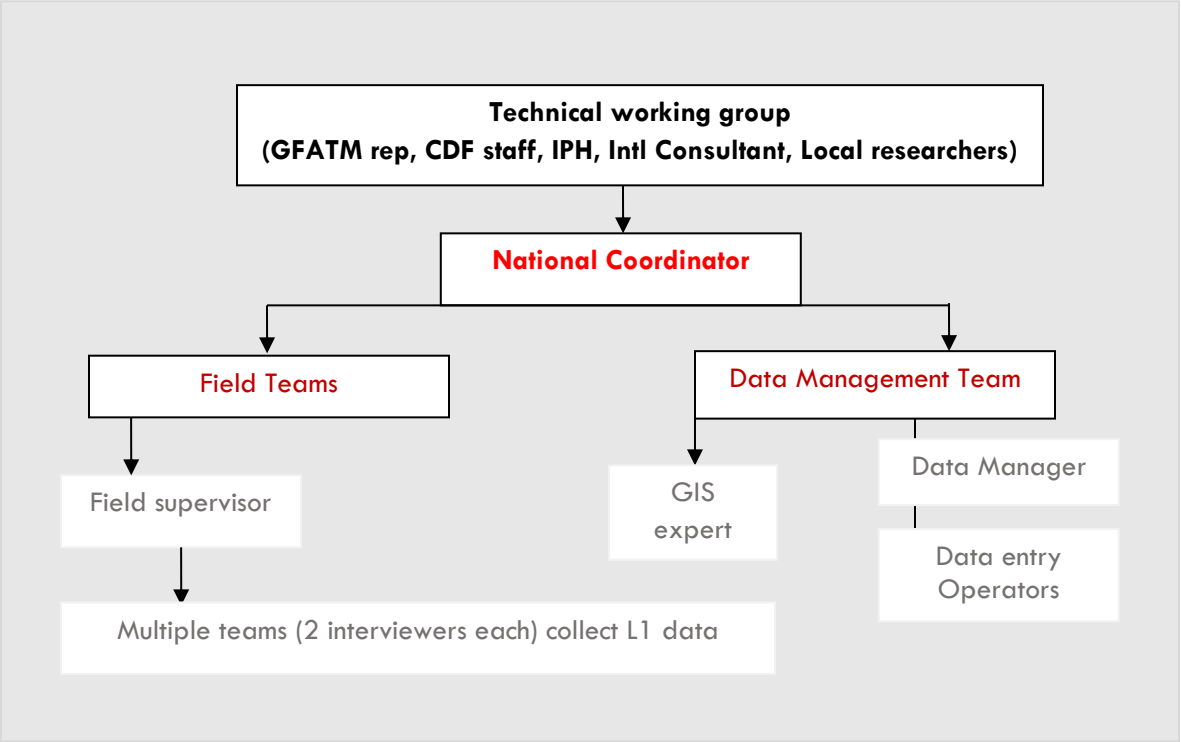
- **Labyrinth** is an NGO working with People Who Inject Drug and their offices are based in Prishtina, Prizren and Gjilan.
- **CSGD (Center for Social Group Development)** is an NGO working with Men Who have Sex with Men, and their office is based in Prishtina.
- **KOPF is an** NGO working with Female Sex Workers, and their office is based in Prishtina.

2.5.2 The Research team

The field operations were supervised by a Technical Advisory Group which comprised of members from CDF, IPH, GF Kosovo portfolio Country team, research consultant, as well as a few representatives of the key populations in Kosovo.

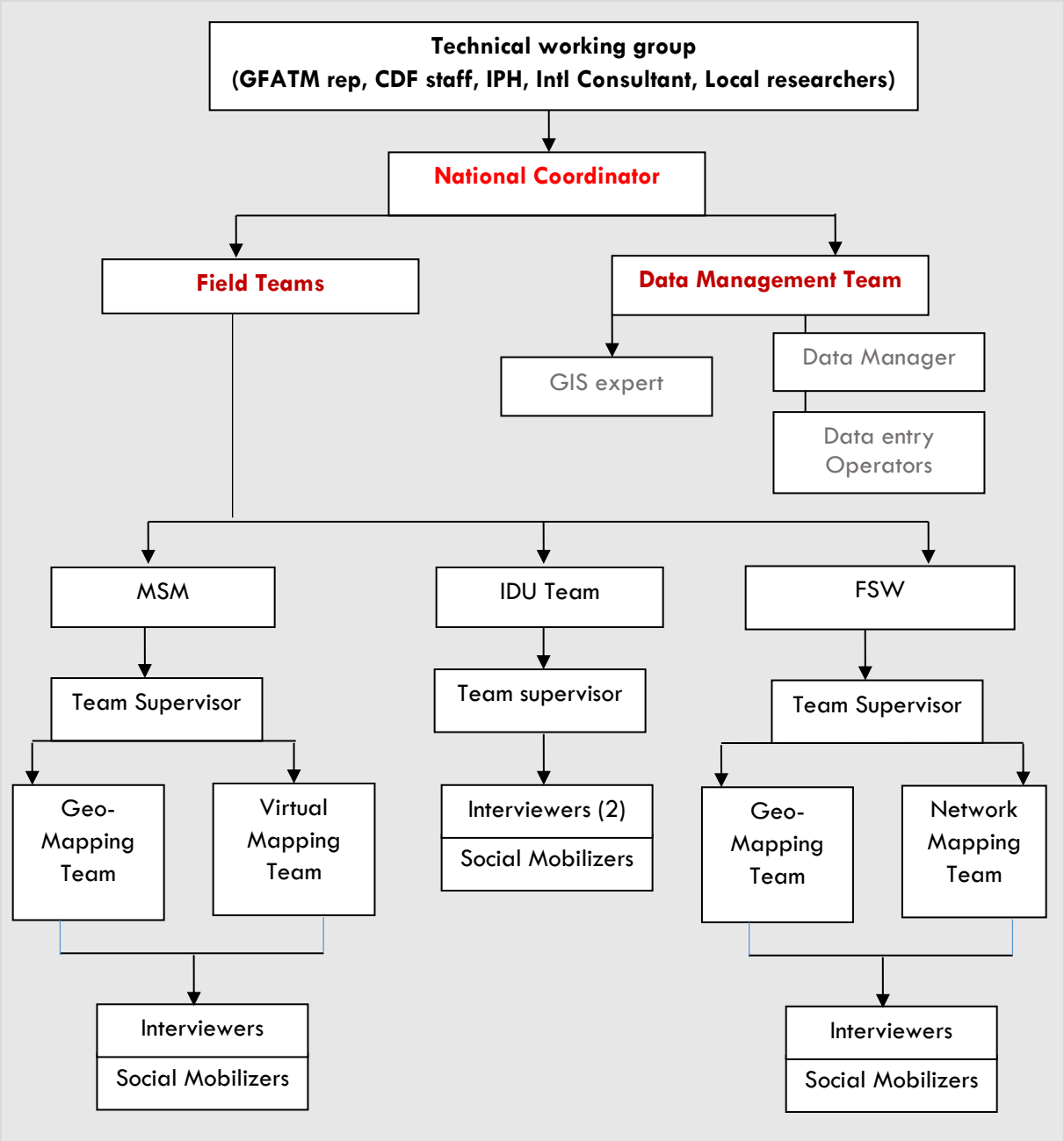
Recruitment of staff was based on the level of field activity; thus there was separate field team structure for Level 1 and Level 2 (Figure 2.4 and 2.5 respectively).

Figure 2.4. Structure of the Research team for Level 1



A National coordinator was hired for this study, who was responsible for the overall coordination of field activities at a national level and also provided update to the technical advisory group on the progress of the study, as well as provided regular updates and information to the Consultant. A field team and a data management team worked closely with the National coordinator. The data management team was managed by a Data manager who was responsible for the entire data management process and worked with data entry operators, responsible for data editing and

Figure 2.5. Structure of the Research team for L2



inputting the data in the database. A GIS expert also worked closely with the National coordinator to develop maps and related GIS data base development for the study. Supervisors were hired, responsible for all logistic and management supervision, managing human resources, supervision and quality assurance of field work, data collation, editing and spot coding for each specific key population team. At level one, one field supervisor was responsible for all data collecting teams.

At level 2, the teams were more specialized, working with a specific key population. In addition, social mobilizers (members of the community), to pair up with field interviewers were hired to provide inroads to the target community.

2.5.2 Field Team Training

Field teams received a comprehensive 4 day training from 25th to 28th February on all aspects of mapping. All field staff along with a few community members (who worked as social mobilizers) were trained on the following:

- Understanding mapping and basic concepts of geographic/programmatic mapping;
- Mapping methodology and the concept of Level 1 and Level 2 mapping;
- Data collation;
- Basic interviewing skills, with special emphases on interviewing about sex and injecting drug use issues;
- HIV/AIDS: facts and myths;
- Sensitivity of working with Key populations
- Ethical issues;
- Using a Right based approach in working with KPs
- Communication, values, and attitudes;
- Different aspects of field work;
    - accessing vulnerable groups;
    - explaining the rationale and objectives of the study to the subjects;
    - getting consent for interview;
    - the interviewing process;
    - probing and translating information on formats.

In addition to lectures and training sessions, actual field visits were conducted and the formats were pretested in the field.

Other than the core training, the field teams were provided a two-day refresher course on L2 process, before L2 was initiated.

2.5.3 Logistics and Field Operations

A field office was established in the NIPH Pristina, which served as the core office for the study. Transportation was provided to all the field teams (from field office) to all sites where data collection was done. The daily schedules of proposed field visits were prepared by team supervisors and finalized by the National coordinator in concurrence with the field teams. Data was collected in pairs and field work was regularly monitored by the coordinator. Once the interviewers

completed the daily tasks, the teams congregated in the field office to review their forms, code for spots and submit to the coordinator. The coordinator was responsible for ensuring quality of data (selection of KIs, selection of key spots, quality of interviews, filling of field forms, etc.). Various measures, including morning meetings, random spot checks, etc., were utilized to ensure quality of data and data collection.

In level 2, the timing of the data collection was largely driven by the timings of the spots. The field teams visited the spots at the time when key populations congregated at the spots, and therefore an operational schedule was determined after spot lists were finalized.

2.6 Data Management & Analysis

A database was developed in Microsoft Excel, and in-built quality checks were developed for all data capturing tools. The team leaders, along with the data manger, were responsible for all aspects of quality and consistency of data. Once data was coded and spot codes provided by the field teams and supervisors, the forms were submitted to data entry persons, who was responsible for entering the entire data set in the computerized database on a daily basis. The data entry was conducted in the project office in Pristina.

Once the data set was entered, it was analyzed. Key population size estimates were calculated for each spot. These were rolled up into municipality estimates. The values were then aggregated into national level estimates. Analyses of population sub-types, operational dynamics, etc. were conducted. The final estimates were corrected for:

- Frequency of visiting spots – to inflate for the portion of people who visit sites less than once a week
- Invisibility – to inflate for people who find partners exclusively by internet, phone, or through friends
- Double-counting – to account for the overlap between those accessible at physical venues and those who use internet sites

2.7 Operational time lines

Following are the dates for all key activities conducted in this study.

1st week February 2016	Protocol Development& Submission for Ethics review
2nd week February 2016	Finalization of field teams
23rd to 24th February 2016	Focus Group Discussions
25th to 28th February 2016	Level 1 Training
Last week February 2016	Ethical Approval
1st March to 14th March 2016	Field Work of Level 1
10th March to 17th March 2016	Level 1 Data Entry
17th March to 18th March 2016	Data Cleaning
19th March to 20th March 2016	Level 2 Training (Refresher course)
21st March to 1st April 2016	Field Work of Level 2
25th March to 10th April 2016	Level 2 Data Entry and Cleaning
11th April to 18th April 2016	Data Analysis
Last week April 2016	Development of Maps & Size estimates
Last week April 2016	Development of the final report

2.8 Ethical Considerations

This appraisal was designed to meet international ethical protocols by taking effective measures to avoid risk, protect individuals' rights, and ensure safety of all study participants. The study was approved by the Ethical Review Board at the Ministry of Health, in Kosovo (Ref. No. 01/2016). Following were the key ethical considerations adhered to during this study:

2.8.1 Safety of the field teams

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

a) All municipalities which were rendered insecure or had security or unrest situations were excluded from the study.
b) Field team members were provided with identification cards. Each team member was required to carry the IDs any time they were in the field.
c) Contact were made with the local community police office by the Coordinator to inform them about the research and solicit support.
d) Each field team member was required to have a cell phone, for which call credit was provided for emergency calls.
e) Field team members were not permitted to work alone. All fieldwork was done in (at least) pairs.
f) 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.
g) In the course of fieldwork, staff were instructed at any time and for any reason choose to leave a location if they felt that it was unsafe. This was respected by their partner/teammate(s).
h) Constant contact was maintained between the field team and Coordinator while the team was in the field. Generally, it took the form of phone contact or text message with the team's exact location, and an ongoing assessment of safety. This was especially true for the FSWs team where the supervisor had regular contact with the field team members.
i) Safety was a regular item for de-briefing every day. Each team reported any untoward situations or security threats faced in the field and discussed measures to avoid or mitigate similar situations in the future. Any spots/locations which were rendered insecure were not attempted to be validated

2.8.2 Safety of the key populations

In all of the places where this mapping approach has been implemented, no harm to a community or its individual members has been reported. Conversely, we are 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 are incorporated into the study design:

2.8.2.1 Community leadership and involvement:

It was not possible to implement this study adequately without the explicit and active involvement of the local population representatives, beginning with the initial discussions, through formative stages, qualitative work, and any mapping and survey elements used. In effect, the community was given the power to make decisions on how this project was implemented.

2.8.2.2 Informed consent and voluntary participation:

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. Informed verbal consent was obtained prior to entry into the survey, both at Level 1 and Level 2. This was done through a standard consent form at the beginning of each questionnaire that was read out to the participant by the interviewer. The interviewer signed the appropriate place on the questionnaire to indicate that consent was obtained before proceeding with data collection.

2.8.2.3 Safety of the target population and human rights related risks:

Considerable effort were made to maintain the safety of respondents. It is acknowledged that completing an interview comprising potentially sensitive questions in a public place could cause discomfort or even put respondents at risk. The team was trained to ensure that interviews were undertaken in a private place (an 'incidental' budget was incorporated to facilitate interviews at coffee shops, restaurants etc.), and that the initial approach to a potential respondent did not compromise the safety of the respondent (nor their own).

During the pre-mapping phase and the training, focus group discussions were held with key populations. KP members were encouraged to highlight all risks that they felt could be experienced as a result of the study. The risks (data security, confidentiality, threats to team members by peer groups etc.,) were discussed with the research team including authorities involved in the study.

2.8.2.4 Confidentiality of responses:

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 was password protected, and only authorized officials of CDF, IPH and consultant had 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 maps presented in the report are population estimates and does not include details about individual spots or persons. It is also worth mentioning that other than public spots, information on locations such as residences etc., was not collected and included in this study to ensure safety of the key populations privacy.

2.8.3 Debriefing:

Interviewers conducted appropriate debriefings with participants at the end of the interview in order to answer questions that participants may have. Participants were also provided information and referral to health and social services that are available in the community.

Section 3

FEMALE SEX WORKERS

3. Female Sex Workers

" In accordance with the UNAIDS Guidance Note on HIV and Sex Work, Female sex workers were defined as, "females who receive money or goods in exchange for sexual services, either regularly or occasionally," irrespective of site of operation.

3.1 Estimated Number of FSWs in Kosovo

This study uncovered a total of 790 geographical spot locations where female sex workers (FSW) operate in Kosovo. However, in Kosovo, FSW are the most hidden of the three KP. This is the results of a deeply entrenched systems of sex trafficking and forced sex work that occurs within the country. The outcome of this is that many FSW are clandestine and their visibility, or presence on geographical spots, remains unseen. An estimated 21% of FSW do not operate on geographical spots and use other forms of contact i.e., cell phones, personal contacts with clients, pimps etc., to connect with clients. Approximately 10% of the FSW, offer services through internet but in addition, do frequent geo-spots, as well. When accounting for the hidden, clandestine nature of sex work in Kosovo, the total estimated FSW on a usual and peak day was found to be 4,503 (range; 3,691 to 5,316) and 5,037 (range; 4,213 to 5,860), respectively. On the other hand, an estimated 3,722 (range; 3,050 to 4,393) FSW are distributed over the 790 geo-spots on a usual day, which increases to 4,162 (range; 3,482 to 4,843) on a peak day. The peak days of sex work were found to be Fridays and Saturdays.

"An estimated number of FSW was found to be 5,037 (range; 4,213 to 5,860). An estimated 1/5th of the FSWs do not operate on geographical spots, while approximately 10% of FSW in Kosovo use websites to connect with clients".

Table 3.1. Total Estimated numbers of FSWs in Kosovo, 2016

Total Number of Geographical Spots	790
No of FSWs on geo-locations (usual day)	3,722 (3,050 to 4,393)
No of FSWs on geo-locations (peak day)	4,162 (3,482 to 4,843)
Approx. No of FSWs who don't come to geo-spots	1,058
Approx. No of FSWs who use web/internet	494

Total estimate of FSWs (usual day)	4,503 (3,691 to 5,316)
Total estimate of FSWs (peak day)	5,037 (4,213 to 5,860)

3.2 Municipality Distribution

The distribution of FSW who frequent geographical spots was found to vary across municipalities of Kosovo. Of the estimated 4,162 FSW visiting 790 geographical spots on peak days, the four municipalities with the highest proportion of FSW were Ferizaj, Prizren, Prishtinë and Gjilan.

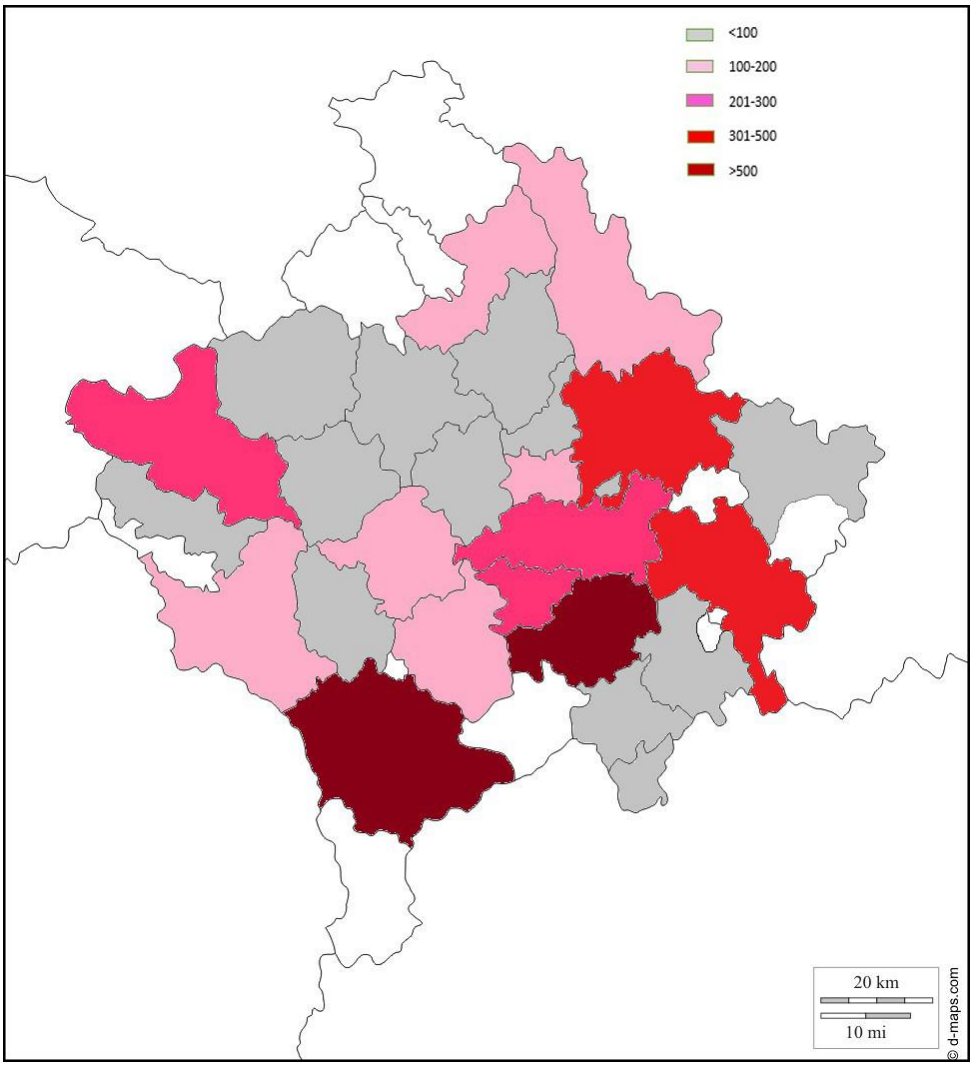
Table 3.2 Distribution of FSWs by Municipalities in Kosovo, 2016

Municipality	No of spots	Usual Day Estimate	Peak Day Estimate	% Distribution
DEÇAN	3	23	25	1%
DRENAS	18	70	81	2%
FERIZAJ	109	591	656	16%
FUSHË KOSOVË	26	123	138	3%
GJAKOVË	40	154	177	4%
GJILAN	61	336	374	9%
GRAÇANICË	7	25	29	1%
HANI I ELEZIT	2	2	4	0.2%
ISTOG	15	59	67	2%
KAÇANIK	6	19	22	1%
KAMENICË	9	25	30	1%
KLINË	10	30	36	1%
LIPJAN	41	210	259	6%
MALISHEVË	19	116	127	3%
MITROVICË	35	113	117	3%
OBILIQ	6	24	27	1%
PEJË	37	202	224	5%
PODUJEVË	29	136	152	4%
PRISHTINË	101	382	420	10%
PRIZREN	91	523	554	13%
RAHOVEC	19	52	63	2%
SHTIME	50	236	293	7%
SKËNDERAJ	5	20	21	0.4%

SUHAREKË	18	101	111	3%
VITI	18	89	92	2%
VUSHTRRI	15	59	63	2%

These four municipalities accounted for 16.0%, 13.0%, 10.0% and 9.0% of all FSW geographically present in Kosovo. In Ferizaj, for example, 109 geographical spots were identified and an estimated 591 and 656 FSW on usual and peak days, respectively, were found. It is important to note that half of the municipalities in Kosovo had a very insignificant number of FSWs (with less than 2.0% of the FSWs in each municipality respectively). These municipalities included Deçan, Drenas, Graçanicë, Hani I Elezit, Istog, Kaçanik, Kamenicë, Klinë, Obiliq, Rahovec, Skënderaj, Viti and Vushtrri.

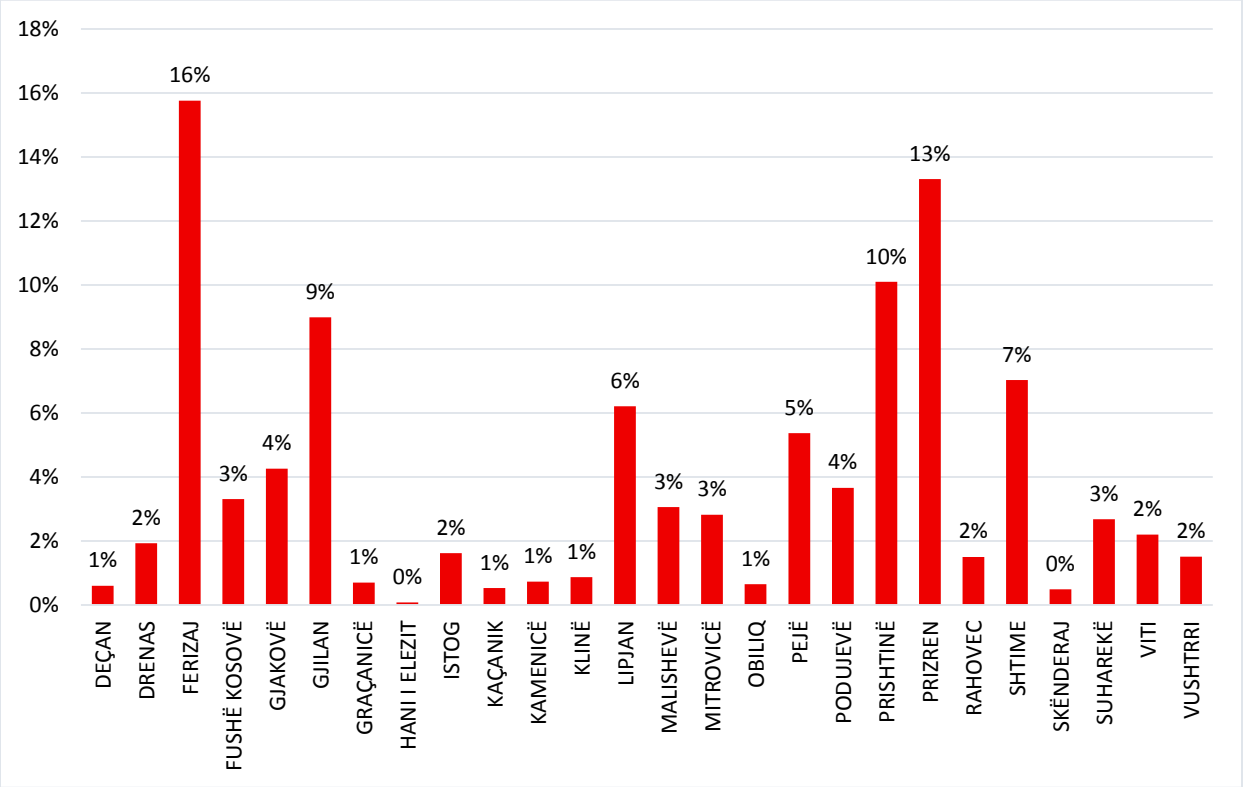
Fig 3.1. Distribution Map of FSWs by Municipalities in Kosovo, 2016



A distribution map of the estimated number of FSWs is presented in Figure 3.1. The higher the concentration of FSW in a municipality, darker is the color of the municipality on the map. As shown Ferizaj and Prizren have the darkest shades, which is proportional to the number of FSWs in each municipality.

Figures 3.2 also shows the proportional distribution of FSWs by Municipalities in Kosovo, 2016 using a bar chart. From this figure the high concentration of FSW in Ferizaj and Prizren is clearly depicted as well the three municipalities with a very few number of FSW in Kosovo.

Fig 3.2 Proportional Distribution of FSWs by Municipalities in Kosovo, 2016



3.3 Geographical Spots Where FSW Congregate

This study identified eight different types of geographic spots where FSW in Kosovo congregate, find sexual partners, or engage in sexual activities. The various spot types include hotel/motel/guest houses, restaurants with live music, restaurants/coffee shops, open spaces/bus stops/parks, residential, beauty salon, casino/gambling places, and others including internet café etc.,

Approximately 70% of FSW in Kosovo frequent restaurants with live music and restaurants/coffee shops, 31.8% and 38.1% respectively. These restaurant locations are closed, dark places where food and beverages are sold and sexual activities take place. Typically, restaurants with live music open after other restaurants/coffee shops are closed and younger FSW can be found there. A total of 225 restaurants with live music in addition to 330 restaurants/coffee shops were identified in this study.

The third largest FSW spot typology in Kosovo was open spaces/bus stops, and parks, making 16% of the overall sex work in Kosovo. These are visible locations on the streets where around 586 to 664 FSW operate on a usual and peak day, respectively. It may be important to note that the FSWs based in open spaces stay there very shortly, until a phone call-based partner come to pick up one

"This study identified eight different types of geographic spots where FSW in Kosovo congregate, find sexual partners, or engage in sexual activities. More than 2/3rd of female sex work concentrates around and in restaurants with live music, where sex workers work as hostesses and find their clients

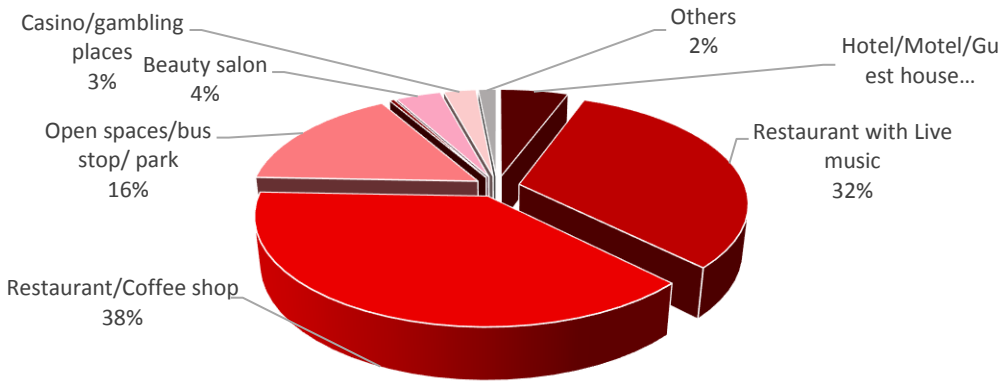
A total of 38 hotel/motel/guest houses and 33 beauty salons in Kosovo were identified as hotspots, accounting for 5.7% and 3.8% of FSWs. Additionally, an estimated 114 FSW operate across 33 casino or gambling sites in Kosovo on a typical peak day. The results are shown in Table 3.3

Table 3.3Distribution of FSWs by Spot typology in Kosovo, 2016

SPOT TYPE	No of spots	Usual Day Estimate	Peak Day Estimate	% Distribution
Hotel/Motel/Guest house	38	219	238	5.7%
Restaurant with Live music	225	1174	1326	31.8%
Restaurant/Coffee shop	330	1435	1584	38.1%
Open spaces/bus stop/ park	114	586	664	16.0%
Residential	4	13	16	0.4%
Beauty salon	33	141	159	3.8%
Casino/gambling places	33	98	114	2.7%
Others	13	56	62	1.5%

A visual depiction of the distribution of Spot typology is shown in Fig 3.3. From this pie graph, the high utilization of resturants, coffee shops, open spaces and hotel and guest houses among FSW in Kosovo is apparent.

Fig 3.3 Proportional Distribution of FSWs by Spot typology in Kosovo, 2016



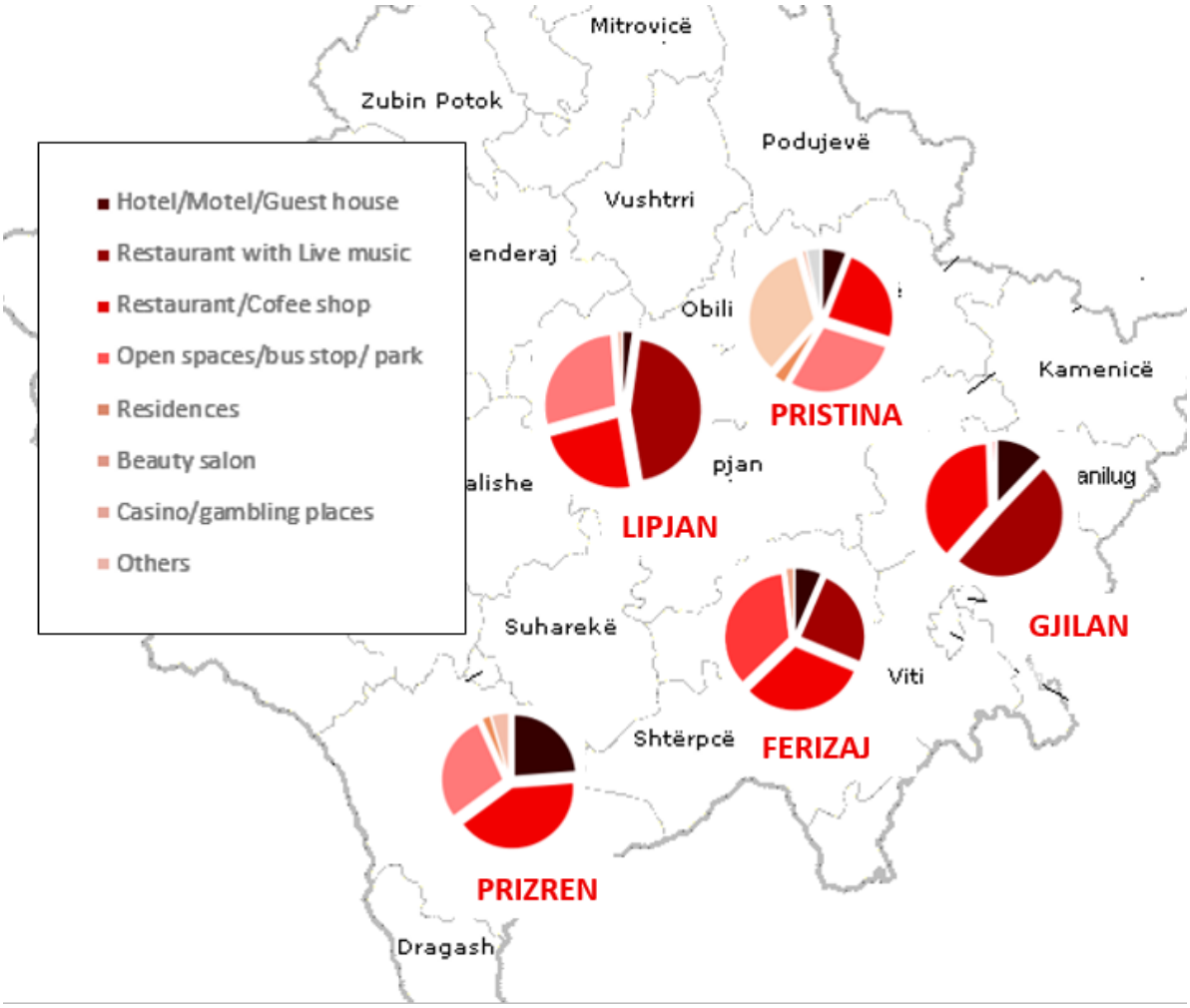
The highest concentration of FSW spots in Kosovo was found within restaurants with live music and other restaurants and bars. Almost all of spots found in Kosovo were establishment based, which is reflective of the highly institutionalized, structured and organized FSW network prevalent in the country.

Fig 3.4 No of Spots by typology where FSWs congregate in Kosovo, 2016

3.4 Variation in Spot typology by Municipality

The types of geographic spots where FSW congregate varies dramatically within and between municipalities in Kosovo. In Ferizaj and Prizren, the two municipalities with the highest proportional distribution of FSW on geographic spots, the majority of FSW (91.6% and 80.3%, respectively) frequented three spot typologies: restaurants with music, restaurants/coffee spots, and open spaces/bus stops/parks. One an average peak day, the study estimated 602 and 503 FSW distributed across these three spot typologies in Ferizaj and Prizren, respectively. In Pristina the largest typology of spots was Beauty Salons followed by street spots which was not seen in any other municipality in Kosovo.

Fig 3.5 Spot typology for FSWs in top 5 municipalities in Kosovo, 2016



Additionally, in some municipalities only one spot typology was identified. The municipalities of Deçan, Drenas, Fushë, Istog, Kaçanik, Kosovë, Klinë and Podujevë only had restaurant with music spots where FSW operated, while Gjakovë, Hani i Elezit, Malishevë and Pejë was home to only restaurant/coffee shop FSW spots. The municipality of Rahovec was found to be the location of operation for approximately half of the casino/gambling based FSW in Kosovo. Of the 33 gambling-based geographical spots in Kosovo, 57.6% (19) are found in Rahovec, with an estimated 66 FSW dispersed across the casinos on a typical peak day. See Table 3.4 for further details.

Table 3.4 Distribution of FSWs by Spot typology across Municipalities in Kosovo, 2016

MUNICIPALITY	TYPOLOGY OF SPOT	NUMBER OF FSWs
DEÇAN	Restaurants with music	26
DRENAS	Restaurants with music	85
FERIZAJ	Hotel/Motel	45
	Resturant with music	171
	Restaurant/Coffee shop	218
	Street/open spaces	244
	Beauty Salon	13
FUSHË KOSOVË	Resturant with music	145
GJAKOVË	Restaurant/Coffee shop	187
GJILAN	Hotel/Motel	48
	Resturant with music	195
	Restaurant/Coffee shop	150
	Street/open spaces	2
GRAÇANICË	Hotel/Motel	19
	Resturant with music	6
	Street/open spaces	6
HANI I ELEZIT	Restaurant/Coffee shop	4
ISTOG	Resturant with music	71
KAÇANIK	Resturant with music	23
KAMENICË	Resturant with music	21
	Restaurant/Coffee shop	9
	Street/open spaces	3
KLINË	Resturant with music	38
LIPJAN	Hotel/Motel	6

	Resturant with music	123
	Restaurant/Coffee shop	64
	Street/open spaces	77
	Casinos	3
MALISHEVË	Restaurant/Coffee shop	134
MITROVICË	Hotel/Motel	14
	Resturant with music	30
	Restaurant/Coffee shop	33
	Street/open spaces	18
	Casinos	18
	Others	10
OBILIQ	Hotel/Motel	4
	Others	25
PEJË	Restaurant/Coffee shop	235
PODUJEVË	Resturant with music	160
PRISHTINË	Hotel/Motel	26
	Restaurant/Coffee shop	106
	Street/open spaces	126
	Residences	13
	Beauty Salon	152
	Casinos	4
	Others	15
PRIZREN	Resturant with music	142
	Restaurant/Coffee shop	245
	Street/open spaces	170
	Casinos	27
RAHOVEC	Casinos	66
SHTIME	Hotel/Motel	9
	Resturant with music	110
	Restaurant/Coffee shop	136
	Street/open spaces	48
	Beauty Salon	3
	Casinos	3
SKËNDERAJ	Hotel/Motel	6

	Resturant with music	9
	Restaurant/Coffee shop	7
SUHAREKË	Resturant with music	40
	Restaurant/Coffee shop	78
VITI	Hotel/Motel	73
	Resturant with music	2
	Restaurant/Coffee shop	19
	Street/open spaces	3
VUSHTRRI	Restaurant/Coffee shop	44
	Street/open spaces	4
	Residences	3
	Others	16

3.5 Spot Profiling

The average number of FSW per geographical spot in Kosovo was found to be 5.5. This spot size is indicative of the average number of FSW found on a spot on a typical peak day. The FSW spot size was found to vary dramatically across municipalities in Kosovo (Table 3.5). Of importance, the number of FSW found at each geographical spot was highest in the municipality of Deçan, with 8.8 FSW per spot. Yet, this municipality only accounts for 1.0% of the proportional distribution of FSW in Kosovo with only 3 spots and an estimated 25 FSW. The second two largest spot sizes were found in the districts of Malishevë and Lipjan, with 7.0 and 6.6 FSW per spot, respectively.

The municipality with the highest proportional distribution of geographically based FSW in Kosovo, Ferizaj, had an average spot size of 6.3 FSW, and the municipality of the capital city, Prishtinë, the average spot size was 4.4. These findings are more representative of the country spot size average of 5.5 FSW per spot.

Table 3.5 FSW Spot Size by Municipalities in Kosovo, 2016

MUNCIPALITY	No of spots	Peak Day Estimate	Spot Size
DEÇAN	3	25	8.8
DRENAS	18	81	4.7
FERIZAJ	109	656	6.3
FUSHË KOSOVË	26	138	5.6
GJAKOVË	40	177	4.7

GJILAN	61	374	6.5
GRAÇANICË	7	29	4.4
HANI I ELEZIT	2	4	1.9
ISTOG	15	67	4.7
KAÇANIK	6	22	3.9
KAMENICË	9	30	3.5
KLINË	10	36	3.8
LIPJAN	41	259	6.6
MALISHEVË	19	127	7.0
MITROVICË	35	117	3.5
OBILIQ	6	27	4.8
PEJË	37	224	6.4
PODUJEVË	29	152	5.5
PRISHTINË	101	420	4.4
PRIZREN	91	554	6.4
RAHOVEC	19	63	3.5
SHTIME	50	293	6.2
SKËNDERAJ	5	21	4.3
SUHAREKË	18	111	6.5
VITI	18	92	5.4
VUSHTRRI	15	63	4.4

It is also relevant to note that the average number of FSW at each spot – the spot size - also varies, not only by district, but by spot typology as well (Table 3.6). The spot size of hotel/motel/guest houses was found to be highest, with 7.0 FSW per spot, and casino/gambling places were found to be the smallest, with 3.7 FSW per spot. The spot typologies of beauty salon and restaurants/coffee spots were found to have spot sizes that most closely resembled the national spot size average of 5.5 FSW per spot.

Table 3.6 FSW Spot Size by Typology in Kosovo, 2016

SPOT TYPE	No of spots	Peak Day Estimate	Spot Size
Hotel/Motel/Guest house	30	199	7.0
Restaurant with Live music	209	1,258	6.3

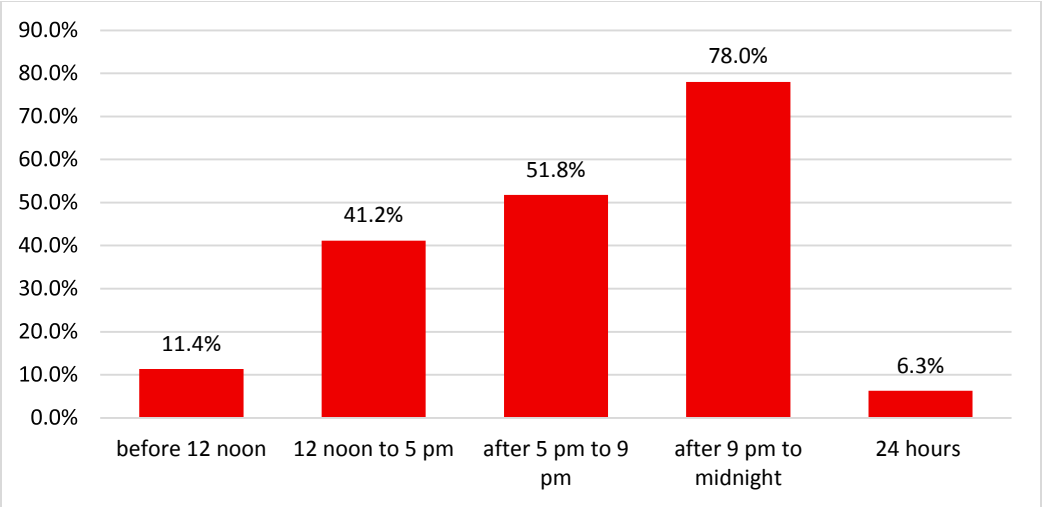
Restaurant/Coffee shop	311	1,488	5.0
Open spaces/bus stop/ park	103	606	6.2
Beauty salon	31	153	5.2
Casino/gambling places	32	112	3.7
Others	74	346	4.9

3.6 Peak days& Time of Operation

Spot profiling aided in understanding of the operational dynamics at the spot level. Another important finding this study uncovered which helps in understanding of the operational dynamics is the peak day and timings that sex worker operate. The peak days in Kosovo were Friday and Saturday and are the result of increased FSW presence due to increase client demand on these days. FSW work mainly at night, with 78% of FSW found on geo-spots between 9:00PM to midnight. From 5:00PM to 8:00PM, 51.8% of FSW in Kosovo are active. Few (6.3%) of all FSW were found to be operating at geographic spots 24 hours a day.

"Peak days are specific days, when the number of FSW operating on geographical spots increase. Additionally, peak timings were also identified, indicating the time when most FSW operate at geographic spots in Kosovo"

Fig 3.6 Peak times of operation of FSWs in Kosovo, 2016



3.6 Web Based FSW

To determine the web based sex work occurring in Kosovo, a selection of 255 FSW were interviewed about their use of the internet. Of the 255, a very small proportion i.e., 9.8% (21) FSW utilized the web to connect with clients. Web based FSW identified only one internet based site used for their sex work, Facebook. Yet, there was reference to Viber, Instagram and WhatsApp usage for client connection as well[5].

[5] It is worth mentioning that the number of FSWs interviewed were fairly low and the actual number of FSWs who utilize web based services might not be exactly the same as shown by this study. The FSW service programs with FSW outreach workers can gather more information on the web based FSW population in Kosovo.

Section 4

MEN

WHO HAVE SEX WITH

MEN

4. Men having sex with Men

The definition utilized for men who have sex with men derived from the "Operational Guidelines for Monitoring and Evaluation of HIV Programs for Sex Workers, Men who Have Sex with Men and Transgender People; UNDP Report on the Multi-City initiative, December 2010" as well as "UNAIDS terminology guideline 2011" detailing "men who have sex with men is an inclusive public health term used to define the sexual behaviours of males, regardless of gender identity, motivation for engaging in sex or identification with any or no particular 'community'. For the purpose of this study we focused on the high risk MSM, i.e., MSM who congregate at 'high-risk' hotspots or locations (including virtually) to find casual—including paid and anonymous—sexual partners. This study may have missed those men who might have had sex with other men as part of sexual experimentation, are limited to a regular same-sex partner, or very occasionally involved in male-to-male sex.

4.1 Estimated Number of Men who have Sex with Men

Men who have sex with men (MSM) is the largest key population identified in Kosovo through this study. As already mentioned the methodology focused on MSM i.e., MSM who congregate at 'high-risk' hotspots or locations and (including virtually) to find casual—including paid and anonymous—sexual partners. This study may have missed men who might have had sex with other men as part of sexual experimentation, are limited to a regular same-sex partner, or very occasionally involved in male-to-male sex, however from an HIV prevention stand point, the study provided a sound base for the programs to start developing and providing services.

We identified a total number of 6,814 (range; 6,445 to 7,117) men who have sex with men (MSM) in Kosovo. This is the estimated number reported on peak days. On a usual day i.e., mostly weekdays the average number of MSMs in reported to be 6,445 (range; 6,110 to 6,780). MSM, as a KP in Kosovo, operate differently than PWID and FSW populations. Far fewer MSM operate at geographic spots, owing to the large stigma and discrimination against same sex relationships,

and as a result of the community's desire to keep their actions and sexual activities covert a larger proportion of the MSM operation occurs virtually.

An estimated number 1,874 (range; 1,570 to 2,177) MSMs congregate at 141 geographical spots on a peak day. The estimates are slightly lower (estimated avg: 1,505; range; 1,170 to 1,840) on a usual day. Peak days include weekends, Fridays and Saturdays which are of a great importance for the MSM community due to the higher frequency of people and better possibilities for making new contacts without being identified.

"Men who have sex with men (MSM) is the largest key population identified in Kosovo. We identified a total number of 6,814 (range; 6,445 to 7,117) men who have sex with men (MSM) in Kosovo. This is the estimated number reported on peak days. Far fewer MSM operate at geographic spots, owing to the large stigma and discrimination against same sex relationships, and as a result of the community's desire to keep their actions and sexual activities covert a larger proportion of the MSM operation occurs virtually.

Among the estimated number, a significant number provide sexual services to other men in return for money and can thus be regarded as "male sex workers". Their estimated number is 731 (range; 595 to 865) male sex workers (MSW) distributed throughout the country.

Table 4.1 Total Estimates of MSM in Kosovo, 2016

GEO-SPOTS	
Total Number of Geographical Spots	141
No of MSM on geo-locations (usual day)	1,505 (1,170 to 1,840)
No of MSM on geo-locations (peak day)	1,874 (1,570 to 2,177)
MSM who don't come to geo-spots[6]	2,926 to 3231
WEB-BASED MSM	
Total estimate of MSM	4,940
TOTAL NUMBER OF MSM in KOSOVO	
No on Usual days	6,445 (6,110 to 6,780)
No on Peak days	6,814 (6,445 to 7,117)
MALE SEX WORKERS	
No of MSWs	731 (595 to 865)

[6] Web based MSM during interviews were inquired if they go to geo-spots to look for sexual partnerships. The responses were used to determine the total estimated number of hidden MSM in Kosovo

4.2 Municipality Distribution of MSM

This study found that in most municipalities in Kosovo, both web-based and geographically based MSM are operating, and differences exist between each municipality.

The municipalities with the most MSM operating was Prishtinë and Prizren, with 2,613 and 1,277 MSM, respectively. In Prishtinë, of the 2,613 MSM identified, 84.8% (2,215) MSM in this municipality are web-based, yet in Prizren 58.2% (743) are web-based. It is important to note that no geographical spots were found in six of the municipalities i.e., Deçan, Obiliq, Malisheve, Rahovec, Klinë and Kaçanik).

Table 4.2 Total Estimated Number of Geo-spots and Web-based MSM in Kosovo, 2016

MUNICIPALITY	Web-based MSM	Geo Based MSM	Total Estimate
DEÇAN	88	---	88
DRENAS	58	7	66
FERIZAJ	335	67	403
FUSHË KOSOVË	15	14	29
GJAKOVË	233	172	406
GJILAN	102	76	178
ISTOG	29	24	53
KAMENICË	---	23	23
KAÇANIK	15	---	15
KLINË	15	---	15
LIPJAN	73	31	104
MALISHEVË	29	---	29
MITROVICË	248	230	478
OBILIQ	44	---	44
PEJË	364	144	508
PODUJEVË	131	29	160
PRISHTINË	2,215	398	2,613
PRIZREN	743	534	1,277
RAHOVEC	44	---	44
SKENDERAJ	15	37	51
SUHAREKË	29	13	42
VITIA	15	13	28

VUSHTRRI	102	59	161

Figure 4.1 illustrates the total MSM estimates in Kosovo. The graph takes into consideration both geographical and web-based MSM.

Figure 4.1. Total Estimates of MSM (Geo- and Web-based) in Kosovo, 2016

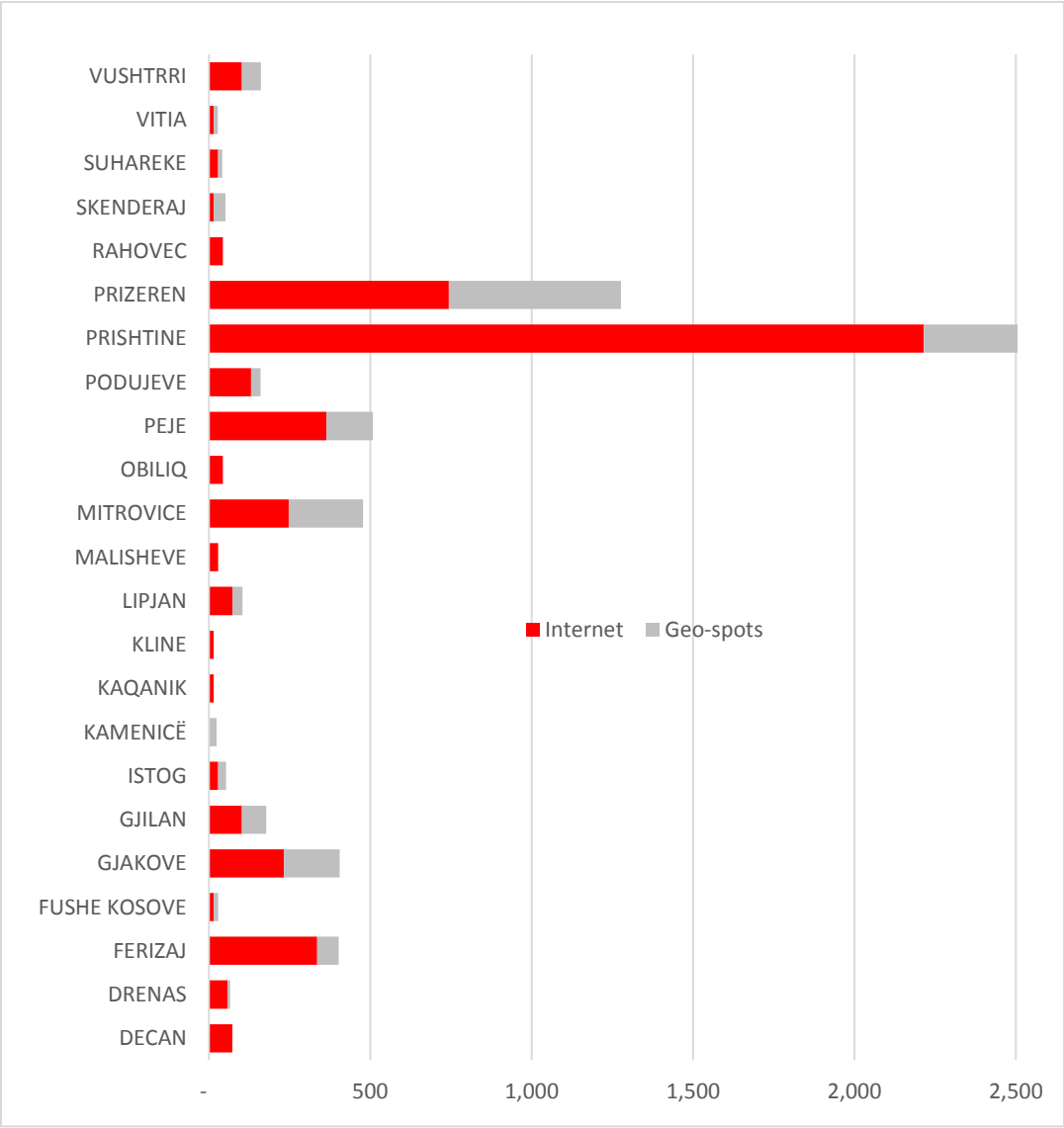
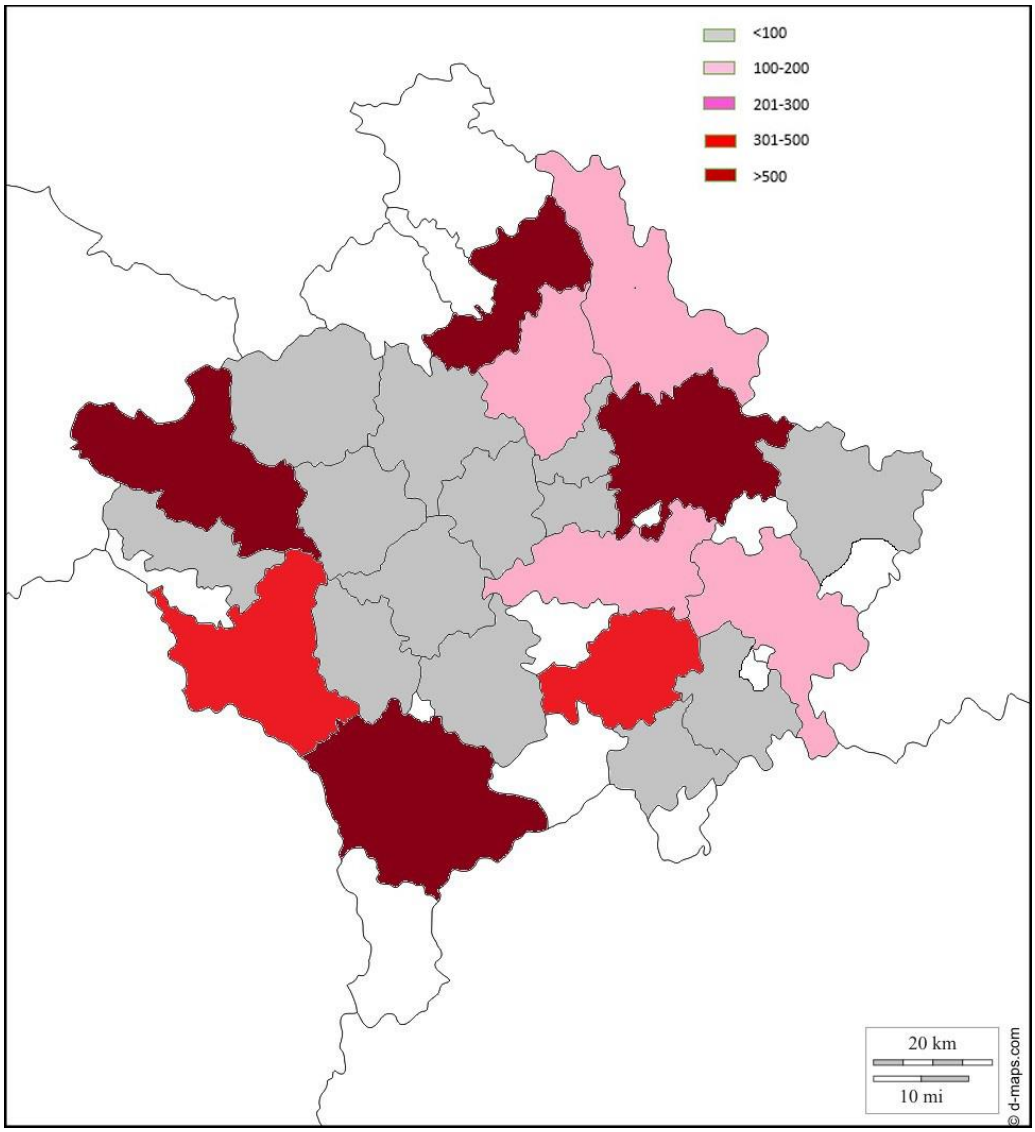


Fig 4.2 presents a distribution map of the estimated number of MSM in each municipality in Kosovo. It is seen that most of the estimated MSM in Kosovo are distributed in 6 of the municipalities which are represented by a darker shade in the map. The municipalities shown in white were not included in the study.

Fig 4.2Distribution Map of MSM by Municipalities in Kosovo, 2016



4.3 MSM congregating at Geographical spots

4.3.1 Municipality Distribution

The distribution of MSM who visit geographic spots varied greatly across municipalities (Table 4.3). Approximately half of MSM based at geo-spots were found in the municipality of Prishtinë and Prizren (21.2% and 28.5%, respectively). On a peak day in the two municipalities, an estimated 398 MSM are spread across 32 geo-spots in Prishtinë and 534 MSM are spread across 24 geo-spots in Prizren. The high number of MSM in these areas was representative of the increased number of students and MSM friendly establishments, like night clubs. Additionally, 12.3% of MSM frequenting geographic spots were found in Mitrovicë, a municipality with a peak day estimate of 230 MSM dispersed over 10 spots. Four municipalities each account for less than 1.0% of the total proportional distribution of MSM in Kosovo and only 10 (7.1%) of the total 141 MSM geo-spots. These municipalities include Drenas, Fushë Kosovë, Suharekë and Viti. Finally, no geographically based MSM were found in five of the municipalities (Deçan, Obiliq, Malishevë, Klinë and Kaçanik).

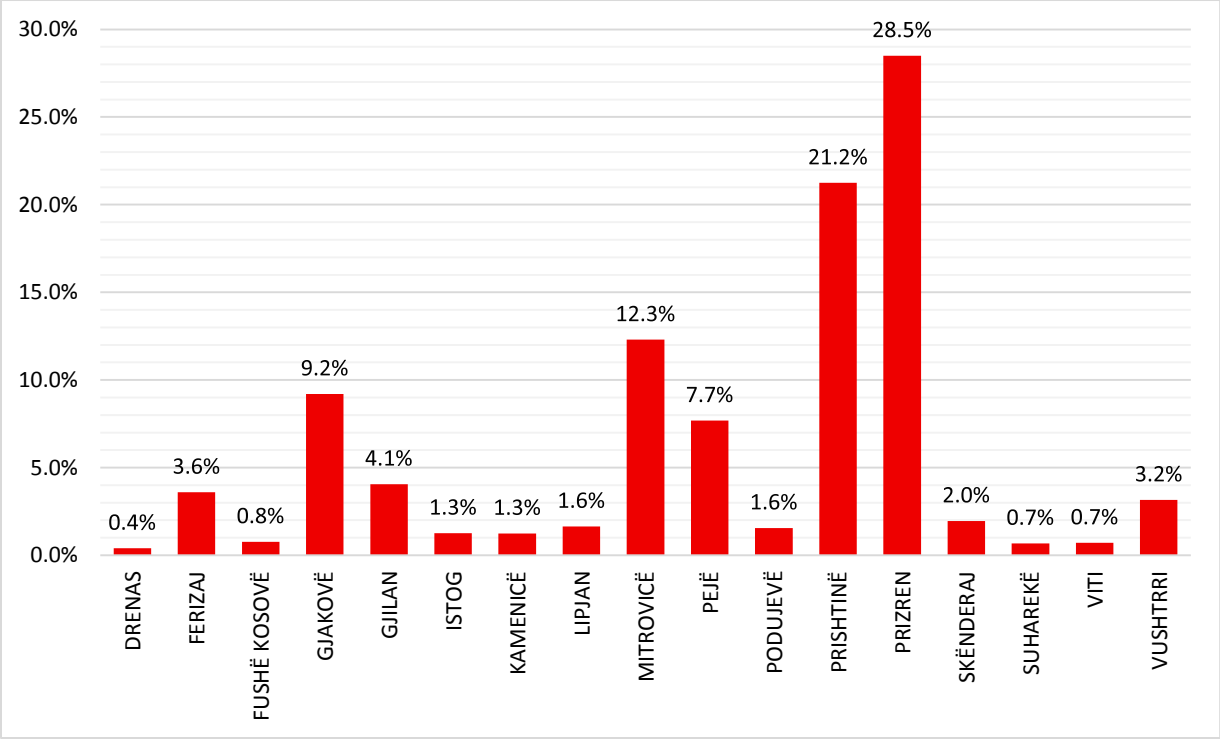
Table 4.3 Total Estimated Number of Geo-spots and MSM in Kosovo, 2016

MUNCIPALITY	No of spots	Usual Day Estimate	Peak Day Estimate	% Distribution
DRENAS	3	5	7	0.4%
FERIZAJ	8	42	67	3.6%
FUSHË KOSOVË	2	9	14	0.8%
GJAKOVË	20	151	172	9.2%
GJILAN	4	43	76	4.1%
ISTOG	4	20	24	1.3%
KAMENICË	3	22	23	1.3%
LIPJAN	3	22	31	1.6%
MITROVICË	10	239	230	12.3%
PEJË	11	126	144	7.7%
PODUJEVË	3	27	29	1.6%
PRISHTINË	32	359	398	21.2%

PRIZREN	24	350	534	28.5%
SKËNDERAJ	5	13	37	2.0%
SUHAREKË	3	5	13	0.7%
VITI	2	10	13	0.7%
VUSHTRRI	4	64	59	3.2%

The difference between proportional distribution of MSM who are geographically located on spots by municipality in Kosovo is visually depicted in Figure 4.3. From this graph, the fact that 76.2% of geo-spot based MSM are distributed in five municipalities becomes evident. The five municipalities are Prishtinë, Prizren, Mitrovicë and Gjakovë and Pejë.

Figure 4.3 Proportional distribution of MSM by Municipalities in Kosovo, 2016



4.3.2 Types of Spots Where MSM Congregate

This study identified six types of geographic spots where MSM congregate in Kosovo (Table 4.3). These spots include hotel/motel/guest house, open spaces/parks, residential, restaurant/coffee shops, streets/bus stops, and other spot types. Over half of MSM occupy open spaces, of which 37.8% of MSM frequent 63 streets/bus stop spots and 20.4% of MSM frequent 26 different open

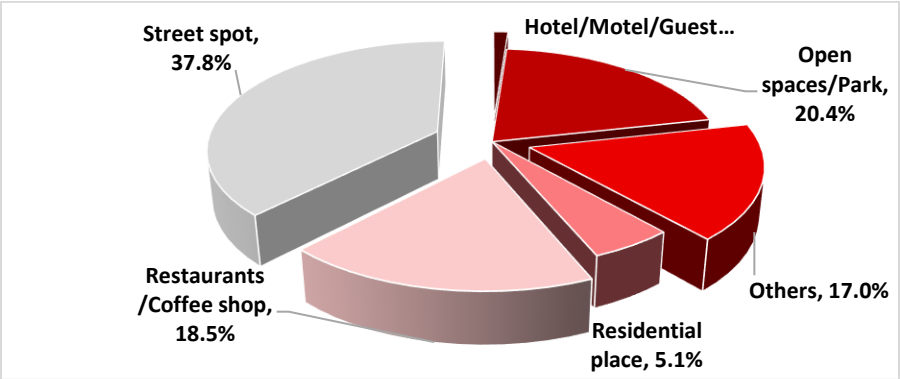
spaces/parks in Kosovo. Spots located in parks, abandoned buildings and bus stops are typical 'first contact' spots, where MSM initially meet other men, and places for sexual activity. A lots of spots in the "Others" category were related to internet e.g., internet café etc, which basically explains the extensive use of internet for MSM partnerships in Kosovo.

Table 4.3 Distribution of MSM by Spot Type in Kosovo, 2016

SPOT TYPE	No of spots	Usual Day Estimate	Peak Day Estimate	% Distribution
Hotel/Motel/Guest house	3	14	22	1.2%
Open spaces/Park	26	400	382	20.4%
Residential place	11	85	95	5.1%
Restaurant/Coffee shop	18	206	348	18.5%
Streets/Bus stop	63	546	709	37.8%
Others	20	253	318	17.0%

Figure 4.3 illustrates the MSM proportional distribution across geo-spots in Kosovo. A high number of MSM in Kosovo visiting geographic locations were found in open areas, as opposed to establishments like hotel, motels and guest houses. Although, restaurants and coffee shop were used 18.5% of MSM at geo-spots.

Figure 4.3 Proportional distribution of MSM Geo-Spots by typology in Kosovo, 2016



4.3.3 Variation in Spot typology by Municipality

Municipality variation existed regarding the spot typology of MSM who visit geographic locations. In Prizren, the municipality with the highest number of MSM (534 MSM estimated on a peak day), most KP members were found on restaurant/coffee shop and street spots, 400 and 353 MSM, respectively. While in Pejë, no MSM were found in restaurant/coffee spots but predominately on

street/park spots. Additionally, Gjakovë was the only one of these five major municipalities where MSM operate in hotel/motel/guest house based spots.

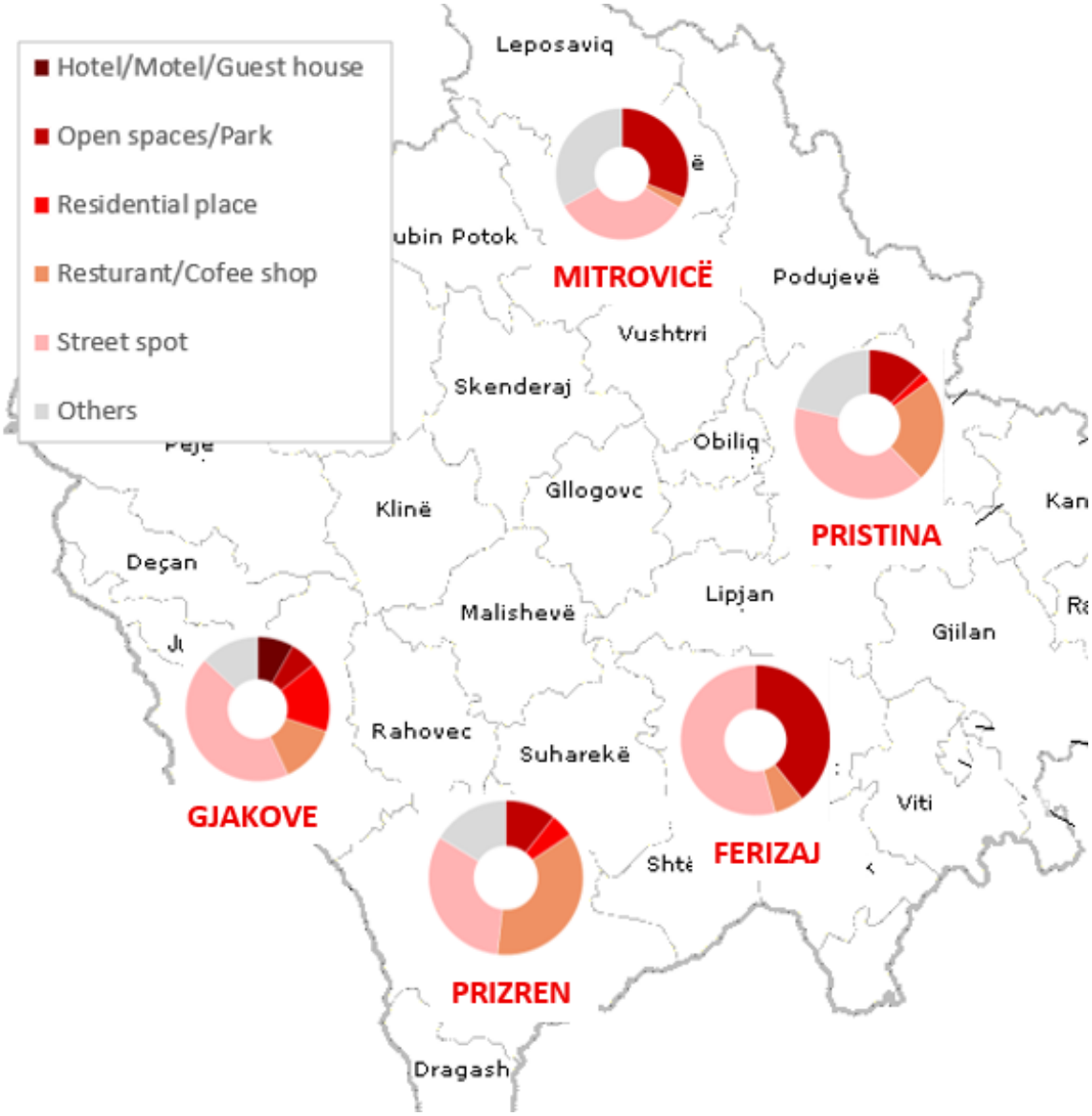
Table 4.4 Distribution of MSM Spot Typology by Municipalities in Kosovo, 2016

MUNICIPALITY	SPOT TYPE	NO OF SPOTS	ESTIMATED NO
DRENAS	Street spot	3	16
FERIZAJ	Open spaces/Park	2	55
	Resturant/Cofee shop	1	9
	Street spot	5	76
FUSHË KOSOVË	Open spaces/Park	1	8
	Residential place	1	23
GJAKOVË	Hotel/Motel/Guest house	2	29
	Open spaces/Park	1	22
	Others	2	47
	Residential place	4	56
	Resturant/Cofee shop	2	47
	Street spot	9	156
GJILAN	Open spaces/Park	1	75
	Resturant/Cofee shop	2	50
	Street spot	1	33
ISTOG	Open spaces/Park	1	18
	Others	1	12
	Residential place	1	8
	Resturant/Cofee shop	1	13
KAMENICË	Open spaces/Park	2	36
	Resturant/Cofee shop	1	13
LIPJAN	Hotel/Motel/Guest house	1	17
	Street spot	2	48
MITROVICË	Open spaces/Park	3	148
	Others	4	158
	Residential place	1	13
	Street spot	2	160

PEJË	Open spaces/Park	2	41
	Others	3	64
	Residential place	1	9
	Street spot	5	185
PODUJEVË	Open spaces/Park	1	25
	Others	1	15
	Street spot	1	21
PRISHTINË	Open spaces/Park	4	105
	Others	4	176
	Residential place	1	18
	Resturant/Cofee shop	6	189
	Street spot	17	337
PRIZREN	Open spaces/Park	2	118
	Others	4	180
	Residential place	1	55
	Resturant/Cofee shop	5	400
	Street spot	12	353
SKËNDERAJ	Open spaces/Park	1	18
	Street spot	4	59
SUHAREKË	Open spaces/Park	2	19
	Others	1	8
VITI	Open spaces/Park	1	15
	Street spot	1	13
VUSHTRRI	Open spaces/Park	2	90
	Residential place	1	18
	Street spot	1	15

A visual representation of the distribution of MSM by spot typology in the key municipalities in Kosovo is shown in Fig 4.4, which shows significant variations in the typology of spots by each municipality.

Figure 4.4 Number of MSM by Spot typology in key Municipalities in Kosovo, 2016



4.3.4 Spot Profiling

In comparison to the other KP in Kosovo, MSM were found to have the largest average spot size. The average number of MSM at each geographic spot in Kosovo was found to be 13.3. MSM spot size was found to vary greatly by municipality (Table 4.5). The average spot size in three municipalities, Mitrovicë, Prizren and Gjilan was particularly high (23.0, 22.3, and 19.0 MSM per

spot, respectively), which is reflective of the high estimated number of MSM frequenting geo-spots in these areas. A few municipalities, specifically Drenas, Suharekë and Istog, had small MSM spot sizes of 2.5, 4.3 and 5.9, respectively.

Table 4.5. MSM Spot Size by Municipality in Kosovo, 2016

MUNCIPALITY	No of spots	Estimated Number	Spot Size
DRENAS	3	7	2.5
FERIZAJ	8	67	8.4
FUSHË KOSOVË	2	14	7.2
GJAKOVË	20	172	8.6
GJILAN	4	76	19.0
ISTOG	4	24	5.9
KAMENICË	3	23	7.8
LIPJAN	3	31	10.3
MITROVICË	10	230	23.0
PEJË	11	144	13.1
PODUJEVË	3	29	9.7
PRISHTINË	32	398	12.4
PRIZREN	24	534	22.3
SKËNDERAJ	5	37	7.3
SUHAREKË	3	13	4.3
VITI	2	13	6.6
VUSHTRRI	4	59	14.8

This study also found a variation in MSM spot size across spot typology in Kosovo (Fig 4.5). The average spot size for restaurant/coffee shop spots was high, with an estimated 19.3 MSM at each of the 18 spots within this typology. The spot sizes for open spaces/parks, street, other spots were found to be closer to the national MSM spot size estimate of 13.5.

Figure 4.5 Spot size where MSM congregate by typology in Kosovo, 2016

4.3.5 Peak Days and Peak Times of Operation

Through this study, the operational dynamics – in terms of peak days and peak times for MSM – were understood. The peak days of operation for MSM in Kosovo who visit geographic spots was found to be Fridays and Saturday. These days were found be of great importance in the MSM community as these are the days when maximum same sex interactions take place and it is imperative for services to cover these days. Yet, it should be noted, that many MSM visit markets in neighboring cities rather than their own. 14% of MSM at geo-spots frequent spots on Mondays and Wednesday, and 9% also reported their presence at geographical spot locations on Sundays. Additionally, large cities in Kosovo were also found to have an increased number of MSM on the weekends. Areas such as Pristina, Prizren and Gjilan had greater number of MSM frequenting on the weekend to meet other men at establishments like bars or nightclubs.

Evening were found to be the peak time i.e., 5:00 – 9:00PM, when more than 60% of MSM were reported to congregate at spots. Another 45% and 39% reported visiting spots from 12:00 – 5:00PM and 9:00PM to midnight, respectively. On peak days, MSM typically operate during the day, from 12:00 – 2:00PM. MSM reported to operate during times when they felt safe and could remain hidden. This time varied throughout the country. Many MSM reported meeting after sunset or in the evening when less people were present at geographic spots, yet other MSM would not meet at night as the perceived risk of being identified, especially in smaller cities, was higher. MSM from rural communities usually operate during the day, traveling to larger urban centres, to make contacts. While urban MSM could more easily meet at night as well.

Figure 4.5 Peak days of operation for MSM in Kosovo, 2016

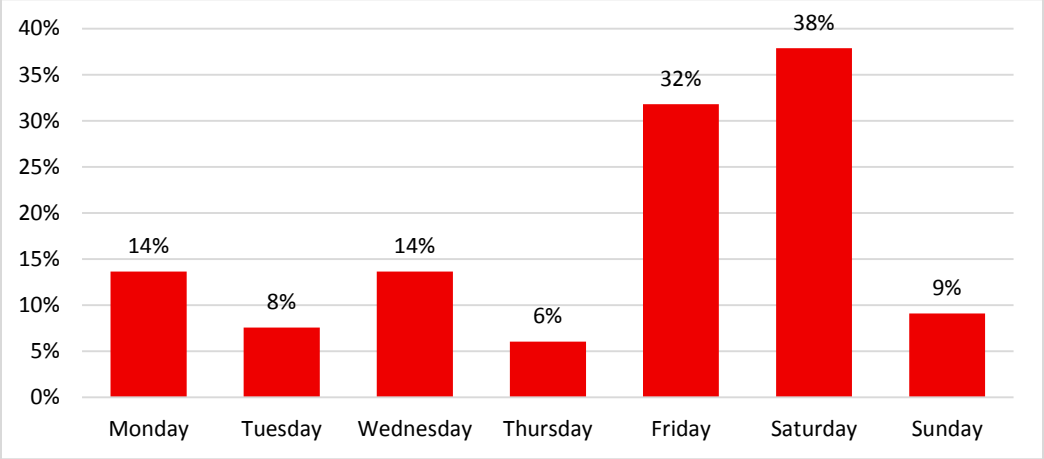
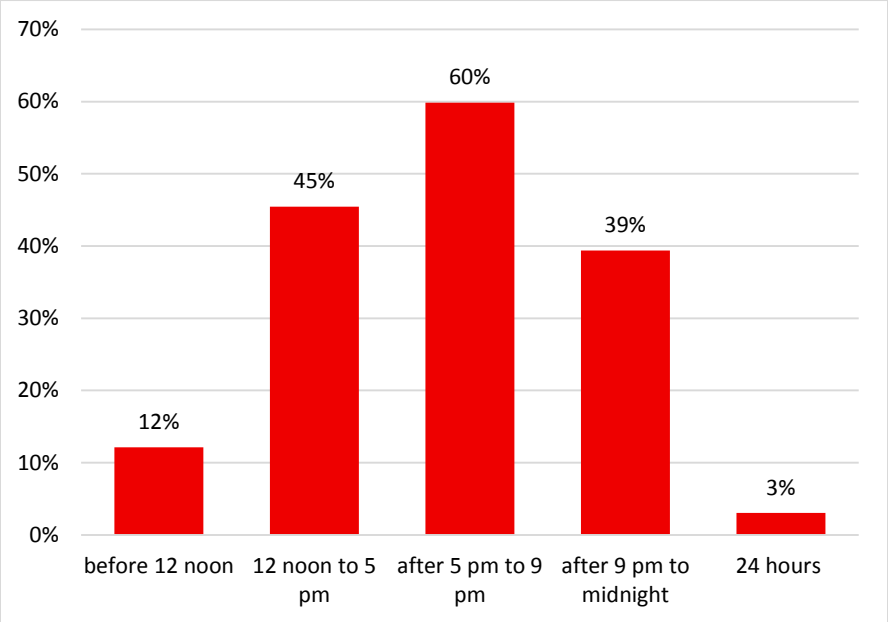


Figure 4.6 Peak Timings of Operation for MSM in Kosovo, 2016



4.4 INTERNET BASED MSM

4.4.1 Estimated Numbers

A total of 4,940 MSM were estimated to be internet based in Kosovo. Of these, interviews were conducted with 84 web-based MSM to further understand the usage of internet by this sub typology. Results showed that Face book is the most popular networking site. These interview

highlighted that nearly half of the MSM utilized Facebook to associate with other MSM friends. There are specific MSM Facebook pages that are reported to exist in Kosovo, which form the most visited network site. Other than networking sites, 32% MSM reported using "Grinder" (through website as well as mobile apps). An additional 13% reported to use "Planet Romeo" for finding other MSM.

Table 4.6 Usage of Internet by MSM in Kosovo, 2016

Internet sites/Mobile apps	No using these websites/apps	% usage
FACEBOOK	70	49.0%
GAY.AL	4	3.0%
GRINDER	46	32.0%
HORNET	1	1.0%
INSTAGRAM	1	1.0%
PLANET ROMEO	18	13.0%
SKYPE	2	1.0%

Further analysis of the data log from the top three internet sites/mobile applications was done as well as information regarding web sites received from MSM was analyzed. The findings are illustrated in Table 4.7.

Each web-based MSM in Kosovo was found to be registered with more than 2 sites on an average. A high number also reported to be registered on the same site with more than 1 ID. For example, 49% of the web-based MSM reported to be a member on Facebook (delegated MSM site), and 21% reported using more than one ID on Facebook.

It is clear that most of the web-based MSM operating through these networks and very different from MSM who congregate at spots. For example, 82.1% of the MSM who find other MSM through websites, reported that never go to street spots, and only use internet to find other partners. On the other hand, many of the geographically based MSM do utilize web-based platform to seek and find other MSM; 90% of MSM operating through spots have used internet or mobile apps to find a partner.

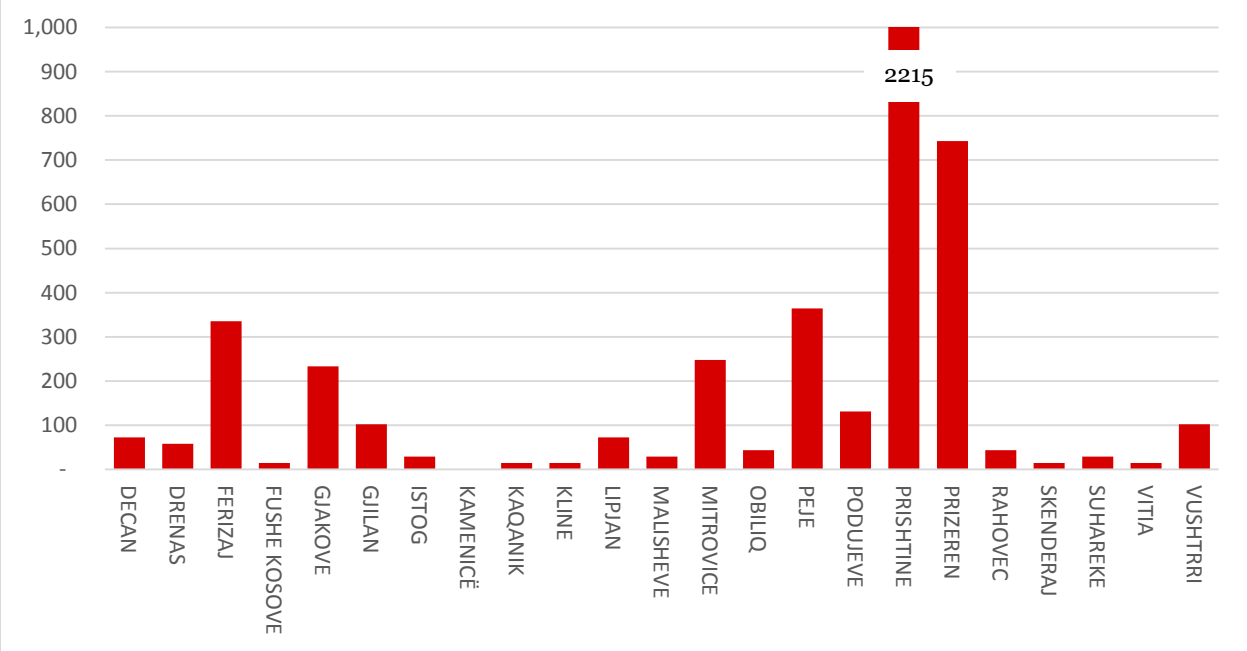
Table 4.7. Information on web based registrationof MSM in Kosovo, 2016

Internet sites/ Mobile apps	No using	% usage	Total registered	No of registrations	%	Final Estimates
FACEBOOK	70	49%	4,831	Single ID	79%	3,781
				More than 01 ID	21%	
GRINDER	18	21%	1,690	Single ID	91%	1,542
				More than 01 ID	9%	
PLANET ROMEO	2	5%	775	Single ID	89%	692
				More than 01 ID	11%	

4.4.2 Municipality Distribution

A stark difference in the distribution of web-based MSM in Kosovo by municipality exists (Figure 4.7). The highest concentration of web-based MSM are found in the Prishtinë, Prizren, Pejë and Ferizaj. No web-based MSM were found in one municipality, Kamenicë.

Figure 4.7. Geographical Distribution of Web-based MSM in Kosovo, 2016



4.5 MALE SEX WORKERS

4.5.1 Estimated Numbers and Distribution

The study was able to find a subpopulation of Male sex Workers (MSWs) among the MSM mapped e on geographical locations. These MSWs provide sexual services to men who are looking for sex with other men, and charge a fee for their services like female sex workers. More than half of this subpopulation is reported to be in Pristina and Prizren and similar larger urban centres. We estimated an average number of 731 MSWs (range; 595 to 865) dispersed over 104 spots. As mentioned 03 of the municipalities were found to have the largest operation for this sub-group. These municipalities included Prishtinë, Prizren and Gjakovë, accounting for a total of 68% of all MSW activity and 57.7% of MSW spots in Kosovo (estimated 498 MSW spread over 60 spots). Almost half, 11 of the 26 municipalities in Kosovo had no indication of male sex work activity.

Table 4.8. Distribution of MSW by Municipalities in Kosovo, 2016

MUNCIPALITY	No of spots	Minimum Estimate	Maximum Estimate	Average Estimate	% Distribution
DRENAS	2	5	6	6	1%
FERIZAJ	8	24	29	27	4%
FUSHË KOSOVË	2	20	25	23	3%
GJAKOVË	16	88	119	104	14%
GJILAN	4	25	34	30	4%
ISTOG	2	4	7	6	1%
KAMENICË	3	9	13	11	2%
LIPJAN	3	27	38	33	4%
MITROVICË	2	12	23	18	2%
PEJË	9	41	72	57	8%
PODUJEVË	2	5	7	6	1%
PRISHTINË	25	132	228	180	25%
PRIZREN	19	188	240	214	29%
VITI	2	3	4	4	0%
VUSHTRRI	2	13	20	17	2%

4.5.2 Types of Spots Where MSW Congregate

The study found MSW in Kosovo congregating across the six types of spots as shown in Table 4.9. These spot typologies overlapped with the spot types frequented by the geographic based MSM population. A majority of MSW operated in the open, with 36.9% of MSW on street spots and 24.3% of MSW on open spaces/park spots. Another 15.1% of MSW frequented restaurants/coffee shops to find clients and 10.8% of them worked from a residential location.

Table 4.9 Distribution of MSW by Spot type in Kosovo, 2016

MUNCIPALITY	No of spots	Minimum Estimate	Maximum Estimate	Average Estimate	% Distribution
Hotel/Motel/Guest house	2	9	10	9	1.2%
Open spaces/Park	22	150	205	178	24.3%
Others	11	62	108	85	11.6%
Residential place	8	69	89	79	10.8%
Restaurant/Coffee shop	16	90	130	110	15.1%
Street spot	45	216	323	270	36.9%

Section 5

PEOPLE WHO INJECT DRUGS

5. People who Inject Drugs (PWID)

5.1 Estimated Number of People who inject drugs

Our study estimated a total of 4,973 (range; 3,932 to 6,015) people who inject drugs (PWID) in Kosovo, spread over 847 geographical spots. A remaining 14.6% of PWID in Kosovo did not visit geographic spots. Therefore, when accounting for the 845 PWID who remain hidden from geographical spots, the total estimate of PWID in Kosovo increased to 5,819 (4,777 to 6,860).

"Within this exercise, people who inject drugs were categorized as "men or women who have injected drugs for non-therapeutic purposes, any time within the past 6 months." Those who have self-injected medicines for medical purposes were excluded.

The mapping study estimated a total number of 5,819 (range; 4,777 to 6,860) PWIDs spread over 847 geographical spots. The majority of PWID in Kosovo visit geographical spots, accounting for an estimate of 4,973 (range; 3,932 to 6,015) PWID. No female PWID were identified at geographic spots".

All of the PWID identified on geo-locations were males. There is some anecdotal information that a small proportion (< 5%) of all PWID in Kosovo are females, but these women were not captured in this study. One of the reason could be that most female injecting drug users have male PWID as partners or are part of the same network. These PWID visit the geographical sites on behalf of the woman to buy drugs and thus the females in Kosovo remain more hidden and do not come to physical locations. These female injectors are highly likely a part of the hidden 14.6% of population who does not visit geo-spots at all. Additionally, no large age discrepancy was identified across PWID in Kosovo, yet the number of PWID over the age of 40 was slightly higher in smaller cities.

Total Number of Geographical Spots	847
Estimated No of PWID on geo-locations	4,973 (3,932 to 6,015)
% of PWID who don't come to geo-spots	14.6%
Estimated No of PWID who don't come to spots	845
Total estimate of PWID	5,819 (4,777 to 6,860)

5.2 Distribution of PWID

"Half of the PWID were reported from Prishtinë, Ferizaj and Prizren (24.5%, 15.2% and 9.6% respectively), and 340 geographical spots were identified in these municipalities"

In Kosovo, the distribution of PWID visiting geographic spots was found to vary by municipality. Of the estimated 4,973 PWID visiting 847 geographic spots, half of these PWID were found in the three municipalities of Prishtinë, Ferizaj and Prizren, accounting for 24.5%, 15.2% and 9.6%, respectively, of all geographically based PWID. In the municipality of the capital, Prishtinë, for example, 188 geographical spots were identified and an estimate of 1,217 (range; 966 to 1,468) PWID found in this municipality. Just over another fifth of the PWID on geo-spots were found in the municipalities of Pejë, Gjakovë, Gjilan and Suharekë (representing 5.7%, 5.6%, 5.5% and 4.7%, respectively, of total geo-mapped PWID); a total of 179 geo-spots were identified in these four municipalities. Of the 26 municipalities in Kosovo, 14 were found to each have less than or equal to 2.0% of the total distribution of PWID who visit geo-spots. These municipalities included, Deçan, Drenas, Graçanicë, Istog, Kaçanik, Kamenicë, Klinë, Malishevë, Obiliq, Podujevë, Rahovec, Shtime, Skënderaj and Viti, and an estimated average of 897 PWID were spread over 214 geo-spots in these 14 municipalities.

The proportional distribution of PWID by municipality in Kosovo, as identified in this study, is illustrated in Figure 5.1. From this figure the high concentration of PWID in Prishtinë and Ferizaj is clearly depicted as well the three municipalities, Rahovec, Shtime, and Skënderaj, with the least proportional distribution of PWID in Kosovo.

Figure 5.1. Proportional distribution of PWID by Municipalities in Kosovo, 2016

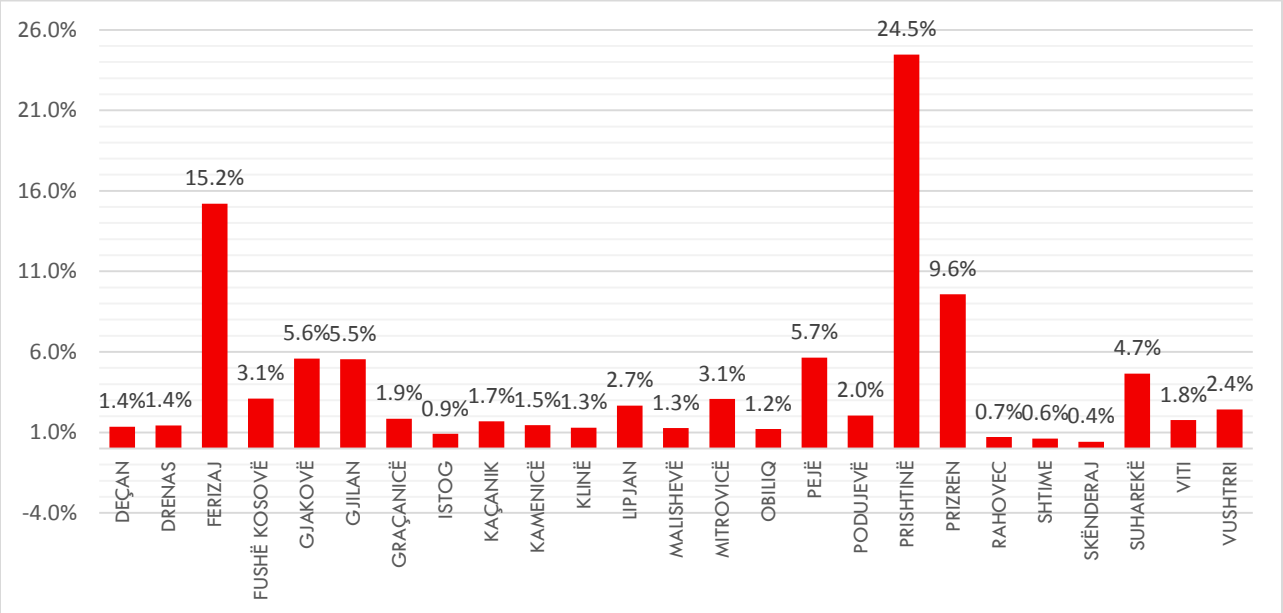


Table 5.1 presents the total estimates of PWID in Kosovo, which includes both the estimated number found on Geo spots, while adjusting for the hidden PWID to provide a total estimate for each Municipality. This study calculated a total estimate of 5,819 (range; 4,777 to 6,860) PWID in Kosovo when taking into account the 14.6% of PWID who do not come to spots, or 845 additional PWID, who are hidden and do not visit geographical spots.

Table 5.1 Total Estimate of PWIDs by Municipalities (Geo-spots and Hidden PWID)

MUNICIPALITY	Estimate (Geo-Spots)	Estimate (Hidden)	Total Estimate	% Distribution
DEÇAN	67	11	79	1.4%
DRENAS	71	12	84	1.4%
FERIZAJ	756	129	885	15.2%
FUSHË KOSOVË	155	26	181	3.1%
GJAKOVË	278	47	325	5.6%
GJILAN	276	47	322	5.5%
GRAÇANICË	92	16	108	1.9%
ISTOG	45	8	53	0.9%
KAÇANIK	84	14	98	1.7%
KAMENICË	72	12	85	1.5%
KLINË	64	11	75	1.3%
LIPJAN	133	23	155	2.7%
MALISHEVË	64	11	74	1.3%
MITROVICË	153	26	179	3.1%
OBILIQ	60	10	70	1.2%
PEJË	281	48	329	5.7%
PODUJEVË	102	17	119	2.0%
PRISHTINË	1,217	207	1,424	24.5%
PRIZREN	476	81	557	9.6%
RAHOVEC	36	6	42	0.7%
SHTIME	31	5	36	0.6%
SKËNDERAJ	21	4	24	0.4%
SUHAREKË	232	39	271	4.7%
VITI	88	15	103	1.8%
VUSHTRRI	121	20	141	2.4%

* The total estimate is adjusted for the 14.6% invisible PWID within each municipality

The findings illustrate that municipality of the capital city, Prishtinë, as well as the municipality of Ferizaj and Prizren still remain to be the locations with the highest prevalence of geo- and non-geographical spots and PWID. This indicates that the highest proportion of female injecting drug users would also be found in these areas. In Prishtinë, a total estimate of 1,217 PWID reside on geo-spots while another 207 remain hidden, making this municipality largest proportional distribution (24.5) of PWID in Kosovo (1,424 PWID). The municipality of Skënderaj was found to be home to the smallest amount of PWID in the country (0.4% or 24 PWID).

5.3 Types of Spots Where PWID Congregate

This study identified five spot types where PWID in Kosovo congregate (Table 5.2). They included, abandoned buildings, establishments, public transport stops or parks, streets, and other. Approximately 35.1% of PWID are distributed over the largest spot typology in Kosovo, street spots. There were 347 street spots identified in this study, with an estimated 2,044 (range; 1,598 to 2,489) PWID dispersed across these spots. Abandoned building spots were found to be the second largest spot typology, account for 26.9% of PWID in Kosovo. Abandoned building are locations where PWID meet to purchase or inject drugs. Typically, these locations, in addition to parks and transportation stations, are shooting sites; locations where PWID can inject without presence of people or stigmatization. An estimated 1,567 (range; 1,268 to 1,866) PWID are distributed over 240 abandoned building spots across the country.

Table 5.2 Distribution of PWIDs by Spot Type

Spot Type	Spot No	Average Estimate	% Distribution
ABANDONED BUILDINGS	240	1,567	26.9%
ESTABLISHMENTS (Hotels/Restaurants/Motels etc)	155	804	13.8%
OTHERS	63	298	5.1%
PUBLIC TRANSPORT STOPS/PARKS	42	261	4.5%
STREETS	347	2,044	35.1%
HIDDEN	---	847	14.6%

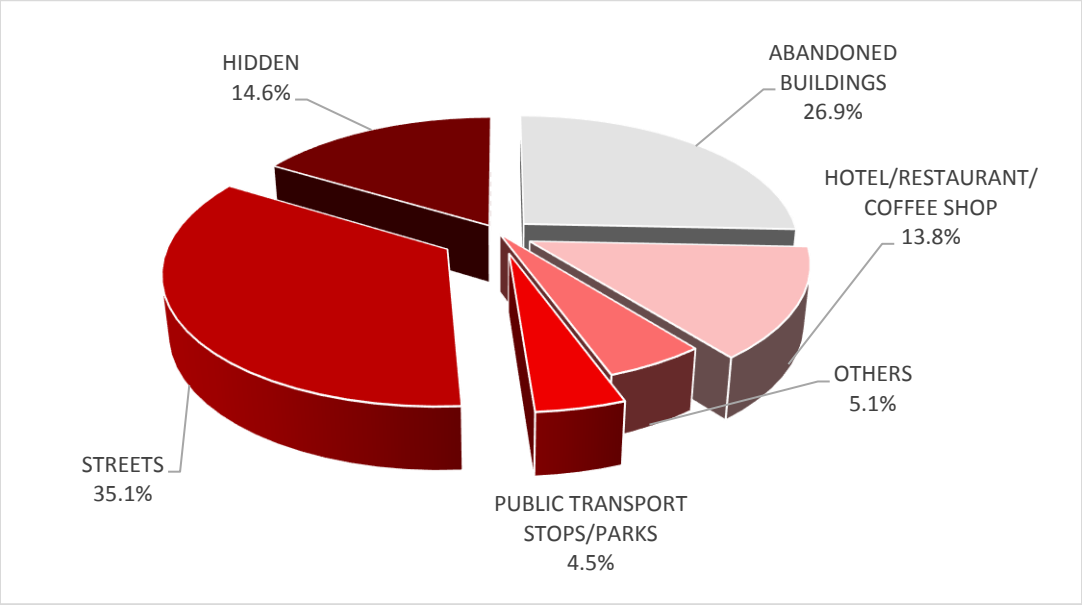
** The total estimate is adjusted for the 14.6% invisible PWID within each municipality*

The third largest spot typology for PWID was establishments. Establishment spots included hotels, restaurants or coffee shops, and are locations where PWID meet up and either plan to how to obtain drugs or where to inject drugs. A smaller proportion (5.1%) included home-based/residential locations or outside pharmacies etc., which were categorized as Others. The final spot typology was public transport stops or parks. These are open spaces utilized by an estimated 261 PWID

(4.5% of all PWID in Kosovo). It should be noted that at some of the larger spots and spot typologies, there was an increased prevalence of non-injecting drug users also present.

Figure 5.2 illustrates the distribution of spots by typology where PWID congregate in Kosovo. Street and abandoned buildings were the two largest spot typologies, accounting for 35% and 26% of all PWID. Additionally, as discussed above, 14.6% of the PWID population in Kosovo remain hidden, as these injecting drug users do not frequent geo-spots, and their presence is depicted in the figure as well.

Figure 5.2. Spots by typology where PWID congregate in Kosovo, 2016



5.4 Variation in Spot typology by Municipality

Wide variations were seen among the types of geo-spots utilized by PWID across different municipalities in Kosovo (Table 6). In the capital city of Prishtinë, for example, 44.7% of geo-spots were street spots, followed by abandoned buildings (22.3%). Another 27 establishments, 20 other and 15 public transport/park geographic spots were also found in Prishtinë. Most municipalities had representation of all spot types, with exception to a few of the areas where the total proportional distribution of PWID in the municipality was low.

Major cities, such as Prishtina and Ferizaj, were found to be more open societies and less stigmatizing towards PWID and the visibility of PWID on geographically-based spots. While Peja, Podujeva, Skenderaj and Gjakova were identified to be very stigmatizing towards PWID. PWID residing in these districts remain hidden. PWID emphasized feeling unsafe in small cities, due to

potentially easier identification. Therefore, in smaller cities, injection in residential locations is more prominent.

Table 5.3. Number of PWID by Spot Typology in each Municipality in Kosovo, 2016

MUNICIPALITY	Type	Spots	Avg Number
DEÇAN	ABANDONED BUILDINGS	8	42
	ESTABLISHMENTS	2	10
	STREETS	9	29
DRENAS	ABANDONED BUILDINGS	7	30
	ESTABLISHMENTS	6	24
	OTHERS	2	8
	PUBLIC TRANSPORT STOPS/PARKS	1	4
	STREETS	3	20
FERIZAJ	ABANDONED BUILDINGS	27	363
	ESTABLISHMENTS	2	28
	OTHERS	10	83
	PUBLIC TRANSPORT STOPS/PARKS	1	15
	STREETS	37	415
FUSHË	ABANDONED BUILDINGS	14	112
	ESTABLISHMENTS	4	29
	OTHERS	1	4
	STREETS	6	41
GJAKOVË	ABANDONED BUILDINGS	27	188
	ESTABLISHMENTS	2	8
	OTHERS	2	15
	PUBLIC TRANSPORT STOPS/PARKS	2	9
	STREETS	22	113
GJILAN	ABANDONED BUILDINGS	12	115
	ESTABLISHMENTS	9	44
	OTHERS	5	16
	ESTABLISHMENTS	1	13
	STREETS	13	142
GRAÇANICË	ABANDONED BUILDINGS	1	3
	ESTABLISHMENTS	11	78
	PUBLIC TRANSPORT STOPS/PARKS	1	4

	STREETS	3	26
ISTOG	ABANDONED BUILDINGS	3	8
	ESTABLISHMENTS	8	37
	PUBLIC TRANSPORT STOPS/PARKS	1	3
	STREETS	3	7
KAÇANIK	ABANDONED BUILDINGS	4	31
	STREETS	12	69
KAMENICË	ABANDONED BUILDINGS	5	24
	ESTABLISHMENTS	3	11
	PUBLIC TRANSPORT STOPS/PARKS	1	6
	STREETS	7	46
KLINË	ABANDONED BUILDINGS	4	11
	ESTABLISHMENTS	6	22
	OTHERS	4	13
	STREETS	12	31
LIPJAN	ESTABLISHMENTS	6	37
	PUBLIC TRANSPORT STOPS/PARKS	5	37
	STREETS	15	85
MALISHEVË	ABANDONED BUILDINGS	1	3
	ESTABLISHMENTS	5	48
	OTHERS	2	5
	PUBLIC TRANSPORT STOPS/PARKS	1	3
	STREETS	4	19
MITROVICË	ABANDONED BUILDINGS	10	64
	ESTABLISHMENTS	5	18
	OTHERS	5	26
	PUBLIC TRANSPORT STOPS/PARKS	1	3
	STREETS	12	73
OBILIQ	ABANDONED BUILDINGS	6	42
	ESTABLISHMENTS	3	12
	OTHERS	1	3
	STREETS	3	16
PEJË	ABANDONED BUILDINGS	13	91
	ESTABLISHMENTS	13	63
	PUBLIC TRANSPORT STOPS/PARKS	4	31
	STREETS	21	152

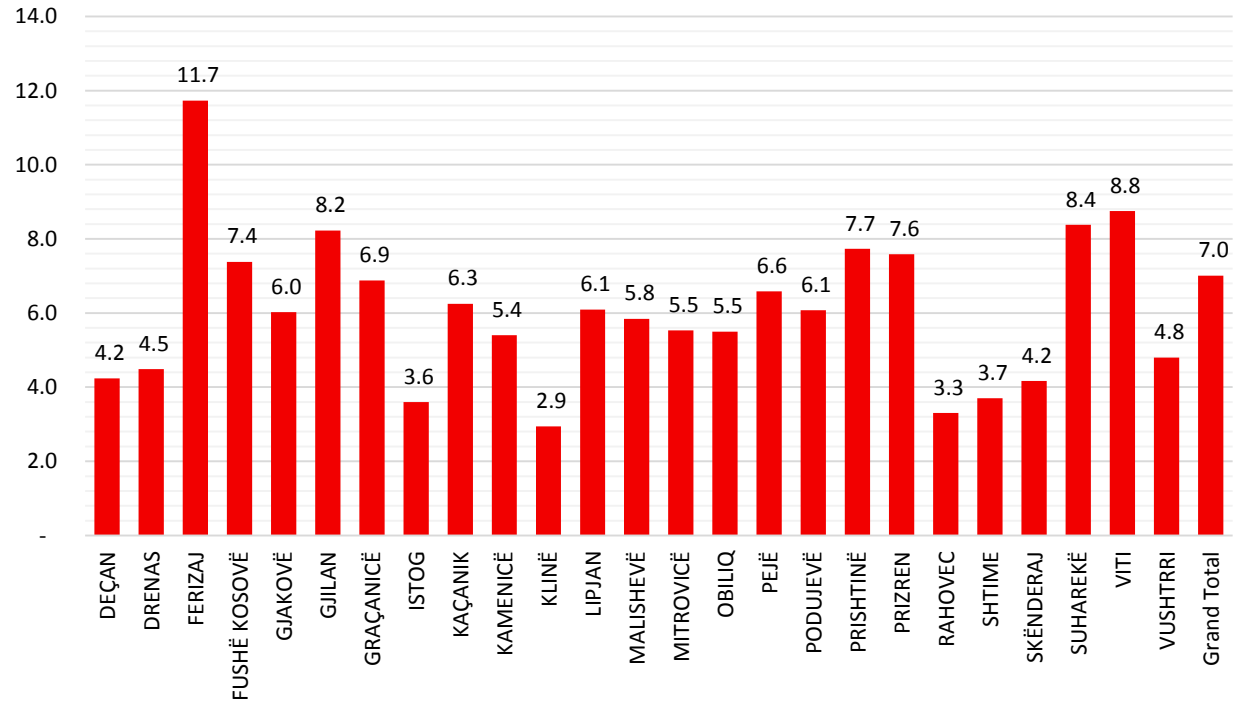
PODUJEVË	ABANDONED BUILDINGS	6	32
	ESTABLISHMENTS	4	31
	OTHERS	1	6
	PUBLIC TRANSPORT STOPS/PARKS	1	5
	STREETS	8	49
PRISHTINË	ABANDONED BUILDINGS	42	342
	ESTABLISHMENTS	27	178
	OTHERS	20	133
	ESTABLISHMENTS	15	132
	STREETS	84	668
PRIZREN	ABANDONED BUILDINGS	23	199
	ESTABLISHMENTS	16	134
	OTHERS	2	12
	PUBLIC TRANSPORT STOPS/PARKS	2	19
	STREETS	32	205
RAHOVEC	ABANDONED BUILDINGS	6	22
	ESTABLISHMENTS	3	8
	PUBLIC TRANSPORT STOPS/PARKS	1	2
	STREETS	3	12
SHTIME	ABANDONED BUILDINGS	2	10
	OTHERS	2	8
	STREETS	6	20
SKËNDERAJ	ESTABLISHMENTS	2	11
	OTHERS	1	2
	PUBLIC TRANSPORT STOPS/PARKS	1	3
	STREETS	2	10
SUHAREKË	ABANDONED BUILDINGS	10	93
	ESTABLISHMENTS	8	59
	OTHERS	5	25
	PUBLIC TRANSPORT STOPS/PARKS	2	21
	STREETS	8	79
VITI	ABANDONED BUILDINGS	2	12
	ESTABLISHMENTS	2	38
	STREETS	8	56
VUSHTRRI	ABANDONED BUILDINGS	7	38
	ESTABLISHMENTS	8	36

PUBLIC TRANSPORT STOPS/PARKS	1	7
STREETS	14	64

5.5 Spot Profiling

The average number of PWID per geographical spot in Kosovo was found to be 7. This spot size is indicative of the average number of PWID found on a spot on a typical day. The PWID spot size was found to vary dramatically across municipalities in Kosovo as seen in Figure 5.3. Of importance, the number of PWID found at each geo-spot was highest in the municipality of Ferizaj. This municipality has the second largest proportional distribution of PWID in Kosovo (15.2%) and includes an estimated 885 PWID spread over 77 spots, resulting in an average spot size of 11.7 PWID. The municipalities with the smallest spot size of PWID was found to be Klinë and Rahovec with 2.9 and 3.3 PWID, respectively, estimated at each spot.

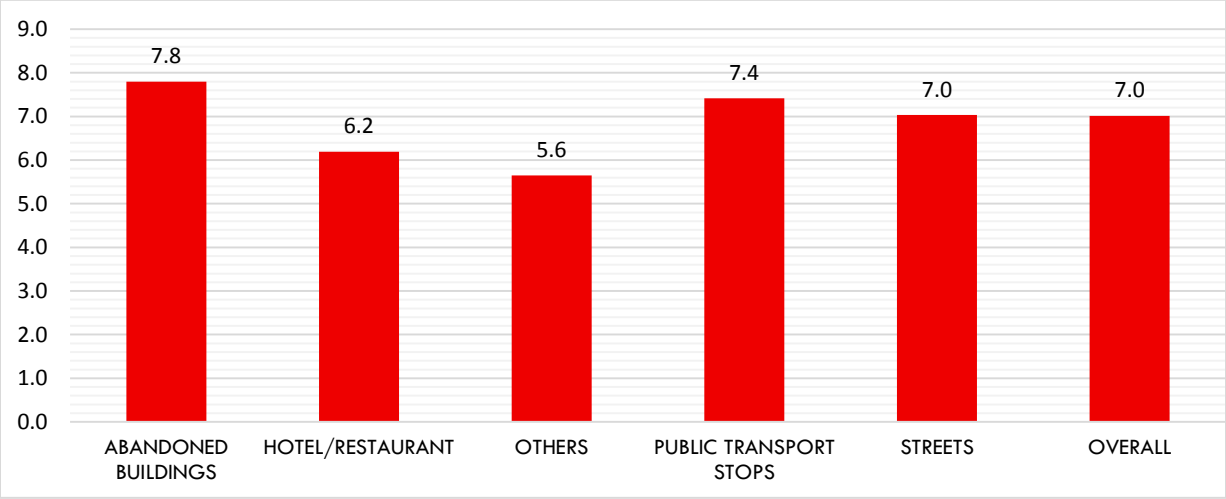
Figure 5.3 . Spot Size by PWID in each Municipality of Kosovo, 2016



It was also seen that the spot size varied by spot typology, depicted in Figure 5.4. Abandoned building spots were identified to have the highest spot size with an estimate of 7.8 PWID, followed by 7.4 PWID at public spots and an average of 7.0 PWID on street spots. These spot typologies

would be expected to have the largest spot sizes as they are open spaces where large numbers of PWID can gather easily.

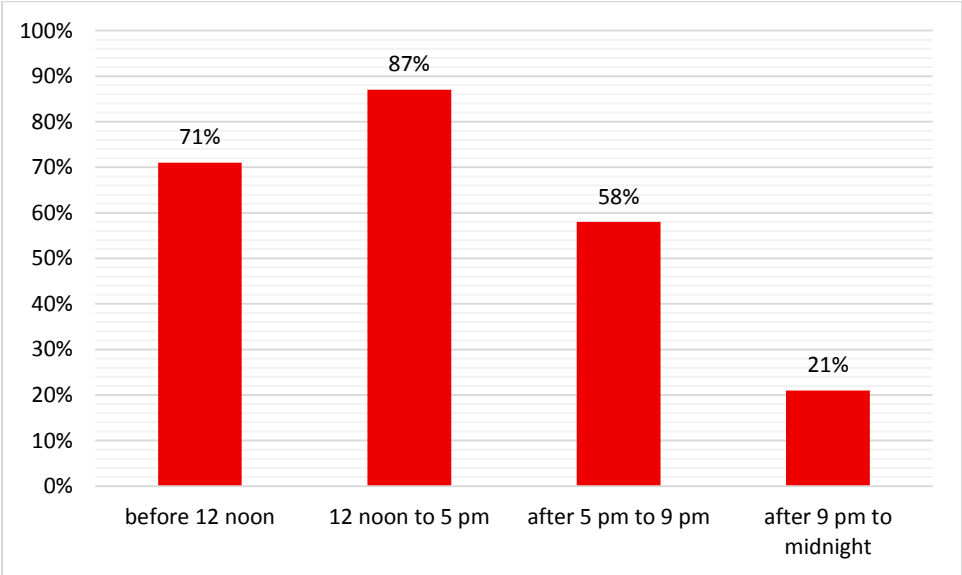
Figure 5.4 Size of PWID spots by Typology in Kosovo, 2016



5.6 Peak timings of activity

Since PWID have to inject everyday, regardless of the time of the week or month or year, we therefore found no peak days where PWID activity or presence on geographical spots increased. However, there were found to be peak times of the day for PWID spot presence in Kosovo (Figure 5.5).

Figure 5.5 Peak Timing on PWID Spots in Kosovo, 2016

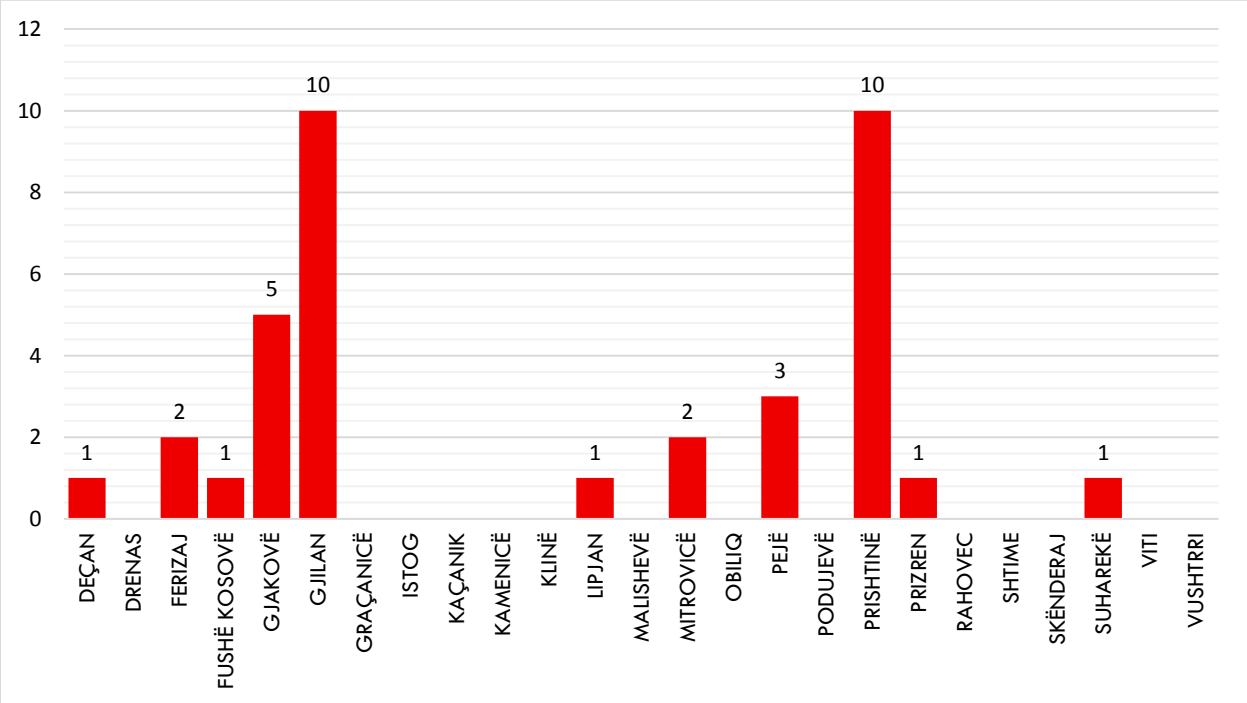


A predominate percentage of PWID visited geo-spots during the daytime, in the morning before noon and in the afternoon before 5:00PM. Only a small percentage, 21% of PWID, frequented spots after 9:00PM to midnight. The daytime peak time for PWID in Kosovo reflects PWID's early morning search for drugs and daytime injecting practices. Typically, PWID in Kosovo were found to operate during early morning hours, 5:00 – 11:00AM (time when drugs are sold, i.e. time when these places are not frequented by ordinary people); and during afternoon while there is sufficient light. PWID only operate during evening hours in establishments or areas with adequate light for injection.

5.7 Overlapping risks

Spots were also profiled to identify the presence of overlapping risk i.e., number of spots in each municipality where PWID and sex worker KPs overlapped (Figure 5.6). Sex workers identified at these spots were either male or female sex workers. Many times the sex workers at this overlapping risk sites also injected drugs. The overlap of risk was highest in Pristinë and Gjilan, each municipality was the location of 10 spots where both PWID and sex workers operated. Gjakovë was the third municipality with the highest overlapping risk of five spots.

Figure 5.6 Number of Spots Where Overlapping Risk Occurs by Municipality in Kosovo, 2016



Section 6

CONCLUSIONS & RECOMMENDATIONS

6. Conclusions & Recommendations

6.1 Final Conclusions

While there have been some efforts in the past to estimate the size of key populations; including Female sex workers, Men having sex with men and People who inject drug in Kosovo, this study has significantly enhanced our understanding of these groups. It is well established that without understanding the structure and operational dynamics of these populations, as well as knowing their size it won't be possible to halt the progression of the epidemic. Reliable size estimates of key populations are one of the key information needed by service providers to plan the scale of prevention needed. ***Not only this study helped estimate sizes of key populations in Kosovo, but also led to the systematic identification of areas in the country where HIV transmission may be greatest, the development of a pragmatic typology of key populations in these areas.*** The approach focused on identifying these locations, characterizing specific "spots" and an identification of the locations where key populations congregate and could be reached with services. It further collected information about the various types of risk populations, their operational typologies and also identified various key stakeholders and gate keepers involved in these discreet operations.

The study has produced estimates of these populations within all the municipalities studied, based on primary data collected in the field, validated and triangulated against multiple, independent sources of information. ***We followed a simple and straightforward community-led approach, ensuring active leadership and involvement of the key populations themselves in validating estimates***. In fact, one of the key achievements of this study was the explicit and active involvement of the key populations themselves from the design and inception phase of the study to the active implementation and finalization of the results. The study design warranted that the community was given the power to make decisions on how this project was designed and implemented.

"We estimated a total number of 6,814 MSM, 5,819 PWID and 5,037 FSWs in Kosovo. Other than the numbers for FSWs, the number for both MSM and PWID are much lower than what have been calculated through previous research. While finalizing these estimates, we conducted some triangulation exercises, including looking at data available from service delivery as well as conducted discussions with NGOs working with these populations"

Based on the estimates, additional analysis was undertaken to calculate key population density (number of FSWs per 1000 adult females, number of MSM per 1000 adult males, etc look at global comparisons. ***Our analysis revealed that there exist approx. 9 FSWs per 1000 adult females, 12 MSM per 1000 adult men and 10 PWID per 1000 adult men.*** Since nearly PWID identified in this study were males, and the injecting drug use activity in Kosovo is primarily centered among men, there is a logical reason to calculate per capita size of PWID per adult men rather than overall adult population. No country in the region however has done a similar study so regional comparisons are fairly difficult to make. However, the number of sex workers per 1000 adult females is fairly lower than most countries in Africa (estimates range between 18 to 30 FSWs per adult females) but comparable to various Asian countries (India, SriLanka, Pakistan etc.,). The estimates for PWID are fairly consistent with various countries around the globe where injecting drug use is reported. The estimates for MSM might seem slightly lower, however it is important to note that the methodology focused on MSM who congregate at 'high-risk' hotspots or locations and (including virtually) to find casual—including paid and anonymous—sexual partners. Our study did not focus on men who might have had sex with other men as part of sexual experimentation, are limited to a regular same-sex partner, or very occasionally involved in male-to-male sex. Thus from an HIV prevention stand point, the study provides a sound base for the programs to start developing and providing services.

Total adult population	1,135,463
Total adult males	568,903
Total adult females	566,560
Estimated No of FSW	5,037
Estimated No of PWID	5,819
Estimated No of MSM	6,814
No of FSW per 1000 adult females	8.9
No of PWID per 1000 adult population	5.1
No of PWID per 1000 adult men	10.2
No of MSM per 1000 adult men	12.0

COMPARISON OF ESTIMATES WITH PREVIOUS KP ESTIMATES

We estimated a total number of 6,814 MSM, 5,819 PWID and 5,037 FSWs in Kosovo. Other than the numbers for FSWs, the number for both MSM and PWID are much lower than what have been calculated through previous research.

While making a comparison of the estimates derived from this research to the estimates reported by previous studies, it is important to appreciate the difference in the approach used and the operational methodology. For MSM the estimates were derived from IBBS data and used multiple methods: 1) the unique object multiplier; 2) the service multiplier method; 3) the successive sampling size (SS-size) method; and, 4) 'wisdom of the crowds' enumeration. The estimates derived for MSM were based on data collected in Prishtina alone, and when using different multipliers, large differences were noted. The VCT service multiplier resulted in a population size of 818 MSM, while selecting the midrange of the other population size estimates provided an estimate of 5,214 MSM in Prishtina. This was extrapolated to the entire population of adult males in Kosovo, to estimate 45, 632 men in Kosovo who have sex with other men. Population size estimates for FSW were estimated using simple elicitation techniques from among key informants about their knowledge of the number of FSW in key cities. It was estimated that 0.9% or roughly 6,000 females are selling sex in Kosovo. Estimates for PWID were also based on IBBS study conducted in Prizren and Prishtina alone, thus large differences were noted between multipliers within groups and cities. Selecting the midrange between the unique object multiplier and the SS size provided an estimate of 3,946 PWID in Prishtinë and 1,113 PWID in Prizren, which was extrapolated to approx. 30,000 PWID in Kosovo.

On the other hand, the estimates derived from the Mapping study followed an extensive National exercise based on data collected at the grass root level, conducted more than two thousand and five hundred interviews, mainly led by key populations themselves. While finalizing these estimates, we triangulated the data, looked at monitoring data from service delivery programs and also conducted discussions with NGOs working with these populations.

There are a number of points that provide reliance on the estimates generated by this study. First of all, the power of this study lies in the fact that community members played a key role in this study and each and every spot validated was done by the KP members themselves. Spots which were added or ticked off from the spot lists were discussed thoroughly within each team and were discarded only if there was no proof of key population operating at those spots. Secondly, likewise as in all other countries where such studies have been conducted, KPs seem to congregate in the urban centers where they have access to more clients and other risk individuals. Our study has found that the KP rates for

large urban centers such as Pristina, Ferizaj and Prizren etc is many fold in comparison to smaller municipalities and thus extrapolating rates from urban centers with such high numbers to smaller municipalities can lead to a very high number which might be an over representation of the KPs in Kosovo; as seen in the previous estimates calculated by IBBS extrapolations. Thirdly, each KP uses multiple spots in a day, and thus the possibility of double counting is huge which leads to a higher estimate when adjusted analysis is not conducted. Finally, while looking at service delivery data, the numbers concluded from this study seem much closer to reality. For example, discussions with Labyrinth informed that despite fairly high coverage, the organization was able to register 2,300 PWID since 2002. Moreover, the organization was able to provide services to 3,636 PWID in the past 6 months which is fairly consistent with the overall size of the population (ie., 5,819 PWID) determined by this study.

There were striking differences noted in this study about the organization and operations of each key population. ***This research revealed more qualitative in-depth information on the structure, sub-culture and operational dynamics of each typology of sex worker.*** There are a number of typologies involved, each having its own operational dynamics and prevention needs. ***Female sex work in Kosovo is centred around restaurants/coffee shops with live music, and hotels/motels etc***. Most of the resturants/coffee shops etc usually have a small room behind the bar where sex work takes place. Some are more open to public, while some are extremely closed and risky to enter in. Sexual services are not offered only at these spots. There is evidence that a few younger SWs such as students and high school are active on social networks, which is not visible and extremely hidden.

Most FSW are a part of a wider but hidden network that functions undercover and is largely managed by Network operators and pimps. Nearly every sex work has a pimp and in an environment largely dominated by pimps (mostly males) it is almost impossible for girls to work independently, as it is a very risky environment to work in. Although sex workers are visible at many spots, the network that operates them is extremely organized and well connected. Sex workers are not allowed to talk to clients and have male friends, as they survive in a very controlled environment which is largely managed by pimps and network operators, who can be violent at times.

People who inject drugs is a small proportion of an overall large population of drug users in Kosovo. Heroin is easily available, which is a drug of choice, and a large number of people who use drugs inhale or smoke. ***Only a small proportion inject, usually in abandoned places/houses, open spaces streets, parks etc. This mostly happens during times when these places are not frequented by ordinary people and therefore PWID is also not a very visible group.*** Injections usually are taken during early morning hours 05:00to 11:00 am and during afternoon while there is enough light. Evening hours are used only in bars and near places with sufficient light to inject themselves. Major cities such as

Prishtina, Ferizaj etc., were identified as more open societies while Peja, Podujeva, Skenderaj and Gjakova were identified as very stigmatized and PWID are not prepared to publicly identify themselves. In these places PWID usually use their homes for drug injecting and more hidden spots are frequent.

MSM have distinct features which makes them a very different group from PWID and FSWs. ***Unlike FSWs and PWID who are geo-spot based, more than 2/3rds operate discreetly through internet websites or mobile phones, and are not visible to the general community at all.*** After connecting with other peer members, they would go to either public spots or discreet locations e.g., homes, abandoned buildings etc., and usually meet after the sunset and during the late hours of the night. During discussions, MSM emphasized that they do not feel safe during the night hours especially in the small cities, since they might be identified easier. Market days are of great importance for the MSM community due to the higher frequency of people and better possibilities for making new contacts without being noticed. ***It is very interesting to note that that the majority of MSM do not frequent the market of their own city, while they go to neighboring cities 'markets.*** It is also worth mentioning that rural areas MSM community visit the urban areas during the day to make their contacts.

There were few ***limitations the study encountered regarding the geo-spot validation process***. These issues surrounded security issues and prohibited entry. For example, some of the PWID geo-spots were unable to be validated due to security. Some restaurants and coffee shops are sites for injection, allowed secretly by the owner, but never to be openly identified by owner as a 'site for drug users.' In addition, the extent of information provided by FSW during the interviews was limited as a result of the controlling nature of their "bosses" or "masters/owners/patrons," as they were referred to.

Furthermore, there might be some miss-classifications of exposures as well, thus leading to an over or under representation of the study population. For example, some drug users, who do not inject, may have been captured in the dataset and could have been wrongly classifies as PWID. It also needs to be mentioned that this study was not able to identify any female injecting drug users as well.

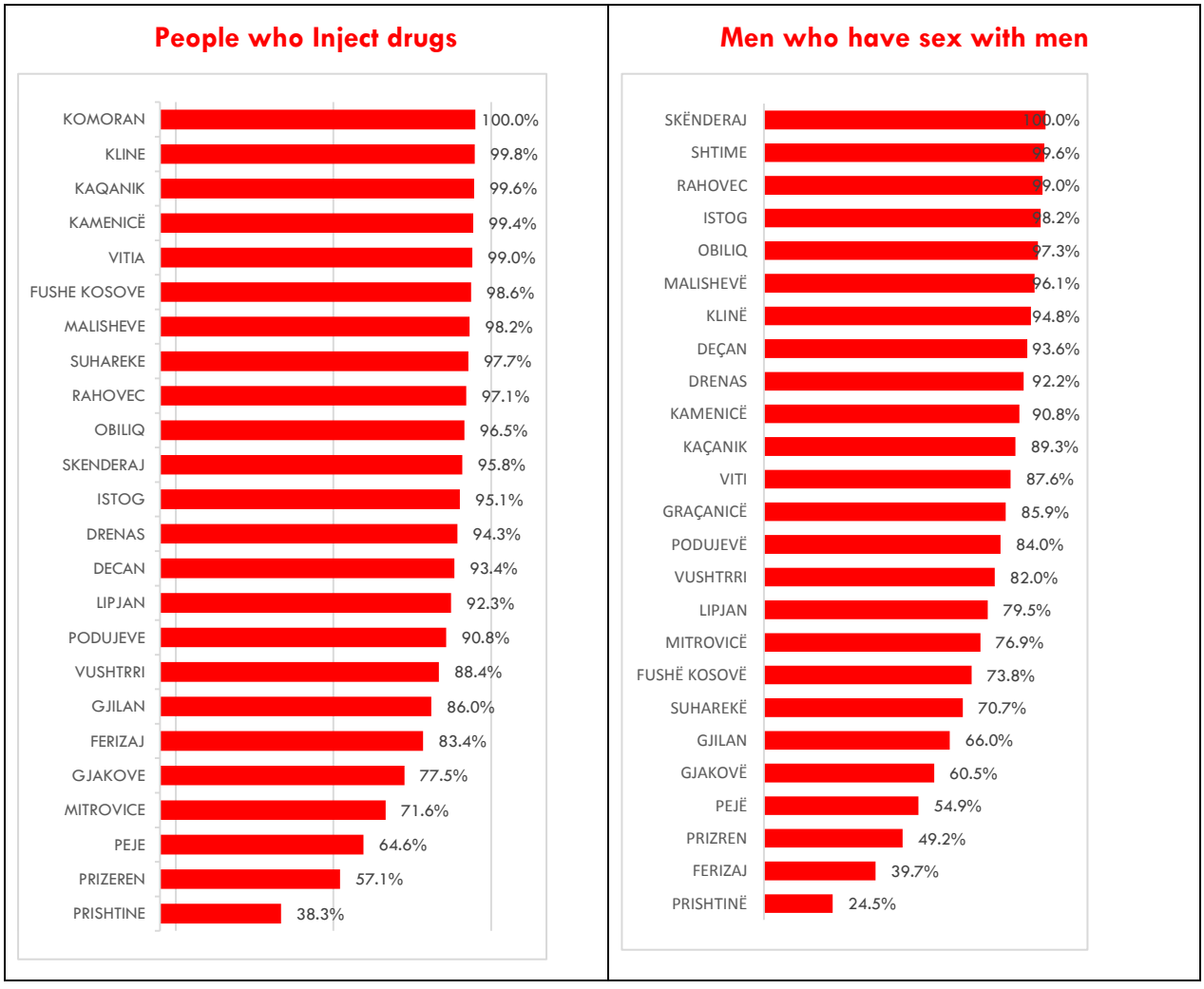
For FSW, due to the tight, extremely clandestine and orchestrated network of sex trafficking and sex work, many spots and in turn FSW may not have been accessed or mapped. Additionally, the MSM estimates may also have underestimated the total number of MSM in Kosovo, as those with regular partners or only engaging in sexual activity with men on an occasional or experimental basis may have been missed.

Despite all limitations, there are a number of important findings that can be used by the program planners to develop appropriate HIV program implementation strategies for these population groups with a view to enhance their program coverage.

6.2 Recommendations

This study has provided valuable information about the operational typologies and dynamics of these populations, which is the key to developing effective HIV prevention strategies. Unlike various size estimation methods which provide an absolute number of key vulnerable population, geographical mapping produces estimates at the level of a spot, statistically adjusts for duplication between spots and within zones, and rolls them up to a city wise estimate. Thus one of the key strengths of this approach lies not only in its development of estimates but also providing a consequential distribution of key population members at different spots. ***As part of utilization of the results, the knowledge gained from this study could be used to develop MACRO-PLANS, to strategize target regions and towns where provision of services would be most effective and cost beneficial.***

Fig 6.1 Progressive coverage of PWID and MSM in Kosovo



Thus, for example if the services for PWID are initially targeted in Prishtinë, Prizren, Peje, Mitrovice, Gjakove, Ferizaj, Gjilan and Vushtri.... it forms about 90% of the total PWID in Kosovo. Thus saturating these municipalities with services, a very high level of coverage (up to 90%) can be attained. Furthermore, within each municipality the macro plan can prioritize spots and locations where higher numbers of PWID were mapped, to rapidly establish appropriate programs and basic services. Thus covering a few areas within Kosovo and further in each municipality, high level of coverage could be achieved with minimum resources.

Within cities, mapping data helped identify spots and locations, where risk of HIV transmission is the highest and can help guide the ***development of a MICRO-PLAN to set up services***. Thus larger spots with high number of key population sizes should be the focus of prevention programs and could be the hubs of service delivery.Spots in geo-proximity, which can be clustered and could be allocated to peer outreach workers for outreach and providing services. The study has provided reliable information on the characteristics of spots and in effect ***the key population typology can facilitate outreach efforts by designing the most appropriate targeted interventions.*** Thus although the basic prevention services remain the same, the outreach design can be completely different for various typology of sex workers i.e., street based FSWs vs restaurant based FSWs.

With the basic information now available for most of the key spots in each targeted region/city, ***further in-depth spot analyses can be done to set up targets at a micro-level for each spot and population members on an individual level.*** This information can also be used to calculate human and non-human resources and commodities needed for HIV prevention at the level of a spot. Further understanding of the peak days and peak timings for each spot is valuable information that can be utilized to plan timing and outreach plans for delivery of services on an individual level for each spot.

The information on the operational structures and networks information gathered through this study could be used to ***develop and strengthen the structural components of the HIV prevention programs.*** The knowledge gained could be used to develop strategies to reduce violence and abuse among target populations, focusing directly on the perpetuators of violence and abuse. Interventions built around a population focus not only protect and engage members of these communities, but also makes a major contribution to averting a wider epidemic.

It is difficult to fully comprehend the extent and organizational dimensions of sex work or same sex, without a long engagement and trust-building period with key populations. **With such numbers of KPs reported, there is a need to continue a focused HIV prevention program for these populations. Although the HIV epidemic in Kosovo remains, most likely, a small epidemic, there is a fairly high potential for growth, particularly among men who have sex with men and people who inject drugs.**

6.3 Final thoughts

While efforts need to be focused on learning more about the epidemic and its driving forces, scaling-up of the current national HIV/AIDS response should be the key objective to contain HIV at its present level. Over the past few years, various NGOs and CBOs have done commendable work with key populations, but the capacity required for the fully scaled-up design and delivery of appropriate HIV prevention services is far from adequate. Scaling-up will not only require an expansion in NGO and CBO capacity, but a more refined and focused effort to address the HIV prevention challenge. A sufficient number of suitably qualified, trained and experienced personnel will be required, as well as strong organizational structures which could take up the responsibility for targeted HIV preventive interventions on a long term basis. To fully respond to the needs of these populations and to curtail the epidemic during this important window of opportunity, civil society organizations will require extensive support and capacity building. This process should begin early, to ensure that a scaled up response is not delayed due to lack of implementation capacity.

Section 7

ANNEXURES

Annex 1

MAPPING KEY POPULATIONS IN KOSOVO2016

LEVEL 1 Form

FORM NO ☐☐☐☐ ZONE ☐☐ DATE: ☐☐/☐☐/☐☐☐☐

MUNICIPALITY:_____

INTERVIEWER 1: _____ INTERVIEWER 2: _____ SUPERVISOR: _____

INFORMED CONSENT

- *Use this form for subjects who are aged 18 years or above.*
- *Ask the subject in which language he/she would prefer to be interviewed)*
- *The interviewer should introduce him/herself and greet the respondent.*
- *Informed consent was read out loud and explained to the respondent*

INFORMED CONSENT WAS TAKEN? ☐ **Yes** ☐ **No**

RESPONDENT AGREED TO PARTICIPATE? **Yes** ☐ **No** ☐

(*Interviewer: if yes, sign and date below to indicate that informed consent was given by the participant. If answer is no, note it as a non response and find another eligible subject)*

Name(interviewer):_____ Signature & Date: _____

INFORMATION ABOUT ALL SPOTS PROVIDED BY THE KEY INFORMANT

S. N	Spot name and detail	Spot Code	KPs	Type of spot	Time of Operation	Number of KPs	
						Min	Max
1.			FSW ☐				
			MSM ☐				
			PWID ☐				
2.			FSW ☐				
			MSM ☐				
			PWID ☐				
3.			FSW ☐				
			MSM ☐				
			PWID ☐				
4.			FSW ☐				
			MSM ☐				
			PWID ☐				
5.			FSW ☐				
			MSM ☐				
			PWID ☐				
6.			FSW ☐				

			MSM ☐				
			PWID ☐				
7.			FSW ☐				
			MSM ☐				
			PWID ☐				
8.			FSW ☐				
			MSM ☐				
			PWID ☐				
9.			FSW ☐				
			MSM ☐				
			PWID ☐				

INFORMATION OF THE KEY INFORMANT

AGE : ☐ EDUCATION (in yrs): ☐

SEX: ☐ M = 1 F = 2 TG=3

PROFESSION ☐

Type of spot*: 1=Hotel 2=Motel/Guest House, 3=Restaurant Live music, 4=Restaurant, 5=Street/Open space, 6=Beauty salon/hairdresser, 7=House/Apartment, 8=Abandoned house/apartment, 9=Bus station, 10=Public transport stop, 11= Pharmacy, 12=Coffee/Tea shop, 13=Gambling places, 14=City park, 15=National library, 16=Other* _____ *(specify)*

Time of Operation*: A-Morning; B-Afternoon; C-Evening; D-Night; E-Whole Day/24 Hours*

Annex 2

MAPPING KEY POPULATIONS IN KOSOVO 2016

Geographic Spots - LEVEL 2 FORM for FSWs

FORM NO | | | | | | DATE: | | | | | | | | Zone

MUNICIPALITY: _____

FW NAME : _____ SM NAME (optional) _____

FIELD SUPERVISOR NAME : _____ Signature _____

Spot Name _____ Spot **Code:** | | | | | |

Spot listed by : | | *(Code as* 1=L1 2=Primary KI in L2 3=Field team observed)

INFORMED CONSENT

- *Use this form for subjects who are aged 18 years or above.*
- *Informed consent was read out loud and explained to the respondent*

INFORMED CONSENT WAS TAKEN?		**Yes**	**No**
RESPONDENT AGREED TO PARTICIPATE?		**Yes**	**No**

(*Interviewer: if yes, sign and date below to indicate that informed consent was given by the participant. If answer is no,note it as a non response and find another eligible subject)*

Name(interviewer):_____ Signature & Date: _____

1	Code the venue with the response which best describes this spot	*1=Hotel 2=Motel/Guest House, 3=Restaurant Live music, 4=Restaurant, 5=Street/Open space, 6=Beauty salon/hairdresser, 7=House/Apartment, 8=Abandoned house/apartment, 9=Bus station, 10=Public transport stop, 11= Pharmacy, 12=Coffee/Tea shop, 13=Gambling places, 14=City park, 15=National library, 16=Other _____ (specify)*	
2	Normally, on a usual day, how many FSWs come to this spot? (*min – max)*	MIN	MAX
3	At whattime of the day the most FSWscome to this venue (Peak Time – when the number of FSWs is more than usual)? **CIRCLE AS APPLICABLE – more than one responses allowed**	MORNING (BEFORE 12 NOON)A AFTERNOON (12 PM-5 PM)..... B EVENING (5 PM-9 PM)..... C NIGHT (9 PM-LATE NIGHT) ..... D ALL DAY/24 HOURS .....E	
4	Which day/s of the week is the total number of FSWs visiting this spot more than usual (Peak Day)? **CIRCLE AS APPLICABLE – more than one responses allowed**	MONDAY..... A TUESDAY..... B WEDNESDAY..... C THURSDAY ..... D FRIDAY ..... E SATURDAY ..... F SUNDAY .....G WHOLE WEEK .....H	
5	On a peak day, how many FSW work/visit here (min – max)?	MIN	MAX
6	How many different spots would a FSW usually go to in a day to meet clients, including this place?		
7	How many FSWs do you know?	Number	
8	Among these FSWs that you know, how many NEVER come to any spots to pick clients	Number	
9	In the last one week, how many different ways you have used to get clients **CIRCLE AS APPLICABLE – more than one responses allowed**	STREET ROAMING..... A OTHER FSW)..... B PHONE (CLIENT CALLED)..... C	

		PHONE (PIMP) .....D WORKING PLACE (specify)..... E MASSAGE/HOTEL/PARLOUR.... F Others ……..
10	In the last one week, what was the most common way you used to get clients **One response only, use codes from question 9 (above)**	☐
11	Have you ever used internet or a web page to advertise your services?	YES ……..1 NO……2***(Go to 13)***
12	Please name three such websites that you have utilized	1. _____ 2. _____ 3. _____

13	Please name any 03 other spots in this ZONE where sex workers go to pick clients?						
S. N	**SPOT NAME**	**ESTIMATES (MIN)**	**ESTIMATES (MAX)**	**I solicited at this spot (last one month ✓)**	**Spot detail** *(supervisor checks & gives zone number and spot type)*		
					New spot	**Zone**	**Spot type**
A							
B							
C							

14	In the last 06 months, were you able to receive the following services free of cost?			
		Services	**Response**	**From where?**
	a	Condoms/Lubricants	YES …1NO…2	1 NGO/INGOs 2 Govt facility 3. Others

	b	HIV testing	YES …1NO…2	1 NGO/INGOs 2 Govt facility 3. Others
	c	STI treatment	YES …1NO…2	1 NGO/INGOs 2 Govt facility 3. Others

13	Are these services mentioned above available in your municipality? Yes 2. No

MAPPING KEY POPULATIONS IN KOSOVO 2016

Geographic Spots - LEVEL 2 FORM for MSM

FORM NO | | | | | | DATE: | | | | | | | | |

Zone

MUNICIPALITY: _____

FW NAME : _____ SM NAME (optional)

_____

FIELD SUPERVISOR NAME : _____ Signature

_____

Spot Name _____ Spot **Code:** | | | | | |

Spot listed by : | | *(Code as* 1=L1 2=Primary KI in L2 3=Field team observed)

INFORMED CONSENT

- *Use this form for subjects who are aged 18 years or above.*
- *Informed consent was read out loud and explained to the respondent*

INFORMED CONSENT WAS TAKEN? | | **Yes** | | **No**

RESPONDENT AGREED TO PARTICIPATE? | | **Yes** | | **No**

(*Interviewer: if yes, sign and date below to indicate that informed consent was given by the participant. If answer is no, note it as a non response and find another eligible subject)*

Name(interviewer):_____ Signature & Date: _____

1	1.1 Sexual and/or gender identity of the respondent *1. Heterosexual 2. Homosexual/MSM 3. Bisexual 4. Others (specify)……*		
2	Code the venue with the response which best describes this spot	*1=Hotel 2=Motel/Guest House, 3=Restaurant Live music, 4=Restaurant, 5=Street/Open space, 6=Beauty salon/hairdresser, 7=House/Apartment, 8=Abandoned house/apartment, 9=Bus station, 10=Public transport stop, 11= Pharmacy, 12=Coffee/Tea shop, 13=Gambling places, 14=City park, 15=National library, 16=Other _____ (specify)*	
3	Normally, on a usual day, how many MSMs come to this spot? (*min – max)*	MIN	MAX
4	Among the above mentioned MSM numbers, how many of them are sex workers (MSW) who come to this spot? (*min – max)*	MIN	MAX
5	At whattime of the day the most MSMs come to this venue (Peak Time – when the number of MSWs is more than usual)? **CIRCLE AS APPLICABLE – more than one responses allowed**	MORNING (BEFORE 12 NOON) ... A AFTERNOON (12 PM-5 PM) ..... B EVENING (5 PM-9 PM) ..... C NIGHT (9 PM-LATE NIGHT)..... D	
6	Which day/s of the week is the total number of MSMs visiting this spot more than usual **CIRCLE AS APPLICABLE – more than one responses allowed**	MONDAY ..... A TUESDAY ..... B WEDNESDAY ..... C THURSDAY..... D	FRIDAY..... E SATURDAY..... F SUNDAY..... G WHOLE WEEK …….H
7	On a peak day, how many MSM work/visit here (min – max)?	MIN	MAX
8	How many different spots would a MSM usually go to in a day to meet other partners/clients, including this place?		
9	How many MSMsdo you know?	NUMBER	
10	Of all the MSM you know, how many charge money for sex (MSWs)?	NUMBER	

11	Of all these MSM you know, how many never come to a spot and only use cell phone or internet to meet other MSM or clients	NUMBER ☐
12	In the last one week, how many different ways you have used to connect with other men for sex / get clients **CIRCLE AS APPLICABLE – more than one responses allowed**	STREET ROAMING .....A Referred by other MSM .....B PHONE .....C MOBILE PHONE APPS ..... D INTERNET .....E OTHERS (Specify).....
13	In the last one week, what was the most common way you used to get men/clients **One response only, use codes from question 9 (above) or write the response for others**	☐
14	Have you ever used internet or a web page to seek partner or advertise your services?	YES .....1 NO.....2

15	Please name any 03 other spots, where MSM or Male sex workers (MSWs) go to pick clients (in the same zone)?						
S. N	**SPOT NAME**	**ESTIMATES (MIN)**	**ESTIMATES (MAX)**	**I solicited at this spot (last one month ✓)**	**Spot detail** *(supervisor checks & gives zone number and spot type)*		
					New spot	**Zone**	**Spot type**
A							
B							
C							

16	In the last 06 months, were you able to receive the following services free of cost?

	Services	Response	From where?
a	Condoms/Lubricants	YES …1NO…2	1 NGO/INGOs 2 Govt facility 3. Others
b	HIV testing	YES …1NO…2	1 NGO/INGOs 2 Govt facility 3. Others
c	HIV treatment	YES …1NO…2	1 NGO/INGOs 2 Govt facility 3. Others
d	STI testing	YES …1NO…2	1 NGO/INGOs 2 Govt facility 3. Others

17	Are these services mentioned above available in your municipality? Yes 2. No

MAPPING KEY POPULATIONS IN KOSOVO 2016

Geographic Spots - LEVEL 2 FORM for PWID

FORM NO | | | | | | DATE: | | | | | | | | |

Zone

MUNICIPALITY: _____

FW NAME : _____ SM NAME (optional)

_____

FIELD SUPERVISOR NAME : _____ Signature

_____

Spot Name _____ Spot **Code:** | | | | | |

Spot listed by : | | *(Code as* 1=L1 2=Primary KI in L2 3=Field team observed)

INFORMED CONSENT

- *Use this form for subjects who are aged 18 years or above.*
- *Informed consent was read out loud and explained to the respondent*

INFORMED CONSENT WAS TAKEN?		**Yes**		**No**
RESPONDENT AGREED TO PARTICIPATE?		**Yes**		**No**

(*Interviewer: if yes, sign and date below to indicate that informed consent was given by the participant. If answer is no,note it as a non response and find another eligible subject)*

Name(interviewer):_____ Signature & Date: _____			

1	Code the venue with the response which best describes this spot	*1=Hotel 2=Motel/Guest House, 3=Restaurant Live music, 4=Restaurant, 5=Street/Open space, 6=Beauty salon/hairdresser, 7=House/Apartment, 8=Abandoned house/apartment, 9=Bus station, 10=Public transport stop, 11= Pharmacy, 12=Coffee/Tea shop, 13=Gambling places, 14=City park, 15=National library, 16=Other _____ (specify)*	
2	How many PWIDs come to this spot? (*min – max)*		MIN MAX
3	At whattime of the day most PWIDs come to this venue (Peak Time – when the number of PWIDs is more than usual)? **CIRCLE AS APPLICABLE – more than one responses allowed**		MORNING (BEFORE 12 NOON)A AFTERNOON (12 PM-5 PM) .....B EVENING (5 PM-9 PM) .....C NIGHT (9 PM-LATE NIGHT)..... D
4	What activities happens at this spots? **CIRCLE AS ALL APPLICABLE – more than one responses allowed**		INJECT DRUGS BY THEMSLEVES .....A INJECT DRUG BY SOMEONE ELSE.....B DRUGS ARE SOLD HERE.....C MEET SEX PARTNER .....D OTHERS *(SPECIFY)*
5	How many different spots would a PWID usually go to in a day to inject?		Number
6	How many PWIDs do you know?		Number
7	Of all the PWID you know, how many never come out on the street and only inject in their homes?		Number

8	Please name any 03 other spots in this ZONE you know, where PWIDs go for injecting drugs?				
	SPOT NAME			**I injected at this**	**Spot detail**

S. N		ESTIMATES (MIN)	ESTIMATES (MAX)	spot (last one month ✓)	*(supervisor checks & gives zone number and spot type)*		
					New spot	**Zone**	**Spot type**
A							
B							
C							

9 In the last 06 months, were you able to receive the following services free of cost?

	Services	Response	From where?
a	New Needles/Syringes	YES …1NO…2	1 NGO/INGOs 2 Govt facility 3. Others
b	HIV, HBV and HCV testing	YES …1NO…2	1 NGO/INGOs 2 Govt facility 3. Others
c	Methadone Maintenance therapy	YES …1NO…2	1 NGO/INGOs 2 Govt facility 3. Others
d	Condoms	YES …1NO…2	1 NGO/INGOs 2 Govt facility 3. Others

10 Are these services mentioned above available in your municipality?

1. Yes 2. No

Annex 3

MAPPING KEY POPULATIONS IN KOSOVO 2016

VIRTUAL SITE LOG FORMAT for MSM

Form filled by : _____

Site Name _____ 1= Internet Site 2=Mobile App _____

Date	Day	Time	Total users	Users online
	MONDAY	0801 to 1200		
		1201 to 2100		
		2101 to 0800		
	TUESDAY	0801 to 1200		
		1201 to 2100		
		2101 to 0800		
	WEDNESDAY	0801 to 1200		
		1201 to 2100		
		2101 to 0800		
	THURSDAY	0801 to 1200		
		1201 to 2100		
		2101 to 0800		
	FRIDAY	0801 to 1200		
		1201 to 2100		
		2101 to 0800		
	SATURDAY	0801 to 1200		
		1201 to 2100		

		2101 to 0800		
	SUNDAY	0801 to 1200		
		1201 to 2100		
		2101 to 0800		

Annex 4

MAPPING KEY POPULATIONS IN KOSOVO 2016

VIRTUAL MAPPING MSM PROFILE

FORM NO | | | | | | DATE: | | | | | | | | | | Zone

MUNCIPALITY _____

FW NAME : _____ SM NAME (optional)

_____

FIELD SUPERVISOR NAME : _____ Signature

_____

INFORMED CONSENT

- *Use this form for subjects who are aged 18 years or above.*
- *Informed consent was read out loud and explained to the respondent*

INFORMED CONSENT WAS TAKEN?	Yes ☐	No ☐

RESPONDENT AGREED TO PARTICIPATE?	Yes ☐	No ☐

(*Interviewer: if yes, sign and date below to indicate that informed consent was given by the participant. If answer is no, note it as a non response and find another eligible subject)*

Name(interviewer):_____ Signature & Date:

_____

1	Sexual and gender identity of the respondent *1.Straight man 2. Gay/MSM 3. Bisexual 4. TGs Others (specify)……*	
2	Have you been to a physical location to look for other MSM or clients in the last week?	1. NO, I only use internet and my Cell Phone 2. YES, I looked for other MSM on hot spots 3. YES, I went to a physical location, but the contact was made initially through internet/phone
3	How many guys you know who have sex with other men/boys	NUMBER ☐
4	Of all these boys/men you know, how many would ask for money to have sex?	NUMBER ☐
6	In the last one week, how many different ways you have used to connect with other men for sex / get clients CIRCLE AS APPLICABLE – more than one responses allowed	STREET ROAMING ..... A Referred by other MSM..... B PHONE ..... C MOBILE PHONE APPS ..... D INTERNET ..... E NONE (regular partner) .....F OTHERS (Specify)……
7	In the last one week, what was the most common way you used to get men/clients One response only, use codes from question 6 (above) or write the response for others	☐
8	How many internet pages or mobile apps that you have used in the last month to associate with other MSM	☐

9	Information on the 5 most common internet sites/webpages or mobile apps			
S. N	9.1 Site NAME	9.3 No of identities you have on this website	9.4 No of people connected through this site in last month	9.5 Of these people, how many you had sex with?
1				
2				
3				

4				
5				

10	Information on the LAST 5 contacts made through internet			
S. N	10.1 Which website/app	10.2 In which Zone does this person live	10.3 Gender 1=Male, 2=TG	10.4 Was money involved
1				
2				
3				
4				
5				

MAPPING KEY POPULATIONS IN KOSOVO

INFORMED CONSENT

Instructions for Interviewer:

- ***Use this form for subjects who are over 18 years of age.***
- ***Before starting the interview, the interviewer should ask the subject in which language he/she would prefer to be interviewed and the appropriate language consent form and questionnaire should be used.***
- ***The interviewer should introduce him/herself and greet the respondent.***

This interview is part of a study that the National Institute of Public Health of Kosova, is conducting to learn more about the problems affecting various populations at a higher risk of acquiring HIV, Hepatitis and other sexually transmitted infection. These populations include sex workers, people who inject drugs and men who have sex with other men. We will ask about the various places and areas where these key populations are seen and congregate. The interview will take roughly 10-15 minutes. The survey is entirely voluntary; there is no obligation to participate. If you decide not to participate, it is fine with us. If you do the survey, you may also decide to pass on any questions, or stop at any time if you do not want to continue.

The results of this study will be used to develop programs and policies that can help prevent HIV/AIDS and its spread specifically in these key populations by developing related services. We will also develop a report, but YOU WILL NOT BE NAMED OR IDENTIFIED IN ANY WAY in this report because WE DO NOT NEED TO KNOW YOUR NAME or any other relevant information which can be used to identify you.

Because this study is confidential, we do not want you to sign anything. Instead, by saying to me that you agree to participate in this study, you are agreeing to complete the survey. If you have any questions about your rights as a subject participating in a research survey, or if you wish to discuss your participation in the survey, please contact: Dr. Dafina Gexha-Bunjaku, National Institute of Public Health of Kosova, tel: 044 126 491, Dr. Edona Deva, CDF, tel: 044 148 845.

(Interviewer: if the person agrees, and says "yes" the interviewer should sign and date the respective form to indicate that informed consent was given by the participant. If answer is no, note it as a non response and find another eligible subject)