Situational Assessment of Strategic Information Management System under NSACP, Sri Lanka

&

Strategies and Approaches of Technical Assistance to SI under NSACP

National STD/AIDS Control Programme (NSACP)
Ministry of Health, Nutrition & Indigenous Medicine
Government of Sri Lanka

&

The Voluntary Health Services (VHS), India
Supported by Centers for Disease Control and Prevention (CDC/DGHT-India)

VHS-CDC PROJECT

MINISTRY OF HEALTH SRI LANKA

NATIONAL STD/AIDS CONTROL PROGRAMME

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Acronyms

AIDS	Acquired Immunodeficiency Syndrome
ANC	Ante-Natal Clinic
ART	Antiretroviral Treatment
ARV	Antiretroviral drugs
BB	Beach Boys
BCC	Behaviour Change Communication
CCM	Country Coordinating Mechanism
CDC	Centers for Disease Control and Prevention
CSO	Civil Society Organization
DGHS	Director General of Health Services
DDG (PHS)	Deputy Director General of Public Health Services
DGH	District General Hospital
DU	Drug User
EID	Early Infant Diagnosis
ELISA	Enzyme Linked Immunosorbent Assay
EIMS	Electronic Information Management System
EMR	Electronic Medical Record
EMTCT	Elimination of Mother To Child Transmission
EPI Unit	Epidemiology Unit
EQA	External Quality Assessment
FPA	Family Planning Association
FSW	Female Sex Worker
GARPR	Global AIDS Response Progress Report
GFATM	Global Fund to fight AIDS, TB and Malaria
GH	General Hospital
GoSL	Government of Sri Lanka
HIV	Human Immunodeficiency Virus
HSS	Health System Strengthening
HTC	HIV Testing and Counselling
HTS	HIV Testing Services
IBBS	Integrated Biological Behavioural Study
IDU	Injecting Drug User
IEC	Information, Education and Communication
IMS	Inventory Management System
KP	Key Population
LIMS	Lab Information Management Systems
LFU	Lost to Follow-Up
MARP	Most At Risk Populations
MCH	Maternal and Child Health
MDG	Millennium Development Goals

MSM	Men who have Sex with Men
MTCT	Mother To Child Transmission
M&E	Monitoring and Evaluation
NAC	National AIDS Committee
NGO	Non-Governmental Organization
NPTCCD	National Programme for Tuberculosis Control and Chest Diseases
NRL	National Reference Laboratory
NSACP	National STD/AIDS Control Programme
NSP	National Strategic Plan
OI	Opportunistic Infections
PALS	PLHIV-ART Linkage System
PE	Peer Educators
PEP	Post Exposure Prophylaxis
PEPFAR	President's Emergency Plan for AIDS Relief
PHI	Public Health Inspector
PHLT	Public Health Laboratory Technician
PHNS	Public Health Nursing Sister
PLHIV	People Living with Human Immunodeficiency Virus
PMS	Pharmacy Management System
PMTCT	Prevention of Mother To Child Transmission
PR	Primary Recipient
PWID	People Who Inject Drugs
SAARC	South Asian Association for Regional Cooperation
SD	Strategic Direction
SI	Strategic Information
SIMS	Strategic Information Management System
SR	Sub Recipient
SSR	Sub-Sub Recipient
STD	Sexually Transmitted Diseases
STI	Sexually Transmitted Infections
TA	Technical Assistance
TB	Tuberculosis
UNAIDS	Joint United Nations programme on HIV/AIDS
UNICEF	United Nations International Children Emergency Fund
UNFPA	United Nations Population Fund
VCT	Voluntary Counselling and Testing
VDRL	Venereal Disease Research Laboratory Test
VHS	Voluntary Health Services
VP	Vulnerable Population
WHO	World Health Organization
WG	Working Group

Foreword

We are pleased to bring out this document titled *'Situational Assessment of Strategic Information Management System under NSACP, Sri Lanka & Strategies and Approaches of Technical Assistance to SI under NSACP'*. This document outlines the current practices and strengths of the Strategic Information component under National STD/AIDS Control Programme of Sri Lanka. It also identifies the areas where further enhancements and developments can be affected through systematically planned technical assistance. It is based on a wide range of observations, discussions, interactions, reviews and a large volume of published data. It captures the views and ideas of a large segment of key stakeholders at national, provincial and facility levels. It also offers the key activities to be taken up to enhance the SI component as a part of this technical collaboration between VHS-CDC Project and SIM Unit of NSACP.

This document will be of more useful for SIMU / NSACP team, VHS-CDC Project, CDC and other key stakeholders associated with providing TA on SI for NSACP. This document will enable the stakeholders to understand the situation; evolve evidence-based plans and provide strategic TA to Strategic Information Management Unit (SIMU) for enhancing the knowledge, skills, systems and strengthening programs.

The document has been brought out as an outcome of the series of consultative process held as a part of the exploratory visits which includes: meeting with policy-makers, key stakeholders, NSACP officials, GFATM, SIMU team, reporting units / service facilities, field visits to TI programs, discussions with SIMU team, interactions with the senior consultants and senior officials in NSACP, etc. This document is an offshoot of the series of exploratory visits undertaken by CDC, VHS-CDC Project and PEPFAR team members to NSACP.

Letter of Intent (LoI) was signed between Ministry of Health, Nutrition & Indigenous Medicine, Govt. of Sri Lanka and CDC/DGHT-India for undertaking technical collaboration initiatives for strengthening SI systems NSACP with the initiatives of NSACP, MoH-GoSL. In accordance with the LoI signed, the technical collaboration initiatives on providing TA on SI is in progress.

We thank VHS-CDC Project efforts in developing the partnerships on TA focusing on SI, facilitating exposure visits, coordination of the delegation visits / interactions, instrumental in finalizing the TA areas and extending strategic TA support in close coordination with SIMU team in NSACP.

Acknowledgement

VHS-CDC Project is in the process of providing Technical Assistance (TA) on Strategic Information (SI) with the support of United States President's Emergency Plan for AIDS Relief (PEPFAR) and Centers for Disease Control and Prevention (CDC/DGHT-India) to National STD/AIDS Control Programme (NSACP), Sri Lanka. As a part of this TA initiatives, The Voluntary Health Services (VHS) has undertaken efforts to bring out the document on 'Situational Assessment of Strategic Information Management System under NSACP, Sri Lanka & Strategies and Approaches of Technical Assistance to SI under NSACP'. This document contains the information such as: overview of HIV/AIDS program in Sri Lanka & Strategic Information component, good practices in SI, current practices, TA needs under SI, strategies & approaches of TA to SI and other related information.

We wish to acknowledge the support being extended by Ministry of Health, Nutrition & Indigenous Medicine, Govt. of Sri Lanka for undertaking this Technical Cooperation Initiatives. We wish to highly appreciate and acknowledge the leadership, support and guidance being extended by the Director, NSACP, Sri Lanka in the entire process of technical collaboration and bringing out this technical report.

Wish to acknowledge and appreciate the support extended by the Director-NSACP in this endeavour. We sincerely thank Dr Ariyaratne Manathunge, Consultant-Venereologist and Coordinator-SIMU, NSACP for his contribution and support extended in developing this document. Also acknowledge the support extended by SIMU team, senior consultants in NSACP, SI team in peripheral STD clinics and key stakeholders.

We sincerely thank and acknowledge the technical guidance and support being extended by Dr Timothy Holtz, Director, Mr Lokesh Upadhyaya, Associate Director for Management and Operations, Ms Srilatha Sivalenka, Public Health Specialist, CDC/DGHT-India and CDC team.

We would like to thank Dr T Ilanchezhian, Senior Technical Advisor and Dr Yujwal Raj, Technical Advisor (SI), VHS-CDC Project for their contribution in developing and bringing out this situation assessment report with the review and suggestions from NSACP. We thank Ms T Sudha, Senior Programme Associate, VHS-CDC Project for her support in communication, documentation and in the preparation and designing of this document.

We greatly appreciate the fullest cooperation extended by NSACP and SIMU team in this technical cooperation initiatives.

Dr Joseph D Williams,
Director Projects,
The Voluntary Health Services (VHS), Chennai/INDIA.

Contents

1. Introduction

National STD/AIDS Control Programme (NSACP), Sri Lanka has a well-developed and organised set up to generate and manage Strategic Information required for the program. It has certain intrinsic strengths that makes it very dynamic and customised for the epidemic management that is required in the country. With the evolving epidemic scenario and program priorities, the strategic information system also needs to be shaped up in line with the revised goals, aspirations and strategies. As NSACP is adopting the new National Strategic Plan 2018-2022, it is an opportune moment to carry out a situational assessment of the SI systems, identify the strengths and areas that need improvement, and contribute to its restructuring.

The President's Emergency Plan for AIDS Relief (PEPFAR) is a United States governmental initiative to address the global HIV/AIDS epidemic and help save the lives of those suffering from the disease. PEPFAR and CDC have been working with Ministries of Health to accelerate countries' efforts to optimize the quality, coverage, and impact of the national HIV/AIDS, towards achieving the goal of ending AIDS by 2030. PEPFAR and CDC, not only supports collaboration within countries, but also inter-country collaboration between neighboring countries to facilitate mutual learning, knowledge sharing, and co-creation of innovative approaches so that the partnering countries are benefitted. CDC brings with it the power of best practices gleaned from PEPFARs engagement with 50 host countries over the past 14 years.

The overall goal of the project is to strengthen the National HIV/AIDS response in Sri Lanka by facilitating technical cooperation in the areas of laboratory, strategic information and prevention.

To understand the HIV/AIDS program and to identify the technical assistance areas, PEPFAR CDC team along with implementing partner Voluntary Health Services (VHS), India made series of visits to Sri Lanka, discussed with key officials, visited field, and in line with National HIV/STI Strategic Plan of Sri Lanka, have come up two major areas of technical assistance collaboration between PEPFAR CDC India and Sri Lanka to strengthen the national HIV/AIDS response in Sri Lanka:

    i.   Laboratory System Strengthening (LSS) and

    ii.   Building Strategic Information Management capabilities and systems

Mechanism: CDC technical assistance partnership in SI includes CDC's implementing partner Voluntary Health Services, (VHS) India.

Project Period: April 1, 2017 - March 31, 2019 (Initially for two years).

The current document highlights the technical assistance plan for building strategic information Management capabilities and systems. This situational assessment of SI systems under NSACP is carried out in order to identify the core strengths of and the areas that need

development or restructuring and plan the areas of technical assistance from CDC-VHS Project. This assessment is based on the following sources of information.

1. Observations made during the visits and interactions with SIMU team by CDC-VHS teams to NSACP, Sri Lanka and its facilities.
2. Reports of programmatic reviews taken up from time to time by NSACP including Mid-Term Review and External Review of NSP 2013-17
3. Published documents and reports related to SI under NSACP
4. NSACP website

To understand the existing systems and functions of Strategic Information Management Unit and to identify the technical assistance areas specific to Strategic information, PEPAFR CDC team along with partner VHS made series of visits to Sri Lanka. The team had interactions with National STD/AIDS Control Program (NSACP)leadership, NSACP officials, Strategic Information Management Unit team, Field visit to Facilities/Reporting Units & interactions with the team, Interactions with the Key stakeholders observed documentation and process by reviewing records, registers etc., reviewed manuals, formats, reports and guidelines, visited STD clinics and peripheral clinics (Colombo, Kulubomila, Gambaha, Mahamodara). In addition, the team also interacted with President Health Informatics Society of Sri Lanka, University of Colombo and Consultants engaged by NSACP with the support of GFATM. The following visits were made jointly by CDC & VHS teams, including SI experts, over the last two years during which several facilities were visited and many key stakeholders in the SI system were interviewed. Documents and systems were also reviewed and assessed during these visits.

1. PEPFAR Interagency Exposure Visit, 21-25 Sept 2015
2. PEPFAR Interagency Visit, 15-17 June 2016
3. CDC Delegation Visit, 26-29 July 2016
4. VHS Delegation Visit, 21-22 Nov 2017

The report is organised into two main sections. The first section summarises the findings from the situational assessment of SI systems under NSACP. The second section presents the strategies and approaches of technical assistance proposed under CDC-VHS Project for SI under NSACP.

2. Overview of HIV/AIDS Program in Sri Lanka & Strategic Information Component

National STD/AIDS Control Programme (NSACP) of Government of Sri Lanka is a comprehensive program aimed at prevention and control of STDs & HIV/AIDS being implemented by the Ministry of Health, Nutrition & Indigenous Medicine in all the provinces of Sri Lanka. It is under the overall supervision and guidance of the National AIDS Committee. It offers a bouquet of interventions ranging from STD care & treatment, HIV counselling & testing, blood safety, condom programming, prevention of mother to child transmission of HIV, Anti-retroviral Therapy (ART) for HIV positive individuals, prevention interventions for key population (KP) in collaboration with implementation partners and NGOs, and various IEC activities. Community based testing has been introduced in Colombo at select drop-in-centres for the key population groups and is planned to be scaled up to other districts as well.

The country is currently implementing its National Strategic Plan (NSP) 2018-2022 for HIV/AIDS control. NSP 2018-22 aims at ending AIDS in Sri Lanka by 2025, an ambitious target that is five years ahead of the global target of ending AIDS by 2030. Since Sri Lanka has successfully established the universal immunisation program and successfully eradicated Malaria, government of Sri Lanka is committed to reach this ambitious target by 2025. The commitment and ownership of the government in supporting the NSACP is evident from the fact that the entire program budget is supported by the government, except the prevention component that is supported by GFATM.

The key functions of NSACP are as follows:

I**. Preventive services**
- Clinical services for STIs/ condom promotion
- Outreach service for vulnerable populations
   - Prisoners, Uniform service, Youth, Construction workers
- Prevention of mother to child transmission
- Provision of counselling and Information
   - Through clinics, Hotline, Web

II. **Diagnosis treatment and care services for HIV**
- HIV testing and counselling
- Provision of treatment and care for PLHIV
- Provision of laboratory services for STI and HIV

III. **Strategic Information Management**
- HIV case reporting system
- HIV and STI surveillance/ Research
- Monitoring and evaluation of STI and HIV services
- Generation and dissemination of Strategic information
   - Website http://www.aidscontrol.gov.lk

- o Reports
- o Local and International reporting, e.g. GARPR, WHO, SAARC

IV. **Health Systems Strengthening**
- Training and capacity building of clinic staff
  - ✓ At the enrollment and on the job
    - o Infrastructure development of clinic via generating funds
    - o Improving treatment literacy of PLHIV organizations
    - o Quality management systems in clinical care, laboratory
      - ✓ Guidelines, Laboratory QA system
    - o National policies, strategic plans, funding proposals
- Via National AIDS committee and Sub-committees
- In Global fund related activities
  - o Proposal preparation
  - o Grant implementation
  - o CCM
  - o Monitoring and evaluation/ Research
- Preparation of Global reports
- Conduct training programs. e.g. PLHIV
- Participate as resource

The unique strengths of NSACP are as follows.

- Low level of HIV epidemic
- Sri Lanka has demonstrated successes in universal immunization and malaria control program and offers lessons for ending AIDS by 2025
- Commitment for taking strategic efforts to retain the existing level of HIV prevalence.
- A strong network of public STD clinics as single window system to provide all STD/HIV/AIDS services
- Outreach initiatives by STD clinics
- Centralised confirmatory testing for HIV at NRL that ensures that every HIV positive patient is linked to the system
- NSACP coordinates and review the activities of PR1 and PR2 of GFATM program on quarterly basis through joint implementation review meeting.

The Strategic Information Management (SIM) System is the key system that is responsible for providing information and evidence to guide the country in its health policy and planning, resource allocation, program management, service delivery and accountability. A robust SI system is critical for strong evidence driven programming. Evidence from surveillance, program monitoring and HIV/AIDS research together complement each other in providing direction to the programmatic decision making.

The unique strengths of SI system under NSACP are as follows.

- National HIV Monitoring & Evaluation Plan 2017-22 that outlines the broad vision, objectives, approaches and tools used in the program
- Standardized forms and formats specific to each field for feeding EIMS.
- Redesigned the website for transparency and dissemination.
- Bringing out comprehensive annual report.
- Long-standing, dynamic leadership of SIM unit with strong institutional memory as a great asset to NSACP
- Good time series data on HIV prevalence through HIV Sentinel Surveillance and IBBS
- System well-positioned to be evolved into a strong HIV case reporting system
- Replacing the paper-based system with an EIMS for efficient patient management and monitoring of HIV care & ART program.

The third Strategic Direction (SD) of NSP 2018-2022[1] aims at strengthening Strategic Information systems and Knowledge Management for an evidence-based response, and has identified four sub-strategies. They are as follows.

3.1. HIV & STI Surveillance
3.2. Program Monitoring & Routine Reporting
3.3. HIV/AIDS/STI Research
3.4. Knowledge Management

Under each of these sub-strategies, priority actions to be undertaken have been identified in the NSP. They are as follows.

3.1. HIV & STI Surveillance
- Ensure regular HSS every two years among KPs and strengthen the system, conduct IBBS every 5-6 years and coordinate and integrate the two systems
- Prioritise surveillance among MSM with wider coverage by location, by sub-typologies and employ innovative methods for recruitment
- Further strengthen STI surveillance and ensure data is entered electronically and reported regularly
- Strengthen mortality surveillance
- Establish drug resistance surveillance for HIV
- Establish a strong HIV case-based surveillance system
- Integrate the entire HIV case tracking system from screening to viral suppression into the new electronic database that is being developed

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[1] Towards Ending AIDS, National HIV/STI Strategic Plan, Sri Lanka, 2018-2022

3.2. Program Monitoring & Routine Reporting

- Provide regular feedback from the SIM Unit to ART centres regarding LFU and any other relevant findings after analysing quarterly ART returns and Excel databases
- Analyse program data on a regular basis
- Fast track the electronic system for data management through an integrated web-based data system
- Enhance capacity of NSACP and facility staff to conduct regular analysis of existing data

3.3. HIV/AIDS/STI Research

- Create an environment that supports research involving relevant research organisations and universities and revitalise the research sub-committee of NAC
- Plan special studies and surveys to answer key questions
- Engage KPs, and CBOs as relevant in research studies and surveys

3.4. Knowledge Management

- Develop an overarching Knowledge Management Strategy for NSACP

Strategic Information Management system under NSACP in Sri Lanka broadly has two components – HIV Surveillance and related areas for epidemic tracking and Routine M&E reporting system for program monitoring.

3. Situational Assessment of Current Practices & TA Needs under SI

3.1. Situational Assessment of Program Monitoring Mechanisms

The SIM Unit of NSACP manages the Program Monitoring functions of NSACP. It is responsible for ensuring availability and accessibility to complete information on indicators listed in the strategic plan document. The primary functions carried out by the SIM unit include:

1. Monitoring of STD clinics & ART centres through Quarterly aggregate reporting from STD Clinics and ART Centres – Paper-based
2. Quarterly Individual reporting of PLHIV on ART from ART Centres – Excel-based
3. Quarterly Individual reporting of Cohort data of PLHIV on ART from ART Centres – Excel-based
4. Maintenance of NSACP website
5. Analysis of program and epidemiological data including HIV Estimations & Projections
6. Provide support to Epi Unit of NSACP in National Integrated Biological & Behavioural Surveillance and other epidemiological activities
7. Preparation of various program reports including Annual Reports, GAM reporting to UNAIDS, WHO etc.
8. Training and supervision of M&E staff as well as facility staff
9. Conducting Data Quality Assessment visits to the peripheral centres
10. Fulfilling all reporting requirements such as MOH, SAARC, WHO, UNAIDS, GFATM etc.
11. Carry out HIV Estimations using WHO/UNAIDS recommended models for Sri Lanka
12. Coordination of External Reviews of NSACP and development of National Strategic Plans (NSP)
13. Nodal agency for the planning, coordination and development of Electronic Information Management System (EIMS) as an integrated IT platform for strategic information management under NSACP
14. Support to other research activities carried out under NSACP

SIM unit closely monitors the quarterly reporting from STD & HIV clinics across the country. All the quarterly reports are verified and compiled regularly. The data is published in every annual report. Standardised formats have been developed and used uniformly across all the centres. Quarterly return forms from STD and ART clinics have been revised recently to capture all the relevant information. Individual excel reporting of PLHIV in pre-ART care and on ART captures all the critical information required for follow up and case tracking, as well as cascade analysis. Data is analysed regularly and published in every annual report of NSACP.

SIM unit conducts periodic trainings and supervisory visits to the peripheral centres to monitor and handhold the staff in M&E activities. It also conducts quarterly review meetings of all STD clinics to review the documentation and outcomes at these centres.

SIM unit brings out a series of publications showcasing the progress and achievements of NSACP from time to time. It also coordinates reviews and assessments of various program components, including mid-term and external reviews of NSACP. SIM unit maintains the website of NSACP that is one of the most resourceful online repositories for all information related to HIV/AIDS in Sri Lanka. It is constantly updated and made more dynamic for ease of use. The transparency and open data policy of NSACP, Sri Lanka is worth emulating by many other countries.

SIM unit also coordinates the data compilation and submission for international requirements as and when required. SIM Unit also compiles and monitors the key and vulnerable population prevention programs under GFATM. SIM unit supports the Epi Unit in the planning and implementation of surveillance activities including HIV Sentinel Surveillance & IBBS. SIM unit also carries out HIV estimations once in two years and brings out the overall HIV estimates for Sri Lanka.

SIM unit has developed a National HIV M&E Plan 2017-22 that outlines the broad vision, objectives, approaches and tools used in the program. This is a comprehensive document that supports the roll out and implementation of M&E activities in the country. This document is being modified in line with the new NSP 2018-22.

SIM Unit has taken lead in shifting the entire paper-based system of monitoring to an electronic IT based platform through the development of Electronic Information Management System (EIMS). EIMS is aimed at integrating all the program components of NSACP including HIV care and treatment, Laboratory Information, ART and pharmacy management and with all peripheral centres linked to NSACP. It will also capture individual patient tracking data from ART centres.

The Global Fund supports the interventions for key and vulnerable populations in Sri Lanka. Ministry of Health, Nutrition & Indigenous Medicine through NSACP is the Principal Recipient 1 (PR1) that works with and collects data related to prison inmates and migrants. Family Planning Association (FPA) of Sri Lanka is the Principal Recipient 2 (PR2) and is the nodal agency implementing the Global Fund funded program for prevention among KP. Under the GFATM program for key populations, a strong and robust M&E system has been put in place by FPA that captures individual level information on KPs and the services provided to them. All components of field level recording including KP registration and service delivery through peer calendar, referrals & escorts and HIV testing are all integrated into the system. It has been successfully implemented and stabilised across all program units.

SIM Unit has the willingness and keenness to develop systems internally as well as accept external support to further enhance the systems. Credibility of SIMU is more since NSACP is internally managing the entire program data and the teams are capacitated for the same.

This is a great strength for well-structured strong development of SI under NSACP to reach the stated goals of the program.

Reporting Units

The primary reporting units under NSACP are the STD clinics. There are overall 31 STD clinics spread over 26 districts where counselling and testing for HIV and STI are carried out. 22 ART centres located in 17 districts provide care and treatment for confirmed HIV positive cases. Remaining districts are covered by monthly visits by medical officers from nearby ART centres. The ART program is closely integrated with STI services in 25 districts. The Infectious Diseases Hospital has a standalone ART centre without testing services for STI or HIV. Besides these, Community-based Testing services are provided at three drop-in-centres managed by the key population NGOs. Screening for HIV is also done at nearly 100 blood banks and private laboratories. TB clinics, ANC clinics and all other hospitals refer patients to STD clinics for HIV testing.

Out of all the reporting units mentioned above, only STD clinics and ART centres report to the SIM unit of NSACP. The quarterly return from STD clinics captures the details of testing of ANC clinic attendees also. Blood banks and private laboratories do not report to NSACP directly. They only forward the referral slips or screening test reports along with the blood specimen to NRL for confirmatory test. The following flow chart depicts the data flow of program monitoring data under NSACP.
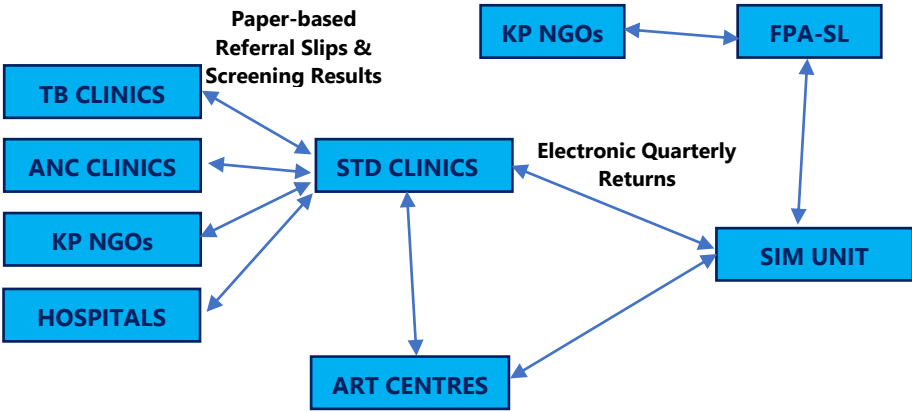
Figure 1: Flow chart showing data flow of monitoring data under NSACP, Sri Lanka

Documentation & Reporting

All STD clinics and ART centres maintain nearly 20 registers **(Annexure 1)** each, to capture various patient details, stock position, referrals, test results, treatment plans, lost-to-follow ups, tracking details, etc. All the documentation at the facilities is manual and paper-based. Using the data recorded in the registers, quarterly returns are prepared in standard formats in Excel-based formats and electronic files are sent through email to the SIM unit once in three months.

Publications and Dissemination through Website

NSACP is very proactive and open in publishing all the program data and epidemiological data for the information and use of general public. SIM unit brings out a wide range of publications from time to time covering all the program components. They bring out an annual report that is very exhaustive with a lot of data tables, graphs and maps. List of recent publications is at **Annexure 2.**

SIM Unit also maintains a very dynamic and highly informative website of NSACP that is a one point stop for any resource or publication on HIV/AIDS in Sri Lanka. It has hosted even the reports from the early days of HIV/AIDS program that were developed a few decades ago. It provides free access to all the published data in the form of data tables and graphs to the users and general public. Sri Lanka's NSACP has one of the most updated website in the South East Asia region.

Possible Areas of Further Improvement

1. Entire monitoring system including documentation and reporting may be integrated into an electronic database to ensure efficient reporting and effective program management. This also entails capacity building of the facility personnel in handling computerised data management systems and electronic reporting.
2. Such a system may essentially integrate aggregate reporting and individual HIV case reporting from screening sites (STD clinics, blood banks, private labs, TB clinics & KP NGOs), NRL where confirmatory tests are done and ART centres where HIV cases are followed up for treatment and viral suppression.
3. The system for collection of data on testing is fragmented between Epi Unit & SIM unit. While the STD clinics report to SIM unit, testing from blood banks, private labs, TB clinics etc. are reported to Epi Unit. Total testing figures are published by Epi unit in the quarterly update on HIV & STI Surveillance. Development of EIMS is an opportunity to integrate all these aspects.
4. Cross referrals and linkage losses between TB clinics, ANC clinics and STD clinics are not monitored, so are the linkage losses between HIV screening sites and NRL for confirmation. All these add up to the LFU at various stages of case tracking. Proposed EIMS may connect all the facilities involved in HIV case tracking and ensure electronic real time reporting of cases screened, referred and confirmed positive, till they are linked to care and treatment at the ART centres.
5. Data quality assessments and standard procedures to ensure and improve data quality of reported data may be put in place, and capacity building initiatives may be taken up for peripheral facility staff.
6. Use of M&E data for program management can be improved. M&E mechanisms such as identifying centres with good and poor data management, developing facility performance scorecards, and using data to improve service delivery at poor performing facilities can be developed and institutionalised. More regular and in-depth analysis of

quarterly reporting data may be done to use it for improving reporting and program management.

7. Separate M&E bulletins may be brought out, may be once in 6 months or one year, with detailed analysis of all the data on various thematic areas such as PMTCT, KP coverage, ART, STD profiles, etc. Annual Report may be made more message oriented, audience focussed to enable program managers and policy makers derive the needed inputs.

8. KP prevention data submitted by FPA-SL to SIM unit may be looked at more closely and mechanisms may be put in place to inform the key population and relevant stakeholders the status of epidemic as well as program response in their community.

9. Linkages may be developed between the NSACP's data management system and the electronic M&E system developed by FPA for KP prevention program, to ensure smooth integration of KP program data into NSACP.

10. Capacity building of the SIM unit staff may be undertaken in advanced analysis, electronic data management, management of case-based systems, epidemiological analysis and modelling and advanced presentation skills. Software R may be used for advanced analysis.

11. Dissemination of program data at national & international platforms is limited. This is an opportune moment for documenting best practices under NSACP and sharing with other countries. Sri Lanka can emerge as a learning hub for other countries.

12. Social media can be used for disseminating the data and learnings to the larger audience.

13. Cross learning from other countries can be facilitated through exposure/ learning visits to HIV/AIDS control programs in neighbouring countries.

14. The continued leadership of Dr. Ariyaratne for SI activities over the last several years has ensured a strong institutional memory and ownership, that can evolve the system in the required direction. His experience and expertise can be put to use as resource for training M&E personnel in other countries as well.

3.2. Situational Assessment of HIV Surveillance & Related Areas

The key strategies adopted by NSACP for HIV Surveillance and epidemic monitoring include HIV Sentinel Surveillance once in two years, Integrated Biological & Behavioural Surveillance, HIV Case Reporting and HIV Estimations. One of the key objectives of surveillance systems is to study and understand the HIV transmission dynamics, the key population that are important for HIV/AIDS control. Systematic analysis of the data emerging from various components of surveillance systems will enable the program to identify and target the right populations that matter for the control of epidemic.

Surveillance activities under NSACP are largely coordinated by the Epidemiology Unit at NSACP. Sri Lanka has one of the longest and well-managed systems for HIV Sentinel Surveillance in the world. Right from the first round conducted in 1990, overall 22 rounds of HIV Sentinel Surveillance were conducted over the last 27 years i.e. from 1990 – 2017. The last round was held in 2016. HSS 2016 included four risk groups – FSW, MSM, PWID &

Clients of FSW. The last two groups were included for the first time in HIV Sentinel Surveillance. FSW & Clients of FSW were covered at 24 & 23 sites respectively covering all provinces while MSM & PWID were covered only from 17 & 12 sites respectively. Target sample size was 400 for FSW in Colombo and 250 per province for all other groups. FSW, MSM & PWID were recruited from STD clinics and through outreach. Clients of FSW were recruited from STD clinics only. Besides HIV & Syphilis, Hepatitis B & C testing was also included for the first time in HIV Sentinel Surveillance 2016. But, these tests were done only on a sub-set of samples from Colombo, Galle & Anuradhapura.

NSP 2013-17 mentions about regular, scaled up and systematised mapping exercises and IBBS to be conducted over years. After the last round of size estimations of KP in 2013 and IBBS in 2014, NSACP has planned for the next round in 2017. And keeping with the NSP strategy, the current exercise has been scaled up to cover all the districts of the country. The results of last round of size estimation and IBBS were analysed in elaborate detail and both the survey reports were published and findings disseminated. Sri Lanka has produced one of the most elaborate IBBS analysis reports in the region.

HIV case reporting system in Sri Lanka has improved significantly since 2011 with better reporting from STD clinics, private hospitals/labs and blood banks, that are the three primary sources of HIV screening in Sri Lanka. All confirmatory tests for HIV are done ONLY at NRL, NSACP and samples screened HIV positive from all sources are sent to NRL for confirmation.

This is a unique strength of Sri Lanka's program where all HIV positive cases are confirmed from a single point, making it enormously efficient to identify and track the positive cases for follow up. Entire HIV case reporting is monitored and cases tracked by the Epidemiology (Epi) unit of NSACP, that coordinates very well with the reporting centres and NRL. New case reporting format (revised 1214 form) has been introduced recently and is being widely used by all the reporting centres.

This form captures the demographic and epidemiological information required for surveillance purposes. Epi Unit publishes the case reporting data every quarter in the form of a one-page update. Aggregate numbers of HIV testing are reported every year in the NSACP annual report.

Surveillance data is used for estimation of overall HIV burden in terms of adult HIV prevalence, no. of PLHIV, new infections, AIDS deaths and program needs. Sri Lanka uses Spectrum software for HIV estimations in line with the global recommendations of UNAIDS/WHO. Last round of HIV estimation was carried out in 2016.

Possible Areas of Further Improvement

1. Beach boys form an important group vulnerable to HIV but are not covered under HIV Sentinel Surveillance. Returnee Sri Lankan immigrants from other countries is another population group important for epidemic monitoring in view of a sizeable number of HIV cases occurring among them. There is a need to evolve mechanisms to monitor these groups for occurrence of HIV cases.

2. Sampling design of HIV Sentinel Surveillance can be improved to ensure better representation of the key population and geographies. Respondent recruitment methodologies can be improved through methods such as random sampling from KP intervention line lists and shifting sentinel sites to KP NGOs, to have a better capture of the defined population including their various sub-groups.

3. There is a need for more capacity building of the staff at facility level in sampling and recruitment procedures for surveillance.

4. Analysis of surveillance data can be further strengthened. More innovative ways to analyse the transmission dynamics may be evolved.

5. Periodic analysis of program data from STD clinics, TB clinics and ANC clinics can be performed to understand HIV transmission dynamics among those population groups.

6. System strengthening and capacity building of personnel involved in surveillance activities are required to improve quality and adherence to protocols. Electronic data collection mechanisms can be put in place.

7. There is a need to build capacities of central and peripheral staff in epidemiological analysis of data from surveillance, case reporting, research and program to improve epidemiological understanding. Trainings are needed in epi analysis and modelling for the relevant staff from time to time and encourage them to develop epi profiles for their respective districts or provinces.

8. Methods to reach out to the KP even beyond interventions may be employed in IBBS, so that they give more representative estimates than HIV Sentinel Surveillance. All predominant sub-typologies may be covered under IBBS.

9. A road map may be developed to merge HIV Sentinel Surveillance & IBBS among KPs into one activity with simpler methodology, limited behavioural variables and feasible implementation approach to collect bio-behavioural data at district or provincial level, in places where HIV or vulnerabilities are high.

10. Strengthening case reporting system needs transition from paper-based to electronic documentation, tracking and follow-up. EIMS is a great opportunity to evolve a strong electronic HIV case reporting system.

11. Protocols for HIV case reporting need to be developed standardising the reporting formats, timelines, accountability, linkage loss tracking and documentation.

12. Capacity of the program staff can be built on the methods to carryout epidemiological analysis from case-based data.

3.3. Need-based Strategic Technical Assistance

Based on the above situational assessment, the following areas may be identified as the areas where technical assistance will be needed.

Area of Need	Technical Assistance
Strengthen program monitoring to bring about programmatic improvements	• Facilitate development of M&E Plan based on EIMS formats and structure • Continuous Support for implementation of EIMS
Enhance the analysis and modelling of surveillance, program and case-based data for epidemic purposes as well as program management	• Capacity building of SIM unit team in data management, analysis and reporting • Identification of training needs and development of training and mentoring plan • Conduction of trainings for peripheral staff on specific areas such as M&E framework, Epidemiological analysis, modelling, operational research, etc. • Exposure Visits to learn from other countries;
Enhance the dissemination and use of data	• Enhance the capacities of in-country SIM Unit team in use of program data for decision making and dissemination • Develop analytical reports based on NSACP M & E data relevant to various stakeholders. • Support roll out of EIMS • Technical assistance in improving documentation and dissemination of M&E data • Partnership with international/ local institutes on Scientific writing with mentoring • Participation in the international conferences for dissemination • Development of dashboard indicators with graphic visualisation

4. Technical Assistance on Strategic Information – Strategies, Approaches & Activities

Based on the situational assessment done above and identification of the areas of technical assistance needs, this section presents the detailed strategies, approaches and activities that are proposed to be undertaken under the technical assistance collaboration initiative of CDC-VHS.

Goal: To enhance the contribution of Strategic Information towards the National HIV/AIDS response in Sri Lanka by facilitating technical assistance and cooperation on identified priority areas.

Objectives:

1. **Enhance SIM Unit capacity to utilize electronic and manual program data for decision making;**

2. **Improve capacity of SIM Unit to carryout management, analysis, documentation, and dissemination of summary program data reports;**

3. **Improve capacity of SIM Unit to conduct and disseminate results of operational research; and**

4. **Consultation with stakeholders on monitoring and documentation of accomplishments and sustainability plans.**

Strategies:

In order to achieve the above objectives, VHS will adopt the following strategies:

1. **Evidence-based Technical Assistance:** As outlined in this document, Technical Assistance to SI will be directed towards areas where there is a need and value addition. The TA should enhance the process of achieving the stated goals of SI/NSACP and bring in quality, accuracy and speed in the desired actions. This evidence of need and value addition will be generated based on discussions and consultations with the key stakeholders from national to field level from time to time.

2. **Horizontal exposure & vertical expertise:** The technical collaboration will make efforts to promote exposure of the SI personnel to a wide range of best practices in other countries while at the same time, identify the specific capacity building needs of the team members and will train them to build their expertise in the specific areas. This ensures that the SI team has a broad base of knowledge and ideas with required degree of expertise.

3. **Bottom up strategy:** The technical collaboration to strengthen SI will focus on providing the required technical support and capacity building at the grass root facility level and then move upwards till national level. The technical support will be customised to the level of functionaries and their respective technical needs will be addressed.

4. **Comprehensive in outlook:** The technical collaboration will cover the entire gamut of data life cycle starting from strengthening data generation/ data collection aspects at peripheral centres in the form of support to revise and update registers and reporting formats. Further, it will address the other aspects of data quality, reporting, aggregation, analysis and dissemination.

Key Approaches:

This technical collaboration initiative will primarily adopt the following **Six Key Approaches (SKA)** and other possible approaches for enhancing the capacity, developing systems, effective data management, analysis, reporting & documentation and dissemination.
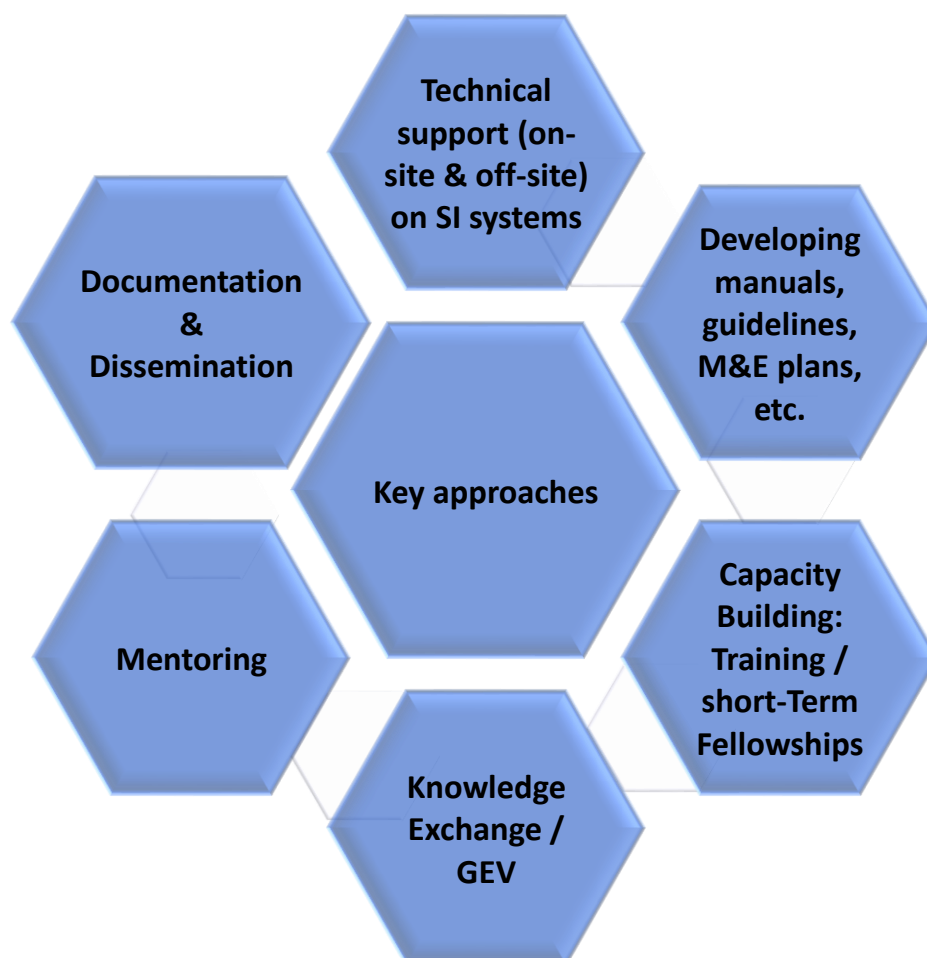
Guiding Principles:

CDC-VHS will ensure adherence to the following key guiding principles in all its deliberations, actions and support to the SI program.

- **Partnership** with the Govt., key stakeholders

- **Facilitate mutual learning**.

- **Respecting the country scenario, culture, values, systems, policies**, etc.

- **Aligning with country priorities** and enhancing technical support to achieve the goals and objectives of the NSACP.

- **Address program gaps** through consensus building and sensitisation to innovative initiatives

- **Need based** strategic technical support.

- **Emphasize building the capacity of institutions**: scaling up and replication.

- **Documentation and dissemination** will be an on-going process.

- **Result-oriented approach** than activity-oriented approach.

Key Activities of Technical Assistance:

This section presents the key activities and sub-activities proposed to be undertaken under the Technical Assistance to SI program of NSACP.

1.	Enhance SIM Unit capacity to utilize electronic and manual program data for decision making
1.1.	Build capacity-Develop M & E data dashboards which highlight key HIV and STI program information
	1.1.1. *Development of technical report on comprehensive M&E data dashboard highlighting key HIV and STI program information along with SIM Unit.* 1.1.2. *Development of systems for dissemination of existing data via a web-based DashBoard Indicator graphs (DBI), animated analytic graphs, infographics, etc incorporating to the existing NSACP website.*
1.2.	Develop operational plans: Document current M & E best practices in Sri Lanka; Update M& E plan to align with 2018-2022 National Strategic Plan (NSP)
	1.2.1. *Document current M&E best practices within Sri Lanka* 1.2.2. *Update M&E plan to align with 2018-2022 National Strategic Plan (including operational plan for post EIMS)*

1.3.	Electronic Information Management System (EIMS): Provide technical support for EIMS implementation on Post development of EIMS, TA for conducting training on DHIS 2.

1.3.1.	*Technical support on post-EIMS: Training on DHIS2 for data analysis and effective program planning (to align with national and international requirements) – 5 days training for at least 5 key officers from the SIM unit in a centre of excellence in overseas.*
1.3.2.	*Technical support on post-EIMS: Training on DHIS2 for STD clinic staff (Totally 45 members and conducting training in 2 batches with each 3-day training program at national level).*

2.	**Improve capacity of SIM Unit to carryout management, analysis, documentation, and dissemination of summary program data reports**

2.1.	Train staff: Identify needs and develop M & E training plan for SIM unit; Conduct national training programs on data management and epidemiologic analysis for SIM and local reporting units

2.1.1.	*Training Need Assessment (TNA) & developing training plan for SIM & reporting Units*
2.1.2.	*Conduct national training programs on data management and epidemiologic analysis for SIM and local reporting units*

2.2.	Develop reports for Stakeholders: Design analytic reports based on SI relevant to stakeholders (development of fact sheets / ready reckoner for policy makers and program managers).

2.3.	Enhance capacity to utilize electronic information systems and websites: Identify and implement software which allows use of dashboard indicators, animated analytic graphs, infographics, and other data summary tools on NSACP website.

2.3.1.	*Development of systems for dissemination of existing data via a web-based DashBoard Indicator graphs (DBI), animated analytic graphs, infographics, etc incorporating to the existing NSACP website.*

3.	**Improve capacity of SIM Unit to conduct and disseminate results of operational research**

3.1.	Improve capacity to conduct research

3.1.1.	*Training in operational research methodology (qualitative & quantitative) and follow-up mentoring support for undertaking operational researches (through onsite and offsite)*

3.2. Enhance capacity to write abstracts for presentation at international conferences
3.2.1. *Enhance capacity to write abstracts for presentation at international conferences* 3.2.2. *Disseminating best practices of SIM area at the Annual Scientific Sessions of SLCOSHH by hosting a symposium*
4. Consultation with stakeholders on monitoring and documentation of accomplishments and sustainability plans
4.1. Monitoring and documentation of accomplishments: Atleast monthly teleconferences with stakeholders (NSACP, VHS, CDC) to review accomplishments with SIM unit
4.2. Consultation with stakeholders regarding technical assistance and sustainability planning: Atleast quarterly coordination by stakeholders (NSACP, VHS, CDC) to monitor technical assistance provided and facilitated program sustainability planning
4.2.1. *Quarterly Coordination Committee (QCC) Meeting between NSACP, CDC and VHS-CDC* 4.2.2. *Documentation on TA to NSACP* 4.2.3. *Dissemination with SIM Unit / NSACP and way forward (presentation with NSACP team and key stakeholders on – TA to NSACP on SI: Achievements, Experiences, Learnings and Recommendations / way forward – as a part of consolidation of the Technical Cooperation Initiatives).*
5. Any other TA areas identified / emerged during the implementation

Some key **results and targets** planned to be achieved are as below.

1. SIM & local unit teams trained in identified SI areas
2. M&E data dashboard developed and in use
3. Dissemination of M&E best practices in Sri Lanka
4. Updated M&E plan consistent with 2018-22 NSP
5. Effective use of EIMS by NSACP
6. M&E operational plan consistent with new EIMS
7. Training needs plan developed
8. Analytic reports and infographics designed to meet specific geographic and technical needs of stakeholders
9. Enhance features and increase data use on NSACP website and dissemination
10. Increased use of social media for data dissemination
11. Trained SIM Unit on Operations research methodologies and identified the operational research for initiating
12. Scientific writing workshops conducted; mentoring relationships established
13. Abstracts developed for poster and oral presentations at international conferences

14. Symposium carried out at SLCOSHHM annual meeting and disseminated best practices on M&E of Sri Lanka
15. Teleconferences conducted at least monthly
16. Reviews and coordination meetings conducted during each quarter
17. Documented the experiences on TA to NSACP for dissemination
18. Disseminated the experiences, learnings, way forward, etc., with NSACP and key stakeholders for sustained follow-up efforts

Coordination & Monitoring of TA

CDC-VHS will coordinate with nodal person at NSACP through need-based concalls for review and decision making. Important matters will be communicated through official letters to Director, NSACP. Frequent and periodic visits will be made by the CDC-VHS teams and consultants to provide on-site support to SIM Unit as well as peripheral centres under NSACP. Regular coordination meetings and review meetings will be held to monitor the overall implementation of TA activities.

It will evolve appropriate **indicators to monitor the progress in implementation of TA** in consultation with SIM unit of NSACP. Some suggested indicators include:

1. No. of exposure visits facilitated for SIM Unit staff
2. No. of trainings in specific subject areas conducted for SIM unit staff and peripheral centres staff
3. No. of individuals trained in specific subject areas
4. No. of individual M&E staff mentored over the project period to enhance their M&E capabilities
5. No. of reports and process documents published on the SI development activities
6. No. of analytic and technical documents published with the support of CDC-VHS TA
7. No. of M&E review meetings and orientation sessions organised for roll out of EIMS
8. No. of coordination meetings held between NSACP and TA partners for SI development
9. No. of technical abstracts that will be submitted to various conferences
10. No. of conference presentations in national & international conferences supported by TA

The **envisaged outcome of this Technical Assistance** is efficient and effective implementation of Strategic Information functions under NSACP through a pool of well-trained, skilful M&E staff contributing to wider sharing & dissemination of knowledge, within & outside the country.

Value Addition

CDC-VHS recognizes that GFATM is in the process of supporting for the following activities for developing systems at SIMU:

- Desktop for all STD clinics
- Supporting positions of one M&E officer and one ICT Officer at SIM Unit
- Developing a software for EMIS by engaging an agency
- Reviewing and standardization of indicators and formats by providing four consultancy assignments:
  o Assessment and improvement of routine recording and reporting systems
  o Developing National HIV surveillance strategy and guideline/SOPs for M&E data collection systems
  o Development of data analysis guidelines & provision of hands on training on M&E data
  o Development of guidelines and tools RDQA and training and finalization of the draft National HIV M&E plan for Sri Lanka

As detailed above, the TA areas supported by GFATM are not duplicated with collaborative efforts of CDC-VHS. Rather, these efforts will further give value addition to the ongoing efforts at NSACP. As NSACP is working towards the goal of Elimination of Mother to Child Transmission (EMTCT) of HIV, the TA offered by CDC-VHS will contribute to strengthening SI towards reaching this goal. Mutual learning and sharing of knowledge and skills will be encouraged between the NSACP, TA partners and other country programs. This technical collaboration will contribute to developing synergies between the HIV surveillance, Case reporting system and M&E systems thereby contributing to the overall achievement of NSACP goals.

ANNEXURES

Annex-1: List of Registers at STD Clinics & ART Centres

The **lists of registers maintained at STD clinics** are:

Essentials	Other registers
1. Main register 2. Subsequent visit register 3. Commercial sex worker register 4. Interview and contact tracing register 5. Routine Out-patient (OPD/RM) Blood Examination Register 6. IEC / BCC / Awareness program register 7. Condom distribution register 8. HIV testing and counselling register	1. Pre-employment syphilis screening register 2. Foreign employment register 3. H-numbers register 4. Blood bank VDRL positive register 5. Ante-natal syphilis positive register 6. Syphilis register (only TPPA positives) 7. Special blood survey register

List of documents maintained at **ART centres** are:

Recording system:	Reporting system:
• Patient HIV care/ART record • Pre-ART register • ART register • Drug dispensing register • Drug stock register	• ART Centre report (Quarterly) • Summary Epi Data form (once for a patient) • Excel Cross-sectional database • Excel Cohort database
Two Excel Databases: • Cross-sectional database • Cohort database	

Annex-2: List of Recent Publications under SI

The following is the list of key publications brought out by SI in the recent years.

General	• Annual report 2015 • End AIDS by 2030 • National condom strategy Sri Lanka 2016-2020 • Towards ending AIDS in Sri Lanka – A Road Map
Research	• Rapid situational Assessment of TGs-Sri Lanka 2017 • Acceptability and feasibility of Oral-fluid rapid HIV antibody test among high risk groups in Sri Lanka • Situation Assessment of Condom Programming in Sri Lanka - 2015 • A Situation Assessment of Woman & Children affected by HIV in Sri Lanka • IBBS Survey among key populations at high risk of HIV in Sri Lanka • The Post Intervention KAP Study-Plantation Workers on HIV / AIDS 2014 • National size estimation of MARPs in Sri Lanka • Social Mapping of DU, BB, MSM, FSW in Sri Lanka - 2012 • HIV Estimates Reports 2010 • Sri Lanka Behavioural Surveillance Survey 2006 - 2007
Program Plans & Strategy Plans	• National HIV Communication Strategy • National HIV M & E Plan 2017 - 2022 • Road Map to Ending Aids in Sri Lanka • National Condom Strategy Plan 2016 - 2020 • Strategy for Elimination of Paediatric HIV & Congenital Syphilis • National HIV M & E Plan 2013 - 2017 • National HIV Strategic Plan 2013 - 2017

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5. National HIV Strategic Plan Sri Lanka 2013 - 2017
6. National HIV/AIDS Strategic Plan 2007-2011
7. External review of the National Response to HIV/AIDS 2011
8. National Response to HIV/AIDS and Sexually Transmitted Infections in Sri Lanka, Mid Term Review 2013-2017 National Strategic Plan
9. Integrated Biological And Behavioural Surveillance (IBBS) Survey Among Key Populations At Higher Risk Of HIV In Sri Lanka 2015
10. HIV Sentinel Sero-Surveillance Survey in Sri Lanka, 2011
11. HIV Sentinel Surveillance Reports 1993-2009
12. National Size Estimation of Most At Risk Populations (MARPS) for HIV in Sri Lanka, 2013
13. The National HIV monitoring and evaluation plan, 2017- 2022
14. The National HIV M&E Plan, 2013-17
15. Report on HIV Estimates & Projections, Sri Lanka, 2009
16. National Survey on emerging issues among Adolescents in Sri Lanka 2004
17. HIV sero prevalence study among inmates in Welikada prison, 2011
18. Baseline study of the GFATM Round 09 Project (Phase 1) – MSM, DU, BB & FSW components, 2013
19. Demographic Health Survey in Sri Lanka, 2016, HIV/AIDS Section
20. Protocol of HIV Sentinel Surveillance 2011
21. Guide for routine data analysis and triangulation related to HIV and STIs in Sri Lanka 2017
22. Monitoring and Evaluation Policy and policy implementation guideline – FPA, Sri Lanka

Contact details

NSACP:

Contact person	**:**	**Dr Rasanjalee Hettiarachchi, Director, NSACP.**

**Dr Ariyaratne Manathunge,
Consultant Venereologist &
Coordinator-SIMU, NSACP.**

Contact address **:** **National STD/AIDS Control Programme (NSACP),
29, De Saram Place, Colombo 10, Sri Lanka.
Email:** ariyaratne1@gmail.com
info@aidscontrol.gov.lk

VHS-CDC Project:

Contact persons **:** **Dr Joseph D Williams, Director Projects, VHS.**

**Dr T Ilanchezhian, Senior Technical Advisor,
VHS-CDC Project.**

Contact address **:** **The Voluntary Health Services (VHS),
Supported by Centers for Disease Control
and Prevention (VHS-CDC Project)
T.T.T.I. Post, Rajiv Gandhi Salai, Taramani,
Chennai – 600 113, Tamil Nadu, INDIA.
Ph.: +91-44-2254 1965
Email:** williams@vhsprojects.org
vhs.cdcproject@gmail.com