

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 DUE LISTING TOOLS

LEARNING SITE PARTNERS IN SRI LANKA

MARCH 2019



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LINKAGES
*Across the Continuum of HIV
Services for Key Populations*



THE SCIENCE OF IMPROVING LIVES

The *User Manual for Due Listing Tools* 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-OAA-A-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.

Sri Lanka has been making steady progress in terms of achieving 90-90-90 by 2020. To fast track the achievement of the first 90, NSACP has implemented several approaches to improve uptake of HIV testing both among key population and high-risk populations. Under the USAID-supported LINKAGES project, FHI 360 introduced **Due Listing Tools** to support CSOs to identify those key population individuals who were never tested in the past six months and thus helping the program team to prioritize these populations for linking them to HIV testing services. FHI 360 LINKAGES Project trained several local CSOs, who applied these tools that contributed to scaling-up HIV testing services in their ongoing program.

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

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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 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.

Dr. Bitra George
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Table of Contents

1. Introduction	4
1.1. Background	4
1.2. Key population program supported by The Global Fund	4
1.3. FHI 360/LINKAGES project	6
2. Tools and Processes to Prepare the Due List.....	6
2.1. Introduction	6
2.2. Objectives of preparing the due list	6
2.3. Expected outcomes	7
2.4. Steps to prepare the due list.....	7
2.5. Steps to disaggregate the due list data by field supervisors and peer educators	9
3. Lessons and Insights: Implementation of the Due List Activity by CSDF and SDF	23
3.1. Use of data	23
3.2. Users of due list information	23
3.3. Monitoring mechanism	23
3.4. Role of project staff in implementing due listing tools and processes	24
3.5. Challenges faced during implementation of the due listing activity.....	25
3.6. Results from implementation of the due listing tools.....	25

1. Introduction

1.1. Background

The Human Development Report 2013 recognized the strong progress Sri Lanka has made on the human development index (UNDP, 2013). The country was ranked 92 out of 187 countries and included in the category of nations with high human development, with higher social status compared to other South Asian countries. Human development has been a major thrust area for Sri Lanka, an island nation occupying a land area of 65,000 sq km spread across nine provinces and 25 districts. The country's strong focus on education, health, and other aspects of development has contributed to its citizens leading longer lives and impressively high levels of education, often reaching the levels of developed countries. Life expectancy in Sri Lanka stands at 75 years, male literacy at 96 percent, female literacy at 94 percent, and infant mortality rate at a remarkably low 4 per 1,000 live births (2014 Annual Banks Report - Sri Lanka).

However, alongside the impressive health and other developmental outcomes, some crucial challenges remain. About 51 percent of Sri Lanka 20-million population is of ages 15–49 years, i.e., in the reproductive age group (Census, 2012), but contraceptive prevalence rate is a moderate 65 percent (Demographic and Health Survey [DHS], 2016). Although HIV prevalence among general population is very low at 0.01 percent (HIV Sentinel Surveillance [HSS], 2017), awareness about HIV and ways of preventing it continues to be low. Comprehensive knowledge about HIV is very low (33 percent) among women, even as 31.9 percent of the women in ages 18–24 years report having sexual intercourse before the age of 18. Similarly, only 10.4 percent women report having tested for HIV in the past 12 months.

As per the 2018 Integrated Bio-Behavioral Surveillance (IBBS) survey, conducted by the National STD/AIDS Control Programme (NSACP), the country has a key population (KP) of about 57,600 individuals, comprising 40,000 men who have sex with men (MSM); 30,000 female sex workers (FSWs); 4,500 beach boys; 2,200 transgender (TG) women; and 900 people who inject drugs (PWIDs). The figures for FSW and MSM also include those who are not located in a particular physical space, like a hotspot. As per IBBS 2018, HIV prevalence among FSWs was 0.24 percent (compared to zero HIV prevalence among FSWs in HSS 2016), 0.22 percent among MSM (decline from 1.5 percent in HSS 2016), 0.2 percent among beach boys, 0.48 percent among TG women, and zero HIV prevalence among PWIDs.

The National Strategic Plan (2017–2021) continues to emphasize prevention among KPs through consistent condom use, regular HIV testing, and access to treatment for those diagnosed with HIV. The prevention program for KPs is being implemented by civil society organizations supported by the Global Fund for AIDS, Tuberculosis and Malaria (GFATM). The current round of funding is available until 2021.

1.2. Key population program supported by The Global Fund

The recently concluded GFATM new funding model supported the KP program in 13 districts during 2016–2018, reaching out to 11,914 FSWs; 6,558 MSM and TG persons; 15,394 people who use drugs (PWUDs), 311 PWIDs; and 1,728 beach boys.

The program had the following sub-recipients (SRs) working with different high-risk groups.

S. No.	Key population groups	Implementing organisation
1	Female sex workers	Community Strength Development Foundation (CSDF)

2	Men who have sex with men	Saviya Development Foundation (SDF)
3	Drug users	Alcohol and Drug Information Center (ADIC)
4	Beach boys	Family Planning Association of Sri Lanka (FPASL)

The SRs contracted sub-sub recipients (SSRs) at the district level. A total of 12 SSRs were implementing the KP program in addition to the four SRs.

The KP program in Sri Lanka was implemented through the community-led peer educator model. A team of district coordinators and field supervisors supported peer educators in implementing a comprehensive package of services. The peer educators provided the following services:

- Information on HIV and AIDS
- Information on other sexually transmitted diseases (STDs)
- Knowledge and skills on how to correctly and consistently use condoms
- Provision of condoms, as needed
- Provision of lubricants
- Escorting community members to STD clinics and referrals

In addition, implementation partners were also required to implement a variety of services and interventions for behavior change. Ongoing work with KPs has contributed to strong progress toward achievement of the 90-90-90 target.

Figure 1. Global 90-90-90 Target to be Achieved by 2020



As shown in the Figure 1 illustration of the 90-90-90 cascade, the first 90 indicates that 90 percent of the population who are at risk should know their status; the second 90 indicates that 90 percent of those who are diagnosed with HIV should be put on treatment; and the third 90 indicates that 90 percent of those who received treatment should show reduction in viral load. In Sri Lanka, the estimated number of people living with HIV (PLHIV) at end of 2017 stood at 3,500 and 68 percent of them were diagnosed until 2017. Sri Lanka has achieved 68 percent of the first 90, 54 percent of the second 90, and 93 percent of the third 90 (NSACP Annual Report, 2017). There is a clear need to intensify focus on HIV testing to bolster progress toward achieving the first 90. The need for greater focus on testing is also evident from data on KPs. Analysis of the

GFATM-funded KP program's data on FSWs and MSM in Colombo district (2016–2017) shows that 4,789 FSWs and 433 MSM had not received HIV testing in the last six months.

1.3. FHI 360/LINKAGES project

FHI 360 is a nonprofit human development organization based in North Carolina, United States. FHI 360 is implementing the United States Agency for International Development (USAID) funded Linkages Across the Continuum of HIV Services for Key Populations Affected by HIV (LINKAGES) project across 29 countries since 2017. The aim of the project is to build capacity of government, civil society organizations, and community-led organizations to deliver to KPs quality, comprehensive HIV services across the prevention, treatment, and care and support continuum.

The FHI 360/LINKAGES project was initiated in September 2017 to provide technical assistance to the NSACP and the learning site partners working with the KP program as sub-recipients of GFATM funding. The technical assistance is aimed at building the capacity of learning site partners to deliver quality services under the GFATM program. The LINKAGES project has introduced various tools to improve the skills of staff who implement and monitor the KP program. The tools and processes are for:

- Preparing the due list of KPs not tested in the last six months
- Risk profiling and micro planning
- Polling booth activities to seek community feedback for improving service delivery
- Enhanced peer outreach activities (EPOA) to reach new/never reached/unreached KPs
- Programmatic mapping and hotspot validation

This document provides details on the tools and processes the FHI 360/LINKAGES project has introduced for preparing a due list of KPs who have not undergone HIV testing in the previous six months.

2. Tools and Processes to Prepare the Due List

2.1. Introduction

The objective of preparing a due list is to identify KPs who have not received HIV testing in the last six months or more and to link them with testing services. Under the LINKAGES project, the tools and processes for preparation of due list were implemented through two learning site partners, Community Strength Development Foundation (CSDF) and the Saviya Development Foundation (SDF), focused on FSWs and MSM, respectively.

This document has been prepared based on the steps implemented by CSDF and SDF, who used various tools to prepare the due list, linked the KPs in the due list with HIV testing services, and monitored progress on the due list by working with field supervisors and peer educators.

2.2. Objectives of preparing the due list

- Identify the peers/KPs who have not been tested over the last six months (each peer/KP registered with the program is required to receive HIV testing every six months to ascertain their HIV status)

- Prepare and implement a plan for linking the due listed KPs to STD clinics for HIV testing

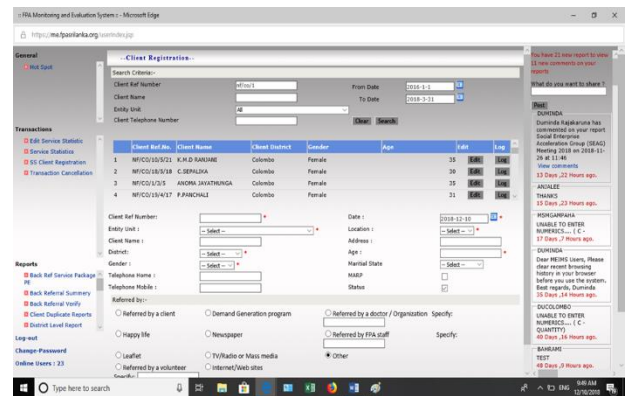
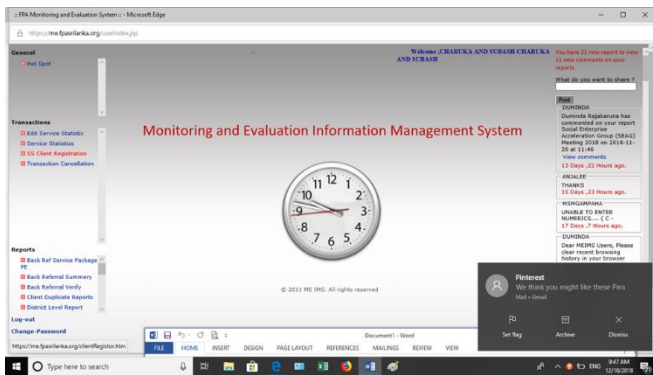
2.3. Expected outcomes

- Link the peers/KPs who have not been tested to STD clinics
- Get information about the peer educators and field supervisors who have the highest number of due listed peers/KPs
- Plan activities to support peer educators so that the due listed peers/KPs receive HIV testing services

2.4. Steps to prepare the due list

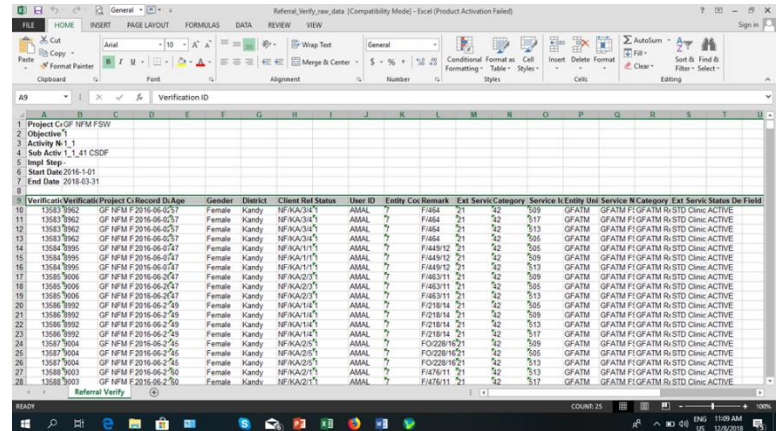
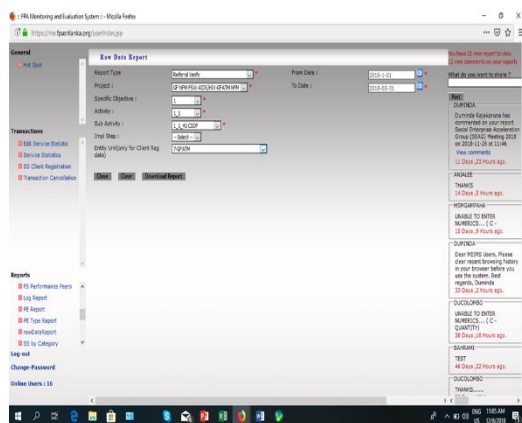
Step 1:

Obtain data on the registered KPs from the existing monitoring and evaluation information management system (MEIMS).



In their implementation of the due listing activity, CSDf and SDF had obtained information from the year 2016 to March 31, 2018. In normal practice, data for at least six months is required to prepare the due list. Hence, if a program starts in March 2019, due list can only be prepared in October 2019 when data for more than six months is available for analysis.

Important: Data should be available in Excel format for ease of analysis.



Step 2:

Check the accuracy of data and remove any duplicate data (registration numbers and clinic numbers). To do this, select the relevant columns in the Excel sheet and use the 'Conditional Formatting' tab available on the homepage of the Excel sheet. Under conditional formatting, select 'Highlight Cell Rules' and 'Duplicate Values'. Once these are selected, the Excel sheet will highlight duplicates across various data sets.

Also study the data in detail to remove duplicates.

The screenshot shows the Microsoft Excel interface with the 'Remove Duplicates' dialog box open. The dialog box is positioned over a spreadsheet with columns A through U. The dialog box contains the text: 'Remove Duplicates', 'Delete duplicate rows from a sheet.', and 'You can pick which columns should be checked for duplicate information.' The spreadsheet data includes columns for Verification ID, Project, Record, Age, Gender, District, Client ID, Status, User ID, Entity, Remark, Ext Set, Catego, Service, Entity, Service, Catego, Ext Set, Status, and Field. The data rows show various registration details for Project C, GF, NFM, FSW, Objective 1, Activity N, 1, 1, Sub Activ 1, 1, 41 CSDF, Impl Step, Start Date 2016-1-01, and End Date 2018-03-31.

Step 3:

Compare registration data with escort data.

Important: The escort data should be for the same period and should have all the required details, such as the unique identification code (UIC), date of testing, clinic name, etc., in an Excel sheet for comparison with registration details.

Important: Take the final list of UICs from the registration sheet to a new Excel sheet and paste. Copy the escort details from the escort data sheet and paste next to the registration column in the new Excel sheet. Name the new Excel sheet as 'Due List – *name of the organization - period of data*' and save.

Step 4:

Prepare the due list of the KPs who have not been tested.

Important: Run the duplication check to highlight those KP who have finished escort from the registration data. This will get you the list of peers/KPs from the registration list who have not tested for HIV in the last six months. This is your due list.

Sort the data by using the 'Highlight Color' option and copy the due list data to a new sheet in the same file.

Step 5:

Using this due list, prepare separate due lists for clinics linked with different field supervisors and peer educators.

- Based on their due lists, set targets for each peer educator and field supervisor and monitor progress.
- Give a monthly target of the peers/KPs from the due list who need to be linked with community-based testing (CBT).
- Encourage peer educators to organize mobile clinics and CBT.

2.5. Steps to disaggregate the due list data by field supervisors and peer educators

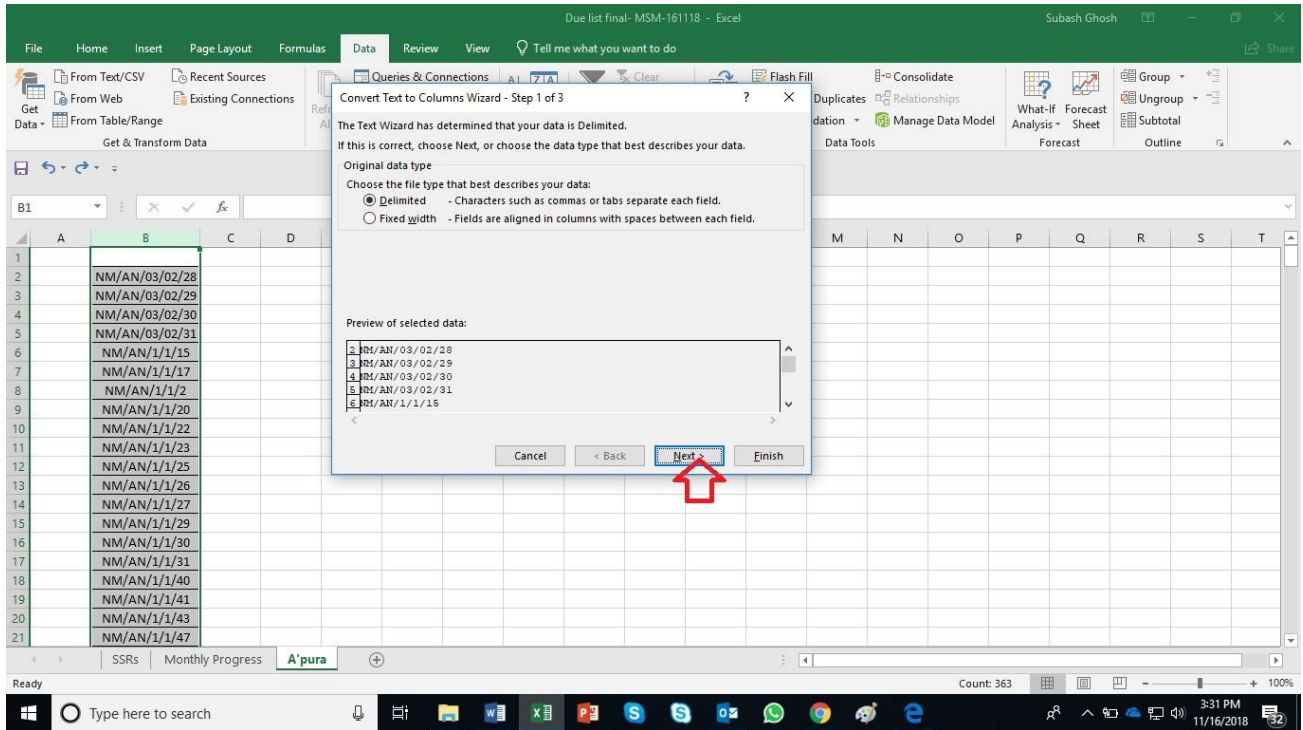
Step 1:

Open the due list sheet. Select the registration numbers and then select 'Data'. Now select 'Text to Column'.

The screenshot shows the Microsoft Excel interface with the 'Data' tab selected. The 'Text to Columns' button in the 'Data Tools' group is highlighted with a red arrow and labeled 'Last step'. A tooltip for 'Text to Columns' is displayed, providing instructions on how to split text into columns. The spreadsheet shows a column of registration numbers in column C, with a red arrow labeled 'First step' pointing to the first cell.

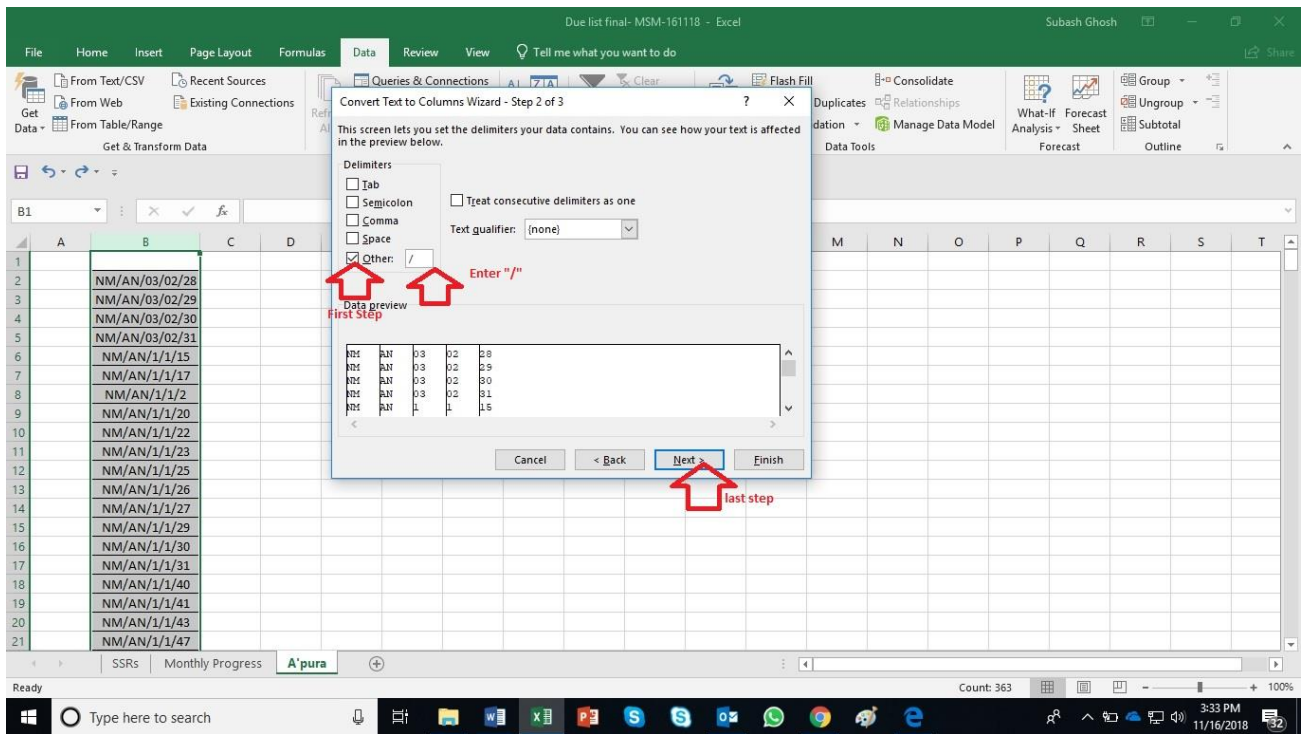
	A	B	C	D	E	F	G	H	I	J	O	P	Q	R	S	T
1																
2			NM/AN/03/02/28													
3			NM/AN/03/02/29													
4			NM/AN/03/02/30													
5			NM/AN/03/02/31													
6			NM/AN/1/1/15													
7			NM/AN/1/1/17													
8			NM/AN/1/1/2													
9			NM/AN/1/1/20													
10			NM/AN/1/1/22													
11			NM/AN/1/1/23													
12			NM/AN/1/1/25													
13			NM/AN/1/1/26													
14			NM/AN/1/1/27													
15			NM/AN/1/1/29													
16			NM/AN/1/1/30													
17			NM/AN/1/1/31													
18			NM/AN/1/1/40													
19			NM/AN/1/1/41													
20			NM/AN/1/1/43													
21			NM/AN/1/1/47													

Step 2: Select 'Next' in the dialog box, as shown below.



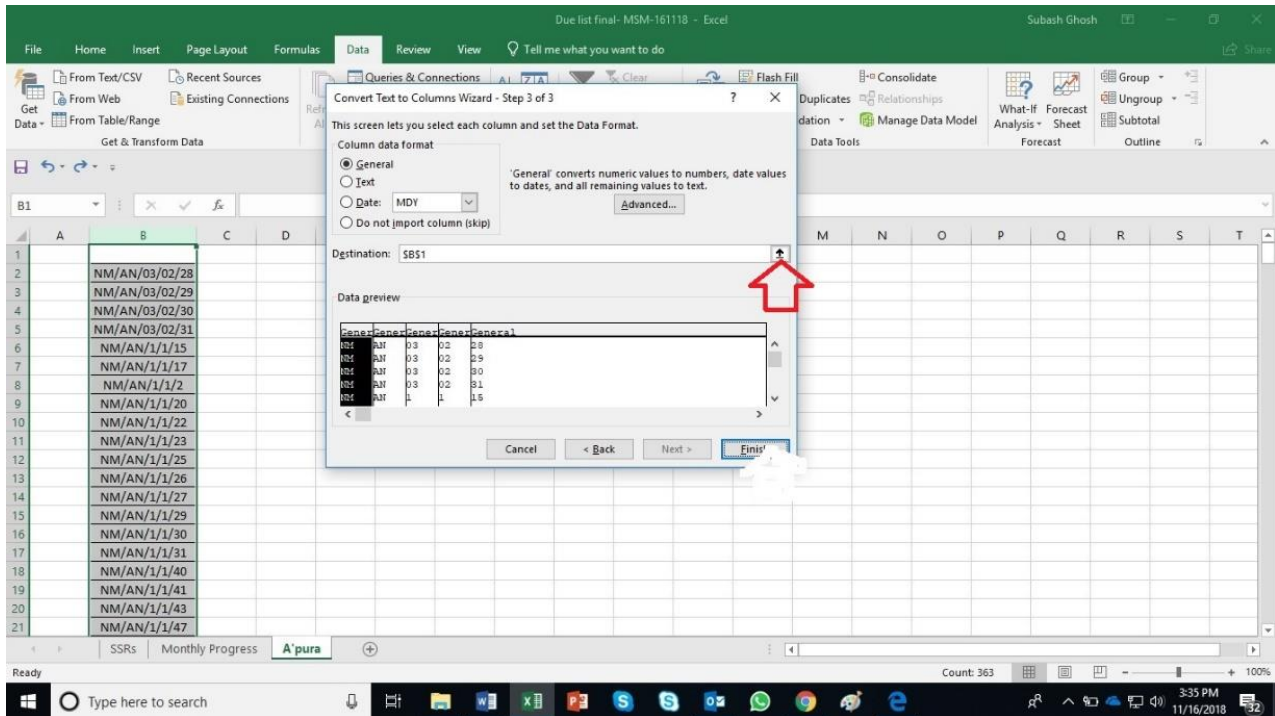
Step 3:

In the next screen of the dialog box, remove the tick mark from the 'Tab' option and apply the tick mark to the 'Other' option. Put a forward slash ('/') in the box next to the 'Other' option. Now select 'Next'.

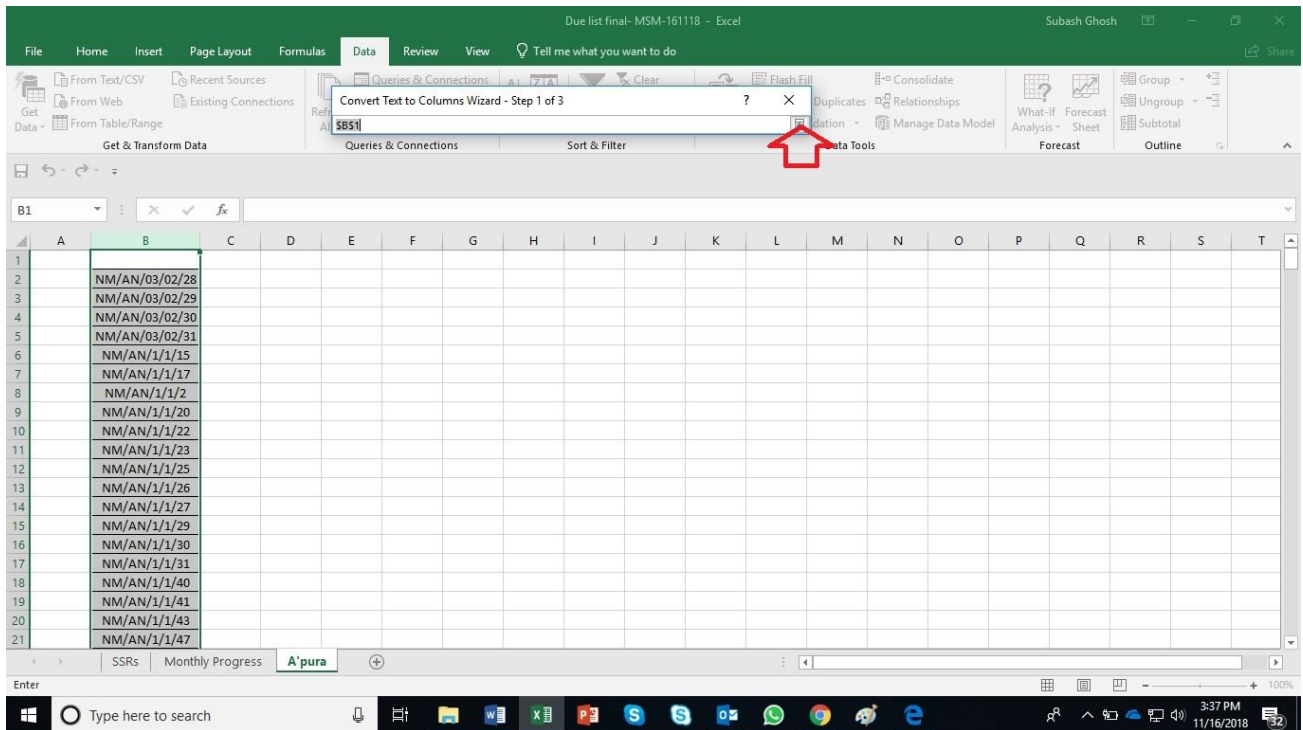


Step 4:

In the next screen of the dialog box, click on 'Destination'.

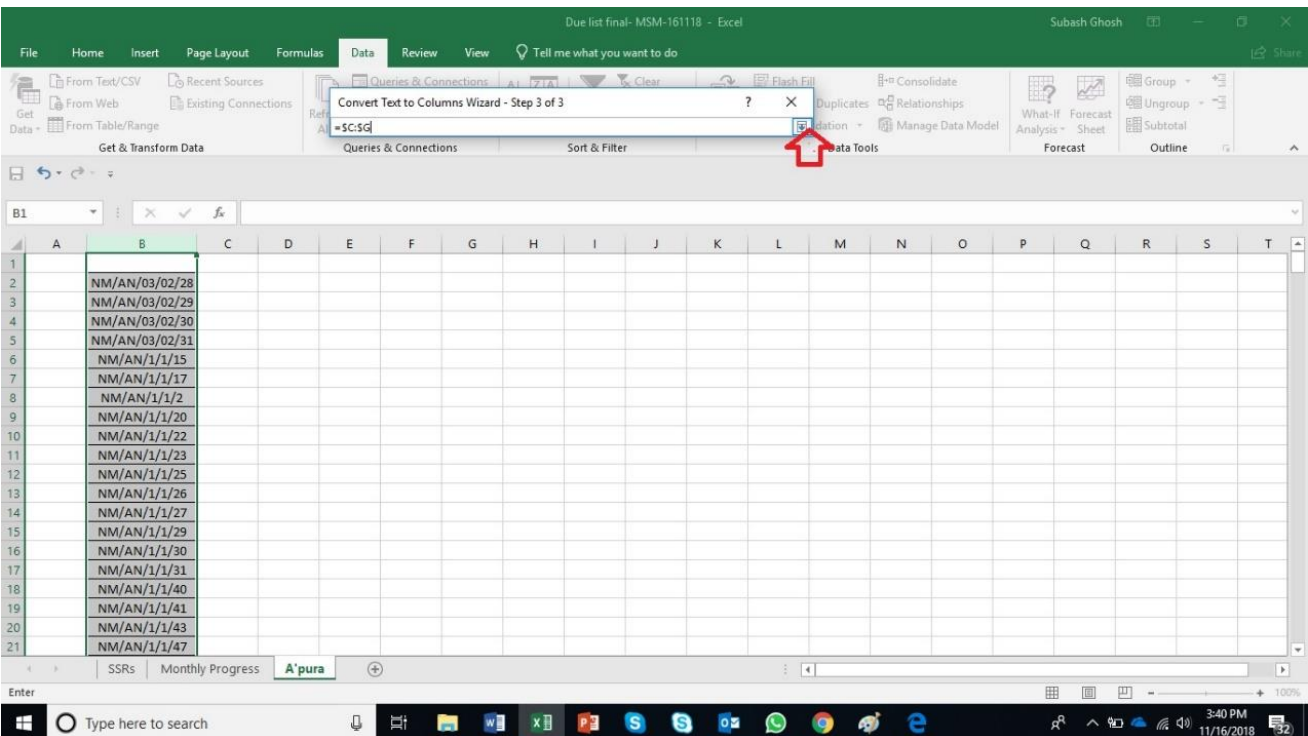
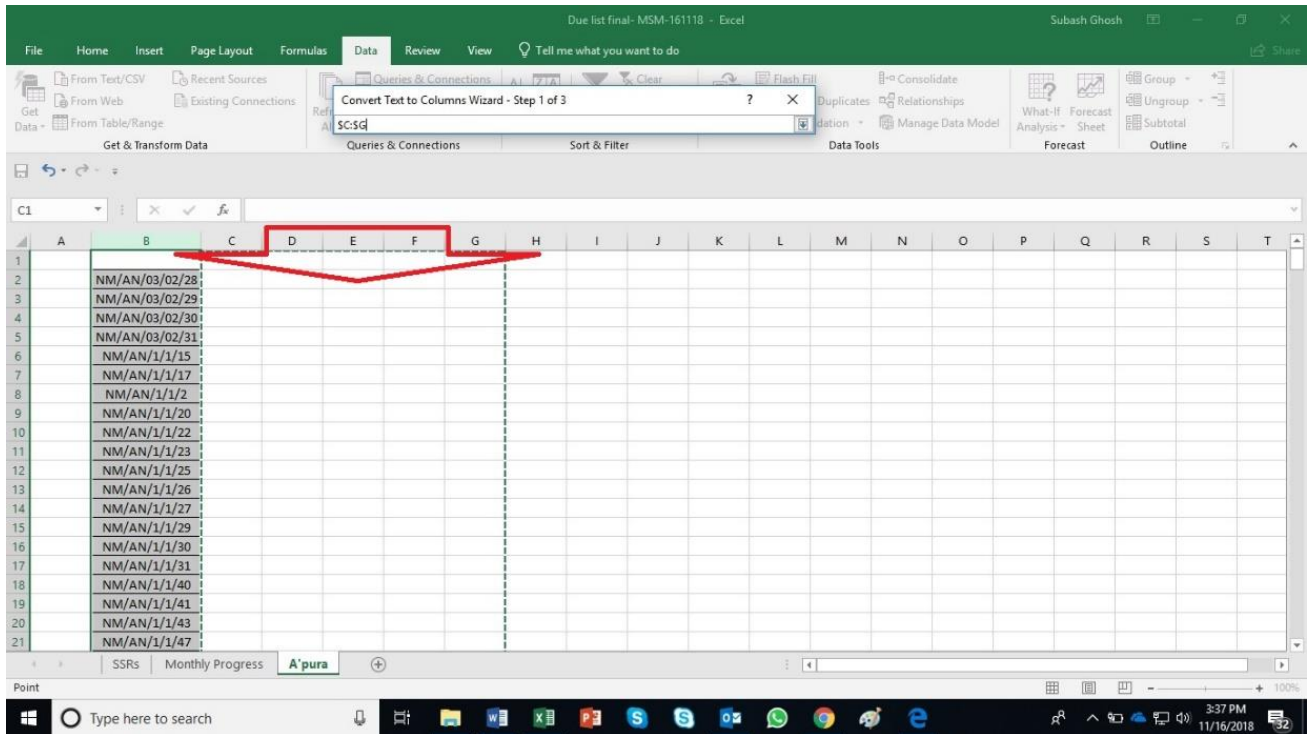


The screen below will appear.



Step 5:

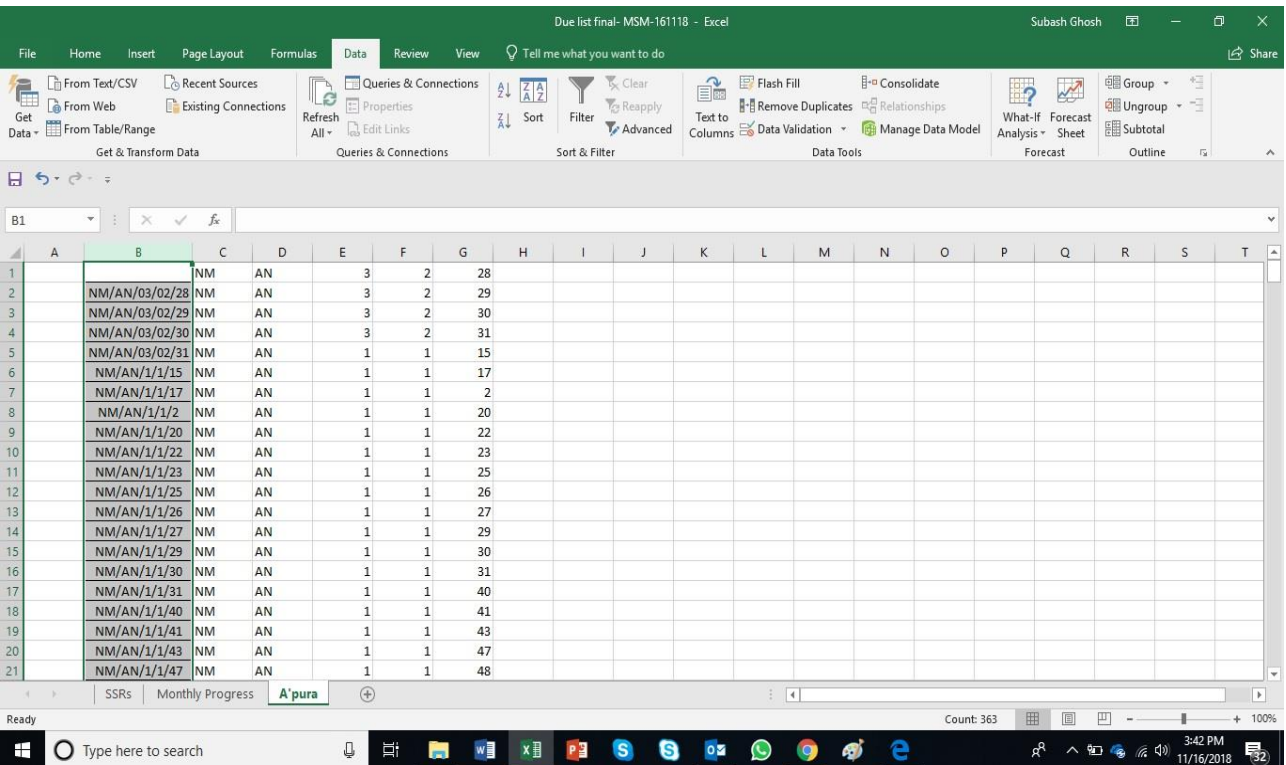
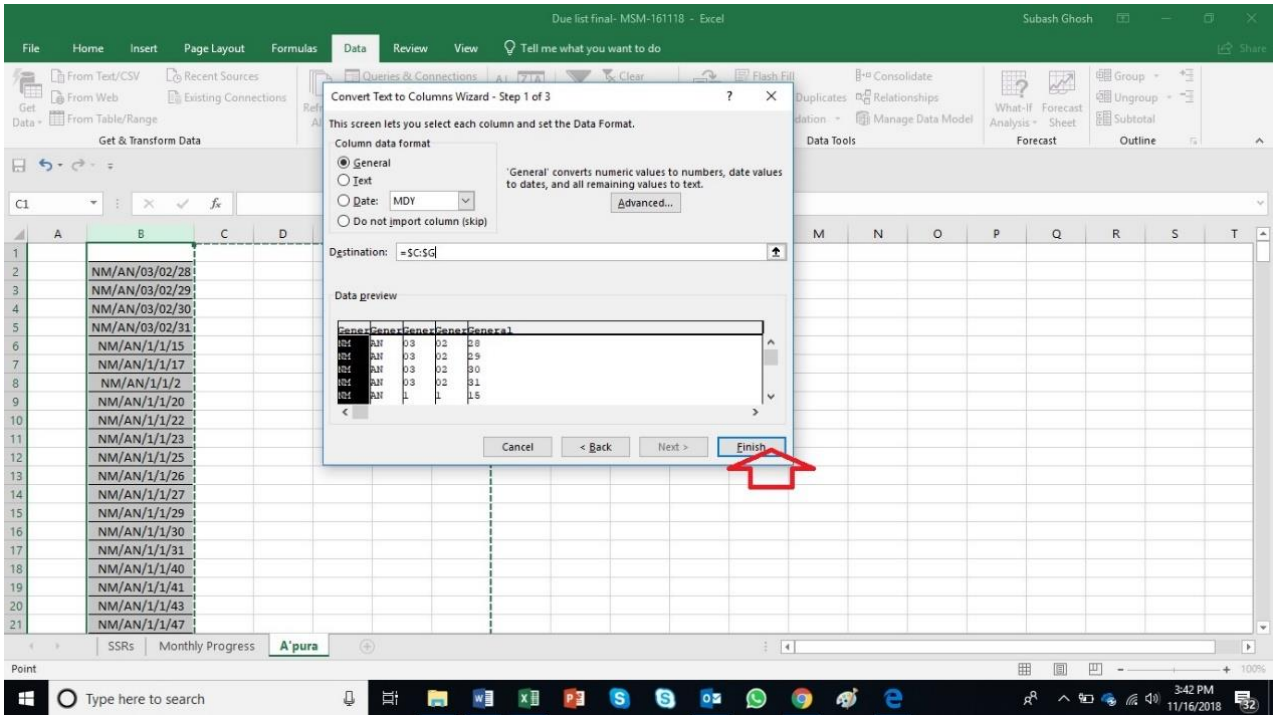
Select the number of columns to enter information; five columns are selected in the sheet shown below. The number of columns to be selected will depend on the number of characters available in the data. For example, in the sheet below, the data has five characters ('NM', 'AN', '01', '02', and '03'). If there were only four characters, only four columns would need to be selected.



Step 6:

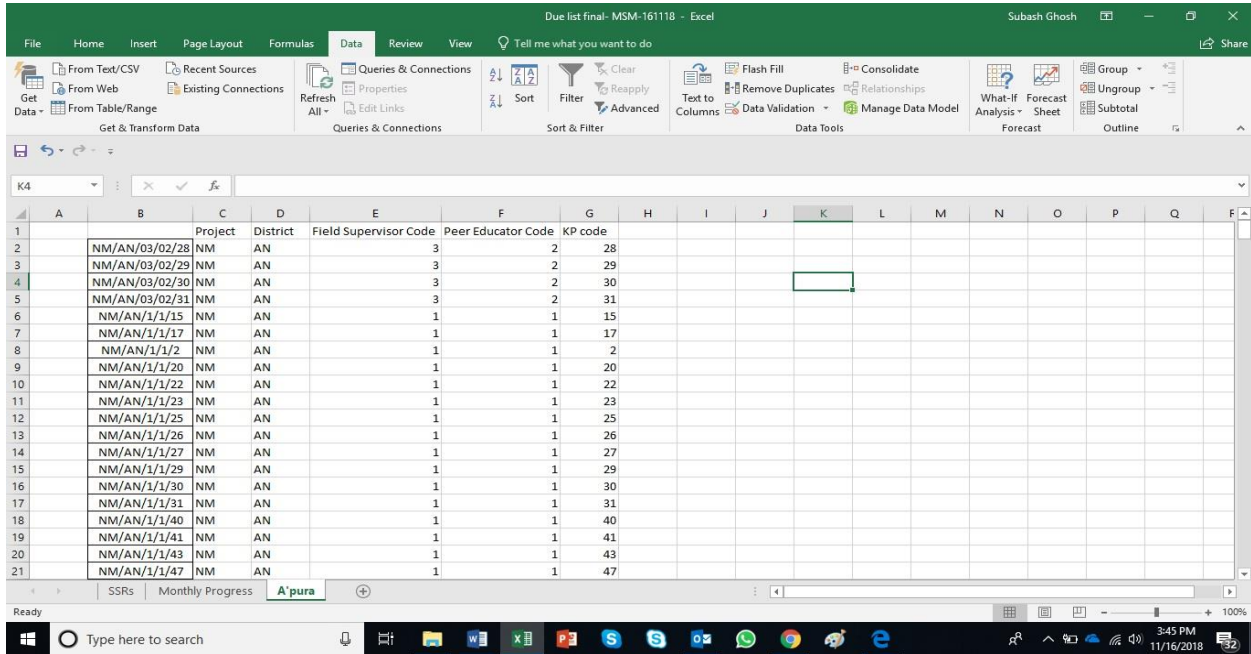
Choose 'Destination' again and then select 'Finish'.

This will present the data in separate columns, as shown below.



Step 7:

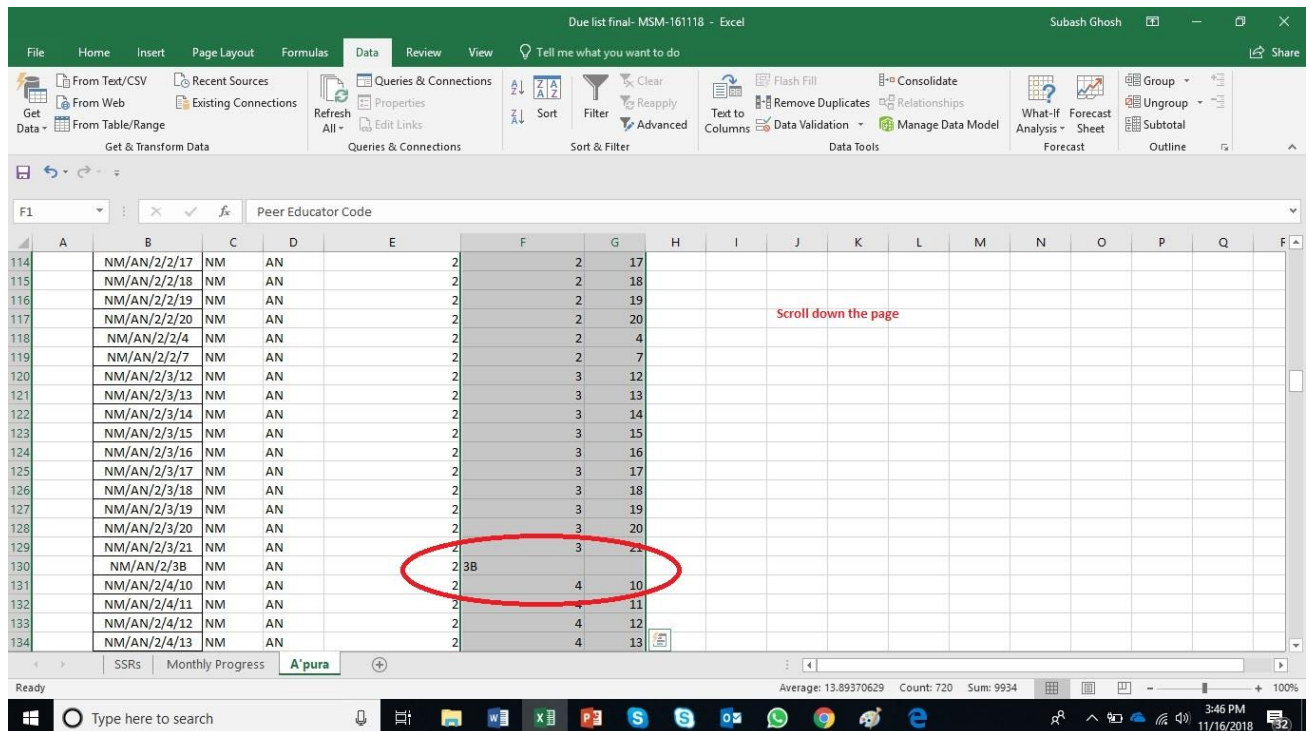
Name each column to match with the type of data and as per the UIC used during registration.



Step 8:

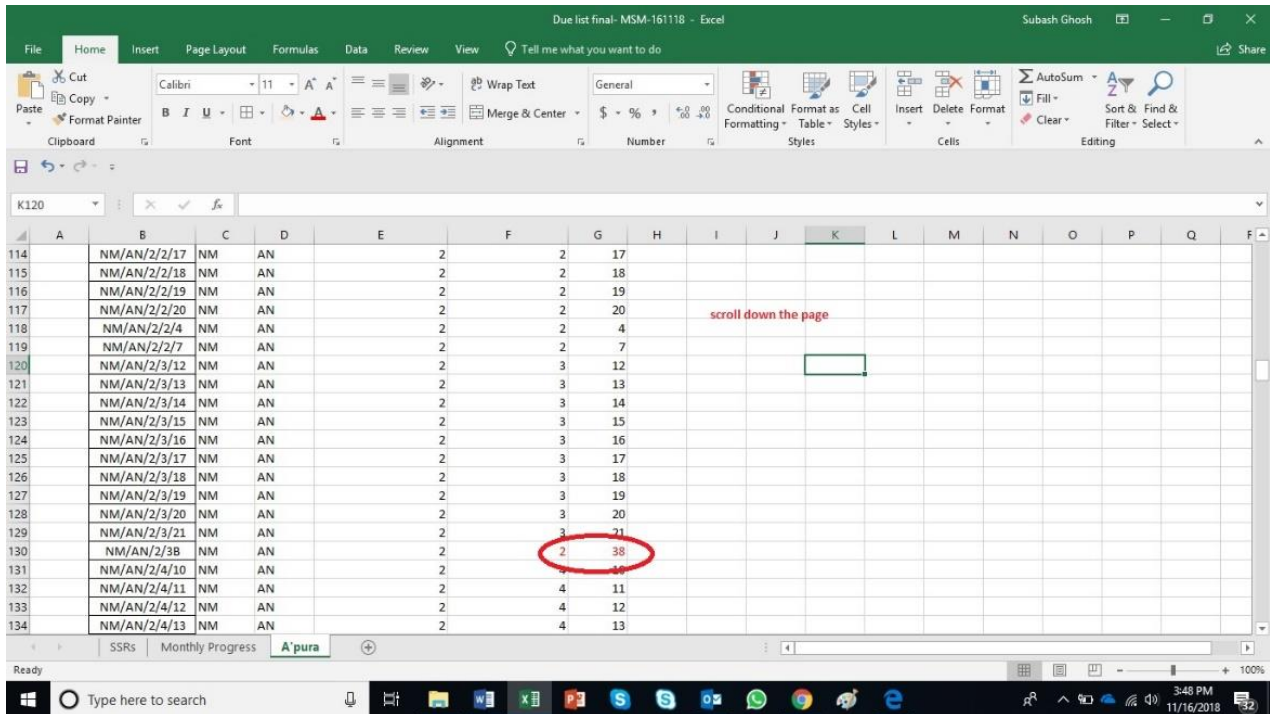
Check to ensure that the information is correct.

In the screenshot below, the peer educator code is shown as number 38. Check if there is any peer educator



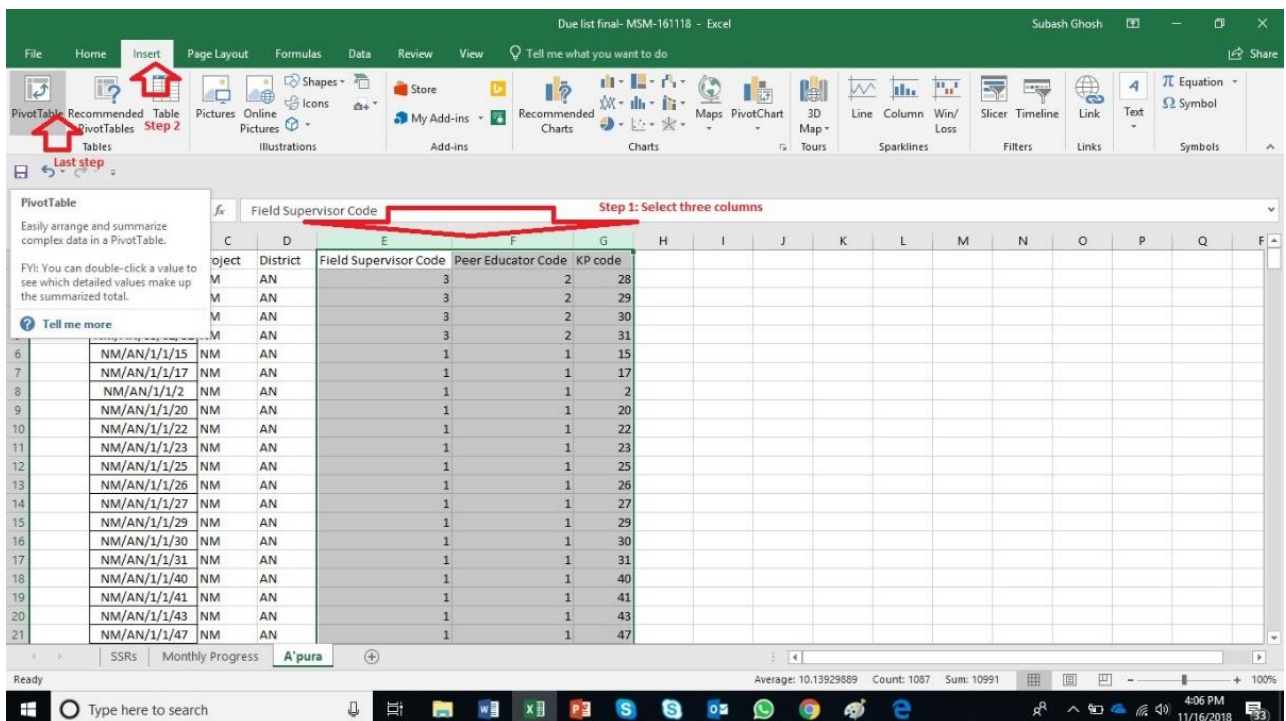
with code number 38; if not, revise the number. Also note that the KP code is blank. Populate the cell with the correct number.

Carefully review the sheet and correct any numbers as needed.

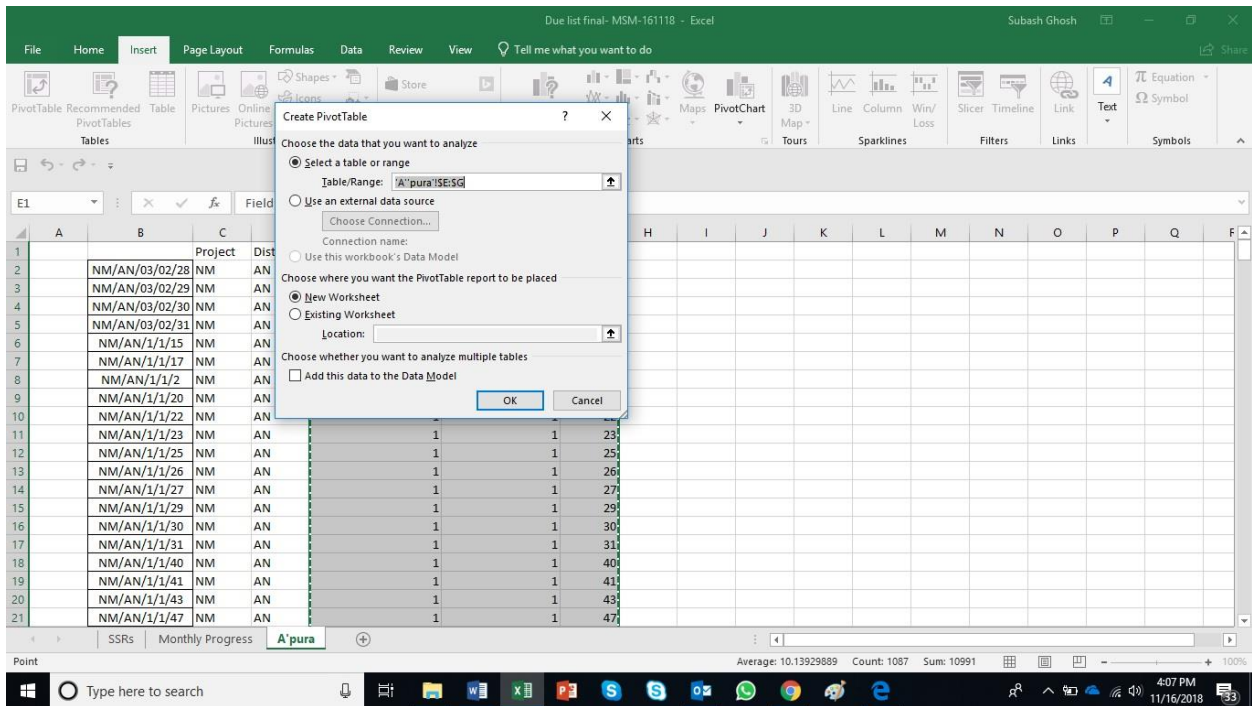


Step 9:

Create a pivot table for the last three columns ('E', 'F', 'G'). You can do this by clicking on the 'Insert' tab and the 'Pivot Table' function, as shown below.

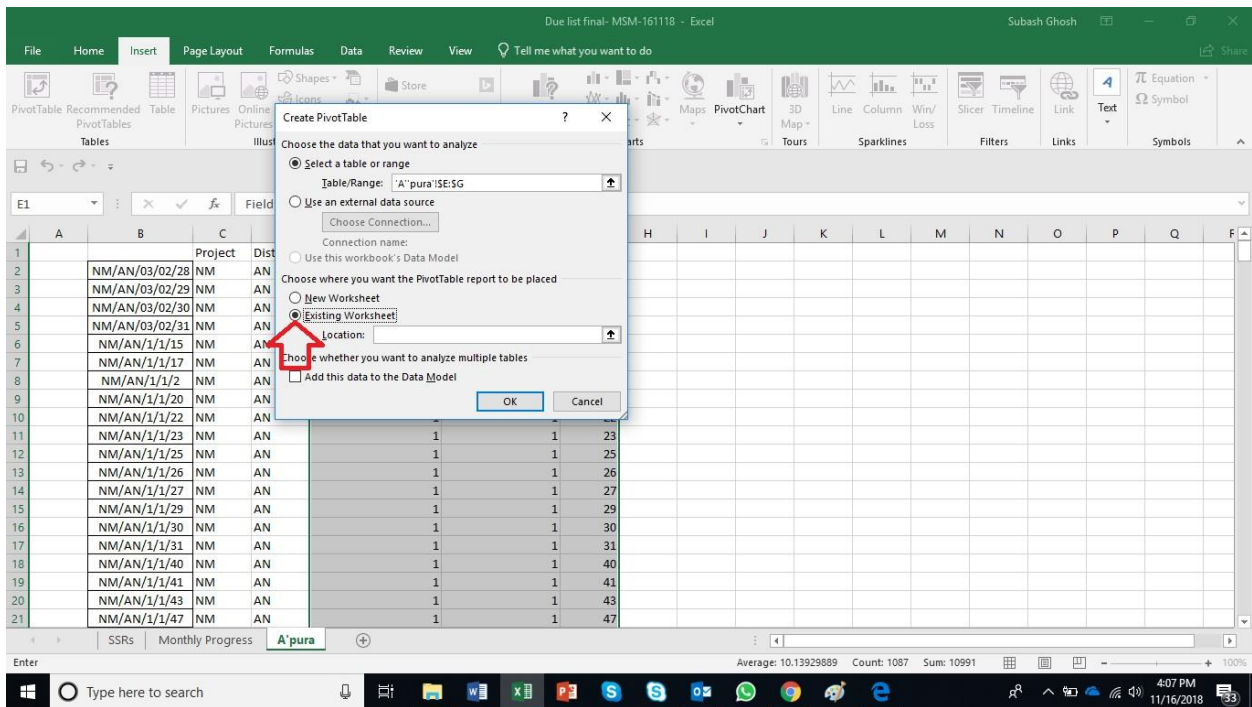


A dialog box for 'Create Pivot Table' will appear, as shown below.



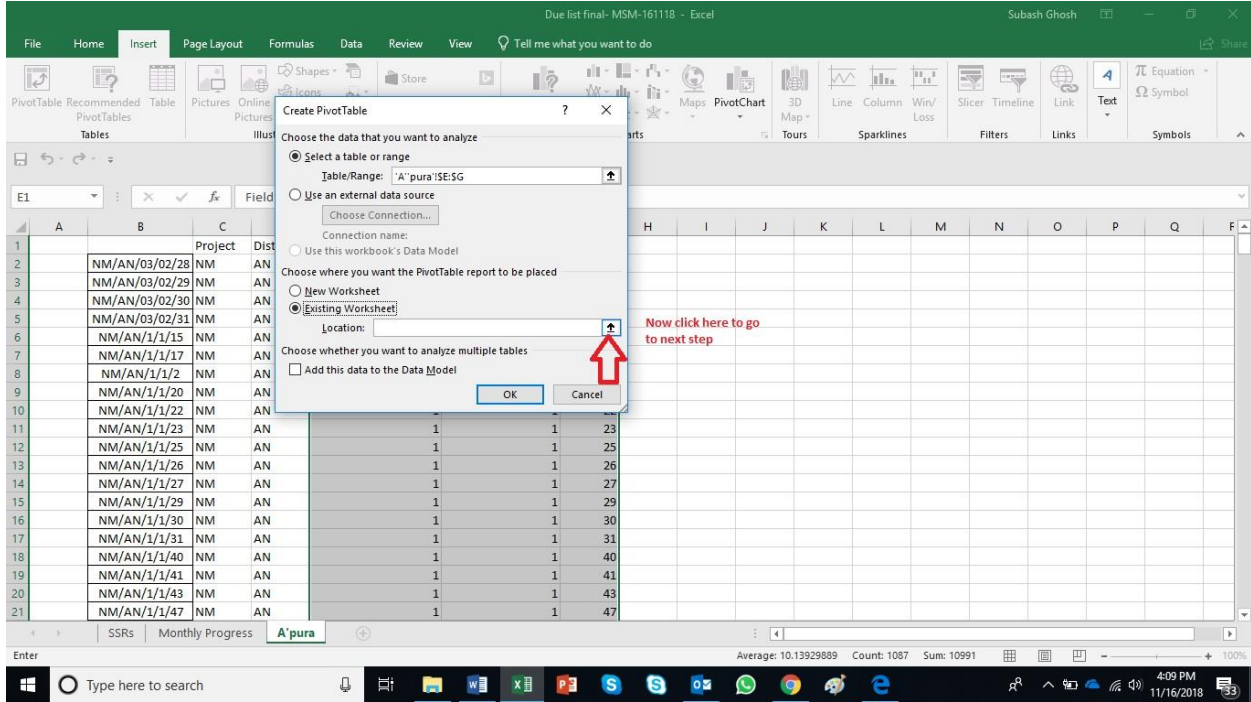
Step 10:

Select the appropriate range and the option 'Existing Worksheet'. The 'appropriate range' for data are the codes for field supervisors, peer educators, and KP individuals.

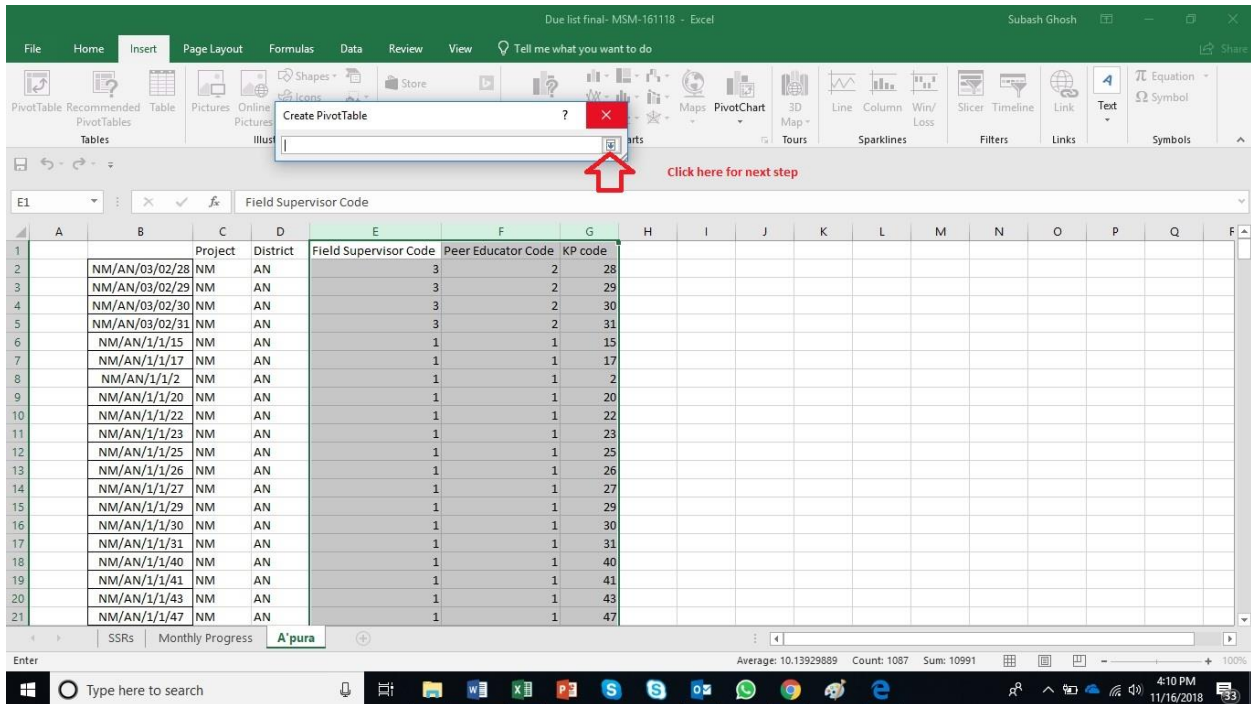


Step 11:

Select 'Location' under the 'Existing Worksheet' option.



A new dialog box will appear, as shown below.



Step 12:

Select the next three empty columns ('H', 'I', 'J').

The screenshot shows the 'Create PivotTable' dialog box in Excel. The 'Table/Range of cells' field contains the formula '=A:pura!\$H:\$J'. A red arrow points to the 'Select a table or range of cells' button. Another red arrow points to columns H, I, and J in the spreadsheet, with a text box saying 'First you select the required number of column, we need three'.

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R
1			Project	District	Field Supervisor Code	Peer Educator Code	KP code											
2		NM/AN/03/02/28	NM	AN	3	2	28											
3		NM/AN/03/02/29	NM	AN	3	2	29											
4		NM/AN/03/02/30	NM	AN	3	2	30											
5		NM/AN/03/02/31	NM	AN	3	2	31											
6		NM/AN/1/1/15	NM	AN	1	1	15											
7		NM/AN/1/1/17	NM	AN	1	1	17											
8		NM/AN/1/1/2	NM	AN	1	1	2											
9		NM/AN/1/1/20	NM	AN	1	1	20											
10		NM/AN/1/1/22	NM	AN	1	1	22											
11		NM/AN/1/1/23	NM	AN	1	1	23											
12		NM/AN/1/1/25	NM	AN	1	1	25											
13		NM/AN/1/1/26	NM	AN	1	1	26											
14		NM/AN/1/1/27	NM	AN	1	1	27											
15		NM/AN/1/1/29	NM	AN	1	1	29											
16		NM/AN/1/1/30	NM	AN	1	1	30											
17		NM/AN/1/1/31	NM	AN	1	1	31											
18		NM/AN/1/1/40	NM	AN	1	1	40											
19		NM/AN/1/1/41	NM	AN	1	1	41											
20		NM/AN/1/1/43	NM	AN	1	1	43											
21		NM/AN/1/1/47	NM	AN	1	1	47											

Step 13:

A check box, named 'Pivot Table Fields', will appear on the right-hand pane.

In the check box, select the 'Field Supervisor Code' option and name the columns. This will give you data sets clearly mentioning the project, district, field supervisor, peer educator, and individual KP codes.

The screenshot shows the 'PivotTable Fields' task pane on the right side of the Excel window. The 'Field Supervisor Code' checkbox is checked. The data table from the previous screenshot is visible in the background.

	A	B	C	D	E	F	G	H	I	J	K	L	M
1			Project	District	Field Supervisor Code	Peer Educator Code	KP code						
2		NM/AN/03/02/28	NM	AN	3	2	28						
3		NM/AN/03/02/29	NM	AN	3	2	29						
4		NM/AN/03/02/30	NM	AN	3	2	30						
5		NM/AN/03/02/31	NM	AN	3	2	31						
6		NM/AN/1/1/15	NM	AN	1	1	15						
7		NM/AN/1/1/17	NM	AN	1	1	17						
8		NM/AN/1/1/2	NM	AN	1	1	2						
9		NM/AN/1/1/20	NM	AN	1	1	20						
10		NM/AN/1/1/22	NM	AN	1	1	22						
11		NM/AN/1/1/23	NM	AN	1	1	23						
12		NM/AN/1/1/25	NM	AN	1	1	25						
13		NM/AN/1/1/26	NM	AN	1	1	26						
14		NM/AN/1/1/27	NM	AN	1	1	27						
15		NM/AN/1/1/29	NM	AN	1	1	29						
16		NM/AN/1/1/30	NM	AN	1	1	30						
17		NM/AN/1/1/31	NM	AN	1	1	31						
18		NM/AN/1/1/40	NM	AN	1	1	40						
19		NM/AN/1/1/41	NM	AN	1	1	41						
20		NM/AN/1/1/43	NM	AN	1	1	43						
21		NM/AN/1/1/47	NM	AN	1	1	47						

Step 14:

	Project	District	Field Supervisor Code	Peer Educator Code	KP code	Row Labels
NM/AN/03/02/28	NM	AN	3	2	28	1
NM/AN/03/02/29	NM	AN	3	2	29	2
NM/AN/03/02/30	NM	AN	3	2	30	3
NM/AN/03/02/31	NM	AN	3	2	31	4
NM/AN/1/1/15	NM	AN	1	1	15	(blank)
NM/AN/1/1/17	NM	AN	1	1	17	Grand Total
NM/AN/1/1/2	NM	AN	1	1	2	
NM/AN/1/1/20	NM	AN	1	1	20	
NM/AN/1/1/22	NM	AN	1	1	22	
NM/AN/1/1/23	NM	AN	1	1	23	
NM/AN/1/1/25	NM	AN	1	1	25	
NM/AN/1/1/26	NM	AN	1	1	26	
NM/AN/1/1/27	NM	AN	1	1	27	
NM/AN/1/1/29	NM	AN	1	1	29	
NM/AN/1/1/30	NM	AN	1	1	30	
NM/AN/1/1/31	NM	AN	1	1	31	
NM/AN/1/1/40	NM	AN	1	1	40	
NM/AN/1/1/41	NM	AN	1	1	41	
NM/AN/1/1/43	NM	AN	1	1	43	
NM/AN/1/1/47	NM	AN	1	1	47	

PivotTable Fields

Choose fields to add to report:

Search

Field Supervisor Code

Peer Educator Code

KP code

Step 1: Select this

More Tables...

Drag fields between areas below:

Filters Columns

Rows Values

Field Supervi... Peer Educator Code

Field Supervisor Code

Defer Layout Update Update

Last Step: Hold the Data at above selected box with cursor and move to rows

In the check box, select 'Peer Educator Code' and select it in row. This will help you to prepare the due list for each peer educator.

	Project	District	Field Supervisor Code	Peer Educator Code	KP code	Sum of Peer Educator Code	Column Labels
NM/AN/03/02/28	NM	AN	3	2	28	Row Labels	1 2 3 4 5
NM/AN/03/02/29	NM	AN	3	2	29	1	29 76 130 1
NM/AN/03/02/30	NM	AN	3	2	30	2	3 28 30 56 130
NM/AN/03/02/31	NM	AN	3	2	31	3	14 24 63 116
NM/AN/1/1/15	NM	AN	1	1	15	4	17 54 45 136 85
NM/AN/1/1/17	NM	AN	1	1	17	(blank)	
NM/AN/1/1/2	NM	AN	1	1	2	Grand Total	63 106 138 384 345 2
NM/AN/1/1/20	NM	AN	1	1	20		
NM/AN/1/1/22	NM	AN	1	1	22		
NM/AN/1/1/23	NM	AN	1	1	23		
NM/AN/1/1/25	NM	AN	1	1	25		
NM/AN/1/1/26	NM	AN	1	1	26		
NM/AN/1/1/27	NM	AN	1	1	27		
NM/AN/1/1/29	NM	AN	1	1	29		
NM/AN/1/1/30	NM	AN	1	1	30		
NM/AN/1/1/31	NM	AN	1	1	31		
NM/AN/1/1/40	NM	AN	1	1	40		
NM/AN/1/1/41	NM	AN	1	1	41		
NM/AN/1/1/43	NM	AN	1	1	43		
NM/AN/1/1/47	NM	AN	1	1	47		

PivotTable Fields

Choose fields to add to report:

Search

Field Supervisor Code

Peer Educator Code

KP code

More Tables...

Step 1: Select Peer Educator code

Drag fields between areas below:

Filters Columns

Peer Educator...

Peer Educator C values

Field Supervi... Sum of Peer E...

Defer Layout Update Update

Last step: Hold the above box with cursor and move to columns

Step 15:

In the check box, select 'KP Code' and click on the Value box.

The screenshot shows the PivotTable Fields task pane on the right side of the Excel window. The 'Values' section is expanded, and 'Sum of KP code' is selected. A red arrow points to the 'KP code' checkbox, which is checked. Another red arrow points to the 'Sum of KP code' dropdown in the Values section. The background shows a PivotTable with columns for Project, District, Field Supervisor Code, Peer Educator Code, KP code, and a Grand Total column.

Step 1: Select KP Code

Last step: Drag the selected data to this section

Step 16:

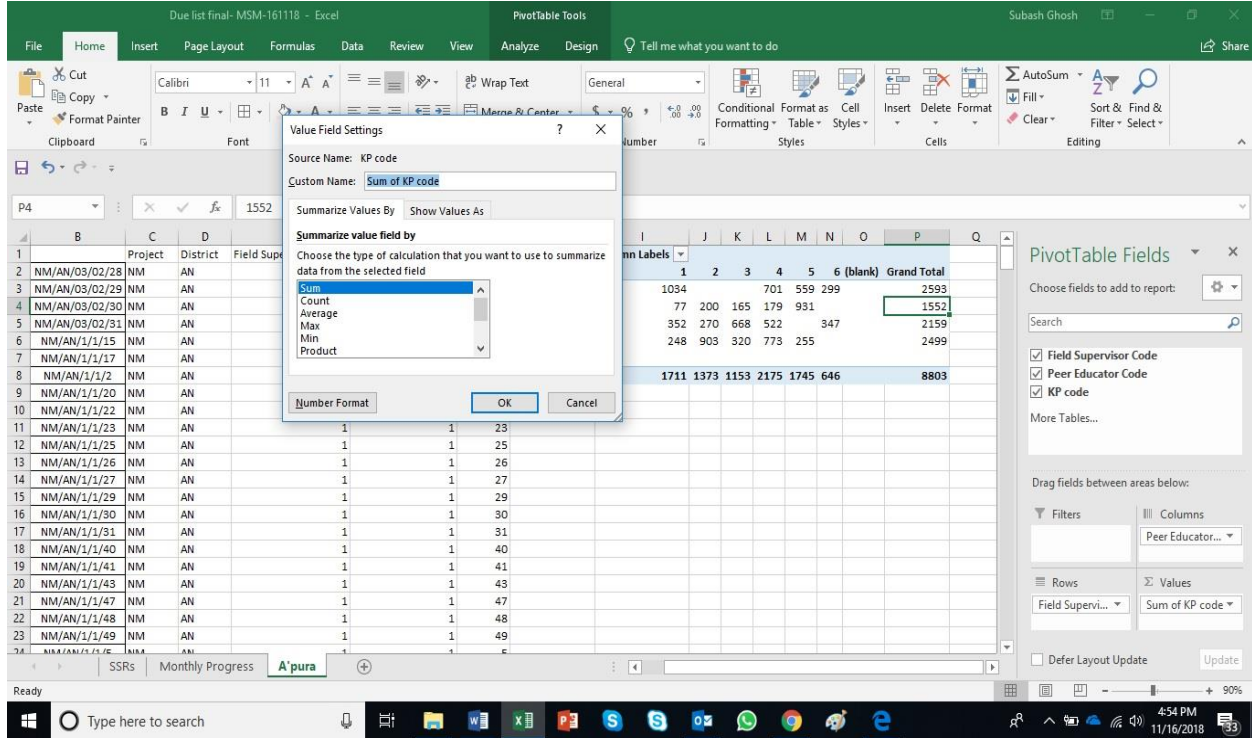
Now select 'Value Field Settings', as shown in the screenshot below.

The screenshot shows the PivotTable Fields task pane on the right side of the Excel window. The 'Value Field Settings...' option is highlighted in the Values section. A red arrow points to this option. The background shows the same PivotTable as in Step 15.

Select the highlighted section and chose "Value Field Settings"

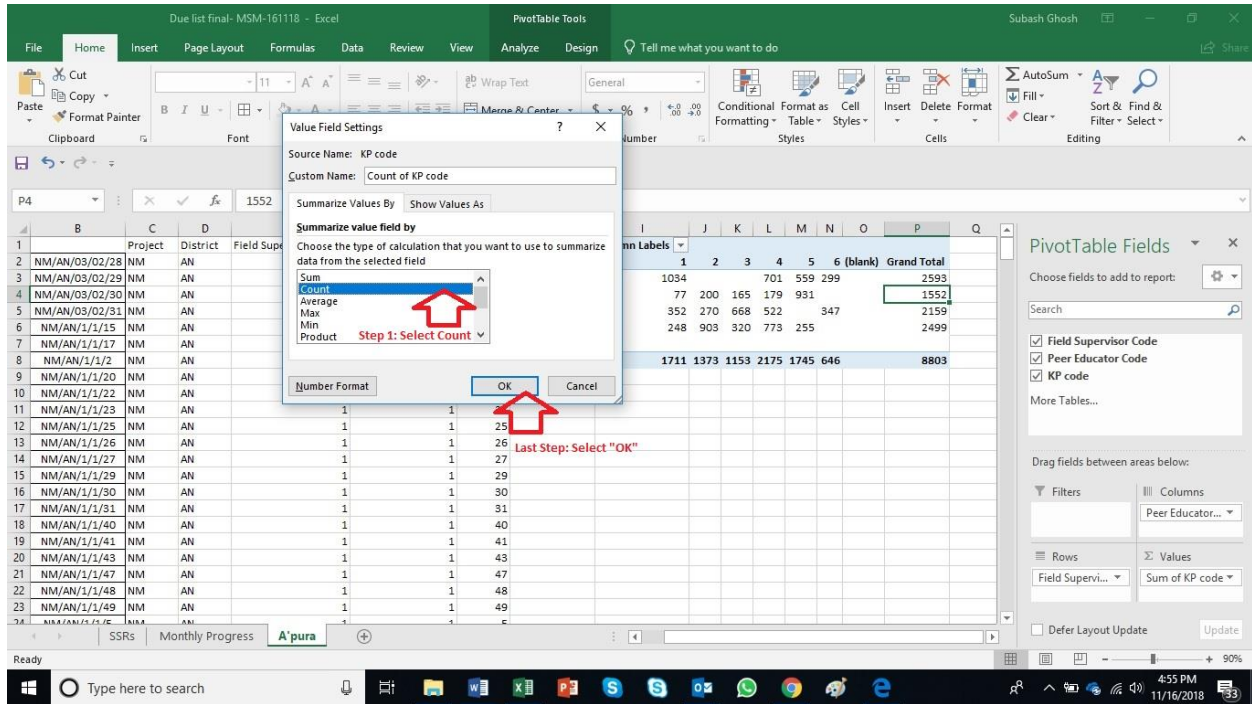
Step 17:

When you click on 'Value Field Settings', a dialog box will open, with the option 'Sum' highlighted.



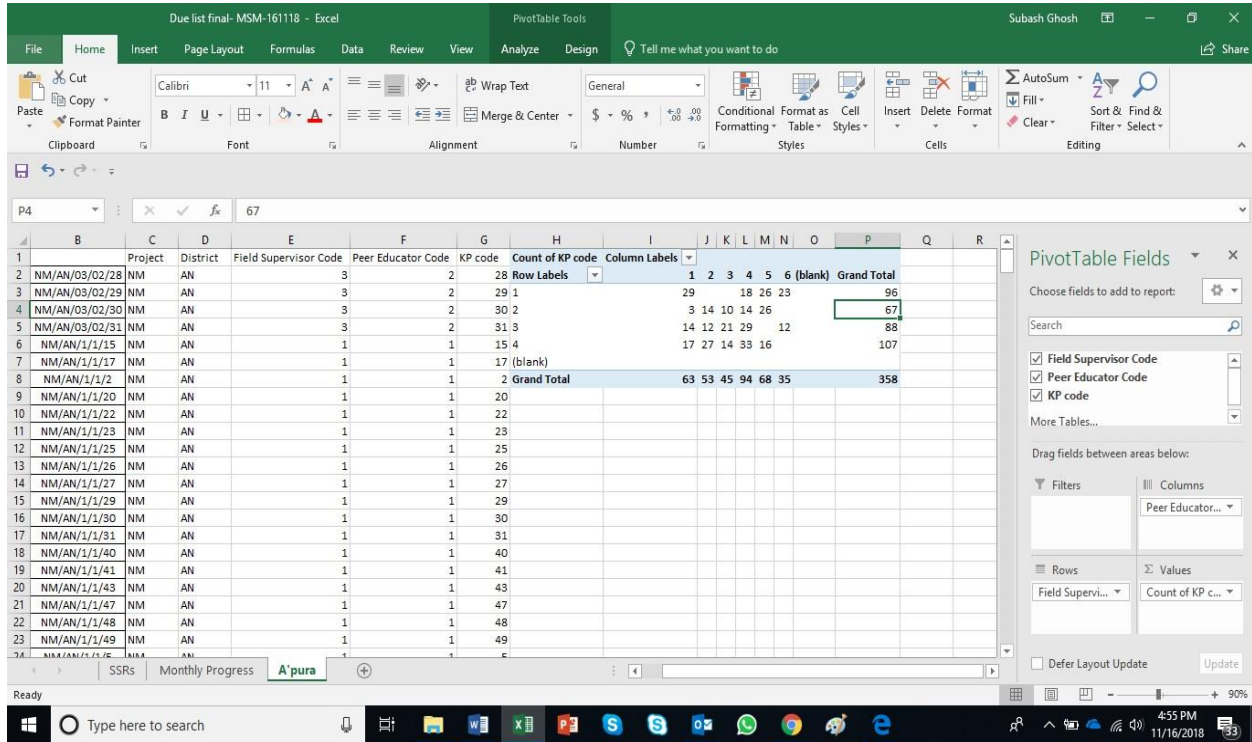
Step 18:

Select the option 'Count' and then click 'OK', as shown below.



Step 19:

The data will get presented as a detailed list of KPs for each peer educator.



Field supervisor	Peer Educator 1	Peer Educator 2	Peer Educator 3	Peer Educator 4	Peer Educator 5	Peer Educator 6
FS1	පොරොන්තු ලේඛනයේ ඇති සාමාජිකාවන් ගණන	පොරොන්තු ලේඛනයේ ඇති සාමාජිකාවන් ගණන	පොරොන්තු ලේඛනයේ ඇති සාමාජිකාවන් ගණන	පොරොන්තු ලේඛනයේ ඇති සාමාජිකාවන් ගණන	පොරොන්තු ලේඛනයේ ඇති සාමාජිකාවන් ගණන	පොරොන්තු ලේඛනයේ ඇති සාමාජිකාවන් ගණන
	Number of KPs in the due list	Number of KPs in the due list	Number of KPs in the due list	Number of KPs in the due list	Number of KPs in the due list	Number of KPs in the due list
FS2	පොරොන්තු ලේඛනයේ ඇති සාමාජිකාවන් ගණන	පොරොන්තු ලේඛනයේ ඇති සාමාජිකාවන් ගණන	පොරොන්තු ලේඛනයේ ඇති සාමාජිකාවන් ගණන	පොරොන්තු ලේඛනයේ ඇති සාමාජිකාවන් ගණන	පොරොන්තු ලේඛනයේ ඇති සාමාජිකාවන් ගණන	පොරොන්තු ලේඛනයේ ඇති සාමාජිකාවන් ගණන
FS3	පොරොන්තු ලේඛනයේ ඇති සාමාජිකාවන් ගණන	පොරොන්තු ලේඛනයේ ඇති සාමාජිකාවන් ගණන	පොරොන්තු ලේඛනයේ ඇති සාමාජිකාවන් ගණන	පොරොන්තු ලේඛනයේ ඇති සාමාජිකාවන් ගණන	පොරොන්තු ලේඛනයේ ඇති සාමාජිකාවන් ගණන	පොරොන්තු ලේඛනයේ ඇති සාමාජිකාවන් ගණන
FS4	පොරොන්තු ලේඛනයේ ඇති සාමාජිකාවන් ගණන	පොරොන්තු ලේඛනයේ ඇති සාමාජිකාවන් ගණන	පොරොන්තු ලේඛනයේ ඇති සාමාජිකාවන් ගණන	පොරොන්තු ලේඛනයේ ඇති සාමාජිකාවන් ගණන	පොරොන්තු ලේඛනයේ ඇති සාමාජිකාවන් ගණන	පොරොන්තු ලේඛනයේ ඇති සාමාජිකාවන් ගණන

The final analysis can be made available to field supervisors, as shown in the table below. You will need to create this table for each field supervisor from the data shown in Step 19.

Field supervisor	Peer Educator 1	Peer Educator 2	Peer Educator 3	Peer Educator 4	Peer Educator 5	Peer Educator 6	Field Supervisor (Total target)
FS1	29			18	26	23	96
FS2	3	14	10	14	26		67
FS3	14	12	21	29		12	88
FS4	17	27	14	33	16		107
							358

3. Lessons and Insights: Implementation of the Due List Activity by CSDF and SDF

3.1. Use of data

- To prepare their due list, CSDF and SDF used data on the KPs registered during 2016 to March 31, 2018, and clinic data verified up to March 31, 2018. When preparing a due list, registration and clinic data should be of more than six months’ duration or from the start of the project.
- The program’s monitoring and evaluation (M&E) officer/project manager asked the district coordinators to complete gaps in registration data.
- Once registration data was complete, it was collected by the program’s M&E officer. Any errors were discussed with the program’s district coordinators. The errors were removed from the Excel database used for preparing the due list.
- Clinic data was verified and compared with the correct registration data.

3.2. Users of due list information

- Learning site partners/sub-recipient organizations
- District coordinators
- Field supervisors
- Peer educators

The M&E officer of the respective organization is expected to provide the due list document to the program’s district coordinators, who will in turn work with field supervisors and compile due lists for each of their peer educators. The field supervisors must give the due lists to relevant peer educators along with correct instructions.

It is important that organizations regularly review the achievement vis-a-vis the due list and motivate peer educators and field supervisors to accelerate efforts to ensure the KPs receive HIV testing services.

3.3. Monitoring mechanism

- A monitoring mechanism should be in place. The program’s district coordinators and field supervisors must monitor the results of clinics based on the due list. The M&E officer should train all district coordinators and field supervisors in preparing due lists for the KPs registered with them.

- The district coordinators should report on their achievement each month vis-a-vis their due list. In their implementation, CSDF and SDF received the report in the format shown below.

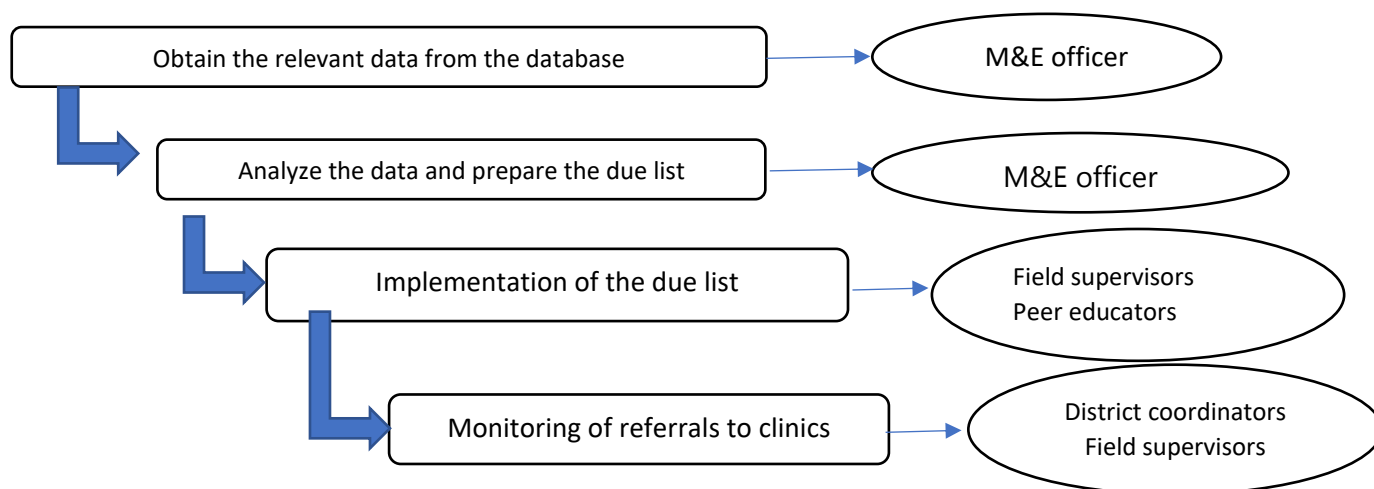
		Achievement - by Due List							
F/S Number	Total Due List	Month 01	Month 02	Month 03	Month 04	Month 05	Month 06	Month 07	Balance

- District coordinators and field supervisors should continuously monitor the results of their peer educators. CSDF and SDF conducted bi-monthly (once in two months) progress meetings and pocket meetings to discuss progress on due lists and plan activities to improve results.

3.4. Role of project staff in implementing due listing tools and processes

- M&E officer
 - Prepare the due list for different clinics
 - Monitor monthly achievements on the due list vis-a-vis the target
- District coordinator
 - Prepare a list of due listed KPs based on the data provided by the M&E officer at field supervisor level
 - Motivate field supervisors and support them in reducing the number of due listed KPs; report the monthly achievement
- Field supervisors and peer educators
 - Plan different activities, such as mobile clinics or CBTs, for areas that are far from STD clinics
 - Work with KP community members and link the due listed KPs to STD clinics and other testing facilities to ensure all due listed KPs know their HIV status

Figure 2. Role of project staff in the due listing activity



3.5. Challenges faced during implementation of the due listing activity

CSDF and SDF implemented the due listing activity in 2018 to identify and link the KPs who had not been tested to STD clinics. This user manual was developed based on the learning from the activity. When implementing the due list, CSDF and SDF and partnering sub-sub recipient organizations faced the challenges listed in the table below; possible solutions are also listed.

Challenges	Possible Solutions
There was difficulty in analyzing data due to incomplete registrations.	Checking and correction of registration data should be a regular/continuous process.
It took some time for the program's district coordinators to receive training and clean the errors in the registration data sheet.	Hands-on training for district coordinators and M&E officers should be organized at the start of the project and handholding provided every quarter. This will help them in analyzing the data for the past six months every quarter and in updating the due list.
Some peer educators tried to fill the gaps in their due list by using details of unregistered/tested KPs.	It is very important that the achievements reported by peer educators and the clinic escort data be monitored on a monthly basis.
Some peer educators tried to fill the gaps in their due list by using details of unregistered/tested KPs.	Due list targets should be updated based on drop-out information. Monthly targets for peer educators should accordingly be revised.
Most peer educators had met their target for the year (2018) and it was difficult to keep them motivated.	Since due listing is a quarterly process, every quarter the peer educators will receive a list of due listed KPs not tested in the past six months. The peer educators will, thus, have targets for every quarter.
Some peers dropped out from the project while the due listing activity was being conducted.	The total target for due listed KPs should be revised.

3.6. Results from implementation of the due listing tools

- The program's district coordinators earlier had no clear understanding of the KPs who had not received testing; this was due to their reliance on the earlier mechanism of only looking at clinic escort data. The due listing tools and processes enabled the district coordinators to easily ascertain gaps and work with field supervisors and peer educators to identify and link the due listed peers/KPs with testing services.
- By the end of September 2018, HIV testing services had been provided to 1,454 of the not tested 4,789 FSWs in 10 districts and 174 MSM of the not tested 433 MSMs in Colombo district

Clearly, the due listing tools and processes contributed to the overall progress in HIV testing of FSWs in 10 districts and MSM in Colombo district. Due listing, thus, emerged as a best practice that can be replicated in other districts as well.