The Linkages across the Continuum of HIV Services for Key Populations Affected by HIV (LINKAGES) project was implemented in Sri Lanka in partnership with government stakeholders, key population (KP) individuals, and local civil society organizations (CSOs), with support from the U.S. Agency for International Development (USAID) and the U.S. President's Emergency Plan for AIDS Relief (PEPFAR). In Sri Lanka, LINKAGES focused primarily on increasing reach and HIV testing of KPs: female sex workers (FSWs), men who have sex with men (MSM), transgender (trans) people, and people who use or inject drugs (PWU/ID). The project emphasized two-way communication with KPs both to learn their perspectives through feedback systems and to communicate information about HIV risk and testing in ways that would appeal to them, namely online outreach, peer outreach, and informational materials focused on the whole person rather than only sexual behavior. Capacity building of partners, including CSOs and private sector providers, formed a large part of LINKAGES activities. The project also supported the government to develop a dashboard to track progress on key indicators and improve services accordingly. Over the life of project, LINKAGES greatly expanded coverage and improved HIV testing services for KPs. This brief summarizes the project achievements of LINKAGES in Sri Lanka.

BACKGROUND

Sri Lanka has managed to maintain a low HIV prevalence in the country of O.O1% and aims to end HIV in the country by 2O25, ahead of the global target of 2O30. The National STD/AIDS Control Program (NSACP) of the Ministry of Health, Nutrition and Indigenous Medicine (MOH), Government of Sri Lanka spearheads the national sexually transmitted infection (STI) and HIV prevention, care, and treatment program in Sri Lanka.

To fast-track the goal of ending HIV in Sri Lanka by 2025, NSACP has been accelerating its efforts to bridge the 90-90-90 gaps; as of 2018, 77% of people living with HIV knew their status, 58% of all people with diagnosed HIV infection were on antiretroviral therapy (ART), and 85% of people on ART were virally suppressed. According to the 2018 estimates, there were more than 73,000 KP members in the country, including 40,000 MSM, 30,000 FSWs, 2,300 trans people, and 900 PWU/ID. LINKAGES-supported activities have led the national HIV program to adopt several community-led approaches to improve service coverage for these KPs. From June 2016 to December 2019, LINKAGES Sri Lanka conducted activities in Colombo and Gampaha districts. The goals were to accelerate ongoing government efforts to end HIV by 2025 by adopting new technologies and approaches for reaching unreached KPs as well as real-time monitoring and analytics tools to support decision-making at the local and national levels. The project also sought to build the programmatic, organizational, and technical capacity of local CSOs to improve the coverage and quality of HIV services for KPs.

Local partners who collaborated with LINKAGES were the Alcohol and Drug Information Center (ADIC), Community Strength Development Foundation (CSDF), Saviya Development Foundation (SDF), Sri Lanka Center for Development Facilitation (SLCDF), Procons Infotech Private Limited, and Strategic Alliance (Ngage).







Highlights

- Launched the Know4Sure.lk online outreach intervention for anonymous risk self-assessments and booking appointments for HIV testing
- Trained 146 providers from the private sector on providing HIV services to KP members, 71 of whom currently offer HIV screening services
- Prepared "due list" of KP individuals who had not been tested for six months, and mobilized 2,393 FSWs and 255 MSM and trans women from the list for HIV testing
- Using the enhanced peer outreach approach (EPOA), reached and tested 378 KP individuals who had never been reached through existing targeted interventions
- Developed and implemented community- and clinic-based client feedback systems to learn KP perspectives on the quality and use of STI and HIV services, condom use, and exposure to stigma and violence
- Developed social and behavior change communication (SBCC) materials to improve quality of interpersonal communication and online outreach with KP members
- Developed a National Key Population Program Monitoring Dashboard and key indicators to inform programmatic decision-making, address supply-chain issues, and link KP members to HIV testing
- Built capacity of CSO partners through establishment of three learning sites to support improvements in HIV testing services and KP programming

KEY PROGRAMMATIC ELEMENTS

The LINKAGES project in Sri Lanka focused on improving the coverage and uptake of HIV prevention and testing services for KP members, as well as improving the quality of community- and clinic-based HIV services, through a package of approaches that ranged from engaging private providers and using the enhanced peer outreach approach (EPOA) and online approaches, to client feedback systems and a program monitoring dashboard (Table 1).

TECHNICAL HIGHLIGHTS

LINKAGES achieved its program goals of improving reach and HIV testing coverage among KPs. It expanded KP-friendly HIV testing provision by training 146 private providers on HIV testing services; launched the Know4sure online platform which saw 15,253 users; set up community- and clinic-based client feedback systems for KPs about services they received; and developed three learning sites for KP programming on thematic areas. In addition, it supported KP individuals through socioeconomic vulnerability-reduction activities intended to drive demand for HIV services among peers.

Table 1. LINKAGES Sri Lanka core package of approaches to increase reach, testing, and quality of services

Reach and Testing	 Online outreach strategies to reach young, at-risk populations Engagement of private providers to offer counseling and HIV screening "Due list" used by CSO partners to prioritize HIV testing among registered KPs who had not tested for six months EPOA to increase reach and testing
Quality of HIV Services	 Client feedback systems for monitoring quality of outreach and clinic-based services SBCC tool and capacity building to improve quality of peer-led outreach Community engagement and linkages to social protection and livelihood support for KP members to address stigma and discrimination Improvements to organizational capacity of local CSOs Data management and analysis dashboard for routine monitoring and decision-making

STRATEGIES TO INCREASE REACH AND TESTING AND IMPROVE SERVICES

GOING ONLINE¹

LINKAGES supported NSACP to design an online outreach intervention for Sri Lanka called "Know4Sure. Ik," based on the Yes4Me platform developed under LINKAGES India. On the Know4sure.lk platform (Figure 1), users can do a risk self-assessment and book an appointment for HIV and STI testing at NSACP (free of charge) and/or at NSACP-recommended private practitioners (nominal fee). The system is completely confidential and anonymous, and no identifying information is collected or used for other purposes.

Several online approaches were piloted on Know4sure.lk:

• *Network outreach:* Two outreach workers connected with young men, women, and transgender people on Facebook, Instagram, Grindr, Planet Romeo, Messenger, and WhatsApp to introduce the Know4sure.lk website. They posted educational messages; provided information on HIV, STIs, and sexual health; and persuaded contacts to access Know4sure. They also followed up with clients who had missed appointments to help them rebook at their convenience.



 For more information about online approaches, please see the LINKAGES document, <u>Going</u> <u>Online to Accelerate the Impact of HIV Programs</u>.

- Social media influencers: Social influencers people on social media with large numbers of followers were selected based on their reach among the target audiences. Influencers engaged with Know4sure to promote the brand and persuade their followers to be safe and take an HIV test.
- Social media advertising: Know4sure launched a social media campaign called "I Am Naughty, But I Play Nice" in which advertisements such as posts and videos with creative content appeared on social media platforms to reach KPs through targeted mechanisms. The result was a multifold increase in reach through advertising, allowing the program to pass on information and encourage clients to practice safe sex and get tested regularly for HIV and STIs.

A total of 15,253 unique users landed on the website during August–October 2019, of whom 9,331 completed a risk assessment; 76% were low risk, 23% medium-high risk, and 1% were known positive. KP members who completed the risk assessment were MSM (n=958), FSWs (n=99), transgender people (n=121), and PWU/ID (n=8). A total of 158 people booked an appointment, 59 clients were tested, and the case-finding rate was 1.69%.

ENGAGEMENT OF PRIVATE PROVIDERS

NSACP's National Strategic Plan (NSP) 2018–2022 proposes engaging private providers as a strategy to scale up HIV testing in the country, particularly since many people with recently diagnosed HIV infection had very low CD4 counts and a history of obtaining medication from private providers. Hence, NSACP considered the engagement of private providers to be a key strategy for improving early diagnosis and linkage to treatment, in addition to the strategy of reaching online users who seek services from private providers. From April 2018 to September 2019, 146 private practitioners attended trainings held with the College of General Practitioners (CGP) of Sri Lanka, Independent Medical Practitioners Association (IMPA), and support staff from local STD clinics in Colombo and Gampaha districts. Although participation was encouraging, about 50 percent of the trained providers later opted out of offering HIV testing due to social stigma related to HIV and hesitation to engage with KPs. LINKAGES then undertook a rapid feasibility assessment and, based on findings, the strategy of engaging private providers was revised to focus on



LINKAGES Sri Lanka National Coordinator gathers feedback from a community member





community-preferred providers—those perceived by KP members as having less discriminatory attitudes toward HIV and KPs—who were identified in discussions with groups of KP members in Colombo and Gampaha districts. Currently, 71 of the 146 trained by the project continue to provide HIV screening services and 69% of them are communitypreferred providers.

Following operationalization of <u>Know4sure.lk</u>, the option to book a test through trained private providers was incorporated into the platform. Within the first month, results showed testing uptake through private providers of almost 40% among people who had booked an appointment through the site, primarily highrisk men, because of the convenience of appointments with private providers.

"DUE LIST" TO IMPROVE HIV TESTING

LINKAGES supported local CSO partners from Global Fund projects to use their existing program data to prepare a "due list" of FSWs in nine districts (Figure 2) and of MSM in the Colombo district. The due list was prepared to enlist those who were not tested during a period of more than six months; as per NSACP guidelines, it is recommended that each KP member get tested every six months. The due list prepared by the partners included those who were not tested for HIV in 2016 or 2017.

In 2018, a total of 2,393 FSWs were mobilized for HIV testing by CSDF from among the 4,322 due-list individuals (55.36%). SDF tested 255 MSM and trans people, achieving 40% of the due-list MSM and trans people in Colombo district.

ENHANCED PEER OUTREACH APPROACH (EPOA)

During June–December 2018, three learning site partners — Alcohol and Drug Information Center (for PWU/ID), Community Strength Development Foundation (for FSWs), and Saviya Development Foundation (MSM and trans people) — were supported to implement the EPOA. EPOA is a peer-led, couponbased referral network strategy used to access hardto-reach networks of KPs to offer HIV prevention, testing, and treatment services in ways that ensure the privacy of KP members.² Trained peer outreach workers invite members of KPs to become peer

2. For more information about EPOA, please see the LINKAGES <u>Enhanced Peer Outreach</u> <u>Approach Implementation Guide</u>. mobilizers, also called "seeds." Peer mobilizers, in turn, reach out to their social and sexual networks to encourage peers to get tested for HIV and seek other related services. EPOA succeeded in reaching and testing 378 KP individuals (134 FSWs, 94 MSM, 19 trans people, and 121 PWU/ID) who had never been reached through existing targeted interventions. Case finding through EPOA was 1.70% among FSWs, a substantial improvement over the case-finding results reported by the Global Fund for three districts during 2018 (0.14% among any KP and 0.22% among FSWs) in the HIV Sentinel Surveillance (HSS), 2018.

Most newly reached KP members expressed interest in being linked to ongoing HIV prevention programs and services. A mix of physical space and social media use by the seeds has given good results in reaching MSM and FSWs.

SOCIAL AND BEHAVIOR CHANGE MATERIALS

A package of SBCC materials was developed to improve the quality of interpersonal communication and online outreach with KP members. In July 2018, LINKAGES conducted a formative assessment with KPs to inform the development of the materials. LINKAGES found that the "Your Life Matters" theme which focused not just on sexual behavior and STIs, but also career, education, family aspirations, and social status — resonated with people by encouraging hope and optimism rather than evoking contempt and fear. In collaboration with the NSACP, the following materials were developed for use by peer educators using the Your Life Matters theme:

- Graphic novelettes (Figure 3)
- Leaflet with information on HIV, testing and treatment, and condom use
- Instructional toolkit with flashcards related to HIV prevention services
- Sexual health information videos
- Card games that incorporate information and myths about HIV
- Posters for display at service delivery points
- Website with all materials posted

I feel proud of being part of the LINKAGES technical support project for the last two years.
LINKAGES helped us to expand our coverage of key populations and to develop strong technical and organizational capacity by sharing internationally recognized tools and innovations. We learned how to implement KP-friendly program innovations. "

H.A. Lakshman, Executive Director, Community Strength Development Foundation (CSDF); LINKAGES learning site partner for FSW program

Figure 3. A sample page from a graphic novelette for PWID.



STRATEGIES TO IMPROVE MONITORING

CLIENT FEEDBACK SYSTEMS

Client feedback systems have helped improve the quality of services, training of staff on soft skills, and uptake of services. Two community-based feedback systems in Colombo and Gampaha district were piloted: polling booths and exit interviews/outbound calls. For the polling booths, two sets of standardized guestionnaires were administered in April–May 2018 and August–September 2018 in 77 hot spots to 464 KP community members. The purpose was to seek anonymous feedback on the guality of services, behavior and practices around STI and HIV services, condom use, and exposure to stigma and violence. The findings enabled the introduction of messages addressing identified myths and misconceptions, and the ability to improve health-seeking behavior and access available services.

In addition, 239 FSWs, MSM, trans people, and PWU/ ID were reached through outbound calls and exit interviews consisting of standardized questions about satisfaction and the likelihood of referring friends for

Our partnership with LINKAGES resulted in SLCDF winning an award from the European Union for three years to engage with key populations and their organizations. We are keen to address policy issues related to key populations in our country in the future. "

Tissa Wijetunga, Executive Director, Sri Lanka Center for Development Foundation (SLCDF); LINKAGES partner for organizational development HIV services. The results from the three learning site partners were analyzed, and activities were planned to improve the quality of services in outreach, drop-in centers, and clinic referrals. The findings highlighted the need to improve drop-in centers for FSWs and MSM, including revising the open hours and types of services provided (i.e., counseling, condom distribution, and community-based testing), and improving cleanliness. Based on the feedback, CSDF changed the drop-in center program management team, which resulted in more than double the amount of FSWs visiting the center from 87 in June–September 2018 to 176 in October–December 2018.



Tablet for clients to provide feedback using My View

A clinic-based client feedback system called My View was also implemented. Tablets were placed securely in the reception areas of Negombo, Wathupitiwala, and Ragama STI clinics in Gampaha district, and Avissawella and Colombo clinics in Colombo district. No personal information was requested: however. clients were asked to

identify their gender and the services availed, and to provide feedback on the services by selecting emojis for good, average, and poor. In cases of a poor rating, the system prompted the client with questions about issues such as waiting time and soft skills of clinic staff. Several promotional materials were made available in the clinic to increase the number of responses. The clinics and NSACP accessed the client feedback results in a dashboard typically on a monthly basis and shared the data with staff to show them where they were doing well and areas that needed improvement.

NATIONAL KP PROGRAM MONITORING DASHBOARD

In Sri Lanka, the national KP program, funded by the Global Fund, uses a combination of paper-based and electronic data entry for collecting and reporting data from CSOs. LINKAGES supported NSACP to design the National Key Population Program Monitoring Dashboard (Figure 4), including the selection of key indicators, so that data could be used for timely decision-making, addressing supply-chain issues, and helping link KP members to HIV testing by creating automated due lists of those not tested during the last six months. The dashboard generates alerts based on the algorithms set for various indicators, helping users to make programmatic adjustments accordingly. The automated programming interface for some indicators avoids the need for manual data entry, allowing for errorless data reporting on those indicators. In addition, the dashboard uses score cards on a quarterly basis to highlight progress on key indicators and areas that need attention. The dashboard is being used by about 30 LINKAGES-trained program staff across 18 districts.

STRENGTHENING PARTNER CAPACITY

Capacity building of CSO partners was a significant contribution of LINKAGES Sri Lanka to the HIV response. In particular, three learning sites were set up in Colombo and Gampaha districts to support improvements in coverage and HIV testing among FSWs, MSM, and PWU/ID; develop and disseminate adapted LINKAGES tools for KP programming; and transfer the learning/skills to at least two partners per learning site.

Learning site activities included mapping to identify new hot spots in program-supported geographical areas, EPOA to reach new and unreached KP members in nonprogram-supported geographical areas, and using the due list to increase testing among those never tested for HIV. Staff were also trained on reducing



" The LINKAGES Project was able to contribute to the national response to HIV epidemic control with creative interventions and by supporting existing activities, including strengthening capacities of stakeholders. The technical inputs from LINKAGES will have a long-lasting impact on control and prevention of the HIV epidemic in the country. "

Dr. G. Weerasinghe, Senior Consultant Venerologist at the National STD & AIDS Control Program (NSACP)

stigma and discrimination. Capacity building was conducted in human resource management, financial management, and data quality assessment. In addition, learning site partners were trained on using data to improve HIV testing and coverage.

LINKAGES provided training to two of the learning site partners, CSDF and AIDC, on linking KP members with social protection, vocational training, and livelihood support to address socioeconomic vulnerabilities that contribute to HIV risk. LINKAGES supported the partners to analyze their program data, conduct a rapid assessment of socioeconomic vulnerabilities, and prepare a plan to engage with relevant stakeholders so that KP members in need of various social entitlements were linked to those services. A total of 200 KP individuals were linked to existing social protection schemes under various government departments.

LINKAGES LEGACY IN SRI LANKA

Through its collaboration with LINKAGES, NSACP has adopted a variety of approaches to increase reach and HIV testing of KPs. Capacity building on these approaches in the three CSO learning sites has equipped the CSOs to pass on these skills to other CSO partners. This cascade of learning will aid in future scale-up of the interventions introduced through LINKAGES. In addition, technological innovations including the National Key Population Dashboard and facility-based client feedback system will help NSACP improve national program planning, monitoring, and ultimately, service delivery. As it plans for scale-up of these approaches and tools to fast-track progress toward the first of the 90-90-90 goals — for 90% of people living with HIV to know their status - NSACP's continued collaboration with CSOs and the private sector will be essential.

Linkages across the Continuum of HIV Services for Key Populations Affected by HIV (LINKAGES)

is a global cooperative agreement funded by USAID through PEPFAR. Led by FHI 360 with partners Pact, IntraHealth International, and the University of North Carolina at Chapel Hill, LINKAGES has worked in more than 30 countries since 2014 to reduce HIV transmission among key populations sex workers, men who have sex with men, transgender people, and people who inject drugs — and to improve their enrollment and retention in care.

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