LINKAGES ACROSS THE CONTINUUM OF HIV SERVICES FOR KEY POPULATIONS AFFECTED BY HIV (LINKAGES)

COOPERATIVE AGREEMENT NO. AID-OAA-A-14-00045

USER MANUAL
FOR
POLLING BOOTH ACTIVITIES

FHI 360

LINKAGES SRI LANKA

MARCH 2019

USAID FROM THE AMERICAN PEOPLE
PEPFAR
NATIONAL STD/AIDS CONTROL PROGRAMME
LINKAGES Across the Continuum of HIV Services for Key Populations
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The *User Manual for Polling Booth Activities* was developed in Sri Lanka with inputs from learning site partners supported by the USAID-funded LINKAGES Project.

This document was made possible by the generous support of the American people through the United States Agency for International Development (USAID) and the U.S. President's Emergency Plan for AIDS Relief (PEPFAR). The contents are the responsibility of the LINKAGES project and do not necessarily reflect the views of USAID, PEPFAR, or the United States Government. LINKAGES, a five-year cooperative agreement (AID-OAAA-14-00045), is the largest global project dedicated to key populations. LINKAGES is led by FHI 360 in partnership with IntraHealth International, Pact, and the University of North Carolina at Chapel Hill.

Foreword

The National STD & AIDS Control Program (NSACP) of the Government of Sri Lanka is well positioned to **End AIDS in Sri Lanka** by 2025, ahead of the global target of 2030. For this goal to be achieved, NSACP collaborates with several agencies and partners including - local civil society organizations; communities; United Nations (UN) agencies; and donor organizations including the Global Fund for AIDS, TB and Malaria (GFATM). With GFATM support, the NSACP has been implementing a nation-wide peer-led community outreach program in Sri Lanka in partnership with the Family Planning Association of Sri Lanka, other local CSOs, KP-led organizations and STD clinics. The community outreach interventions cover different key population groups i.e. female sex workers (FSW), men who have sex with men (MSM), injecting drug user (IDU) and transgender (TG) populations.

Since December 2017, FHI 360, the US-based NGO has been extending technical assistance to NSACP and the local CSO partners to build their technical and program implementation capacity in key population programming. FHI 360 has introduced several global good practices, tools and innovations to address emerging challenges to achieve optimal coverage and HIV testing among different key population groups. This technical assistance is supported by the United States Agency for International Development (USAID) India and USAID Sri Lanka and Maldives Missions as part of a two-year collaborative partnership with the Ministry of Health, Nutrition and Indigenous Medicine (MoH), Government of Sri Lanka.

Over the years development sector is innovating tools and methods to seek feedback from their beneficiaries in order to improve the quality and results of their programs by focusing efforts where it is most required. Most HIV prevention programs among key population are driven by the key population behaviour dynamics and their acceptance to behaviour change interventions. Polling booth is being increasingly used as an innovative approach to collect sensitive information about risk behaviour and practices without collecting any personal information from the respondents. The three learning site partners under LINKAGES for female sex workers (FSW), men who have sex with men (MSM) and people who use/inject drugs (PWU/ID) had used these tools and results from the polling booth to improve their behaviour change communication interventions, pattern of service delivery; and addressing the emerging needs of linking key population with HIV and non-HIV services.

On behalf of NSACP, I extend my deep appreciation to USAID and FHI 360 for their contribution in introducing the **User Manual for Polling Booth Activities** to the local CSOs, seeking technical advice from experts and guidance from their global office staff, and for working collaboratively with FPASL as well my colleagues from NSACP.

Dr. Rasanjalee Hettiarachchi
Director, National STD & AIDS Control Programme
Ministry of Health, Nutrition & Indigenous Medicine
Sri Lanka
December 2019

Acknowledgement

FHI 360 has been providing technical assistance in key population programming in the sub-continent for the last two decades working collaboratively with local governments and civil society organizations (CSO) to support innovations at-scale and capacity strengthening in technical and program management areas with a focus on key populations (KP). The United States Agency for International for International Development (USAID)-funded LINKAGES Project was implemented by FHI 360-led consortium in Sri Lanka from December 2017-December 2019.

We wish to appreciate and acknowledge the leadership, support and guidance extended to FHI 360 LINKAGES Project by Director, National STD & AIDS Control Program (NSACP), Sri Lanka and other members of the senior management team especially Dr. G. Weerasinghe, Senior Consultant-Venereologist and Coordinator-Key Population Program in NSACP, who coordinated the different areas technical assistance seamlessly at the national level. As part of LINKAGES, FHI 360 developed three civil society partners as learning sites for HIV prevention for female sex workers (FSW), men who have sex with men (MSM) and people who use/inject drugs (PWU/ID). The CSO partners adopted tools and technical guidelines in KP programming to enhance coverage and quality of their HIV interventions. Further, their organizational systems were strengthened to improve program delivery at-scale. We acknowledge the leadership and collaborative partnership demonstrated by the three learning site partner organizations namely - Alcohol Drug Information Center (ADIC); Community Strength for Development Foundation (CSDF); and Saviya Development Foundation (SDF). Further, we appreciate and thank contributions made by the community champions and community members, peer educators and field staff, Global Fund for AIDS, Tuberculosis and Malaria (GFATM) supported CSOs implementing KP program in the country, peripheral STD clinics and all those who contributed in adapting the LINKAGES tools and guidelines.

We acknowledge the Ministry of Health (MoH), Government of Sri Lanka and the USAID India and USAID Sri Lanka and Maldives Missions for giving FHI 360 the opportunity to work in Sri Lanka and to contribute towards the national mission of Ending AIDS in Sri Lanka by 2025. FHI 360 received unstinting support and cooperation from other local stakeholders including – GFATM Country Coordination Mechanism (CCM); GFATM local fund agent; UN agencies; Family Planning Association of Sri Lanka. Last but not the least, the FHI 360 teams in headquarters, regional office, India Country Office and the local team of consultants and vendors for their tireless effort and exemplary commitment towards achieving the LINKAGES program results in Sri Lanka.

Bitra George

Dr. Bitra George
Country Director
FHI 360 India and Sri Lanka Offices

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1. Introduction - FHI 360/LINKAGES Project in Sri Lanka

The Global Fund for AIDS, Tuberculosis and Malaria (GFATM) supported HIV prevention program for key populations (KPs) — female sex workers (FSWs), men who have sex with men (MSM), beach boys, people who use/inject drugs (PWUDs/PWIDs), and transgender (TG) women — is being implemented in Sri Lanka since 2016. In September 2017, FHI 360 rolled out the Linkages Across the Continuum of HIV Services for Key Populations Affected by HIV (LINKAGES) project, funded by the United States Agency for International Development (USAID), to provide technical assistance for improving the quality of the ongoing GFATM-funded program.

The LINKAGES project selected three learning sites to demonstrate various global LINKAGES tools to enhance service quality and improve the reach and coverage of services, including HIV testing, among KPs. The learning site partners being supported by the project are:

- Saviya Development Foundation (SDF) for the MSM component
- Community Strength Development Foundation (CSDF) for the FSW component
- Alcohol and Drug Information Center (ADIC) for the PWUD/PWID component

Community engagement and incorporation of community feedback in program design is crucial to improve service quality. This was one of the areas considered for demonstration at the LINKAGES project's learning sites. The following activities were employed for this purpose:

- Polling booth activities
- Outbound calls/exit interviews

These activities were used to review KPs' knowledge, behavioral changes/patterns, attitudes toward various issues including prevention practices, exposure to stigma and discrimination, and myths and misconceptions. The objective was to gather responses/feedback from the KP community and use it to implement measures for improving the quality of services.

This document provides details on polling booth activity as a tool for gathering information and feedback from KP community members.

2. Polling Booth Activity

2.1. Introduction

Polling booth activity is best suited to collecting information and feedback while maintaining respondents' anonymity and confidentiality. It is particularly useful for gathering information on issues related to sexual health and level of satisfaction with services. Polling booth activity is different from traditional information collection methods, such as face-to-face interviews and questionnaires, and ensures the confidentiality of respondents. It does not collect any information about the identity of the respondent, thereby rendering it impossible to directly correlate individual responses and results. Information is mostly collected from a homogenous group of individuals, and the responses/results reflect the group's behavior/knowledge/practices. This allows for interventions to be generalized in terms of behavior change communication, training of staff, etc.

2.2. Advantages and disadvantages of polling booth activity

Advantages

- Due to anonymity, confidentiality of respondents/responses is largely protected.
- The method is easy to use and allows collection of information/responses on sensitive issues such as sexuality and sexual health.
- It is an easy and affordable method of collecting information.
- The activity can be easily planned and conducted in combination with other project activities, such as monthly meeting/pocket meeting, camping and other activities, community-based testing (CBT) sessions, and enhanced peer outreach activities (EPOA).
- No separate space is needed, and the activity can easily be conducted in any place, like a house, park, or garden.
- It obtains clear answers ('Yes', 'No', 'Don't know'), and the collected data can be easily analyzed.
- More people can be covered in less time.

Disadvantages

- Despite its several advantages, this method cannot be used to get information such as descriptive data, statistical data, and ideas and opinions.
    -

2.3. Use of polling booth activities in the LINKAGES project

Use of this method in the LINKAGES project focused on:

- Knowledge and attitudes related to services
- Feedback about the quality of services
- Misconceptions about HIV, AIDS, and other sexually transmitted diseases (STDs)
- Risk behaviors and patterns
- Knowledge and behavior/habits related to STDs
- Problems and attitudes toward condom use

2.4. Roles and responsibilities for implementing the polling booth activity

Each staff member has clear and distinctive responsibilities for implementing the activity.

2.4.1. Learning site coordinator/project manager

- Selection of hotspots, random selection of peers/KPs from each hotspot, and finalization of dates for conducting the activity
- Finalization and translation of the questionnaire into Sinhala and verification of it being correct and easy to understand
- Preparation of ballot boxes and other materials for the polling booth activity
- (Just before conducting the activity) Informing and making the participants aware about the purpose of the activity, confidentiality of data, and the importance of providing correct information, etc.
- (After completing the activity) Computerization of data and sharing it with relevant stakeholders
- Preparation of the implementation plan based on results

2.4.2. Monitoring and evaluation officer/district coordinator

- Preparation of the hotspots list for the polling booth activity, based on clinic data (escort) over the past three months
- Organizing the polling booth activity; reading out the questionnaire during the activity
- (After completion of the activity) Counting the responses in the ballot boxes; discussing any issues/outcomes related to the required behavior change with participants

2.4.3. Field Supervisors

- Deciding on the date and time to conduct the polling booth activity in the selected hotspots and notifying it to the learning site coordinator
- Informing the selected KPs about the activity and its date, time, and venue
- Supporting the project coordinator, as required, in follow-up actions based on the activity's results
- Providing assistance to peer educators in implementing the next steps, such as the required interventions to address the quality of services, behavior change communication, and addressing stigma and discrimination

2.5. Steps to conduct the polling booth activity

Step 1: Prepare and translate the questionnaire

As a first step, it is necessary to prepare the questions to be asked. Questions must be framed in simple language, using words that are familiar to the target community/group.

Also, the questions asked should be able to elicit direct answers ('Yes', 'No', 'Don't know').

E.g.: HIV spreads through a mosquito bite.

In the past one month, I have experienced a condom getting torn.

If the questionnaire is prepared in English, it should be translated into Sinhala. Field testing should be done to ensure that the community members are able to understand the questions.

Step 2: Orient and train the relevant staff on the activity and use of the collected data

All staff members involved in the activity should be trained on the process of conducting the activity, expected outcomes, nature of questions/questionnaire, the way of asking questions, selection of sites, use of data, etc.

Step 3: Prepare a list of hotspots

In case the list of hotspots is to be prepared based on clinic escort data, the data should be downloaded from the monitoring and evaluation information management system (MEIMS). The list of hotspots can also be prepared through random selection of hotspots.

Steps to prepare the list using quarterly clinic escort data from MEIMS:

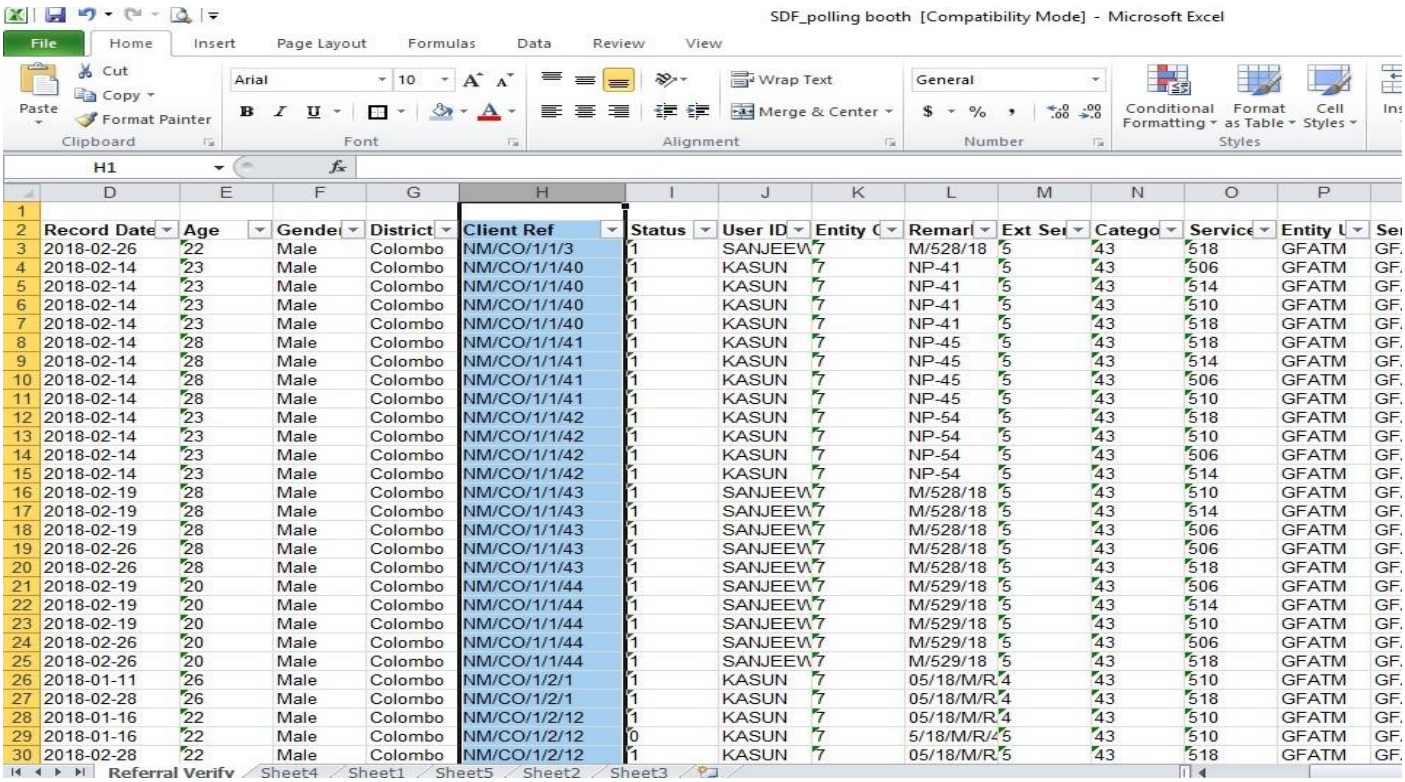
- Hotspots can be classified according to their performance, using the number of peers/KPs who have received clinic escort services.
    - High performance – more than 60 percent
    - Medium performance – less than 40 percent
- Select 10–12 peer educators to represent both high and medium performance categories and prepare a list of hotspots covered by the selected peer educators.

<u>Steps in preparing a list of hotspots using quarterly clinic escort data from MEIMS</u>

<u>Step I: This step is to verify the raw data</u>

Referral verify raw data

Client referral



	D	E	F	G	H	I	J	K	L	M	N	O	P
1													
2	Record Date	Age	Gende	District	Client Ref	Status	User ID	Entity C	Remar	Ext Ser	Catego	Service	Entity U
3	2018-02-26	22	Male	Colombo	NM/CO/1/1/3	1	SANJEEW	7	M/528/18	5	43	518	GFATM
4	2018-02-14	23	Male	Colombo	NM/CO/1/1/40	1	KASUN	7	NP-41	5	43	506	GFATM
5	2018-02-14	23	Male	Colombo	NM/CO/1/1/40	1	KASUN	7	NP-41	5	43	514	GFATM
6	2018-02-14	23	Male	Colombo	NM/CO/1/1/40	1	KASUN	7	NP-41	5	43	510	GFATM
7	2018-02-14	23	Male	Colombo	NM/CO/1/1/40	1	KASUN	7	NP-41	5	43	518	GFATM
8	2018-02-14	28	Male	Colombo	NM/CO/1/1/41	1	KASUN	7	NP-45	5	43	518	GFATM
9	2018-02-14	28	Male	Colombo	NM/CO/1/1/41	1	KASUN	7	NP-45	5	43	514	GFATM
10	2018-02-14	28	Male	Colombo	NM/CO/1/1/41	1	KASUN	7	NP-45	5	43	506	GFATM
11	2018-02-14	28	Male	Colombo	NM/CO/1/1/41	1	KASUN	7	NP-45	5	43	510	GFATM
12	2018-02-14	23	Male	Colombo	NM/CO/1/1/42	1	KASUN	7	NP-54	5	43	518	GFATM
13	2018-02-14	23	Male	Colombo	NM/CO/1/1/42	1	KASUN	7	NP-54	5	43	510	GFATM
14	2018-02-14	23	Male	Colombo	NM/CO/1/1/42	1	KASUN	7	NP-54	5	43	506	GFATM
15	2018-02-14	23	Male	Colombo	NM/CO/1/1/42	1	KASUN	7	NP-54	5	43	514	GFATM
16	2018-02-19	28	Male	Colombo	NM/CO/1/1/43	1	SANJEEW	7	M/528/18	5	43	510	GFATM
17	2018-02-19	28	Male	Colombo	NM/CO/1/1/43	1	SANJEEW	7	M/528/18	5	43	514	GFATM
18	2018-02-19	28	Male	Colombo	NM/CO/1/1/43	1	SANJEEW	7	M/528/18	5	43	506	GFATM
19	2018-02-26	28	Male	Colombo	NM/CO/1/1/43	1	SANJEEW	7	M/528/18	5	43	506	GFATM
20	2018-02-26	28	Male	Colombo	NM/CO/1/1/43	1	SANJEEW	7	M/528/18	5	43	518	GFATM
21	2018-02-19	20	Male	Colombo	NM/CO/1/1/44	1	SANJEEW	7	M/529/18	5	43	506	GFATM
22	2018-02-19	20	Male	Colombo	NM/CO/1/1/44	1	SANJEEW	7	M/529/18	5	43	514	GFATM
23	2018-02-19	20	Male	Colombo	NM/CO/1/1/44	1	SANJEEW	7	M/529/18	5	43	510	GFATM
24	2018-02-26	20	Male	Colombo	NM/CO/1/1/44	1	SANJEEW	7	M/529/18	5	43	506	GFATM
25	2018-02-26	20	Male	Colombo	NM/CO/1/1/44	1	SANJEEW	7	M/529/18	5	43	518	GFATM
26	2018-01-11	26	Male	Colombo	NM/CO/1/2/1	1	KASUN	7	05/18/M/R	4	43	510	GFATM
27	2018-02-28	26	Male	Colombo	NM/CO/1/2/1	1	KASUN	7	05/18/M/R	4	43	518	GFATM
28	2018-01-16	22	Male	Colombo	NM/CO/1/2/12	1	KASUN	7	05/18/M/R	4	43	510	GFATM
29	2018-01-16	22	Male	Colombo	NM/CO/1/2/12	0	KASUN	7	5/18/M/R/	5	43	510	GFATM
30	2018-02-28	22	Male	Colombo	NM/CO/1/2/12	1	KASUN	7	05/18/M/R	5	43	518	GFATM

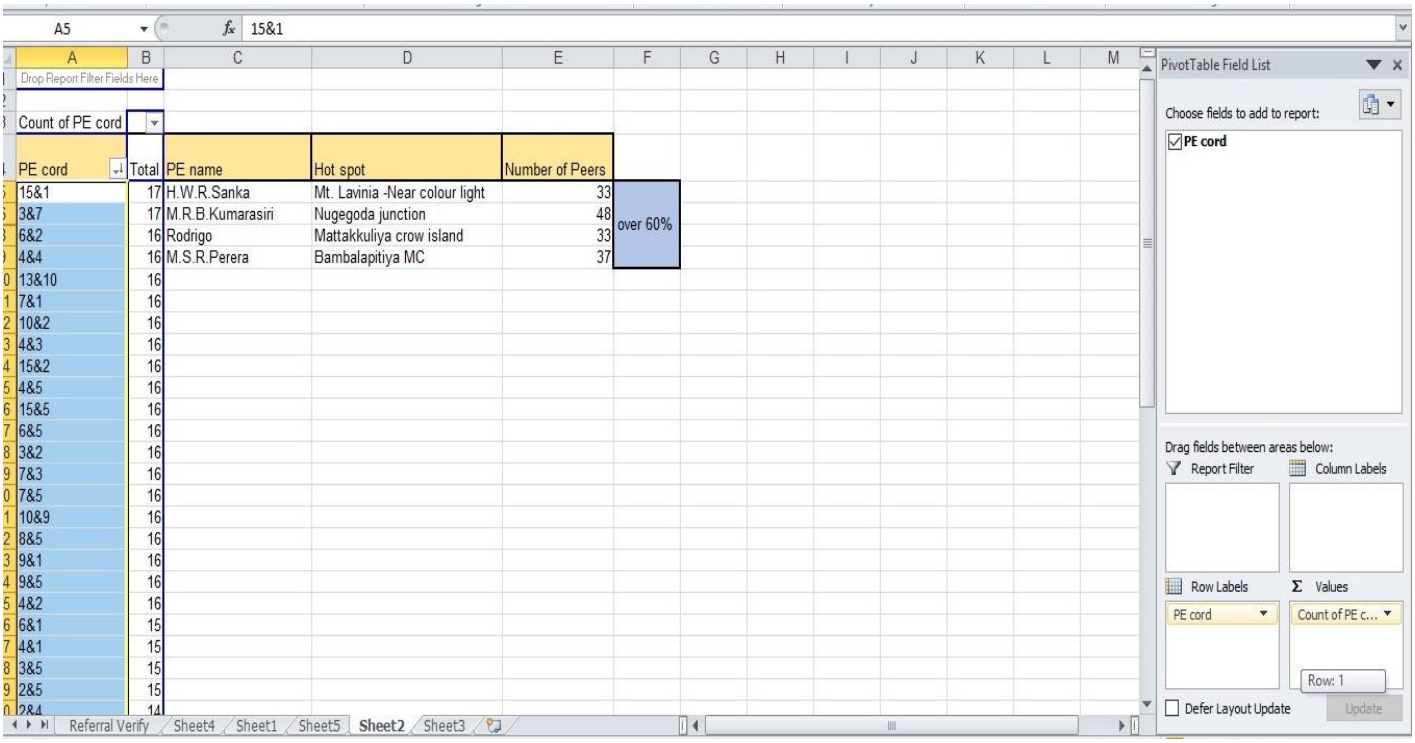
Step II:

Create a code using peer educator and field supervisor code numbers for ease of data analysis later.

	Client Ref	PE cord
2		
3	NM/CO/1/1/3	1&1
4	NM/CO/1/1/40	1&1
5	NM/CO/1/1/40	
6	NM/CO/1/1/40	
7	NM/CO/1/1/40	
8	NM/CO/1/1/41	
9	NM/CO/1/1/41	
10	NM/CO/1/1/41	

Step III:

Arrange the data for peer educators and field supervisors by using a pivot table.

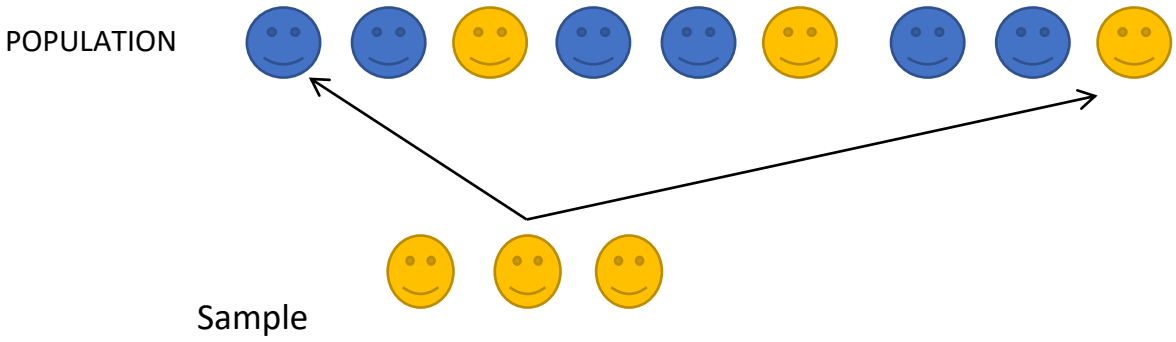


Step IV:

Use the data from this list to prepare a list of hotspots. Hotspots with high escort score (>60 percent, indicating a high level of performance) and those with medium score (<40 percent, indicating a medium level of performance) must be equally represented in the final list of hotspots for the activity.

Step 4: From the selected hotspots, select KPs for polling booth activity

From the selected hotspots, the KPs who are registered and receive various services are eligible for the polling booth activity. For hotspots with a large number of KPs, use the random sampling method to select participants. Below is a graphical presentation of the sampling procedure.



After discussion with the selected hotspots' peer educators and field supervisors, a suitable date, place, and time should be finalized for conducting the polling booth activity.

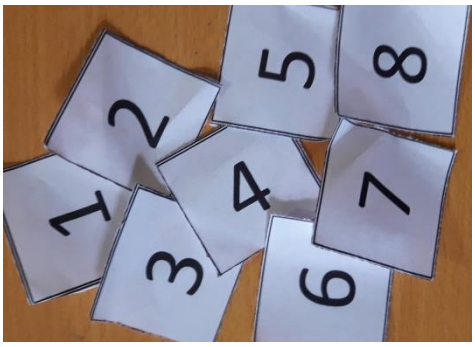
Step 5: Get the required materials in place

The polling booth activity requires only a few items, namely, a questionnaire, ballot/polling booth boxes, and number cards. Some guidance on ballot boxes and number cards is given below.

<u>Ballot or polling booth boxes</u>

The activity uses the same format as voting. The given questions are to be responded to as either 'Yes', 'No', or 'Don't know'. The ballot box should thus have three sections/slots. Each section of the box should be colored differently to represent a different answer. Differential coloring will enable eliciting of exact answers even from less literate KPs. The following three colors could be used: blue for 'Yes', red for 'No', and green for 'Don't know'. A number of ballot boxes can be used for the activity.

Number cards



Number cards should be given to each respondent to provide his/her responses to questions. It is these number cards that the respondents will put in one of the three slots in the ballot box when answering a question. Hence, it is important that the questions and cards be arranged sequentially. Also, the person reading out the questions should carefully refer to the question number. Respondents should be instructed to put the relevant number card into one of the slots in the box according to their response ('Yes', 'No', 'Don't know') to a question.

Step 6: Orient the respondents on the activity

Before conducting the activity, all the participants must have a clear understanding of how the activity will take place. The orientation should be done by the program's program manager. Participants must be clearly told about the purpose of the activity, ensured anonymity and confidentiality of responses/respondents, importance of giving correct information, and how the information will be used for the community.

Step 7: Read out the questions

The M&E officer of the GFATM program should read out the questions. There is no need to describe a question but to only read it out loudly and clearly. In case the respondents do not understand a question, repeat the question.

Step 7: Collect the data and analyze it

If any questions are asked at the end of an activity, they should be discussed and doubts resolved. After completion of the activity, it is important to collect the responses provided from the same hotspot and analyze them so that feedback can be discussed with the community/participants. This will allow one to discuss any issues with the same KPs to inform about any changes required and the processes to be adopted.

At the end of the polling booth activity, the data for a hotspot will be calculated. For each question, the number of cards, which will be in three categories ('Yes', 'No', 'Don't know'), must be counted separately. The values must be noted in an Excel sheet. Once the cards are counted and the data is compiled, the information should be analyzed and used to strengthen the implementation plan.

Step 8: Plan the next steps based on results

Based on the results obtained, prepare a plan for each hotspot to address any issues/areas that need attention. Implement the plan with the support of the relevant peer educator and field supervisor**.**

2.6. Observations from the implementation experience

Two rounds of the polling booth activity were carried out under the LINKAGES project in Sri Lanka; the three learning site partners conducted the activity during March–October 2018. The activity gathered information on the following areas:

- Knowledge about STDs, HIV, and AIDS
- Access to services
- Risk behavior trends
- Condom use/needle syringe use patterns
- Experience of stigma and discrimination
- Quality of services

2.6.1. Key observations

- There are misconceptions/myths about HIV and other STDs among KP community members.
- Issues related to correct condom use, negotiation skills for condom use, drug use before or after sex, and its impact on STDs/HIV transmission are present.
- KPs face stigma and discrimination in society.
- Incidents of sexual harassment were also reported by KPs.
- There is lack of knowledge about places where HIV testing and other services can be obtained.

2.6.2. Recommendations

- Peer education must include messages on myths and misconceptions related to HIV transmission and the need for HIV testing.
- Peer education must also include messages on correct condom use, negotiation skills for condom use, drug use before or after sex, and its impact on STD/HIV transmission.
- Data should be the basis for planning activities/interventions to improve access to HIV testing.
- Peer education must focus on improving skills on correct usage of clean needles/syringes to prevent abscess and reduce needle/syringe sharing among group members.
- Hotspots where KPs face stigma from the public must be identified and activities planned with stakeholders.
- Outreach and peer education must also focus on improving the availability of condoms and lubricants. Hotspot-level analysis may be undertaken to understand specific barriers to supply.